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Fatherhood, Masculinity & Relationships

Insights from Research and Therapeutic Practice

A Counselling Psychology Perspective

Neil Dickens

Portfolio submitted in fulfilment of the
Professional Doctorate in Counselling Psychology

(DPsych)

City, University of London

Department of Psychology

September 2019

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Interview Transcription Definitions

Ellipsis: indicates intentional omission of words either before and/or after selected narrative:

“...I don’t have any memory of him at all ... he came to Pakistan when I was, before I was born, he came. ... So that was the first part and then the second part, he came when I was about two years old and I remember being circumcised” (Ghufran: 220).

Ellipsis with round brackets: indicates that a section of the transcript denotes general emotional upset:

“... my Dad was in there and when he saw them, when he saw my mum come in he started ... (becomes emotional) ... tapping out on the piano with one finger ‘If You Were the Only Girl In The World’ and my mother just fell apart ...” (Keith: 623).

Text within curly brackets: indicates where a participant expresses a specific emotion in their narrative:

“Actually, he told me never to become gay {laughs}. That was my sex education...” (Michael: 683).

Text within square brackets: indicates where a participant expresses a specific non-verbal action in their narrative:

“And. So, of these two years my first one, my teacher was one of his friends and the last year of primary school, which is this year, [points to photograph] I was in his class as well as in my Dad’s class.” (Robert: 88).

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Acknowledgements

I would like to offer my deepest gratitude to (redacted for data protection legislation). You have been a passionate and consistent source of inspiration, your encouragement, patience and compassion, the aspirational bar for any Trainee Counselling Psychologist.

I would also like to offer my appreciation for the support of (redacted for data protection legislation). Your pearls of wisdom have kept me afloat during tempestuous times, both professionally and personally.

My research is dedicated to the participants who stepped forward with the potential of helping current and past Club Drug users. Your time and support for the study has been invaluable, your capacity for vulnerability immeasurable.

I further dedicate this research to my father, both a pioneer and survivor. Your sheer will in life has set the precedent for mine.

City, University of London declaration

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Preface

Introduction to the Portfolio

This preface introduces the three components of this doctoral portfolio: namely an original piece of doctoral research, a publishable article for submission to a peer-reviewed academic journal and a client case study. My interest in fatherhood, masculinity and relationships and the experiences of marginalised individuals, links these three components together. The overarching theme of this portfolio looks at how marginalised individuals in their narrative, story the lived experience of their relationships, particularly in the light of identity and adverse life events. The underlying theme of the portfolio is focused on how marginalized individuals appear to make sense of their experiences of masculinity and their fathers, particularly hegemonic masculinity, in the context of their broader socialization and relationships.

I have been interested in how individuals make sense of their experiences and the effects that negative experiences have had on their overall relationships and feelings of self worth.

My interest in this subject emerged over the course of my doctoral training, and throughout my work with clients in a number of clinical settings. My interest has also grown principally through providing therapy to Club Drug-using MSM, who in my experience, require a secure, sympathetic and supportive therapeutic base. My approach has always been collaborative and politely 'curious' and allowed clients to share their stories, both in the consulting room and also within this portfolio's research.

The three components of this portfolio acknowledge the adaptation, if not resilience and way that individuals adapt to adverse life events and through the way they story their lived experience. It is hoped that the three elements to this portfolio further reflect how I have grown in knowledge, skills and academic enquiry during my development as a trainee counselling psychologist. Furthermore, that a standard of quality in both an academic and clinical setting, is reflected in getting as close as possible to participants' and clients' individual experiences.

Part A: Research Study

In Part A, I present a qualitative research study focussed on Club Drug-using MSM's experience of their fathers – this, given that MSM (men who have sex with men) are by far the largest users of Club Drugs. I have always had an interest in the role of parents and caregivers of individuals who use psychoactive drugs. In my clinical work there emerged a recurrent theme related to the role that fathers appear to play in the stories shared by Club Drug-using MSM. My own personal identity as MSM has further informed this enquiry, not least the death of my own father during the write-up of the thesis. Nevertheless, I have felt deeply enriched by this research journey, not just on a personal level, but also in a professional capacity as well.

It should be noted that few studies have focussed on the experience of fathers amongst drug users. I am not aware of any research looking solely at MSM Club Drug-users' experience of their fathers. There is an extensive body of research that identify variables, particularly parental and paternal factors that increase the risk of drug abuse in adolescents and those that provide a protective function. Although this literature does not specifically relate to MSM populations, it is reviewed because of its relevance.

Interpretative Phenomenological Analysis (IPA) was the method chosen for the current research study. The method allowed me to gain insights into how MSM Club Drug-users, made sense of the experience of their fathers. Prior assumptions were 'bracketed

off' (Smith, Flowers & Larkin, 2009) in order to gain perceptions of how participants had made sense of their paternal experience. Six participants were interviewed using semi-structured interviews, in which they were asked open questions about the experience of their fathers. They were also asked to bring photographs and to share their thoughts and perceptions of their fathers at the beginning of their interviews. The data was analysed using IPA and identified four master themes, each of which appeared interrelated and connected in participants' experiences throughout their interviews.

The first master theme was *limitation*, in which participants shared feelings of 'not being good enough', feeling 'restricted' and 'criticised' for either their sexuality or who they were. The second master theme was *emotional disconnection*, which seemed to encompass feelings of 'numbness' to block overwhelming past trauma and pain, associated with a lack of paternal warmth. The third master theme was *deprivation*, which encapsulated participants' feelings of a lack of any paternal bond, or severance through loss, death or absence. The theme also encompassed paternal non-acceptance surrounding sexuality and masculine norms as well as psychological neglect. Finally, the fourth master theme was *control over*, acknowledging how fathers' lack of communication controlled their sons, who felt 'gagged' as a result. Participants saw their fathers as dominant in their sexuality and masculinity, thereby powerfully omnipotent as well as gifted or the alpha male.

Part B: Publishable Article

In Part B, a publishable article is presented for submission to the peer-reviewed journal *Addiction*, published by The Society for the Study of Addiction. For this journal article, I reviewed the literature pertaining to Club Drug-using MSM and the

experiences of their fathers. Participant data was collected and analysed, with both the results and implications for counselling psychology practice shared. The findings support how MSM Club Drug users would benefit from an array of CBT, trauma and family therapy-based approaches. The findings also stress the importance that counselling psychology sessions could play in providing a 'secure base' to those in need of expressing paternal experiences. For this group of MSM Club Drug-users, their paternal experiences appeared very relevant to their overall development and low self-esteem: few, if any, had been given the opportunity to recount these experiences, despite some having been in therapy. The findings suggest that dedicated support groups for both fathers, as well as MSM, would be beneficial in order to reflect on findings arising in the data and in the relationships of fathers and Club Drug-using MSM. Some of the findings were identified in the themes that emerged from the current study relating to 'limitation', 'emotional disconnection', 'deprivation' and 'control-over'.

The limitations of the study as well as recommendations for future research have been highlighted.

Part C: Case Study

In Part C, I present a case study drawn from a piece of work undertaken during my counselling psychology training. This case study details my work with Eileen, a recent widower and victim of familial abuse, perpetrated by her eldest daughter and her daughter's heterosexual partner.

I adopted a systemic psychotherapeutic approach most notably post-Milan (Campbell, 2003). Working eclectically (Borcsa, Hanks, & Vetere, 2013), thereby utilising Attachment Narrative Therapy (Vetere & Dallos, 2008) I assisted Eileen in changing both her view of herself and events from her recent past. At all times I did not side with her, but instead with ‘the systemic logic to the ... problem’ (Hedges, 2005). By staying curious and asking questions in an open and curious way, I hypothesised repeatedly with Eileen, in order to explore different viewpoints and create relational breathing space (Freedman & Coombs, 1996). Arguably Eileen became more empowered and started to look at alternative scripts (Byng-Hall, 1988) or choices of action. As Eileen started to see things differently, her story changed and she was able to reappraise her feelings of dependency, attachment needs, experiences of abuse and feelings of recent spousal loss.

Eileen’s goals in therapy were to alleviate distress and uncomfortable feelings and to reframe the meaning attached to her circumstances, in particular her relationships. Eileen and I forged a strong therapeutic alliance that I believe helped her to regain her own personal strength. By repopulating the genogram, Eileen found strength and greater resilience in her relationship with her daughter, furthermore systemically, moved towards creating a new independent life.

I offer several reflections upon the function of both the approach I took, our therapeutic relationship and evaluation of some of the challenges I encountered in the course of therapy. I also reflect upon my use of supervision and knowledge acquired about systemic practice and theory.

Personal Reflections

Throughout the course of my training, I have both pursued and developed a number of interests in order to develop my skills as a counselling psychologist. These interests have primarily encompassed working with clients who are dependent on drugs, victims and perpetrators of domestic violence and from a client focus perspective, working predominantly with men and those identifying as MSM.

I believe these interests have broadened my understanding of human experience, both in terms of breadth and depth, and allowed me to come to understand the broader impacts of society on marginalised individuals. I believe that my experience has also exposed me to the universality of the human condition and in so doing, allowed me to become more empathic and sensitive, indeed appreciative of 'being alongside' the individual in a given therapeutic setting.

Drawing on both the art of counselling and science of psychology, I have appreciated even more the central importance of the therapeutic relationship. Counselling Psychology has enabled me to deepen my humanistic views, be attentive to the detail of the individual human story and acknowledge the validity of feeling and the subjective at all times.

Part A: Research Study

Research Study

City, University of London

Club Drug-using MSM's Experience of Their Fathers:

An Interpretative Phenomenological Analysis

Neil Dickens

All names and identifiable information have been changed to uphold participants' rights to anonymity and confidentiality.

Abstract

MSM (men who have sex with men) are by far the most prolific users of Club Drugs (Mayer, Colfax & Guzman, 2016), with implications for increased sexual risk-taking and transmission of blood borne viruses (Macfarlane, 2016; Bowden-Jones, 2017). Despite the fact that Club Drug taking has been deemed a public health concern (PHE, 2015), there is little research in respect to psychosocial perspectives, specifically parental influence. A literature search to date revealed few studies in respect to MSM drug-users' paternal experience, and none specifically in relation to MSM Club Drug users.

This qualitative study used Interpretative Phenomenological Analysis (IPA) to explore how MSM Club Drug-users perceive the lived experience of their relationship with their fathers. Semi-structured interviews provided in-depth material on how participants had made sense of their experiences.

The following four key themes emerged: 'limitation', which highlighted feelings of inadequacy, shame and judgment; 'emotional disconnection' describing feelings of disturbance, a lack of emotion and disconnection; 'deprivation' where participants described experiences of loss, abandonment and absence; and finally, 'control over' whereby participants experienced their fathers as non-communicative, admired and dominant.

The research findings expand upon the current literature in relation to MSM drug-users and provide counselling psychologists, working with MSM populations, with a broader perspective from which to understand the factors relating to Club Drug use.

CHAPTER ONE - INTRODUCTION

1.1 Overview

This study will consider a contemporary drug trend, prolific within a given population, specifically MSM or men who have sex with men (Mayer, Colfax & Guzman, 2006).

This study will also look at a public health concern both nationally (Public Health England, 2015) and internationally (EMIS, 2010) and examine a gap in the literature: MSM Club Drug users and their experience of the relationship with their fathers.

My professional research interest is in the role of early caregivers associated with individuals who use psychoactive drugs. It should be noted that many studies have looked at the role of caregivers, less so amongst drug takers. Studies have looked at the individual's experience of the mother, but few have focussed on the father. No study, of which I am aware, exists solely on MSM Club Drug users' experience of their fathers.

MSM is a term used because it 'describes sexual activity, rather than identity' (PHE, 2015, p.1). It is distinct from the term LGBTQ, which additionally includes individuals who identify as lesbian, transgender/transsexual or queer/questioning.

Working in clinical practice with MSM Club Drug-users, I have been struck by the frequency with which individuals have talked about their relationships with their fathers.

Although some MSM Club Drug-users have spoken affectionately about the relationship with their father, the majority has not. I wondered whether this early,

possibly first, male relationship with fathers influenced future male interactions, and the expression of the individual's sexuality.

I have also wondered about the role that concepts of 'masculinity' play in the context of the father/son relationship, particularly when the son identifies as MSM. I have been especially interested in the theory of hegemonic masculinity (Connell, 1995) and the cultural bias towards male dominance and power which is often subtle, pervasive and unconscious, albeit still present in society and particularly for MSM (Miller, 2018). Inherent are assumptions surrounding masculinity's dominant values of emotional control and physical prowess, reinforced by a society that undermines difference. Such narrow assumptions are oppressive, influence acceptance and non-acceptance, exercise power over how MSM should behave, and implicate difference with low self-concept and a felt stereotype, seen as a deviation from the norm (Whitley, 1999). Indeed, and in general, there is a low tolerance for deviation from the pervasive subtlety of so-called 'masculine ideals' with a rejection of behaviours suggesting same sex attraction (Fields, Bogart, Smith, Malebranche, Ellen & Schuster, 2015).

Alongside mothers, fathers are important in a child's development (Pleck, 2010) and may be even more important for children with minority sexual orientation. Indeed, it would appear that fathers play a key role as the first male relationship for MSM, particularly in relation to passing on masculinity ideals (LaSala, 2010).

More contemporary perspectives have embraced the positive experiences for heterosexual fathers parenting gay sons (Horn & Wong, 2017), although the authors acknowledge that traditional views of masculinity make it difficult for fathers to relate (Horn & Wong, 2014). Not surprisingly, Seutter and Rovers (2004) established lower

levels of intimacy between homosexuals and their fathers compared to their heterosexual counterparts, leaving boys to cope with their own emotions (Orenstein, 2020). Later in life and for some MSM, the use of recreational drugs during sex has been proposed as a way of seeking intimacy (Graf, Dichtl, Deimel, Sander & Stover, 2018).

The rise of Club Drugs (Home Office, 2018), including ketamine, mephedrone, GHB, crystal methamphetamine, cocaine and MDMA (ecstasy), is frequently referred to in the mainstream press, highlighted for libido-enhancing qualities, but specifically, although not exclusively for associated ‘chemsex’ parties (The Daily Mail, 23rd September 2012; The Independent, October 2015). Initiated through online geo-spatial ‘hook-up’ apps (Jaspal, 2018), it is reported that such parties can often last for days, leading to increased sexual risk-taking, transmission of blood-borne viruses, incidents of Club Drug-induced psychosis and even death (Mayer, Colfax & Guzman; 2006; Macfarlane; 2016; Wilson; 2017; Bowden-Jones et al; 2017).

It is generally thought that Club Drugs reduce inhibitions, and there has been much concern about drug use in relation to public health and addiction (Flynn, 2015). Within the MSM and general health community, the phenomenon of Club Drug use has been referred to as ‘a very modern health crisis’, (Bradshaw, 2015) further noted in ‘Chemsex: The Documentary’ (Cash, 2015) and ‘Chemsex Week’ (Nicholson, 2015). The European Chemsex Forum (2017) has also targeted the phenomenon from a clinical perspective. Of particular note are deaths from overdosing on the Club Drug GHB/GBL (BBC Today Programme, Radio 4; April 2016; Corkery, Loi, Claridge, Goodair, & Schifano; 2018). Death rates for GHB/GBL (Strudwick, 2017) and heroin (PHE, 2016), have doubled year on year. The Metropolitan Police’s former Deputy

Assistant Commissioner, Brian Paddick has also spoken publicly about the death of his gay partner from GHB/GBL and the need for a ‘focus on saving lives’ (Strudwick, 2018).

Psychoactive drug abuse has been associated ‘with homophobic and bi-phobic bullying (discrimination and stigma faced by bisexual people), lack of supportive environments, negative and disclosure reactions’, (PHE, 2014, p.6). Drug use has also been associated

with ‘peer pressure, HIV stigma, sexual confidence or body image issues, intimacy issues or simply because it ‘feels good’ (Stuart, 2015). The effects on family members have been highlighted and the need for appropriate support services identified (Strudwick, 2018). Policies advocating psychoeducation and harm-reduction for Club Drug use and chemsex amongst MSM, (PHE, 2015; Neptune, 2015) emphasise the need to refrain from stigmatising, pathologising or sensationalising use, noting the majority of MSM do not use Club Drugs.

1.2 Literature Review

Few studies have focussed on drug users' experience of their parents, in particular their experience of their fathers. In the following literature review, a focus on theory and suggested variables as well as empirical studies relevant to the perceptions of drug-users and MSM in relation to their fathers, provides a rationale for this study.

1.2.1 Masculinity

In a recent meta-analysis, factors such as masculine norms, the desire to win, the need for emotional control and risk-taking, particularly through sexual promiscuity, were shown to have links to depression and substance abuse (Wong, Ringo Ho, Wang, & Miller, 2017). The research collated the results of 70 US-based studies, involving 19,453 male respondents over 11 years. A less-than-favourable attitude by respondents toward seeking psychological help was expressed - a finding also previously documented by Yousaf, Popat and Hunter (2015).

The British Psychological Society's (BPS) newly created Male Psychology Section, which challenged the assumption that 'men don't need help' (The Psychologist, January, 2018), notes the disproportionate cases of suicide and addiction affecting men and boys. The American Psychological Association's (APA) Division 51 describes itself as the Society for the Psychological Study of Men and Masculinities and has released practice guidelines specifically targeted at men and boys in respect to psychological health. The guidelines highlight that 'rather than damning masculinity as a whole, (clinicians should) encourage its many positive aspects' (The Psychologist, March, 2019, p.13). The APA's aim is to move beyond 'traditional masculinity' otherwise deemed harmful to self and others and instead 'encourage positive father involvement and healthy family relationships' (The Psychologist, March, 2019, p.13).

Martin Seager and John Barry, writing in *The Psychologist* (June, 2019, p.5), state that 'only (men's) toxic acts tend to be publicised and this reinforces the prejudice that masculinity is somehow toxic in itself'. Inherent in the concept of 'toxic' or 'traditional masculinity', are unhealthy 'power' or 'privilege' characteristics - most notably homophobia (APA, 2018) - which, Winton (2018) argued are machismo and burdensome, and shackle men to the intergenerational trauma of misogyny.

Toxic masculinity (Stonewall, December 2016) is considered synonymous with a 'fragile masculinity', the reinforcement of internalised homophobia and, furthermore, 'responsible for fathers not telling their sons they love them'. Blogger Jeremy Alexander argues that 'toxic masculinity' is glorified amongst fathers, thereby forcing gay men to embrace 'bro' culture in a bid to try to reclaim their lost masculinity (The Huffington Post, November 22, 2016).

Connell (1995), one of the founders of masculinities research, conceptualised 'hegemonic masculinity' or men's dominant 'power-over' position in society (Dahl, Vescio, & Weaver, 2015), in particular over other marginalised ways of being a man. Miller (2018) claimed that some MSM place value on 'hegemonic masculinity', privileging masculinity language in online geo-spatial 'hook up' dating apps and with adverse impacts on self-acceptance, identity and wellbeing (Berg, Ross, Weatherburn, & Schmidt, 2013). Similarly, Wheldon and Pathak (2010) reported that, in gay relationships, 'normative masculinity' or dominant cultural standards of masculinity were associated with the types of agreement that permit open sexual relationships rather than monogamy.

Liu, Rochlen and Mohr (2005) wrote that heterosexual men who do not meet an internal ideal of masculinity experience significant psychological distress. Threats to masculinity for heterosexual men are also met by public discomfort, anger and ideological dominance over women (Wharton, Day, Mohr, Gerace, & Howells; 2014; Dahl, Vescio, & Weaver; 2015). In a similar vein, Sanchez, Greenberg, Liu and Vilain (2009) reported that gay men are impacted by the same rigid ideals of masculinity as heterosexual men and behaviourally adhere to them, (Newman & Muzzonigro, 1993). Individuals that deviate, find themselves bullied (Wyss, 2004) or are met with authoritative aggression (Goodnight, Cook, Parrott, & Peterson, 2014). Research has also indicated that masculinity ideals inhibit gay men's skills to connect intimately with other men and with sex often seen as a substitute for intimacy (Haldeman, 2001).

A dominant ideology of 'traditional masculinity' according to Mahalik, Locke, Ludlow, Diemer, Scott, Gottfried and Freitas (2003) advocates that men should be hypersexual and objectify others sexually. Owen (2011), however, critiques this claim as it over-generalises findings to ethnic minorities. Nevertheless, gay men, who value a 'traditional masculinity', may experience guilt, stress or shame, on account of feeling that masculinity is unattainable to them because of their sexuality (Sanchez, Greenberg, Liu, & Vilain, 2009). Chopra, Dasgupta and Janeja (2000, p.1607) highlight that even active and passive roles established amongst MSM structure 'relations between (hetero-

normative) genders (and) are recreated within the gay community’, leading to gay men downplaying outward displays of their sexuality and adopting a protective ‘armour of excess’ (p.1608).

Contemporary research has further shown that the perception of masculinity (Fields et al., 2012) and masculinity ideals (Zeglin, 2015), informs increased sexual risk-taking behaviours around HIV and furthermore, a discourse revering ‘white masculinity’.

Ward (2008) argues that this provides acceptable parameters for Black and Latino straight MSM to have sex in secret or on the so-called ‘down low’, otherwise facing the intersectional lens of derogatory stereotypes attributed to black self-identifying MSM (Calabrese et al., 2018). For MSM in urban settings (Brewer, 2017), there is an over-compensatory culture of ‘heterosexual masculinity’ in which ‘straight’ MSM irrespective of ethnicity, authenticate their sexual identities by invoking discourses common to ‘masculine friendship rather than homosexual relationships’ (Reynolds, 2015, p.219).

As noted, there is an established ‘bud-sex’ or ‘dude-sex’ culture within the MSM community reinforced by ‘normative masculinity’ (Silva, 2016; Silva & Bridges Whaley, 2017). For Dowsett (1993), ‘heterosexual masculinity’ or ‘masculine heterosexuality’ in terms of impact for gay men lies in ‘the demanding core of the investigation of human sexuality,’ (p. 697). Indeed, Odets (2019), claims that in gay men’s attempts to disguise traits that could attract physical and verbal abuse, they become ‘acculturated male.’

Masculine identity is positively related to alcohol consumption (De Visser & Smith, 2006), and 'dormant masculinity' and anti-gay aggression are more visible when men get drunk (Leone & Parrott, 2014). The concept of masculinity has also been associated with steroid, drug and alcohol use amongst MSM (Halkitis; 1999; Halkitis, Moeller, & DeRaleau; 2008; Halkitis, Moeller, Siconolfi, Jerome, Rogers, & Schillinger; 2008). For MSM who identify as 'bare backers' – an identity associated with masculinity – individuals are more likely to report drug use by injection and non-injection (Halkitis, Fischgrund, & Parsons, 2005).

John Lee (1991) in his signature book 'At My Father's Wedding: Reclaiming Our True Masculinity' speaks of the importance of 'killing off the negative father within' and substituting it with a more hopeful image of masculinity, through releasing negative self-images, the unrealistic expectations of unavailable fathers whilst encouraging the expression of feelings. Apostolova and Gauthier-Mamari (2018) emphasised the need for active 'masculinities' as opposed to 'masculinity', thereby more caring masculine agencies, beyond dichotomous 'hegemonic masculinity' and 'structural determinism' or predetermined outcomes. These perspectives, the authors claim account for a better understanding of one's own individual vulnerabilities, promote greater respect for gender roles and a resistance towards masculinity being interpreted repeatedly in opposition to femininity (Nascimento & Connell, 2017).

Anna Gavanas (2003) wrote, 'as long as fatherhood politics is based on the exclusion of alternative masculinities, as well as binary differentiation from notions of femininity, it will remain caught-up in the dilemmas of masculinisation,' (p. 11).

Halberstam (1998) offered the additional concept of 'female masculinity' as a

departure from 'hegemonic masculinity' and its claim to power, moving towards 'a masculinity without men or male bodies' (Beasley, 2005, p.232). The writer argues this concept affords a queer theory critique and opportunity to move beyond mens' assumed social privilege and authority.

1.2.2 Men and Their Fathers

Miller (2011a, p.40) recognised the fluidity or flexibility of gendered identities, in particular greater sensitivity in understanding 'paternity and familial masculinity' and that not all masculinities are equal and 'fathering' the same. Goldscheider (2000) equally stated that 'parenting has become a much less central and stable element in men's lives,' (p. 530) whilst Wall and Arnold (2007, p.520) looking at fatherhood in contemporary culture, found that fathers fulfilled a 'part-time', secondary less important role than mothers, as fathering 'continues to clash with hegemonic cultural ideals of masculinity'. It has been suggested that this changes when boys reach a particular phase in their life, when certain conversations focussed on both sexuality and puberty are more likely to be spoken of between boys and their fathers (Meah and Jackson, 2015). Nevertheless, even accounting for changing patterns in the workplace and with stay-at-home fathers and out at work mothers increasingly more common (Yarwood & Locke, 2015; Rushing & Sparks, 2017), fathers continue to feel bound by legislative and socio-cultural patriarchal expectations and power structures. This may perhaps bind them primarily to the workplace and women primarily to children (Miller, 2011b). The pace of change in the role of fathers is also acknowledged as slow compared to mothers, (Miller, 2011b).

Barnett, Marshall and Pleck (1992) found that sons who reported positive relationships with their parents experienced lower levels of psychological distress. Conversely, Hofferth, Pleck and Vesely (2012), found that adolescent behaviours were not directly linked to parenting behaviours when sons have their own children. Brook, Whiteman, Gordon and Brook's (1984) study, however, that again did not account for sexuality, did find that fathers who were conventional, related well to others, were well-adjusted and who did not use illicit drugs, were more likely to have sons with similar behaviours.

Similarly, Barton, Kogan, Cho and Brown (2015) found that, amongst young African American men, negative relational schema or cognitive frameworks in relation to biological fathers predicted increased levels of substance misuse and multiple sexual partnerships. For men growing up, fathers in many families remain: 'mysterious, distant, intimidating figures – even more so for boys with homosexual attractions' (LaSala, 2010).

Pachankis, Sullivan and Moore (2018), in their seven-year longitudinal study of 113 young MSM (mean age = 20.8 years), also found that adverse paternal experiences, particularly rejection, accounted for increased depression amongst participants. This was hypothesised to be on account of fathers experiencing 'masculinity threat' by having a gay son. Paternal rejection, did not, however, affect outcomes negatively for anxiety or alcohol consumption in the following year. Landolt, Bartholomew, Saffrey, Oram and Perlman (2004) equally found that gender non-conformity was significantly associated with paternal rejection in childhood, in their study of 191 gay and bisexual men. They found that paternal rejection independently predicted increased anxiety whilst mediating for attachment avoidance.

The internalisation of homophobic messages and impacts upon gay men's self-esteem can make paternal interaction, particularly during the 'coming out' process challenging where bonds may already be strained and issues of both fatherhood and masculinity apparent (Wheeler, Hastings, White & Rothblum, 2011). For fathers, gay sons can represent the shame of having failed to pass on masculinity, further stigmatised for gay sons of colour, acknowledging here the intersectionality of a patriarchy rooted in white experience (Crenshaw, 1989) and with broader implications for gay men's attachment, adult lives and relationships (LaSala, 2010).

1.2.3 Attachment

The early concept of psychoanalytic attachment theory (Fainburn, 1952; Winnacott, 1965) was integrated into Bowlby (1969)'s developmental attachment theory that stressed the significance of infant contact and comfort (Harlow & Zimmerman, 1959). Bowlby's theory embraced both ethology (the science of animal behaviour) and incorporated the concept of imprinting (Lorenz, 1952). It drew on cybernetics – the science of communications and control systems – and looked at patterns of emotional, social and cognitive development. His theory focussed on 'actual relationship-patterns' and early experiences between mother and child rather than 'intra-individual psychodynamics' (Hofler & Kooyman, 1996, p.512). Bowlby (1973) also put forward the concept of an internal working model focussed on the dyad, or the two elements or parts between the mother and the child, during the latter's early experiences.

Developing Bowlby's attachment theory further, Ainsworth, Blehar, Waters and Wall (1978) established 'insecure', 'avoidant' and resistant categories for attachment and from the experiment 'The Strange Situation'. Main and Soloman (1986) later added

‘disorganised’. Ainsworth’s work was critical for developing the importance of a ‘secure base’ for the development of self-esteem, feelings of self-worth and the regulation of affect. Bowlby (1988) also noted that physical separation or emotional distance from the primary caregiver caused low mood, anxiety and loneliness.

Insecure attachment has been consistently linked with substance abuse (Golder, Gillmore, Spieker & Morrison; 2005; Caspers, Yucuis, Troutman, & Spinks; 2006; Schindler, Thomasius, Sack, Gemeinhardt, & Kuster; 2007), as has ‘fearful avoidant’ attachment (Schindler, Thomasius, Petersen & Sack, 2009). Schindler, Thomasius, Sack, Gemeinhardt, Küstner and Eckert, (2005, p.120) stated, although not in which particular direction, ‘the more parents diverge on attachment security, the more secure the drug use of their child’. Secure attachment appears to provide a protective factor and insecure attachment a risk (Iglesias, Del Rio, Calafat, Ramon, & Hermida, 2014). Indeed, Hofler and Kooyman (1996, p. 516) have suggested that drugs represent a substitute for attachment and provide ‘a feeling of having acquired a secure base’.

For Edward J. Khantzian, one of the first to theorise on insecure attachment and substance abuse, addiction is ‘a disorder of self-regulation’, (Khantzian, 2012, p.275) - a combination of the caregiver’s action and the child’s associated mirroring (Schoore, 1996), forming the foundation of right brain development. This theory is further coupled with contemporary advances in attachment theory, informed by neuroscience and neuro psychodynamics (Schoore & Schoore, 2007; Lipton & Fosha, 2011).

Contemporary studies of drug use and attachment are, however, limited (Schindler et al.; 2005; 2007; Bertrand et al.; 2013; Downs, Seedall, Taylor, & Downs; 2014), with only a few studies have focussed solely on MSM and attachment (Hoff, Chakravarty, Beougher, Neilands, & Darbes; 2012; Mocnik; 2015).

Different attachment phenomena are represented by different types of drugs (Schindler, Thomasius, Petersen, & Sack, 2009), although research samples have been small.

Attachment styles 'dismissing-avoidant' and 'fearful avoidant' are said to be intrinsic to the inherent effects of heroin, cannabis and benzodiazepines, which also represent 'safe havens' also: 'emotionally and neuro-chemically related to attachment' (p.310).

Stimulants, on the other hand, 'attractive to preoccupied individuals with hyper-activating and closeness seeking strategies', (p.310) have been linked to the activation of affective, physiological and cognitive processes. And, in the case of insecure attachment, Fonagy and Target (1998) have found an absence of 'reflective functioning' or capacity to envision mental states in self and others. This has negative implications for drug taking and associations between actions and behaviours and emotional and mental state.

Studies have looked at 'how security and patterns of attachment develop and change across time' Stevenson-Hinde (2007, p.339) with adult relationships affecting attachment style (Jarrett, 2019), although psychologists still know very little how (Chopik & Kitayma, 2016). Bryne, Goshin and Joestl (2010), indeed Makariev and Shaver (2010) have proposed that attachment styles are passed on intergenerationally. Priddis and Wallace (2011) attribute this to an inability of caregivers to integrate their own experiences or life stories, thereby passing on the phenomenon to their children.

A few contemporary studies on drug use and adolescents in relation to attachment (Bertrand et al.; 2013; Downs, Seedall, Taylor, & Downs; 2014) have focussed on 'parental monitoring' and 'parental warmth' (Bertrand et al.; 2013; Thoma; 2017), the absence of which is associated with higher levels of substance abuse. McVie and

Holmes (2005) also identified the positive effects of ‘maternal warmth’, but excluded fathers, in a larger sample of drug users interviewed (N=147). ‘Parental warmth’ was associated with lower substance abuse and adolescent self-disclosure.

Feminist criticisms of attachment theory have pointed to an over-emphasis on the relationship between the mother and child, to the exclusion of the father. Schindler, Thomasius, Sack, Gemeinhardt and Kustner (2007) focused on the triad of child, biological mother and biological father, observing a triangulated pattern of mothers ‘preoccupied’, father’s ‘dismissing’ and drug-abusing adolescents ‘fearful’ in sixty-five per cent of the sample. Significantly, and within this enmeshed triad was a cohesive dyad with the mother and distant position with the father - in other words, the more dismissive the father, the more fearful the child. Schindler, Thomasius, Sack, Gemeinhardt and Kustner (2007) argued that drugs serve as artificial autonomy and strength ‘since the adolescent and their symptoms are needed to keep up family homeostasis’ or balance within the family, (p.14).

1.2.4 Psychosocial Development

A seventyfive year longitudinal Harvard study on adult development and life satisfaction (Mineo, 2017), showed that warmth of relationships had the greatest positive impact on wellbeing. Good relationships keep individuals happier and healthier (Waldinger, 2015).

Mark Greene in his podcast: ‘Solving the Masculinity Crisis’, however, spoke of a prohibition for men against platonic touch and recalled how, for him, fatherhood provided the potential to transform how he, as a man, thinks about touch. Professor

Niobe Way (2018) has also stated that ‘toxic masculinity’ intrinsic to homophobia and a machismo attitude (Winton, 2018) kills boys’ friendships, leading to an epidemic of loneliness. This she claimed was due to ‘the bizarre expectations we have of boys as they grow older, that they should disconnect from their innate emotional acuity, their emotional sensitivity in order to become a man’ (NBC News, 18 January 2018).

Whilst author and gay man Matthew Todd has stated in his book ‘Straight Jacket’ how ‘what’s wrong is not our sexuality but the damage done by growing up inside a cultural straight jacket’ (The Observer, June 2016), Kimmel and Mahler (2003) reflected upon how boys who are bullied for being ‘so gay’ develop nevertheless psychological resilience which enables them to weather adolescence, without recourse to similar school violence. Gay men regardless are confronted by a number of challenges in their early development.

A recent study on paternal depression (Da Costa et al., 2015) showed that 13.3% of fathers experience elevated levels of depression and particularly if stressed or in poor health (Underwood et al., 2017). Effects of pre-and post-natal paternal depression are associated with behavioural problems particularly in boys (Ramchandani et al., 2008) and a meta-analysis showed that 8% of fathers could be affected (Cameron, Sedov & Tomfohr-Madsen, 2016), suggesting further impacts for child development. Indeed, Shelton and Harold (2008) further found that paternal depression was associated with insecurity in adult close relationships, with inter-parental conflict interpreted as paternal rejection.

Brown, Kogan and Kim (2017) found that girls benefitted more than boys intergenerationally from close, nurturing father-child relationships. A study by Walsh, Dalgleish, Lombardo, Dunn, Harmelen, Ban and Goodyer (2014) showed that even moderate levels of childhood adversity in a sample of fifty-eight teenagers, when the brain is particularly vulnerable to stress, indicate an underdeveloped cerebellum with links made to problematic regulation of stress and the learning of new skills. Stress can for example, affect the development of young brains, increase the risk of PTSD, with developmental changes observed more so in boys than girls (Klabunde, Weems, Raman, & Carrion, 2016).

Developmental traumas can also impact on identity-formation in children (Brenner, 2017), with contributory experiences encompassing sexual abuse, neglect, exposure to domestic violence and traumatic loss or bereavement. Yoon, Kobulsky, Yoon and Kim (2017) established developmental pathways from child maltreatment to substance abuse, amongst 883 adolescents. They looked at the role of post-traumatic stress symptoms, mother-child relationships and internalising or externalising of problems as potential longitudinal pathways whereby childhood maltreatment leads to drug abuse. Physical and sexual abuse as well as emotional abuse and neglect were established and the authors concluded that improving post-traumatic stress symptoms and mother-child relationships could improve drug-use outcomes. Paternal child abuse and neglect have also shown links to depressive symptoms at age 16 (Scourfield, Allely, Coffey, & Yates, 2016) and boys with low parental support showed an early sexual debut (before the age of 14) with associated risk factors, low self-esteem, early drug and alcohol use. Greger, Myhre, Klockner and Jozefiak (2017) further showed that 'global self-esteem' or the general value a person places on themselves acts as a mediator for attachment

difficulties and substance use when links are established between childhood maltreatment and psychopathology.

Writing in *The Psychologist* (June, 2016) researchers Hill, Proffitt Leyva and DelPriore observed that children growing up with absent fathers, were less likely to delay gratification (Mishel, Shoda, & Rodriguez, 1989), whilst more likely to demonstrate interpersonal problems, poorer psychological adjustment and greater levels of depression and anxiety (Costello, Foley, & Angold, 2006). Boothroyd and Cross (2017) in their study on father absence and gendered traits in sons and daughters found that 'parental conflict' also resulted in changes in emotional development and greater reactivity in young men, however 'results showed no association between father absence and 'masculinity', indexed by sex-role identity, low fearfulness, and high aggression' (p.14). Zhai, Kirisci, Tarter and Ridenour (2014) did find, however, that psychological dysregulation during adolescence in the absence of affective parental bonding, led to a marked increase in substance use during early adulthood. They found that critically, low attachment during late childhood (age 10-12) mediates the disinhibition trait in mid-adolescence (age 16).

When fathers are absent, lone mothers with sons construct and animate absent fathers through narratives (Fransehn & Back-Wiklund, 2008). Pitsoane and Gasa (2018) further proposed that absent fathers or parents who are cold and unsupportive, push adolescent boys towards experimenting with drugs. In the context of poor paternal attachment, it appears that adolescent boys learn negative behaviours faster from an external group or older peers (Shelton et al., 2008) and may turn more readily towards finding solace in drugs (Orbot, 2005).

By comparison, paternal presence has been associated with a wide range of positive effects. Hill, Proffitt, and DelPriore (2016) found a reduced risk of illness and infant mortality (Figueredo et al.; 2006; Geary; 2000; 2005). Paternal presence was also positively correlated with increased self-confidence, environmental exploration and risk-taking (Paquette & Bigras, 2010), higher self-esteem (Harper & Ryder, 1986) and less fear of failure (Teevan, Diffenderfer, & Greenfield, 1986). Greater academic achievement and higher socio-economic status in adulthood were also proven (Geary, 2005; DeBell, 2008). By contrast, in the case of fathers present but who are abusing psychoactive drugs, Fals-Stewart, Kelley, Cooke and Golden (2003) found a detrimental effect on children's psychosocial adjustment and mental health which was negatively affected by the frequency of their father's drug taking.

For MSM, anti-homosexual expectations of masculinity isolate participants and result in gender role strain, possibly influencing sexual and HIV risk-taking behaviour (Fields, Bogart, Smith, Malebranche, Ellen, & Schuster, 2015). The impact of both familial and societal 'hetero-sexism' and internalised homophobia has also been identified with possible links to drug taking (Shoptaw et al.; 2009; Dentato, Halkitis, & Orwat; 2013). A providers' 'Introduction to Substance Abuse Treatment for LGB and T Individuals' (2009), defined 'hetero-sexism' as the stigmatization of 'non-heterosexual forms of emotional and affectional expression, sexual behaviour or community' and homophobia as 'the discrimination against, or fear of LGBT individuals and internalised homophobia: a self-loathing or resistance to accepting sexual orientation,' (p.16). Well-founded are links between 'hetero-sexism' and internalised homophobia, shame and negative self-concept (Neisen, 1993). Kort (2004) also described the profound effects of both hetero-sexism and internalised homophobia on gay male teenagers as

‘covert cultural sexual abuse,’ (p.1). Similarly, Neisen (1993) proposed that ‘hetero-sexism’ is abusive with painful consequences of victimisation.

In consideration of Club Drug-using MSM, and amongst lesbian, gay and bisexual (LGB) substance users, Weber (2008) found that gay and bisexual males experienced more ‘hetero-sexism’ whereas gay and bisexual males experienced more internalised homophobia than lesbians. She also found that those who had at least one alcohol or drug disorder, were significantly more likely to experience internalised homophobia and ‘hetero-sexism’ than those who had not. For Cabaj (2000) who found an association between the influence of internalised homophobia and a predisposition amongst gays and lesbians towards substance abuse, ‘substance abuse allows the expression of suppressed and repressed desires and needs and facilitates denial and dissociation,’ (p.12).

Rowen and Malcolm (2002) identified internalised homophobia as a major developmental difficulty for gay men, as did Maylon (1982) who had previously identified how gay men were affected by heterosexual socialisation. Robinson, Espelage and Rivers, (2013) in their study on bullying of LGB youth also found links between victimisation, sexual identity and emotional challenges later in life. Indeed, Odets, (2019) considered that all gay men are survivors of early life trauma as well as an on-going AIDS epidemic, with adverse implications for psychosocial development (Erickson, 1980).

In the case of Puerto Rican MSM drug-users, Finlinson, Colón, Robles and Soto (2008) also established that family loyalty resulting in sexual silence, furthermore the

experiences of homophobia fostered health-compromising behaviours. Increased sexual risk-taking, particularly around HIV was also associated with MSM who had been sexually abused or identified as black or ethnic minority (Jaspal, Lopes, Jamal, Paccoud, & Sekhon, 2017) with stigma towards MSM immigrants noted as structural intersectional determinants of the global HIV epidemic (Pachankis, Hatzenbuehler, Berg, Fernández-Dávila, Mirandola & Marcus, 2017). For Malebranche, Fields, Bryant, and Harper (2009), the absence of a biological father was correlated with increased sexual behavioural risk amongst black MSM.

There is strong evidence of a relationship between early adverse and traumatic childhood events and addiction (Dube et al., 2003). Khantzian (2012) noted that ‘individuals with addictions suffer because they cannot or do not regulate their emotions, self-esteem, relationships and behaviour,’ (p.275) and often act as if they do not need close relationships, relying on drugs instead. Fletcher, Nutton and Brend, (2014) further stated that ‘traumatic early childhood experiences and insecure attachments are both independent and interrelated risk factors for developing substance abuse disorders.’ (p.109). Their findings contradict the earlier work of Ross, Rosser, Bauer, Bockting, Robinson, Rugg and Coleman (2001) who saw no association between ‘homo-negativity’ and drug use, as did Brubaker, Tlanusta Garrett and Dew (2009) who strongly rejected any relationship between internalised homophobia and increased substance abuse.

Dependence on psychoactive substances as well as interpersonal violence were also found to be a means of managing negative memories (MacIntosh & Johnson, 2008) with associated impacts on both the resultant quality of attachment and feelings of

abandonment (Padykula & Conklin, 2010). The importance of therapy acting as a secure base was highlighted by Schore and Schore (2007).

A breakdown in psychosocial development has been shown to increase the risk of individuals developing substance abuse as well as other challenges such as depression, increased health problems, behavioural issues, interpersonal and professional difficulties and eating disorders, (Brenner, 2017). In the light of this, the Department of Health (2017) has emphasised that a critical part of drug treatment programmes should include psychosocial interventions that address adverse childhood experiences (ACE's) both individually and if possible, in group therapy (Stevens, 2017).

Stevens (2017) quotes Dr Daniel Sumrock in her article who claimed that addiction was a 'ritualised compulsive comfort-seeking' and a normal response to adverse experiences in childhood. Dr Sumrock further claimed that being treated with respect builds trust, which in turn builds health whilst Hari (2017) writing in the Huffington Post, cited the perspective of Professor Peter Cohen, who argued that addiction was about connection and bonding. Hari (2017) also pointed out that the opposite of addiction was not sobriety, but human connection and that addiction was a response to childhood suffering, devoid of love and respect.

On 'rethinking addiction', Nick Heather in *The Psychologist* (January 2018) reiterated that addicts deserve compassion, that evidence contradicts a phenomenology of addiction as compulsive, and the problem developmentally was instead 'a disorder of self-regulation' (p.27). For Gill, (2014, p.37), 'Addicted individuals suffer because they cannot regulate their emotions, self-other relations, and self-care. They self-medicate the pain and suffering associated with these self-regulation difficulties.'

1.2.5 Men's Sexuality

Schwartz and Rutter (1998) argued that gender alongside 'class, culture, race and individual differences, combine to influence sexuality,' (p. 451) with Crenshaw (1989) having established experience as greater than the 'intersectional sum'. It should be noted, however, that the relationship between intersectionality and sexuality is underdeveloped (Taylor, 2011). They further argued that sexuality was based on socially constructed desire, attraction and arousal and differs in terms of sexual identity and orientation. In Western cultures for example, two primary opposing sexual orientations are distinguished, namely heterosexual and homosexual, with hetero-normative assumptions made that homosexuality is 'an essence rather than a sexual act' (p.454) and that opposite-gendered roles are desired even in same-sex relationships.

Rich (1980) wrote of 'compulsory heterosexuality', inherent in male dominance, men's power over women and the maintenance of gender inequality. The work of Segal (1990) on feminist perspectives concluded that women's sexual power is constrained by men's dominance yet, individually, many men feel powerless sexually. Interestingly, Kane and Schippers (1996) highlight that men find women's sexual power greater. In the UK workplace, men's sexuality is documented as playing a dominant role particularly in the case of discourse surrounding sexuality and sexual discrimination (Collinson & Collinson, 1989). The UK's Equality Act (2010), however, is designed to legislate against this.

Schooler and Ward (2006) researched the impact of media messaging on one hundred and eighty-four male students and their attitudes towards body issues: only five respondents identified as gay. They observed a decreased comfort in 'real' body issues

such as hair and sweat, noting how feeling comfortable with body issues predicted greater sexual assertiveness and reduced behavioural risk. Men's feelings surrounding their sexuality also surface around awareness of male gender stereotypes, particularly in adolescence – this regulating for internalised feelings of shame (Herring, 2018) – meaning that boys who adhere to masculine display rituals are seen more positively by their contemporaries (Brody, 2000). Inherent can also be so-called 'sex-negative perspectives' surrounding men's sexuality with failure to conform to an idealised 'male' norm, stressful. Hyper-sexuality (Winder, 2016) for example, or sexual activity of three times the male average (Kinsey, Pomeroy & Martin, 1948) may cause severe anxiety and distress and require medication.

Carmody (2013) in her study of young men, advocated the importance of seeing masculinities as 'flexible and open to change' and the promotion of new cultural norms of non-violence and respect in the context of male sexuality. These were similar to the views of Karioris and Allan (2018) in their studies of male sexuality and masculinities. These and other authors advocate 'sex-positive' perspectives, particularly for heterosexuality, highlighting the need for research to understand more fully the parameters of male sexuality. Citing the work of Hearn (2013), they have advised against creating a new power base for men, instead advocating that 'feminist and queer theory' affords important observations about the complexity of men's sexuality, some of which are 'sex negative' and some 'sex positive,' (Karioris & Allan, 2018, p.253).

For some heterosexual men, sexual prejudice against gay men is well documented (Falomir-Pichastor & Mugny, 2009) and studies have looked at how sexual prejudice is predicted by heterosexual men's gender-positive self-esteem. The psychological distancing by heterosexual men takes place on account of identity threat, (Talley &

Bettencourt, 2008) as well as sexuality prejudice and can diminish when heterosexual men are told that they differ biologically from homosexual men (Falomir-Pichastor & Mugny, 2009).

To address the debate surrounding male homosexuality, various schools of thought have underpinned the aetiology of male homosexuality, categorised along a continuum of nature or nurture. For example, theories have stood that homosexuality is rooted in biology and essentialist perspectives, for example effeminacy. Other theories although equally inconclusive in proof, focus on the constructionist perspectives such as the developmental, environmental and the family of origin (Kitzinger & Wilkinson, 1993). Seutter & Rovers, (2004) for example, theorised that emotionally absent fathers' impact negatively upon their son's development of emotional intimacy and by default, their sexuality. Controversially, it is also believed that homosexuality can be 'cured' by for example, hormone treatment, that homosexuality is observed to have differences in the human brain and perceived as 'a deviation from the norm' Levay (1991).

Many of these theories have been underpinned by homophobia and 'hetero-sexism' and have served to impact further on gay men's psychosocial development. Byne and Parsons (1993) advocated in their paper on biologic theories that the 'interactionist model' of gay men's sexuality should be reappraised. They argued that it is not about genes or hormones that specify homosexuality, but instead a bias towards particular personality traits that affect how the individual interacts with his environment, accounting for the development of sexual orientation and other personality characteristics. This bio-psycho-social perspective is echoed by Dr James O'Keefe, himself the father of a gay son. He proposed in his 2016 Tedx Talk that, 'gays are designed by nature to help us be kind to one another', citing the work of evolutionary

biologist Edward Wilson (2012), who in *The Social Conquest of Earth*, stated that homosexuality may be advantageous to others, through specialised roles and professions that require unusual qualities of personality.

For MSM and from a developmental perspective, Fyre, Egan, Tieu, Cerdá, Ompad and Koblin (2014) looked at young African American and Latino MSM, noting that when physical proximal space is at a premium, the greater the heterosexist oppression experienced. They also looked at how ‘syndemics’, or two or more health problems, are inter-correlated with impacts acknowledged for developing sexuality and sexual health. In their study on homosexuality identity formation (HIF), Halpin and Allen (2004) also found that, of the 425 males interviewed, the greatest levels of distress were experienced during psychosocial, indeed sexual, developmental stages: ‘identity tolerance’ and ‘identity acceptance’. ‘Identity acceptance’ was of particular note given how MSM can feel both acute isolation and rejection.

Manning (2014) studied the stresses that gay and bisexual men describe in relation to their experience of ‘coming out’. It was apparent in their stories that stresses were never in isolation or limited to the people involved. He found that the experiences of respondents carry on further into the context of their sexuality, in particular ‘future interactions, making the connections between health, individuals, relationships, and cultures inevitable and enduring,’ (p.54). Faced with prejudice and discrimination, it is perhaps unsurprising that MSM demonstrate ‘significant differences between public and private sexual identities’ (p. 334) (Deren et al., 2001) and that a proliferation of drug use has been observed in the context of the stress and pain MSM may experience in relation to their sexuality. As noted, sexualised drug use, for example chemsex, can

pose serious implications for sexual risk but also male sexual consent (Hibbert, Brett, Porcellato, & Hope, 2019).

Regarding father-son relationships, these were deemed important to psychosocial development amongst a qualitative sample of young black HIV-positive MSM (Hussen, Gilliard, Caldwell, Andes, Chakraborty, & Malebranche (2014). Thus, the degree of involvement, emotional qualities of the father-son relationship and communication about sex and masculine socialisation, were shown to have ‘the potential to exacerbate or attenuate sexual risk for HIV,’ (p.776).

1.2.6 MSM

For psychologists working therapeutically with sexual and gender minority clients, MSM is seen as a term that a client may not necessarily be comfortable with (BPS, 2012). Young and Meyer (2005) argued that the term MSM is problematic, because it does not describe variations in sexual behaviour and obscures social dimensions and self-labelling indeed intersectional identities do not exist in a vacuum (Goldstein, Burstyn, LeVasseur & Welles, 2016). Furthermore, Boellstorff (2011) argued that the term, founded in global HIV/AIDS discourse and ‘surveillance’ and popularised in the mid-1980’s and through the Internet, is about social control, thereby displacing terms such as ‘homosexual’ or ‘gay’. As previously noted, and for the purpose of this study, MSM, or men who have sex with men, is an inclusive term used ‘because it describes sexual behaviour, regardless of how men perceive their sexuality,’ (PHE, 2014, p.7). Jane Ward (2015) for example wrote in her book ‘Not Gay: Sex Between Straight White Men’, about various subcultures practicing ‘straight homosexual sex’ or ‘dudensex’, reflecting on the phenomenon of straight men having sex with other men in order to bond and build masculinity.

Amongst MSM populations are increased rates of mental health issues (King et al., 2003) and substance use (Hughes & Eliason, 2002). As Public Health England (2014) comments, MSM suffer ‘a disproportionate burden of ill health and harm,’ particularly for sexual health (Halkitis et al., 2014). APA (2012) guidelines and those of the BPS (2012; 2019), further call on psychologists to understand these experiences and challenges as well as unique problems and risks.

King, Semlyen, Tai, Killaspy, Osborn, Popelyuk and Nazareth (2008) in their systemic review of 13,706 papers, established that compared to their heterosexual counterparts, LGB (lesbian, gay and bisexual) people are at higher risk of mental disorder, suicidal ideation, deliberate self-harm and substance misuse. Meyer (2003) in his paper on prejudice, social stress, and mental health in LGB populations, further spoke of ‘minority stress’ on account of prejudiced events, expectations of rejection, hiding and concealing and internalised homophobia. Hatzenbuehler (2009) also points out that stress exposure to stigma, and elevations in general emotional dysregulation, social problems and associated cognitive processes increase the risk of mental health burden on MSM. By contrast, a study conducted by Leonard, Pitts, Mitchell, Lyons, Smith, Patel, Couch and Barrett (2012) amongst 3,835 LGBT Australians entitled ‘Private Lives 2’ (2012), found that gay men have the highest resilience to anxiety over other sexual identities.

Pachankis, Cochran and Mays (2015) identify greater rates of depression in sexual-minority men who are ‘out of the closet’ and in the case of those who have just come out, increased major depressive disorder and anxiety disorder. A number of studies have also observed MSM having strained relationships with their parents, (Darby-

Mullins & Murdock, 2007), and again, to have experienced parental rejection (Ryan, Huebner, Diaz, & Sanchez, 2009) or victimisation (D'Augelli, 2005). Pierce, (2000) and Miller, (2012) call for further research into MSM and their parents.

Mercer, Prah, Field, Tanton, Macdowell and Clifton (2016) observed that MSM were more likely to report poor health behaviours than men reporting sex exclusively with women (MSEW), with 8.4 % reporting across physical, mental and sexual health domains. The EMIS (2010) study surveying MSM across Europe, found a prevalence of emotional abuse due to sexual orientation as well as internalised homo-negativity or the internalisation of societal stigma. Berg, Ross, Weatherburn and Schmidt (2013) focussing on the EMIS (2010) data, examined structural and environmental factors to homo-negativity and gay-related hostility such as not wanting homosexuals as neighbours and further, exposure to HIV information and testing, STI testing and condom access. The GMSS (2014) survey of gay men's 'state of play' containing both quantitative and qualitative socio-sexual data principally secured through www.gay.com and www.gaydar.co.uk, (Cameron et al., 2009) also found 'sexual unhappiness' amongst 41% of respondents. Brown, Serovich and Kimberly (2016) found psychosocial risk factors stigma and depression were positively correlated with sexual compulsivity.

Documented is a relationship between internalised homo-negativity (IH) and sexual health amongst MSM (Berg, Weatherburn, Ross, and Schmidt, 2015). This group of MSM associated with a non-gay identity, had limited gay social affiliation, experienced sexual unhappiness, loneliness, inability to decline unwanted sex and less knowledge around HIV and HIV testing. Rhodes, Deren, Wood, Shedlin, Carlson and Lambert

(1999) further observed a high frequency of unprotected sex as well as ‘drug identity’ and drug-using isolation in their study of ninety-eight MSM drug users. Indeed, MSM’s sexual and drug-injecting activities are generally regarded as a bridge for HIV transmission and for both those who use drugs and their sexual partners who may not.

The 2014 ASTRA study (Daskalopoulou et al., 2014), for example, investigated poly-drug use and sexual behaviour in HIV-diagnosed UK based MSM: 7% of the 2,248 interviewed reported high-HIV-risk-sex with sero-discordant (HIV negative) partners. Hagan, Jordan, Neurer and Cleland, (2015) also found that in a large cohort of HIV diagnosed MSM (13,000), Hepatitis C (HCV) prevalence was increasing year on year, with particularly high reinfection rates post treatment. PHE’s (2017) report entitled ‘UK Focal Point on Drugs’, further found that around 90% of HCV infections were acquired through injecting drug use, the remainder through smoking crystal methamphetamine or snorting mephedrone (Kirby & Thornber-Dunwell, 2013).

MSM are twenty-seven times more at risk of HIV compared to the general population on account of biological, behavioural, legal and socio-cultural factors, (Avert, 2019) with MSM accounting for 57% of all new infections in Western Europe and North America and 41% in Latin America and The Caribbean. Gourlay, Fox, Gafos, Fidler, Nwokolo and Clarke (2017) for example, found that ‘individual psychosocial factors, including personal history, recent life stressors and mental health, enhance vulnerability towards higher risk situations,’ (p.17).

EMIS (2017) and ESTICOM (2017) led by Sigma Research and using ‘convenience’ samples in which research participants are recruited online throughout Europe, plan to

specifically address MSM HIV prevention and have been welcomed (Prah et al., 2016). Furthermore, and given the rising phenomenon of 'chemsex' these studies revealed that PrEP, a drug taken by HIV negative people before sex to reduce the risk of acquiring HIV (THT, 2019), remains widely unavailable. Uptake has been increasingly documented where available, although as Australia's recent Gay Community Periodic Survey (2018) noted, a twenty-five per cent increase in a STI diagnosis separate to HIV in 2017 has been observed (Broady et al., 2018).

Bourne (2012) spoke of the prevalence of drug use amongst MSM globally, with findings from the UK Gay Men's Sex Survey (2014) indicating 39.4% of MSM in the past twelve months using poppers, 27.7% cannabis, 18.5% ecstasy (MDMA) and 4.7% methamphetamine, (Hickson, Weatherburn, Reid, Jessup, & Hammond, 2017). Bourne (2012) also observed drug use in MSM as episodic, thereby perhaps not-drug dependent, instead focussed on socialising or seeking sex. Polydrug use was also prevalent particularly between ethnic minority gay men in the US as well as amongst young men with a need for harm reduction. Park, Al-Ajlouni, Palamar, Goedel, Estreet and Elbel (2018) have added financial hardship as correlating with MSM drug use, whilst Keogh, Redi, Bourne, Weatherburn, Hickson, Jessup and Hammond (2009) observed challenges around social and personal wellbeing, physical, mental, sexual and emotional health and self-medication. As Holt (2014) points out, few gay or bisexual men who engaged in chemsex in London felt that their drug use was problematic - even accounting for greater recreational drug use amongst MSM in the same year (Hunter, Dargan, Benzie, White, & Wood, 2014).

1.2.7 Drug Taking

According to findings from the 2017/2018 Crime Survey for England and Wales, men are twice as likely to take drugs as women, with eleven-fold increases in attendance at clubs, pubs or bars (Home Office, 2018). Drug use is greater still in urban areas and correlated with unhappiness although only half of the 760 clubbers interviewed in South East England felt that drugs were integral to their social life (Home Office, 2003).

Higher levels of 'Class A' drug use were accounted for in nightclubs with cocaine accounting for an eleven-fold increase and a twenty-fold increase in ecstasy (MDMA). Year on year increases of cocaine were also threefold and, amongst young adults 16 to 24, drug use was associated with one in five (Home Office, 2018). Drug use was more likely to be associated with the consumption of alcohol and NPS (novel psychoactive substances), formerly known as 'legal-highs'. Among 16-59 year olds, one in eleven surveyed had taken an illicit drug in the previous year; 7.2% had used cannabis; 2.6% powder cocaine and 1.7% ecstasy. The Global Drug Survey (2019) looking at data and drug use from 123,814 participants in over thirty countries, throughout 2018 also found that 60% of respondents of whom 87% were white, went clubbing four or more times a year. Of the twenty drugs used most commonly, six were dissociative, four a stimulant.

Over 739 different NPS were reported to the United Nations Office on Drugs and Crime (UNODC) between 2009 and 2016 and within 106 territories (United Nations, 2016). A document entitled 'Talking with your children about New Psychoactive Substances and Club Drugs' (Stewart, 2017) has been published to assist parents with open and effective conversations. The European Drug Report (2017) additionally established associated chronic and acute health problems, particularly for new NPS. By contrast, in

Northern Europe and amongst opioid users, 40-64 years old, there had been a decline in injection and drug use thereby HIV infection and mortality.

Recent research into the effects of the Club Drug GHB/GBL, have shown associated brain and cognitive changes, notably alterations in memory and negative emotions (Raposo Pereira et al., 2018). Findings following on from the work of McCambridge, Winstock, Hunt, and Mitcheson (2007) amongst dance drug-users established an increased prevalence of hallucinogens, ketamine and GHB/GBL and nitrate use and an increased use of mephedrone and methamphetamine amongst 991 MSM in London and Brighton between 2013 and 2016 (Sewell et al., 2018). Reductions, however, were since observed in ketamine use.

The United Nations Office on Drugs and Crime acknowledges that Club Drugs are used both recreationally – often amongst individuals in higher income countries – and by younger individuals coping with difficult circumstances (United Nations, 2016).

Piennar, Murphy, Race and Lea (2018) in their study on LGBTIQ health policy in Australia, note that ‘populations constitute problems in and of themselves, regardless of individual patterns of use,’ (p. 187)

Drug taking has been associated with irritability (Tarter, Blackson, Brigham, Moss, & Caprara, 1995) and poor impulse control (Madden & Bickel, 2010). Irritability tends to increase in adolescence but decrease over the lifespan (Green, Myerson, & Ostaszewski, 1999). However, repeated drug use in adolescence has been shown to be associated with long-lasting impulsivity and neurodevelopmental changes, particularly in the frontal lobe (Silveri, Dager, Cohen-Gilbert, & Sneider, 2016).

1.2.8 Drug Taking and Sexuality

Palamar, Le and Cleland (2018) in their qualitative study of non-medical opioid use among dance party attendees in New York, found that of the 954 individuals surveyed (ages 18-40), 23.9% had used opioids non-medically in their lifetime. Their study did not monitor for sexuality, but nevertheless used the term 'heterosexual chemsex' and echoed previous concerns of Kurtz, Buttram and Surratt (2017) in a prior study which identified the proliferation of benzodiazepine dependence in the 'sexual majority' club scene. Indeed, the Global Drug Survey (2019) surveyed 72,000 self-selecting individuals on substance-linked sex and found that individuals in the UK are more likely to combine sex with drugs such as cannabis, MDMA (increasing emotions and intimacy), GHB/GBL (increasing sexual desire) and cocaine. All sexual orientations in the survey practiced chemsex and more than 14,000 of the people who responded to the survey were men. Of those 65% identified as straight, just over 8% were gay and 6% bisexual. Mitcheson, McCambridge, Byrne, Hunt and Winstock (2008) in their postal questionnaire found a higher frequency of sexual activity, a greater number of partners, high rates of unprotected sex (men: 80%; women: 90%) as well as a higher prevalence of sexually transmitted infections.

Harawa, Williams, Ramamurthi, Manago, Avina and Jones (2008) examined non-gay identifying African American MSM through qualitative focus groups and found that drug use played a central role in same-sex sexuality and was used to rationalise same-sex activity and unprotected sex. Drugs such as cocaine and crystal methamphetamine were also used to facilitate access to male sex partners.

As previously established, sexual minorities are at far greater risk of substance use compared with the sexual majority population (Corliss, et al., 2010; Medley et al., 2016) with Marshal, Friedman, Stall, King, Miles and Gold (2008) finding that odds for LGB youth are 190% higher, compared to heterosexual youth.

In recent years, injection of stimulants amongst MSM, referred to as ‘slamming’ has raised public health concerns, (Amaro, 2016). As with other drugs, synthetic cathinones such as mephedrone have been used in combination with GHB/GBL, crystal methamphetamine, cocaine and Viagra to reduce inhibition and enhance sexual experience (Bourne, Reid, Hickson, Torres Rueda, & Weatherburn; 2014; Abdulrahim, Whiteley, Moncrieff, & Bowden Jones; 2016). Slamming takes place primarily in the context of chemsex parties (Kirby & Thornber-Dunwell; 2013; Stuart; 2013) an environment where there is increased risk for sexually transmitted diseases and other blood-borne or body fluid infections (McCall, Adams, Mason, & Willis, 2015).

1.2.9 Drug Taking and Parenting

A large body of literature has documented the link between substance abuse and family distress, parental difficulties, interaction styles and neglect (Valente, Cogo-Moreira, & Sanchez, 2017). Conversely, positive parental engagement notably ‘parental warmth’ and ‘parental monitoring’, appear to act as a moderating influence in relation to adolescents’ drug taking (Montgomery, Fisk, & Craig, 2008). Attitudes to safe sex and risk-taking are also positively influenced by ‘parental communication’ and involvement, this for example, in the case of a sample of African American adolescents (Cleveland, Gibbons, Pomery, & Brody; 2005; Rodgers & McGuire; 2012).

Fairbairn, Briley, Kang, Fraley, Hankin and Ariss (2018) noted that ‘insecure attachment’ was a risk factor for substance abuse. They proposed that the pathway from earlier attachment to later substance abuse was significantly more common than that from earlier substance abuse to later positive attachment. Amongst substance-dependent mothers, the use of emotionally avoidant language, where children felt discouraged from engaging with them, was also commonly associated with drug taking (Borelli, West, Decoste, & Suchman, 2012).

A number of studies have shown that those that abuse drugs during adolescence have a higher risk of going on to do so in later life. In the last decade, there has been a focus on early interventions, specifically towards adolescent studies and drug use (ASU). Studies have looked at attachment quality (Bertrand et al.; 2013; Downs, Seedhall, Taylor, & Downs; 2015) with Schindler et al., (2005) laying the foundations of the ASU study focussing on familial triads (child, mothers and fathers) rather than only mother and child dyads (Schindler, Thomasius, Sak, Gemeinhardt, & Kustner, 2007). Despite Stevenson-Hinde (2007) stating the need for more research within whole families, little remains known of the specific impact of paternal influences on the health and wellbeing of LGB youth (Bouris et al., 2010).

Alongside the effects of insecure paternal and maternal attachment styles (Jones, Ehrlich, Lejuez, & Cassidy, 2015), ‘maternal knowledge’ and ‘parental monitoring’ of youth activities has shown to decrease substance abuse and increase healthier drug attitudes (Lippold, Greenberg, & Feinberg, 2010). Conversely, if parents are shown to be lax with their children about rules around smoking and alcohol, this has been shown to increase the risk of cannabis smoking and an early sexual debut (De Looze et al.,

2012). In general, and as parents, it is harder to supervise males than females, irrespective of whether they take drugs or not and, weak or poor 'parental monitoring' has been shown to have a more detrimental effect on males (Svensson, 2003).

Amongst sons, 'paternal communication' is a protective factor against marijuana use and 'mother communication' is protective against smoking (Luk, Farhat, Iannotti, & Simons- Morton, 2010). By contrast neither mother nor father communication is protective for daughters. 'Connectedness', open general and high quality 'substance-specific communication' may protect adolescents from substance use (Kington & O'Sullivan, 2001; Lezin, Rolleri, Bean, & Taylor, 2004; Viner & Macfarlane, 2005; Ryan, Jorm, & Lubman, 2010; Ryan, Jorm, Kelly, Hart, Morgan, & Lubman, 2011).

An 'authoritative parenting' style on the one hand has been associated with sensation-seeking behaviour and marijuana use in adolescents (Stephenson & Helme, 2006). On the other hand, 'indulgent parenting' styles have been shown to be as effective in protecting against substance abuse as 'authoritative' (Calafat, Garcia, Juan, Becona, & Fernandez-Hermida, 2014). It is possible that having a relationship where children feel cared for may be more important than the particular parental style and may explain these apparent contradictory findings. Conversely, the adoption of parental roles by children (parentification) has also been shown to put them at risk from poor mental health and behaviour problems including substance abuse (Byng-Hall, 2008; Carrol & Robinson, 2000). This has been observed as more likely to happen when parents are addicts, as well as when parents suffer from poor health.

Risk-taking in respect to sexual behaviour has shown to be influenced not only by parental attitudes, but also by external influences such as the media (Bersamin et al.,

2008). The authors found that risky adolescent behaviour could be delayed amongst 887 adolescents, depending on parental attitudes around television mediation and the types of programmes parents allowed their children to watch. Huebner and Howell (2003) reiterated the importance of ‘parenting style by ethnicity’, ‘parental monitoring’ and ‘parent-adolescent communication’ in positively influencing children’s attitudes to risk-taking and in relation to sexual behaviour.

Only a few studies have looked at drug taking and sexual orientation (Buttram & Kurtz, 2015) from the perspective of parental influence (Willis, Gibbons, Gerrard, Murry, & Brody, 2003). Studies instead have focussed on drug taking, sexual behaviour and sexual risk (Schuster, Mermelstein, & Wakschlag, 2013).

Whilst Rogers, McKinney and Asberg (2008) identified adolescent personality factors such as impulsivity alongside parental maltreatment as predictors of later adult substance abuse, Prado, Pantin, Briones, Schwartz, Feaster and Huang (2007) found that strengthening the family system could be effective in reducing drug use and unsafe sex in a parent-centred intervention amongst Hispanic adolescents. Their findings were echoed by Brody, Yu, Chen, Kogan and Smith (2012) who established that protective parenting and the imparting of self-regulatory skills lowered the likelihood for emerging rural African American adults developing substance abuse problems.

1.2.10 Studies of Fathers and Drug Users

Studies looking at the influence of fathers on men’s drug-taking are limited (Pitsoane & Gasa, 2018). One quantitative study of 500 young African American boys has highlighted how biological paternal involvement has shown significant indirect

schematic associations with substance misuse and multiple sexual partners (Barton, Kogan, Cho, & Brown, 2015). A further quantitative study has also looked at 43 paternal drug-takers and their influence over their children, with negative parenting behaviours associated with child behavioural problems, mediated by fathers' avoidant attachment behaviours (Smith Stover, Easton, & McMahon, 2013). Therapeutic improvements for paternal drug-takers have also been observed to result in less intrusive interactions with children (under ten years of age). These improvements occurred in the intervention, 'Fathers for Change' (Smith Stover, 2015) using a structured approach to Cognitive Behavioural Therapy and with a focus on family systems and attachment styles.

In a longitudinal growth analysis study, Wong, Cucciare, Booth and Timko (2018), examined the role of both fathers (and mothers) in parenting 710 substance-using adults living in rural areas. The authors found that current conflict with fathers, predicted a greater level of drug use severity over time. Paternal alcohol and drug problems rather than mental health issues predicted greater drug use. The authors stressed the importance of looking at both paternal and maternal history in their quantitative study.

Both a direct effect of parental monitoring and an indirect effect of the influence of intoxicated and delinquent fathers in relation to children's later substance use was observed (Capaldi, Tiberio, & Kerr, 2018). This was a quantitative and significant intergenerational study on grandfathers, fathers and sons. Similarly, Pettenon, Guimarães, Pedroso, Woody, Pechansky and Kessler (2015) in their cross-sectional quantitative study found that careless and conversely overprotective fathers (N=173) were associated with later crack use in antisocial male children. Having in this instance

a father, with an authoritarian parenting style was associated with increased risk of substance abuse (Bronte-Tinkew, Moore, & Carrano, 2006), whilst severity of use was lessened when a positive paternal relationship dyad was in place, so too a permissive parenting style. The authors looked at quantitative data from 5,345 youth longitudinally and found that the positive influence of father-child relationships was stronger for male compared to female adolescents.

Their observations were echoed by (Shah & Aziz, 1994) in their quantitative study of fathers and drug users. They examined 45 heroin addicts and their perceptions of their fathers, comparing these with the perceptions of 45 non-addicts. Of the adjectives provided, sons used significantly more negative ones to describe their fathers, suggesting a 'disturbed father-son relationship' was a factor for risk. Pettenon, Paim Kessler, Siqueira Pedroso, Hauck and Pechansky (2014) similarly found again in their quantitative study, that the perception of fathers as 'controlling' and 'affectionless' (alongside neglectful mothers) was associated with less resilience towards stressful events, thereby increasing the risk of using crack in 198 male cocaine users.

In general, substance users appear to relate less to their fathers than non-users and perceive fathers to be devalued, second place and with no affective role (Huesca, Cruz, Gonzalez, & Blanco, 2002). This emerged from a qualitative study using projective tests and indicated negative relationships between 25 male substance users and their fathers. Their findings were reiterated by Sikorska and Dworak (2015) in 'Family in the Systems-Centered Perspective', who also found both an increased prevalence of drug use and fathers who remained uninvolved and disengaged. This was also the case for parents with negative and rejecting attitudes particularly demanding fathers or those

who used inconsistent discipline and where drug-using adolescents were raised by both parents. Male victims of bullying were also noted to have fathers who were seen as emotionally aloof and the authors concluded that drug abuse in adolescents coincided with low acceptance by fathers.

It would appear that a conflictual, overbearing, distant and disturbed paternal relationship is closely related to behavioural drug problems in sons. Paternal drug problems and intoxication in fathers also appear relevant factors in the son's drug use. Studies of fathers and drug users, predominantly quantitative in their methodology, have not taken an in-depth approach and in the main, have prohibited participants from exploring their own unique experiences. Nevertheless, from the limited studies identified, fathers who are careless, rejecting and affectionless, conversely authoritarian, controlling and also over-protective, are deemed by their sons as stressors associated with higher risk of substance abuse.

1.2.11 Studies of MSM and Drug Users

Studies have noted how MSM individuals are alienated from hetero-normative lifestyles. Chakraborty, McManus, Brugha, Bebbington and King (2011) established that 'non-heterosexual' people are at a higher risk of substance misuse, mental disorder, self-harm and suicidal ideation in their qualitative study on psychiatric morbidity.

Whilst Willoughby, Lai, Doty, Mackey and Malik (2008) linked MSM populations to drug use (Clatts, Goldsant, & Yi, 2005) and associated sexually transmitted infections (Jerome, Halkitis, & Siconolfi, 2009). Green and Feinstein (2012) and Sorhaindo (2012) established that gay and bisexual men are at far greater risk of drug use disorders than their heterosexual peers and Hirshfield, Remien, Humberstone, Walavalkar and

Chiasson (2004) discovered high substance use rates and their correlations to high-risk sex amongst MSM, with potentially serious implications for individual risk-taking and personal health. High prevalence rates for unsafe sexual practices among intoxicated 15-25-year-olds as well as serious clinical consequences for the interaction between recreational drugs and antiretroviral agents amongst HIV-positive MSM participants have also been established (Stueve, O'Donnell, Duran, Doval, & Geier; 2002; Antoniou and Tseng; 2002).

In a large-scale quantitative study (N=3,492), it was established that, as a population, gay young men (15-22 years) were far more likely to put their health at risk from recreational drug-use, than heterosexuals (Thiede et al., 2003). Use of drugs has been attributed to the management of a wide range of chronic psychosocial stressors (Lea et al., 2012). Because of the disinhibiting effects of Club Drugs, greater opportunities also arise for atypical sexual choices (Palamar, Kiang, Storholm, & Halkitis, 2014).

Whilst causal mechanisms and protective factors for MSM remain largely unknown (Marshal et al., 2008), risk factors for 496 Club Drug-using MSM in Los Angeles and from a quantitative regression analysis included place of residence, absence of religiosity, familial disclosure of sexuality, attendance at bars/clubs, sexual exchange and street economy (Kipke et al., 2009). Factors such as poorer education, multiple sexual partners, alcohol use and seeing new friends using new drugs, were also shown to increase new drug use and associated risk for 555 Chinese MSM (He et al., 2018). Club Drug use was also shown quantitatively to be more prevalent amongst younger, metropolitan-based HIV-positive Swedish men who had more sexual partners (Petersson, Tikkanen, & Schmidt, 2016). Chen, Li, Zheng, Zhao, He, Zhang and Tang (2015) also found that those seeking partners through the Internet or bars were the main

users of drugs in a cross-sectional sample of 826 Chinese MSM and Park et al., (2018) added financial hardship as a prevalent factor in their quantitative study of 580 Parisian MSM using Club Drugs and alcohol.

Additional risk factors from a mixed-methods study looking at increased prevalence of drug use amongst 176 HIV-negative MSM (18-35), related to those who experienced more time since their first same-sex experience (Rice, Vasilenko, Lanza, Davis, Fields, Ervin, & Norris Turner, 2017). MSM who had run away, or experienced forced sex were also noted for increased use (Thiede et al., 2003).

Melendez-Torres, Bourne, Hickson, Reid and Weatherburn (2016) found that not having a steady partner was a predictor of crystal methamphetamine use amongst a UK quantitative sample of 16,565 MSM: an HIV diagnosis was a predictor of chemsex (Melendez-Torres et al., 2018a). Using quantitative data again from the 2014 Gay Men's Sex Survey, middle-aged HIV-positive gay and bisexual men were found to be more likely to use Club Drugs and partake in chemsex (Bonnell, Hickson, Weatherburn, & Reid; 2010; Melendez-Torres et al.; 2018b). A longitudinal analysis of Club Drug use similarly showed the use of methamphetamine was associated with both the use of ecstasy and GHB.

A stronger affiliation to the gay scene, as well as a strong gay social circle explained the increased prevalence of drug use in a qualitative study of young gay and bisexual MDMA users (N=733) (Klitzman, Greenberg, Pollack, & Dolezal (2002). Other variables associated with drug use included being a victim of domestic violence and self-destructive behaviour. Demant, Hides, White and Kavanagh (2018) concluded that substance use involvement was also associated with participation in the LGBT

community in their multiple regression analysis, but that connectedness to the community had a weaker correlation, over association.

The effects of stigmatization, stress and the search for belonging were noted as relevant to 52 MSM men using methamphetamine in a further qualitative study (Jerome & Halkitis (2009). The authors concluded that the drug seemed to provide emotional protection from the experiences of homophobia, racism and hegemonic images of Black masculinity and determined that the drug further represents an instilled sense of community alongside same-sex desire.

Vosburgh, Mansergh, Sullivan and Purcell (2012) stress the need for more research investigating potential mediators and moderators for MSM drug takers. Their comments echo those of Bourne (2012) who has highlighted the need for more qualitative research to look in depth at personal and social factors that may help to further understand Club Drug use in MSM.

1.2.12 Studies of Fathers and MSM Drug Users

A literature search identified only two studies that referenced a focus on fathers amongst MSM drug users, despite a substantial number of researchers emphasising the need for studies specifically in this area (Pierce, 2000; Miller, 2012).

A recent quantitative study by Mustanski, Swann, Newcomb and Prachand (2017) examining the relationship between parental monitoring of young MSM, drug abuse and associated HIV-risk behaviours looked at fathers. In one of the three groups studied, 74% were out to at least one parent. Parental monitoring was not negatively associated with being 'out' to fathers in terms of general knowledge but was significantly and positively associated with honesty. The withholding of gay-specific knowledge in the

relationship suggested a distancing in relationship on account of a MSM identity. The authors cited the work of Jadwin-Cakmak, Pingel, Harper and Bauermeister (2015) who spoke of prohibitions in discussing same-sex activities with fathers, in turn having a negative impact on father-son relationships.

In a second study, Deimel, Stöver, Höbelbarth, Dichtl, Graf and Gebhardt (2016) found participant experiences of violence and discrimination from their fathers. Their qualitative in-depth study used structured interviews in a sample of fourteen German drug using MSM and focussed on the experience and context of drug use and related health behaviour. Results showed that 11 of the 14 respondents described coming out to parents as ‘conflictual’, with two men reporting strong conflict and their fathers becoming ‘violent’. It appeared that mothers tended to be more accepting of their son’s homosexuality, compared to fathers.

It should be noted, however, that in this study only a sixth of the 35 questions focussed exclusively on participants’ feelings about their biological family and no questions were asked directly or exclusively about fathers.

1.3 Rationale for Current Study

This literature review considers empirical evidence as well as both theory and contributory variables that can influence how MSM Club Drug users experience their fathers. It has also examined both current risk factors if not attitudes held towards fathers that can influence identified stressors associated with drug use. The body of research on understanding paternal experiences of MSM Club Drug users is relatively small. This study therefore aims to enhance current knowledge.

Interpretative Phenomenological Analysis (IPA), a qualitative method, has been used allowing for an exploration of the 'lived experience' of participants and consideration for the meaning they give to their experiences (Smith & Osborn, 2003). IPA was chosen as a means of looking at the psychological world of participants.

Through an emphasis on 'lived experience' and personal meaning-making, the study intends to both better inform and increase the breadth and depth of practitioner psychologists' understanding when working with MSM Club Drug users. The study further allows 'work experience to be shared and knowledge accumulated' (Bor & Watts, 2006, p.252). Given the need for evidence-based practice, it demonstrates accountability and the value of openness in counselling psychology practice (McLeod, 2003).

The aim of the research study is to investigate how MSM Club Drug-users experience their fathers. Using IPA, the study aims to understand the beliefs and constructs held by participants (Smith & Osborn, 2003) in the experience of their fathers and to provide an initial study, which may stimulate further research.

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CHAPTER TWO - METHODOLOGY

2.1 Overview and Background to Methodology

The following chapter outlines the methodology for this research thesis, explicitly the research paradigm. My ontological viewpoint of reality is grounded in a critical realist position in terms of what we can know and as the lens by which I believe it feasible to capture knowledge. Epistemologically, the study is qualitative and phenomenological in terms of how we can capture knowledge and the theoretical framework is concerned with the subjective experience of research participants. It utilises Interpretative Phenomenological Analysis as the chosen research method.

2.1.1 Summary of Research Literature

The previous literature review highlighted how MSM (men who have sex with men), are at far greater risk of drug disorders (Green & Feinstein, 2012). It also showed a correlation between substance abuse and high-risk sex in MSM (Hirshfield et al., 2004; Sorhaindo, 2010).

Drug taking was noted to be higher in homophobic societies amongst MSM (Niesen, 1993; Weber, 2008), possibly suggesting that Club Drug-taking might be used to mediate against environmental stressors. Additionally, those with higher self-esteem were less likely to show negative affect (Krischer-West, 2012) and trauma in the context of adult mental health (Cook, 2013).

A number of studies observed MSM to have strained relationships with their parents, (Darby-Mullins & Murdock, 2007), parental rejection (Ryan, Huebner, Diaz, & Sanchez, 2009) or victimisation (D'Augelli, 2005).

The literature search identified only a few studies investigating the quality of the relationship of MSM with their parents, despite a substantial number of researchers emphasising the need for studies in this area (Pierce, 2000; Miller, 2012). One study looked at HIV+ MSM and father-son relationships (Hussen, et al., 2014), but from a literature search, there was just one further study that looked at early parenting and MSM who were drug users (Finlinson, Colón, Robles, & Soto, 2007).

2.1.2 Rationale for Research Aims and Design and Research Question

Previous research highlighted the importance of parental rejection but pinpointed the gap in the literature amongst studies of Club Drug-taking MSM. No study looked at MSM drug users' experience of their fathers.

From my observations of working therapeutically with Club Drug-taking MSM, I noted a particular theme relating to clients' relationships with their fathers. Irrespective of whether the father had been present or absent in the relationship, their presence continuous or intermittent, clients consistently referred to the experience of their fathers, either growing up or in a contemporary context. I was therefore particularly interested in investigating the nature and experience of these relationships, specific to Club-Drug taking MSM.

My observations then led to thinking about the design of this study. I knew it was to be a preliminary study with open-ended interviews, as there was no prior research specific to this subject to guide me. The experience of the relationship to the father amongst Club Drug-taking MSM had not been studied. I therefore saw any study as needing to be exploratory and qualitative in nature in order to appreciate the issues in depth and in

an unbiased way. Hopefully, the study could then potentially offer some guidance to clinicians working with Club Drug-taking MSM and lay the foundation for further research.

I was aware, however, that as both an observer and researcher, I could potentially influence and restrict participants in terms of what they were willing to say, even in an ‘open-ended’ interview. I too wanted to have an open mind and not limit what the participants said by having a preconceived hypothesis in mind. I was interested in ‘the particular’ and the individual’s in-depth experience as the data for analysis.

Given an open-ended interview, each participant was free to describe their own experience in as much depth as they wished. I felt that this would be less intrusive and that the participant would be able to reflect, without interruption or interference, to the extent that they wished. The only intervention from myself as interviewer would be through the asking of pre-defined questions and asking for further elaboration of issues as they arose. The research was therefore undertaken in the spirit of collaboration. A small pilot-study was undertaken to test out the questions chosen for the study and to ensure they were suitable and to get a feel for the inner world of the participants and their experiences. I wanted to ask the research question, ‘*How do Club Drug-taking MSM experience their fathers?*’

2.2 Philosophical Standpoint, Ontology and Epistemology

Philosophically, I was looking at how I could conceptualise reality (Willig & Stainton Rogers, 2008) or ‘the truth’ of Club-Drug taking MSM’s experience of their fathers, both in terms of the data and the analysis (Willig, 2012).

Firstly, I needed to consider the ‘study of being’ and what is possible to know about the world - an ontological position. Ontology is concerned with ‘the nature of reality’ and what exists, (Ritchie, Lewis, McNaughton-Nicolls, & Ormston, 2013, p.4). Truth is viewed from ‘multiple perspectives’ and ‘multiple realities’, (Welford, Murphy, & Casey, 2011, pp.40-43). Indeed, the nature of reality, adapted from the writings of Willig (2012), could be viewed from arguably three distinct perspectives, namely realist (objectivist), critical realist (phenomenological) or relativist (idealism and social constructionism) and with each perspective having more than one variant.

In terms of researching the nature of reality, a realist perspective (objectivist) deems there to be an external reality, independent of our beliefs or understanding. The researcher acts as a detective, uncovering reality as ‘intelligible and rule bound’ (Willig, 2012, p.6). By contrast, a relativist perspective (constructionist), is diametrically opposed to a realist one and believes that no external reality exists independent of our beliefs and understanding. As researcher, the task here is to deconstruct participants socially constructed psychological worlds (Willig, 2012, p.6).

The ‘critical realist’ on the other hand takes the middle ground between the opposing views of the realist and relativist. A critical realist perspective (phenomenological), or seeing the psychological world as experientially diverse, calls upon the researcher to act with compassion, curiosity and commitment in their approach by stepping into the participant’s shoes and entering into their world (Willig, 2012, p.7).

I was to enquire about ‘ways of knowing and learning about the world’, (Ritchie, Lewis, McNaughton-Nicholls, & Ormston, 2013, p.6) or how we can know - an

epistemological position. Epistemology is about ‘a set of assumptions about knowledge and knowing, which provides the best answer to the question “*What and how can we know?*” (Willig, 2012, p.5). It is about how it is possible to know about the world, the nature of knowledge and how it is acquired. It is, in part about a methodological consideration and the knowledge we aim to create the assumption we make about the world we study, the role the researcher plays and the relationship the researcher assumes with the knowledge they are aiming to generate (Willig, 2012, p.6).

There are two contrasting epistemological positions. A positivist stance, synonymous with the scientific method, saw that the world is independent and unaffected by the researcher; furthermore, that reality can be accurately known. This approach is about objectivity, hypothesis testing, causal explanations and ‘objective, value free inquiry’, (Ritchie & Lewis, 2003, p.29). It also purports that meaningful realities already exist as discoverable and separate to an individual’s consciousness (Crotty, 1998). By contrast, a post-positivist indeed interpretivist stance (Bryman, 2008), whereby the researcher and social world impact upon another, uses ‘both the participants’ and the researcher’s understanding’, (Ritchie & Lewis, 2003, p.29). The general comprehension of the social world is that it is never free of interpretation and that reality can only be known approximately. Knowledge arises based on how we make sense of or perceive events, rather than direct lived experience (Ormston et al., 2014).

2.2.1 My Ontological and Epistemological Position

My own definition of reality and understanding of existence or ontological perspective (Welford, Murphy, & Casey, 2011) is that experiences are individual, thereby subjective. I believe that there is no singular reality or truth. Nevertheless, and from a

research perspective, I acknowledge ‘the ontological independency of the research object from the researcher, and the universality of the particular’, (Jeong & Othman, 2016, p.559). I am critical realist or dualist in my viewpoint (Welford, Murphy, & Casey, 2011), accepting an objective, external world or realist perspective, but knowing that, in understanding that world or truth, it can only be through relativist thought and perception (Howitt, 2010).

Because of my understanding that our knowledge of the world is constructed through our engagement with it, my ontological position as critical realist was arguably classified as post-modernist and post-structuralist. I rejected the realist (objectivist) stance whereby there is no independent reality but was equally rejecting of the opposing purely relativist (socially constructed), that there is no reality except the social reality, created by the individual. My ontological position as critical realist is therefore neither realist or relativist.

From an epistemological standpoint, I believed there was a false dichotomy between essentialism (the idea that things have an essential nature, capable of being identified) and socially constructed perspectives, as neither were mutually exclusive from each other. Given my interest in social cognitions and accessing inner experiential feelings, the reason that I aligned with critical realist is that I believe there are generalities about social reality that can be uncovered from the particular.

Furthermore, by aligning with the lived experience of the participant, I believe that this is the best means of accessing their inner world. I was interpretivist, rejecting a positivist perspective, otherwise assuming as close a reality between the participant and

myself as researcher. I was also aware that an interpretivist approach places a particular value on the perspectives of marginalized groups, (Hammersley, 2013).

That there was a world independent of me and that the structures were not apparent, was what I saw as valid knowledge. From an interpretative perspective, I was keen to ‘explore, understand and communicate the experiences, and viewpoints offered by... participants’, (Larkin, Watts, & Clifton, 2006, p.103).

I was interested in an ‘insider’s perspective’, (Conrad, 1987) – although arguably an over-used term (Larkin, Watts, & Clifton, 2006) - and as Smith (1996, p. 264) describes mediating ‘between the opposed positions of social cognition and discourse analysis’.

In other words, I was as interested in how a qualitative approach could enrich historically established quantitative approaches, as I was in focusing on the importance of both participant context and language. I was also interested in knowledge that had potentially useful consequences in practice. Most notably, I was interested in embodying ‘pragmatism’, or a philosophical position accepting the value of knowledge for its usefulness in humanity’s goals and needs. It discounted the respective pitfalls I saw with the opposing views of realism and relativism and instead placed ‘priority towards people’s everyday experience’, (Cornish & Gillespie, 2009), p.806. For this subject at this time, it presented the most appropriate methodology.

Ritchie, Lewis, McNaughton-Nicolls and Ormston, (2013), posit that choosing suitable methods for a given research question is more important than aligning with any chosen epistemology. Nevertheless, and from an epistemological standpoint, I was interpretivist in my viewpoint, interested in capturing participants’ individual

experiences and was what would be described as both phenomenological and interpretative in my approach.

2.2.2 Qualitative verses Quantitative Research

Qualitative research is a post-positivist or post-empirical approach to capturing knowledge, (Ormston, Spencer, Barnard & Snape, 2014). It focusses on broad questions centered around human experiences and realities. As Snape and Spencer (2003, p 3) state it takes ‘a naturalistic, interpretative approach concerned with understanding the meanings which people attach to phenomena’. Data captured is rich and descriptive, helping the researcher to understand participants’ experience. Using an inductive approach, researchers look for patterns or themes rather than testing a central hypothesis, typical of quantitative research.

2.2.3 Rationale for Selection of a Qualitative Research Paradigm

As previously noted, the study related to the question, “*How do Club Drug-taking MSM experience their fathers?*” the focus being on the inner world of the participants and how in particular they make sense of their experience - precisely the basis for choosing a qualitative approach (Willig, 2012).

My rationale for selecting this research paradigm was grounded in post-modern feminists who saw a qualitative approach as more collaborative given interviewees were viewed on an equal level with the researcher, otherwise seen as ‘less objectifying’ (Bowles & Duelli-Klein, 1983; Stanley & Wise, 2003; Ryan-Flood & Gill, 2010). This contrasts with the use of ‘subjects’ in the case of hypothesis testing and with the focus being on groups. There is no one methodology that defines a qualitative approach, but

it is characterised by a philosophy about how knowledge is achieved. Knowledge doesn't exist in a vacuum (Crossan, 2003), but is created by the individual involved in the research.

Qualitative approaches in psychology are about 'exploring, describing and interpreting the personal and social experiences of participants' (Smith, 2008, p.2). They are also about an idiographic approach or 'concerned with the particular...sense of detail and therefore depth of analysis,' (Smith, Flowers & Larkin, 2009, p.29).

Qualitative research is not about 'trying to test a preconceived hypothesis on a large scale,' (Smith, 2008, p.2) or about looking at how variables relate to one another or how a given cause can have a given relational effect. This is very much the domain of quantitative research.

My rationale for the selection of a qualitative research paradigm stemmed also from a political one, in wanting to 'give voice' to an underrepresented if not oppressed group, (Willig, 2012) - in this case MSM or men who have sex with men. A further rationale was a focus on the quality of participants' lived experience (Pietkiewicz & Smith, 2014). Qualitative research allows the voices of research participants to be heard, and avoids premature categorization, therefore allowing for 'an empowerment agenda' (Willig, 2012, p.9). As previously qualified and given the explicit gap in the literature, a qualitative approach would hopefully provide valuable data and relevant parameters for an initial study that could lead to further research, qualitative or otherwise.

2.2.4 Other Considered Qualitative Research Approaches

Given that this research thesis was a preliminary study, looking at experiences of MSM Club Drug users and their fathers, radical socially constructed or constructivist approaches, such as Critical Theory were rejected from the outset. I was not interested in investigating material conditions such as economic, political or ethnic influences from a social perspective (Richie & Lewis, 2003).

Other qualitative approaches were initially considered as alternative methods for this study. Grounded Theory (Anells, 1997) was considered as a means of developing 'emergent theories of social interaction' by identifying 'analytical categories and the relationships between them' (Ormston, Spencer, Barnard, & Snape, 2013, p.12). This approach of 'symbolic interactionism' explores 'behaviour and social roles' and how individuals 'interpret and react to their environment', (Richie & Lewis, 2003, p.12). Whilst Grounded Theory was a good fit with a critical realist ontology, it was considered unsuitable. Requiring generalizability, the method calls on larger sample sizes (15-20) that would have been difficult to recruit and are still difficult to generalise from. The method is more focused upon theory building from individual experience and social processes.

Discourse Analysis (Sinclair & Coulthard, 1975) - akin to the research tradition of Phenomenology/Ethnomethodology (Ritchie & Lewis, 2003) - was also considered. It looked at a way in which knowledge is produced, through different discourses and the rhetorical devices and linguistic styles used by participants (Ormston, Spencer, Barnard, & Snape, 2013). A post-structuralist viewpoint, it nevertheless took a discursive approach, looking at language in a socio-psychological context (Potter & Edwards,

2001). Philosophically, I saw this approach as about socially constructed phenomena (Willig, 2012) that was not aligned with my ontological lens as critical realist. In closing, Thematic Analysis (Merton, 1975) was considered yet equally rejected, this time on account of being more descriptive in its approach and again requiring large sample sizes (10 to 100+ participants).

2.3 Phenomenology

Phenomenology plays a psychological interest in how we interact with and negotiate relationships over a period of time - how we make sense of our experiences in detail: ‘a philosophical approach to the study of experience,’ (Smith, Flowers & Larkin, 2009, p.11). It is therefore idiographic and about small sample numbers, first person accounts and in-depth meaningful accounts. It is also about lived experience and how participants interact with their world (Landridge, 2007).

Phenomenology is about identifying the ‘essential components of phenomena or experiences’, (Pietkiewicz & Smith, 2014, p.8), in this case in relation to the object of their fathers, although its central goal is ‘to approach and deal with any object of our attention in such a way that it is allowed maximal opportunity to show itself ‘as itself’, (Larkin, Watts, & Clifton, 2006, p.108). As researcher, it is thereby about capturing and reflecting upon participants’ claims and concerns (phenomena) and looking at their inner thoughts and feelings.

Larkin, Watts and Clifton, (2006) highlight phenomenology’s both subtle and complex aims and origins. Philosophically, however, phenomenology principally sits between the work of Husserl (1929) and his focus on reporting the ‘lived world’ by ‘bracketing

off' past experience and the work of existential philosopher Heidegger (1962).

Heidegger focused on the notion of 'being there' or 'being in the world', (Finlay, 2011) as well as hermeneutics - interpretation or making clear – the participant's existence, indeed mindset (Pietkiewicz & Smith, 2014).

Although not mutually exclusive of one another, phenomenology sits between essentialism – the idea that things have an essential nature and can be identified - and social constructionism, the idea that knowledge is constructed by people through social interaction. Whilst Finlay (2011, p.66), states that an understanding of phenomenology 'remains one of uncertainty, controversy and competing diverse interests', Giorgi (2008) proposes an understanding of phenomenology's contradictory philosophical standpoints and need to recognize scope for on-going philosophical refinement. For this research, phenomenology would look to understand the 'constructs', concepts and ideas participants use to make meaning of the lived experience of their fathers (Ormston, Spencer, Barnard, & Snape, 2013, p.18).

2.3.1 Interpretative Phenomenological Analysis (IPA)

Interpretative or hermeneutic phenomenologists such as Heidegger (1962) were interested in 'interpretation designed to grasp the understanding of a research participant,' (Landridge, 2007, p.44). Heidegger's work looked at lived experience through interpretation and specifically at hermeneutics or 'the theory of interpretation', (Smith, Flowers, & Larkin, 2009, p.21). Interpretative phenomenology is arguably more psychological than descriptive phenomenology (Landridge, 2007) and goes beyond merely capturing the participants' experience (Giorgi, 1992). It also interprets that experience through psychological means.

The hermeneutic circle - a non-linear style of analysis, (Smith, 2008) - is 'concerned with the dynamic relationship between the part of and the whole at a series of levels', (Smith, Flowers, & Larkin, 2009, p.28). It highlights how Interpretative Phenomenological Analysis, is iterative in its approach, moving backwards and forwards, moreover, 'a circular movement from presupposition to interpretation and back again', Willig, (2012). According to Heidegger, IPA examines 'how a phenomenon appears' alongside the researcher 'making sense of this appearance', (Smith, Flowers, & Larkin, 2009, p.29).

IPA (Smith, Harre, & Van Lagenhove, 1995) looks at participants' individual and subjective experiences, their social cognitions (Biggerstaff & Thompson, 2008) and the participant's inner world (Larkin, Watts & Clifton, 2006). It draws from the work of German philosopher Husserl (1859 - 1938) whose work on intentionality (conscious experience) or representations is at both the theoretical and philosophical cornerstone of phenomenology and indeed IPA. Chamberlain (2011) points out, however, that IPA lines up more so with the interpretative tradition of Heidegger (1889 – 1976) rather than the descriptive tradition of Husserl (1859 -1938). Furthermore, and according to Todorova (2011, p.36,) IPA is of an 'interpretative epistemology' alongside 'phenomenological and hermeneutic theoretical foundations'.

IPA focusses on the detailed processes by which research participants make sense of their world (Brocki & Wearden, 2006). Having established its theoretical roots in phenomenology (lived experience), idiography (individual difference) and hermeneutics or interpretation, (Smith, 2011; Pietkiewicz & Smith, 2014), IPA's aim according to Smith and Osborn (2003, p.53), is to 'explore, flexibly and in detail, an area of

concern'. It expands upon the interpretative and the contextual, specifically the 'in person' 'contextualism', (Madill, Jordan, & Shirley, 2000) and subjective experience.

Emphasis in this research thesis was placed on the 'experiential claims and concerns of the persons taking part in the study', (Larkin, Watts, & Clifton, 2006, p.104) which was what set IPA apart as the approach of choice from other qualitative or discursive approaches, such as discourse analysis. As Smith (2011) points out, through analysis of what an individual says, we come to understand 'the participant's cognitive and affective reaction to what is happening to them' and 'the importance of the narrative portrayal remains paramount', (Brocki & Wearden, 2006, p.89).

IPA has gained particular popularity amongst health psychologists, (Wagstaff et al., 2014) and within socio-cognitive psychological literature, (Landridge, 2007).

According to Eatough & Smith, (2017), it is now considered one of the best-established qualitative approaches in psychology. It attempts to shed light on a given phenomenon by appreciating the 'insider's perspective' of the phenomenon under study (Smith, 1996, p.264) and has been used to identify, describe and understand participants' 'objects of concern' and 'experiential claims' (Larkin, Watts, & Clifton, 2006, p.111) whilst guiding changes in practice.

IPA looks at the meaning behind certain experiential claims participants make (Smith, 2011) and perhaps more explicitly, the meaning behind their expression of feelings and concerns in a given context, (Larkin, Watts, & Clifton, 2006). Todorova (2011, p.37) posits that 'we are drawn specifically to IPA because it urges us to listen and understand voices for what they are'.

Although experience is never directly accessible to the researcher, further to an interpretation of a participant's experience (Willig, 2001), knowledge is a co-construction, set within the context of a researcher's own personal reflexivity (Landridge, 2017). It is also important to "'bracket off'/suspend' preconceptions', (Smith, Flowers & Larkin, 2009, p.42) and in so doing, retain 'open-mindedness'.

Despite attempts at objectivity by making researcher's biases explicit, it is doubtful whether suspension of assumptions and judgments through bracketing can ever be truly achieved. Thus Spinelli (2005) considers the concept unattainable and simplistic. Characteristics of the researcher (Carradice, Shankland, & Beail, 2002), as well as the prior reading of transcripts, will inevitably affect interpretation (Noon, 2018). There are limitations in the analysis of consciousness (Tuffour, 2017) and Chan, Fung and Chien (2013) note that bias may occur, not only if researchers lack awareness, but also in the context of knowing a great deal about the subject. Chan, Fung and Chien (2013) also highlight the fact that there is no 'golden rule' (p.6) or accepted methodology for undertaking bracketing. Tufford and Newman (2010) conclude that the lack of consensus in terms of the definition and methods in respect to bracketing renders the concept 'nebulous' and 'complex'.

As noted, Heidegger talked of 'dasein' or 'being there'; 'an attempt to unravel the meanings contained in...accounts through a process of interpretative engagement with texts and transcripts', Smith (1997, p.189). Smith, Flowers and Larkin (2009), p.45 state that IPA is about 'how people make sense, focuses on their personal meaning and sense making in a given context'. It is therefore 'a more structured version of hermeneutic phenomenology', (Finlay, 2011, p.90), whereby questions used in the research are 'open

ended' and 'non-directive', (Smith, 1995) and for the purpose of identifying meaningful clusters of outcomes or themes within and across responses. Indeed, whilst IPA values participants' perspectives (Jeong & Othman, 2016), it also interprets and 'gives meaning to participants' experiences beyond that which the participants may be able or willing to attribute to it', (Willig, 2008, p.4). Experience is not always communicated in words and therefore can also be 'emotional thought' such as a 'sigh' and 'felt' elements in addition to thoughts, feelings and behaviour. Furthermore, thoughts might not separate from feelings, for example placing a hand on one's heart in order to connect to pain.

Willig and Stainton Rogers (2008), so too Smith (1997, p.189) summarise IPA as 'an attempt to unravel the meanings contained in accounts through a process of interpretative engagement with the texts and transcripts.' Considerations inherent in the analytical process in IPA include hermeneutics or the study of interpretation, (Pietkiewicz & Smith, 2014). Of particular note is the double hermeneutic, (Smith & Osborn, 2003) or dual interpretation whereby 'the researcher (is) making sense of the participant, who is making sense of their experience' (p.35). The triple hermeneutic meanwhile focusses on the reader who is trying to make sense of interpretative research findings (Smith & Osborn, 2003). Larkin, Watts and Clifton (2006, p. 15) highlight 'the hermeneutics of meaning-recollection', whereby IPA must strive for a middle ground or drawing out the meaning of experience, consistent with the approach. This, the authors state ensures 'the researchers' commitments to understanding the participants' life worlds', (p. 15), furthermore creating a more balanced focal point between protracted forms of interpretation such as the 'hermeneutics of empathy' and 'hermeneutics of suspicion', Ricour (1970).

Smith (1997) follows a series of steps centred around the identification of themes and then ‘meaningful clusters’, first within and then across the transcripts of participants, in this way the shared experience of a particular phenomenon. The sole intention of the approach is to enable participants to share their personal experiences of a given phenomenon and how they make sense of it. Thus, IPA makes a commitment not only to examining closely the unique, particular experience of each individual participant (Jeong & Othman, 2016), but also of looking at the shared experience of each participant. Eatough and Smith (2017) highlight, IPA attends to experience, in particular experiences however large or small that matter to participants.

2.3.2 Rationale for Interpretative Phenomenological Analysis (IPA)

Interpretative Phenomenology unlike Descriptive Phenomenology, (Giorgi, 1992) goes beyond simply capturing the individual’s experience, and, as its name implies, is concerned with ‘interpretation’ and attributing meaning to data (Willig, 2012). As Larkin, Watts and Clifton, (2006) state, Interpretative Phenomenology provides context to the participants’ descriptions within the broader cultural and social settings and from a psychological perspective. The hermeneutic circle is used in analysis, whereby the parts (words, phrases) are viewed and understood only within the whole or wider context (sentence, paragraph) and similarly the whole can only be understood in the context of the individual parts. This circle of moving between similar and larger units can continue, not only in a single text but between texts and other material as the researcher sees fit. Interpretative Phenomenology also makes sense of a participant’s experience by understanding the researcher’s own views and biases, in a given context, (Willig, 2012).

The approach provides an opportunity to listen empathically and in-depth (down-up) and to document what participants have to say, rather than as a means to prove or disprove the investigator's hypothesis by merging individuals into (nomothetic) groups i.e. top-down, (Ryan-Flood & Gill, 2010).

Travis, Kong, Mahoney and Plummer (2001, p.7) highlight how the interpretative perspective emerged in the 1960's with the interview 'increasingly becoming a tool for self-identification and coming out'. Todorova (2011, p.37) further states that IPA 'allows a valuing of agentic individual subjectivities and voices otherwise ignored or silenced'.

2.4 Compatibility of IPA with Counselling Psychology

IPA is idiographic in its viewpoint (Larkin, Watts, & Clifton, 2006), working with small groups and individual cases. It provides a global account of the individual surrounding a given phenomenon and, arguably, the richness of human experience - an insight into the person's unique way of viewing the world. This approach is humanistic or person-centred in its approach, thereby drawing upon my training as a counselling psychologist.

I also undertook active listening in my approach – essential to counselling – and motivational interviewing in interviews (Kvale, 1996), asking questions that may point out contradictions, whilst allowing responses to be directed by participants. I was intent on building rapport, gaining trust and presenting as free from assumptions in my questions (Pietkiewicz & Smith, 2014). In a humanistic vein, I listened 'to the client's account of his or her experience, empathically, without judging and without questioning

the external validity of what the client (was) saying' Willig (2012, p.12). To this end, I assumed the role of a person-centred counsellor, (Rogers, 1959). I tried to understand the participant's experientially diverse world, making no claims over relationships with other parts or indeed the accuracy of their experiences. My task was to enquire on what the world was like for each participant (Willig, 2012), whilst reflecting upon, and interpreting during analysis, the revealing of latent structures (Larkin, Watts & Clifton, 2006), and whilst assuming each participant's shoes (Willig, 2012).

Smith, Jarman and Osbourn (1999, p.3) are keen to point out that IPA is not a prescriptive methodology. Authors Smith (1996), (2004) and Willig (2001) note that IPA is well-suited to biopsychosocial research theories. IPA, by definition, positions participants' responses in a wider cultural, social and even theoretical context (Larkin, Watts & Clifton, 2006) and, as Willig, (2012, p.6) points out it calls upon the researcher as 'counsellor' in their role, seeing the psychological world as experientially diverse.

2.5 Personal Reflexivity

Shaw (2010, p.234) states that reflexivity is more than simple reflection, it is an 'explicit evaluation of the self', designed to identify any 'fore-understandings' or pre-suppositions held.

Through personal reflexivity, my task was to understand any presuppositions, attitudes or biases I held that could cause an emotional trigger and thereby influence and distort research findings. Finlay (2002, p.531) states that 'research...is a joint product of the participants, the researcher and their relationship. It is co-constituted'. Personal reflexivity was therefore important in this regard.

My own thinking and reflection were arguably the initial grounding for the research study (Moustakas, 1994). Even though it could be argued that my interest biased my research choice, I was particularly mindful of the importance of separating out my own experiences and indeed perceptions from those of the participants (Giorgi, 1992).

Equally, I did not want to succumb to a focus on disproportionate self-analysis, to the detriment of the research (Finlay, 2002). I was careful to ensure that an analysis of self-awareness did not reach self-indulgence (Gough, 2003). I was also aware that my interaction with my participants could impact on their openness and willingness to describe their experiences. As in my clinical practice, I aimed to project a non-judgmental attitude of warmth and empathy that would encourage honest self-expression. Nevertheless, I was aware that participants may not have received such empathy and warmth from their own fathers as they grew up. I was equally keen, however, not to inhibit any enthusiastic signs of agreement, for example through facial expression that might reflect my own political views or my own experiences (redacted for confidentiality purposes). Indeed, it was through my own experiences that I was able to maintain a compassionate and balanced approach at all times, whilst warding against bias and a negative attitude. I guarded against any behavior that could be interpreted as criticism or judgment. In this way, I set the conscious intention of creating the space where participants were free from any perceived societal shame. I was particularly aware of the mini traumas that I and others had experienced 'coming out' as homosexual, and how these experiences could 'bleed out' in non-verbal signals despite the fact that I had processed them intellectually. I did not want the experience of my own historic shame around sexuality to influence the interview.

Throughout the research process, I kept a reflective diary to increase my own awareness of triggers - notably shame, parental loss, the absence of being a father myself and societal hostility - that could influence my listening and demeanour and interpretation. I endeavoured to bracket off my own feelings to become less reactive, holding personal awareness and internal scrutiny at all times.

I also reflected upon both my position and approach to the study during research supervision. As a therapist I needed to guard against undertaking therapy but at the same time acknowledging everything that participants said. I had to be aware how participants might view me as researcher and as a non-drug user. Participants might well assume that I too was a fellow Club Drug user, past or present. Alternatively, participants might perceive me as a non-Club Drug user and consider that I thought of myself as superior. I was mindful that should a participant feel marginalized, he might well ask my own sexuality and the experience of my own father which could influence the research. Indeed, I needed to ward against bias whilst being as open as possible. According to Finlay (2002, p.531), central to my own personal reflexivity was an understanding that the above, 'can be transformed from a problem to an opportunity'.

At the time of this study, I was aware of the pain centred around the loss of my own mother, aged 17. I was also aware of a good relationship with my father, a long-term stroke survivor and widower who lived alone. I was very 'hands-on' with both his welfare and care for many years.

My reflexive standpoint changed, however, with a deeper personal experience around loss, when my father was diagnosed with terminal cancer and subsequently passed away during the write-up of this thesis. Whilst research interviews took place prior to his death, I didn't undertake the in-depth analysis until after his death. With my father gone, I experienced an even greater sense of empathy towards my research participants where loss was prevalent in their transcripts. I was aware that I might place undue emphasis on loss as an emerging theme because of my recent experience. Hopefully, my awareness enabled me to find the right balance between subjectivity and objectivity.

During my grieving process, I undertook a course of two short-term therapies to deal with matters arising from the death of my father. I was particularly mindful of my own well-being, and my need to bracket off (Smith, 2008) my own experience during both the analysis and write-up of the participants' responses.

I chose to create an environment where I was sensitive to 'issues of othering', (Travis, Kong, Mahoney & Plummer, 2001), or how as researcher I was separate but could influence my interviewees. I was therefore aware of my own research identity.

I was also particularly mindful that 'hermeneutic reflection aims to emphasise proactive self-reflection, that is reflexivity', (Shaw, 2010, p.241). In the context of the analysis of research findings, I noted Biggerstaff and Thompson's (2008, p.221) important point that the researcher's explicit thoughts and feelings and their 'congruence or divergence from those of the participant are matters of proper enquiry'.

2.5.1 Epistemological Reflexivity

In my research, personal reflexivity was about rigour, thereby examining assumptions and letting the data speak for itself whilst getting as close as possible to the inner world of the participants. It was important to create the optimum interview environment so that participants could talk openly and feel safe to explore their own experiences in-depth and without criticism (Curtis & Curtis, 2011). In keeping with IPA, this was achieved by being open and encouraging yet as neutral as possible during the interview.

Critical to the research was that I remained flexible, thereby epistemologically open (Shaw, 2010), whilst also having a responsibility towards disciplinary reflexivity in terms of taking a critical stance towards the research in both the interview process and later analysis (Wilkinson, 1998).

As stated, I was aware of the impact of my interaction as researcher with participants - one of the critiques of a post-positivist or interpretivist stance. I was further mindful of the criticisms of qualitative research (Crossnan, 2003), in particular 'reproducibility' and 'generalizability', thereby as transparent as possible with every step of my methodological and analytical process. I also adhered to 'best practice' and through personal reflexivity, 'appropriate reflections' prior to and during the analytic process (Brocki & Wearden, 2006). In the spirit of openness, I also wanted participants to share the experience of their fathers in the context of increased societal acceptance of same-sex relationships. This was particularly salient in the context of participants who had gone on to become fathers themselves.

As before, I was also aware of my approach as being both insider (researcher perceived as MSM) and outsider (researcher potentially perceived as non-MSM) in terms of perspective (Fine, 1994). Hayfield and Huxley (2015) stress the importance of reflecting upon the insider/outsider perspective as researcher, given that it is an epistemological matter whereby it can affect my position, positively or indeed negatively, on knowledge generated. Whilst it could be argued that by being MSM myself, there would be greater sensitivities towards giving voice to a historically marginalised population, I chose not to volunteer or openly disclose my sexuality. I felt this could detract unnecessarily from the research process. Hayfield and Huxley (2014), note that participants may wonder about a researcher's sexuality and this may impact their disclosure, however, personal reflection told me that my own disclosure could arguably lead to assumptions as well as ethically pose a risk in terms of potential boundary violation (Kanuha, 2000).

2.6 Assessing for Quality, Validity and Reliability

Whilst Henwood and Pidgeon (1992), posit that 'quality' and 'validity' form the basis of good qualitative research, in traditional scientific method, the concepts of quality, validity and reliability have presented a challenge in qualitative research (Yardley, 2017).

Meyrick (2006) proposes the core values of 'transparency' (openness) and 'systematicity', or approaching research problems in a disciplined, ordered and systematic way. Both values were certainly adhered to in my research process, particularly in terms of both data collection and analytic procedure. Oakley (2000) highlights the importance of both the acknowledgement and awareness of error, whilst

Sherrard (1997) advocates the value of sensitivity to context, transparency and reflexivity on the part of the researcher. Meyrick (2006) furthermore advocates a fit between each of the aforementioned values and a clear stated theoretical and epistemological stance, established through a methodological body of literature. Morrow (2005, p.250) echoes this principle, stressing the importance of the 'paradigmatic underpinnings of trustworthiness and rigour in qualitative research'. Again, all of these principles were both considered and adhered to in the research process.

Finlay (2006) rejects the conventional scientific (positivist) criteria of reliability, validity as well as generalizability and replaces these with artistry, resonance and relevance. She considers the importance of being trustworthy rather than demonstrating validity, thereby showing rigour in process and relevance in conclusion. Finlay (2006, p.322) also speaks of 'ethical, literary and creative dimensions', intent on capturing 'the richness and ambiguity of the lived experience and the diversity and complexity of the social world'. I share Finlay's enthusiasm for the views, the depth and richness of the individual's experience, particularly in the context of the multidimensional environment.

In essence, quality, validity and reliability in this research thesis were less about prescription and rather a checklist of considerations for inclusion. Henwood and Pidgeon (1992), identify seven attributes to consider when conducting qualitative research. These are (1) the importance of fit (research outcomes identified fitting data captured), (2) integration of theory (how research outcomes can be integrated or generalized), (3) reflexivity (as outlined further on in this chapter), (4) documentation (a clear precise documentation of what was done and the rationale behind it), (5) negative

case analysis (acknowledgement of cases that sit outside the generation of new knowledge), (6) sensitivity to negotiated realities (an awareness of the research context and how the participant might react in this context) and (7) transferability (the application of results to the wider context). I considered all of the aforementioned attributes when undertaking and writing-up this research.

A face-to-face interview was conducted with each participant, using a series of pre-defined semi-structured questions – a ‘natural fit’ for qualitative analysis (Smith, Harre & Langenhove, 1995) – and as a guide or a prompt. Additionally, questions focused on ‘content validity’ (phrased in easy to understand, everyday language), ‘construct validity’ (whereby the purpose of the research was transparent and communicated throughout) and ‘internal validity’ (methods represented who I was choosing to study). I was mindful of taking both quality and validity seriously, Smith, (2011, p.15).

I opted to disclose the research findings to participants at their request, which fitted with the spirit of collaboration and added quality to the methodology, (Meyrick, 2006). Because of the logistics and time that would have been involved, however, I felt it would be impractical for participants to comment on the final research write-up.

Yardley, (2000) comprehensively advocates a number of core principles to which this research study adhered to and which are outlined as follows. These are ‘sensitivity to context’, ‘commitment and rigour’ (replication), ‘coherence and transparency’ both in data capture and analysis and ‘impact and importance’. These principles are argued as providing procedures ‘for enhancing, evaluating, and demonstrating the quality of qualitative research’, (Yardley, 2017, p.295), furthermore quality, validity and reliability in its overall impact and importance.

2.6.1 Sensitivity to Context

A literature review in the previous chapter substantiated the need for a study that looked to produce new knowledge about MSM Club Drug users' experience of their fathers (Yardley, 2008). In an interview setting, sensitivity was given to the socio-cultural context of participants, drawing upon my training experience as a counselling psychologist, working professionally with this population. As researcher, I was further mindful of balancing out the perceived 'power over position' alongside sensitivities towards participants and their lived experience as MSM (Hayfield & Huxley, 2015). My intention was to 'give voice', (Smith, 2008) to a marginalised community and to produce data that would be of therapeutic use to clinicians, working with this population. A humanistic and empathic approach of unconditional positive regard (Rogers, 1959) was essential to gaining the research trust of participants and arguably richer data - this echoed by Smith (2008), and a good awareness of the interview process. Participants were therefore made to feel as comfortable as possible, with myself attentive at all time to their personal levels of comfort and safety. Personal reflexivity outside of the session had also afforded me an opportunity to be as present as possible to the interview process.

2.6.2 Commitment and Rigour

In this study, rigour was upheld through an in-depth engagement in both data capture and analysis, this so that the research could be replicated. An emphasis on breadth and depth in my analysis, (Yardley, 2008), akin to a phenomenological approach as well as consideration shown to each research participant in the collection of their data (Smith, Flowers & Larkin, 2009), underpinned my commitment to the research.

A high standard, in terms of exclusion criteria in the recruitment process (see 2.32) and inherent quality of the sample, questions posed and execution of the interviews themselves, further assured rigour, (Smith, Flowers & Larkin, 2009), as did a personal diligence towards a methodological approach and depth of engagement with research participants and their data (Yardley, 2008).

2.6.3 Coherence and Transparency

I adhered to both transparency and coherence by being clear in my procedures, this particularly later on in this chapter and further in the next, by carefully describing how interpretation was arrived at. I was mindful of adhering to the defined methodology, a fit between theory and method and engaging in reflexivity at every step of the research.

2.6.4 Impact and Importance

The prior chapter to this research thesis argued a case for the generation, indeed impact of useful socio-cultural research which set out to encompass standards of credibility additionally outlined by Morrow, (2005). As Yardley, (2008) states, 'there is no point in carrying out research unless the findings have potential to make a difference', (p.250).

Smith, et al. (2009) have drawn on the aforementioned criteria but have criticised Yardley's (2000) principles as being too general; Danzinger (1990) argues further that they have the potential to induce 'method fetishism'. Smith (2011) has therefore created criteria to specifically address the consideration of quality and validity in IPA. His criteria are as follows: subscription to theoretical principles of IPA, namely

phenomenological, hermeneutic and idographic; sufficient transparency in method articulated to the reader; analysis presented as coherent, plausible and interesting and sampling from the research showing in-depth density of evidence and interpretation for each theme. All of the above were adhered to in both research and write-up.

2.7 Ethical Considerations

Ethical approval from the Department of Psychology, City, University of London was sought prior to any participant recruitment or individual participants being approached. Following application, ethical approval was granted (see: Appendix 9), allowing for approved posters and promotional materials to be released and recruitment to take place. Thereafter, further ethical approval was granted by City, University of London to recruit in agreed clinical locations outside of London and in both Brighton and Manchester (see: Appendix 10). Also, discussions about ethical issues relevant to the research were also undertaken with academic colleagues from varied research interests, thereby different clinical backgrounds.

All ethical principles were adhered to including clearance of the project's ethical design, my own personal ethical code as researcher (personal reflexivity) as well as role sensitivity and adhering to an empathic approach towards participants, with sensitivity at all times. I also ensured that I continually monitored the effect of the interview on the participant (Pietkiewicz & Smith, 2014).

Regarding ethical design of the research project, participants were eighteen years of age or older and at the time of the interview had at least two months' abstinence from all Club Drugs (this included legal highs). They also identified as gay, male bisexual or

MSM. Research undertaken warded against harming or objectifying participants – their welfare considered at all times. An Information Sheet (see: Appendix 2) was used to explain how the research findings would be used and how the individual’s participation in the research project could potentially help other Club Drug users. The General Health Questionnaire (GHQ-28), (Goldberg, 1978) was used to screen out vulnerable participants. It was also decided that anyone who showed up to the interview intoxicated would be excluded from the research. This, however, did not happen.

All research stages followed in accordance with the British Psychological Society (2014) Code of Human Research Ethics and Health and Care Professions Council (2016) Standards of Conduct, Performance and Ethics. Under BPS Data Protection Regulation: Guidance for Researchers (2018) and formerly the Data Protection Act (1998), coded participants’ data was stored on an external hard drive in a series of password-protected computer files. This hard drive file was then locked in a safe place at my property and according to BPS guidelines, will subsequently be destroyed five years after the study has been completed.

The project further incorporated the principles of justice and non-maleficence, reflected in informed consent, the right to withdrawal up to one month after participation and compensation of reasonable travel expenses, the latter being the case even if the individual arrived intoxicated for interview. In the context of safeguarding, the study also ensured the breaking of confidentiality and appropriate disclosure by me to appropriate bodies in the event of participants expressing harm to self or others (Ryan, Flood & Gill, 2010).

The research adhered to the BPS Code of Human Research Ethics (2nd Edition, 2014), in addition to the Department of Psychology Research Ethics, City, University of London. For example, given the participants' previous histories of dependency, they were classified under the BPS Code of Human Research Ethics as vulnerable adults for the purpose of this research. Therein, I adhered to the BPS' Principle of Respect for the Dignity and Autonomy of Persons, particularly in respect to clause 10.1.3 (p.31) and informed consent, this to ensure that participants understood, 'the nature, purpose and anticipated outcomes of any research participation.'

2.7.1 Personal Ethical Code

In addition to the care and respect shown to participants, I was equally mindful of my own ethical considerations. Conversations were therefore had with both clinical and academic colleagues, to ensure ethical rigour and a robustness to ethical research design. I was also aware of my own safety at all times (see: Appendix 6) and throughout the research process, thereby seeking assistance from colleagues or security personnel as appropriate. To this end, an academic colleague was notified when each interview took place, as well as the location, start and finish time provided for each participant interviewed. As a precaution, interview rooms were also chosen for their proximity to the University's front desk and security personnel were also informed of the interviews taking place.

At all times during the research, I was conscious of upholding the organizational reputation of City, University of London and maintained participants' wellbeing and autonomy throughout the research project. I aimed to maintain a balance between the comfort and beneficence of participants and the pursuit of my research interests.

In so far as my participants were likely to have participated as MSM Club Drug users in Chemsex, I was aware of the possibility of perceived 'power over' (Schwalbe & Wolkomir, 2001). I was also aware that participants might be curious about my choice of research topic and make possible assumptions about my own behaviour.

As noted before, I tried to project an attitude of empathic listening and an ethical balance of cooperation. This was alongside producing analyses that were sympathetic to the participant group, (Zavella, 1993).

2.8 Method, Design and Procedures

My methodological approach required organization and sensitivity, but perhaps above all, flexibility in its openness (Smith, Flowers, & Larkin, 2009). I was also aware of 'standing' for others (Alcoff, 1995) and thereby accurately representing participants' experience. I was, however, conscious that my research might not necessarily deliver any useful findings (Smith, Flowers, & Larkin, 2009).

My epistemology assumed suggestion rather than proof. As researcher, I had a responsibility to ward against 'methodologism' (Salmon, 2002) and 'methodolatry', (Chamberlain, 2000) by placing too much importance on methods over my epistemological, less so political position. Instead, and as researcher, I was aware of balancing conflicting if not overlapping identities. I had, for example an acknowledgement of presence as researcher as 'always everywhere in the field', Katz (1994, p.68). In other words, I was aware that the ethical stance taken as researcher continues to inform, even in the write-up stage. Concurrently, I also wanted to politically give expression to my participants (Lorde, 1994).

Given that my research question would drive my methodology, I chose Interpretative Phenomenological Analysis (IPA) as my research approach in order to interview each participant about how they experienced their fathers. Criteria considered for qualifying research participants is outlined as follows, as are methods, design and procedures for this research study.

2.8.1 Pilot Interviews/Pilot Study

A pilot study was undertaken amongst three fellow clinicians who were working with me at a dedicated Club Drug Clinic. All pilot study participants were understandably non-drug users, but did identify as MSM (gay, bisexual or MSM). The pilot study was undertaken prior to formal interviews and in order to ‘test run’ the semi-structured questions (see: Appendix 7). Clinical staff provided feedback about the interview process, which included the questions set and additional questions asked to pursue participants’ experiences in more detail. Colleagues were also asked to review the Consent Form (Appendix 1), Information Sheet (Appendix 2), Debrief Sheet (Appendix 3) and Promotional Poster (Appendix 4).

No modifications were made to the questions as a result of the pilot interviews. The process highlighted to me the importance of questions being used as a ‘prompt’ rather than used rigidly to structure the interview. Within the allocated time allowed, there was scope for additional questions to be asked in support of where the ‘participant’ wanted to take the interview.

2.8.2 Recruitment

Recruitment was undertaken by approaching NHS clinical colleagues' contacts at independent agencies or organisations specialising in both supporting and rehabilitating MSM Club Drug users. A list was drawn-up of independent agencies and organisations comprising drug support agencies and LGBTQI support centres and in areas of strong geographical MSM Club Drug use, namely in London, Brighton, Manchester and Birmingham (European Chemsex Forum: 2016).

Contact was made via e-mail to points of contact at both agencies and independent organisations, which included a covering letter (see: Appendix 5) and an electronic version of the research study promotional poster (see: Appendix 4). The e-mail also noted that physical laminated copies of the promotional poster could be sent on request for display at the aforementioned specialist venues.

Where requested and for ethical reasons, individual applications were also completed and submitted to agencies (see: Appendix 11) in addition to those granted by City, University of London (see: Appendix 9 & 10). Individual specialist agency approvals were sometimes lengthy in both waiting times as well as paperwork. Once approval had been granted, in the case of one outlet, a power-point presentation was written-up and presented to associated contacts (see: Appendix 12). Presentations, by way of additional conversation and questions answered in person, generated prospective recruitment interest in the research amongst additional contacts, with requests made for promotional materials made. Some agencies promoted the research study on their Twitter or Facebook feed, whilst others wrote about the study in their promotional newsletters distributed via closed e-mail circulars (see: Appendix 6). Some contacts

requested e-mail updates on the status of the research as it progressed through both analysis and write-up.

All prospective participants demonstrated their interest in the study by sending an e-mail to myself in response to the promotional poster (see: Appendix 4) or e-mail circular (see: Appendix 6). Any questions they had were answered by return e-mail and a request was made that they confirm they had previously taken Club Drugs and were at least two months abstinent. They were additionally asked to confirm their contact telephone number and informed that they would need to answer a series of preliminary questions when telephoned.

My personal telephone numbers were not disclosed on contacting prospective participants for interview. During the telephone interview, prospective participants were asked to answer questions from the General Health Questionnaire or GHQ-28 (see: Appendix 8). This measured for severity in psychiatric morbidity and health problems. Participants were then thanked for their time and informed that I would be in touch via e-mail to confirm the possibility of their participation for the next stage of the research.

All questions on the GHQ-28 have a choice of four responses, each in turn coded with a numerical score (see below). Whilst other scoring methods such as Likert, Modified Likert and C-GHQ scoring can be used, this study deferred to the coding advocated by Goldberg (1978), author of the GHQ-28. Scoring for each question (see: Appendix 8) was as follows:

Better/healthier than normal	0
Same as usual	0
Worse/more so than usual	1
Much worse/more than usual	1

The higher the participant's score the more severe their respective condition. Questions number 1-7 on the GHQ-28 accounted for somatic symptoms, 8-14 anxiety and insomnia, 15-21 social dysfunction and 22-28 severe depression (GL Assessment, FAQs, para. 11). For the purpose of participant screening, the author (Goldberg, 1978) sets no total scoring threshold for the twenty-eight questions asked, although a proposed cut-off score has been proposed by Goldberg, Oldehinkel and Ormel (1998), based on the sample mean.

As it was difficult to recruit participants to the study and took upwards of a year, it was not feasible to use a sample mean and potentially discard participants' responses at a late date. A decision was therefore made by me under the written and published guidance for the GHQ-28 (Goldberg, 1978), to set a threshold for exclusion that, first and foremost and from the outset, would both screen for and support participants' psychological safety. I found no research studies utilising the GHQ-28 as a candidate screening method amongst drug addicts or indeed MSM. I did, however, find that counselling psychologists, Jenkins and Palmer (2003), in their study on stress counselling, set a threshold or cut-off of 12/13 out of 28, utilising the scoring advocated by Goldberg (1978), as a threshold for conservative measurement of psychological distress. I therefore took this score as a guide for determining participants' exclusion from the study, setting a response score of 14 and above.

The one candidate who scored above 14 on the GHQ-28 during pre-interview was thanked for his time but informed that he was not needed further. For those participants that scored under 14 out of 28, an e-mail was sent informing them of their eligibility to take part in the research study. They were then formally invited for interview in London, Manchester, Brighton or Birmingham, as appropriate.

As mentioned, recruitment uptake for the research was challenging and took upwards of twelve months. A good number of participants made contact but had previously not taken Club Drugs, were still using Club Drugs or dropped out after pre-interview.

2.8.3 Participants and Sampling

As discussed, Interpretative Phenomenological Analysis (Smith, Flowers, & Larkin, 2009) was the chosen method of analysis for the study. Whilst Reid, Flowers & Larkin, (2005) advocate 'less is more', Smith, Flowers, & Larkin, (2009) propose four to ten participants for professional doctorates. A total of six participants were successfully recruited for the study, falling within the minimum for IPA additionally recommended by Turpin et al., (1997). The inclusion criteria are given as follows. Participants identified as male and as gay, bisexual or as men who have sex with men (MSM). Participants must have taken at least one Club Drug in the past to be eligible to take part in the study and be at least two months abstinent from all Club Drugs. To ward against influencing the recruitment process and following the experiences of drug researchers McSweeney and Turnbull (2007), the study did not stipulate or provide individual definitions of Club Drugs, the amount of prior drug use, or whether participants had been dependent or occasional/non-dependent users in the past. It also

did not evaluate for current alcohol consumption. On arrival and prior to the interview all participants were nevertheless screened and would not be interviewed if found to be intoxicated.

As described above, the study relied on non-NHS Club Drug support clinics or LGBT centres displaying promotional posters at their premises or mentioning the study in their newsletters or social media presence. It was then up to the participant to e-mail and express their interest by making contact with myself using the contact details provided. This assured participant anonymity, further individually generated interest in the research area and resultant participation.

2.8.3 Interview Process

Participants were forwarded an Information Sheet (see: Appendix 2) via e-mail, prior to taking part in the study. The opportunity was given for prospective participants to ask any questions or raise any concerns they had prior to the interview and having read the sheet. Their interview time was also confirmed in writing and they were asked to e-mail me, should they find themselves delayed or wish to cancel at the last moment on the day of the interview.

An interview room was booked and scheduled through City, University of London or, in the case of interviews taking place in Manchester, via the associated organisation that had received ethical approval from City, University of London (see: Appendix 10) for participants to be interviewed at their premises.

Each participant was personally greeted by me and both observed and screened for intoxication. If they did present as intoxicated, they were thanked for their time and

informed per the Information Sheet (see: Appendix 2) that they would not be able to participate in any interview that day. Nevertheless, they were compensated in full for all reasonable transportation costs. All participants who attended the research study in person passed the screening for intoxication and were escorted by me to the interview room for interview.

On arrival at the interview room, participants were asked to sign a Consent Form (see: Appendix 1) and then asked whether they were able to take part in a ninety-minute interview. They were then asked a series of open-ended semi-structured questions (see: Appendix 7). Participants' responses were recorded on two digital recording devices, with the second acting as backup in the event of technical failure; this was explained to each participant (Kvale, 2007). As previously mentioned, digital recordings were uploaded to an external harddrive, were password protected and given a unique code. Each participant transcript was attributed the unique code and kept separate and in a secure place. On the Consent Form (see: Appendix 1), participants were given the option to request a summary of the research, following analysis and completion of the research thesis. As outlined in BPS guidelines, digital recordings and transcriptions would be kept for the stipulated period of five years after participation.

Participants were informed of their right to withdraw from the interview at any point, and that they could also take a break at any point, if needed. For their comfort, each participant was provided with a bottle of water and comfortable seat.

Participants had been asked to bring a photograph or series of photographs that specifically expressed how they experienced their father – this provided 'richer data'

or what Smith, Haynes, Lazarus and Pope (1993) refer to as 'hot cognitions.'

Participants were asked to comment/reflect upon their experience of the photograph or indeed photographs in all cases, prior to interview questions being asked. Burton, Hughes and Dempsey (2017) state that photographs act as a therapeutic aid in research interviews and help participants to 'make sense of experiences' (p.24). In this study, all participants brought photographs and some on their iPad or iPhone allowing for contextualized stories and hermeneutic sense making (Radley & Taylor, 2003). The participants referred to the photographs not just at the beginning of the interviews, but throughout. Photographs allowed participants to deconstruct their phenomenological assumptions and accounts (Harper, 2002; Kirova & Emme, 2006). In the case where participant's fathers were absent or had passed away, a connection was made between past and present events, which facilitated recall not only of the events themselves but the associated thoughts and emotions (Reavey, 2011; Plunkett, Leipert, & Ray, 2012).

Participants were free to respond to the open-ended questions in whatever manner they saw fit. As previously noted, at interview I adopted an empathic approach alongside a subjective or interpretative awareness of what each participant brought to interview.

Van Manen (1997) refers to this as hermeneutic awareness.

Following completion of the interview, participants were provided with a Debrief Sheet (see: Appendix 3). Travel expenses were reimbursed upon provision of proof of purchase. This incentive had been outlined and made clear to prospective participants in the research study's promotional poster. Every participant was also presented with a £20 Marks & Spencer's voucher as a thank you for both their time and participation in the study.

2.8.4 Interview Schedule

Participants were scheduled an interview at either City, University of London and/or at approved regional locations in Manchester and Brighton (see: Appendix 10).

A breakdown of the participants and schedule for interview was as follows:

Table 1

<i>Participant Number</i>	<i>Age</i>	<i>Interview Location</i>
<i>Ghufran (PA01)</i>	<i>Early Thirties</i>	<i>London</i>
<i>Paul (PA02)</i>	<i>Early Forties</i>	<i>London</i>
<i>Michael (PA03)</i>	<i>Early Thirties</i>	<i>London</i>
<i>Robert (PA04)</i>	<i>Late Thirties</i>	<i>London</i>
<i>Keith (PA05)</i>	<i>Early Sixties</i>	<i>London</i>
<i>Stephen (PA06)</i>	<i>Late Forties</i>	<i>Manchester</i>

Interviews took place between November 2015 and December 2016. All names given are pseudonyms.

2.8.5 Recording and Transcription

As previously noted, participant responses were captured on two digital tape recorders, to provide back up in the event of technical failure (Kvale, 2007). Interviews were transcribed verbatim (O'Connell & Kowal, 1995). An independent transcription company was hired to undertake the transcription and was asked to sign a confidentiality agreement, such that the content of interviews could not be discussed with any third party (see: Appendix 13). Upon completion and receipt of each transcript, the accuracy and content were checked by me. Particular attention was paid to punctuation, verbatim structure of sentences, words and phrases used by the participant as well as addressing any omissions on the tape (Poland, 2011). I was keen to make sure that the precise interaction and dialogue between interviewer (myself) and participant was documented as accurately as possible and, for instance, that notable pauses made by the participant had not been deleted (Potter & Hepburn, 2005). Recordings were played again for clarity where necessary. Where appropriate and from notes I had taken during the interview, I added additional non-verbal details in the running order of the text, in order to capture the richness of the text by providing a sense of the emotions behind the words (Landridge, 2007). I used underlining in the transcript when a participant emphasised what they said, adding to the accuracy and quality of the transcript (Potter & Hepburn, 2005). Ethically, I was intent on not misrepresenting participants' views through the transcription. I also took the decision to abstain from sending finalised copies of the transcript to participants for their individual verification, this to maintain security and to further protect participant confidentiality (Poland, 2011).

My decision not to send participants their transcripts was initially made on the basis of upholding confidentiality and anonymity. Whilst Alase (2007) stresses the importance of privacy within an IPA study, I was further concerned for the security of sending transcripts via e-mail - even password protected.

All of the study's participants were also prior drug takers, therefore deemed as vulnerable (Surmiak, 2018) and only the results of the study were made available on request, as outlined in the study's Information Sheet (see: Appendix 2). The decision not to offer a review of transcripts was therefore further based on not being able to practically share with participants how their transcripts had also been interpreted, as otherwise would be the case in a therapeutic setting.

Mero-Jaffe (2011) considers that conversely participants should review their transcripts not only from an ethical standpoint, but also for the purpose of validation, authenticity and accuracy and to build trust and empowerment. This does, however, present dilemmas. Participants may for example, rephrase in retrospect what has been said or fail to return the transcript. Hagens, Dobrow and Chafe (2009) therefore argue that the disadvantages of sending transcripts to participants outweigh the advantages.

Upon completion, transcripts were cut and pasted into a pre-designed format for analysis, affording space for the transcript itself in the centre and margins on either side for written comments. As recommended in IPA analysis, the initial observations of the researcher were documented on the right and, on re-reading the scripts, emerging themes were documented on the left (see: Appendix 1). The precise details of the four stages of analysis are described in the following section.

2.9 Analytic Strategy

At the heart of IPA analysis is the reading and re-reading of the text (Smith, 1999). Smith (2004) advocates that IPA involves moving between different levels of interpretation, engaging deeply with both the text and with the participants' personal experience. Willig and Stainton Rogers (2008) also emphasise that analysis should begin with the correct 'phenomenological attitude', namely setting the intention of putting all past knowledge, assumptions and biases to one side (bracketing) in order to be fully open to the experiences of participants. In the current study, this involved suspending any experiences of my own father, and expectations of 'fathers' in general.

Although, there is no one prescriptive way of undertaking Interpretative Phenomenological Analysis, the basis of my approach was adapted from the heuristic framework outlined by Smith, Flowers and Larkin (2009). In this context, I drew up a sheet with grids alongside the transcription, this to assist with analysis (see: Appendix: 14). To begin with, I proceeded in a sequential way, by reading the first participant's transcript and going through the sequential stages of analysis or in other words thereafter highlighting descriptive, linguistic and conceptual phenomena, then identifying the themes for candidate one (PA01). I then did exactly the same for the second candidate and transcript and so on, each time bracketing previous themes that emerged. I thereby undertook several initial close and detailed readings of each participant's transcript, noting points of interest and significance. I was mindful of the language, manner of description and the feelings and ideas expressed by each participant. I wanted the data to speak for itself and to grasp each interviewee's inner world, before trying to grasp the bigger picture across participants.

In the first stage, judgments and presuppositions were suspended, as were any views that may interfere with understanding. My own thoughts and reflections that occurred were documented in my reflexive diary. Following three preliminary readings of a participant's interview the focus was on what the manuscript actually said. On the right hand side, I documented summaries, associations, points of interest, paraphrasing, connections, initial interpretations, use of language, similarity and difference or amplifications and contradictions (Smith, 2008).

The second stage consisted of highlighting text on the right hand side of the transcript under three classifications of exploratory coding, namely descriptive, linguistic and conceptual (see: Appendix 15), noting sometimes that in parts of the transcript, text can be classified as both descriptive and linguistic. Descriptive phenomena (highlighted on the transcript in yellow) related to comments focused simply on describing the basic content of what the participant said. These could include sound bites, idiosyncratic figures of speech, emotional responses, acronyms, descriptions and assumptions (Smith, 2008). Linguistic phenomena (highlighted on the transcript in green) explored the specific language and choice of words used by each participant such as particular pauses, laughter, repetition, tone, fluency, use of pronouns and metaphors used (Smith, 2008). Finally, conceptual comments (highlighted on the transcript in blue) focused on engaging at a more conceptual and interrogative level which brought an overarching comprehension to aspects of the scripts, alongside both personal and professional interpretation, (Smith, 2008).

In the third stage, and drawing out the psychological sense, Smith, Flowers and Larkin (2009) outline interpretative techniques that enabled me to move between different levels of interpretation (Smith, 2004). From descriptive to empathic and critical to

probing, techniques resulted in a 'dual-reading' of a participant's experience, therefore a deeper and interpretive hermeneutic one (Willig & Stainton-Rogers, 2008). This led to establishing the emerging themes, 'analytic themes' or meaning units' (Willig & Stainton-Rogers, 2008), noted on the left hand side of the transcript, working in this case with the notes rather than the transcript. Themes emerged from the psychological essence of the interview. At this stage, interrelationships, connections, patterns and psychological meanings were noted. Reflections made were both at the level of interpreting aspects of the script and at the level of the script as a whole, both in terms of how the participant viewed things and how I as a researcher, interpreted the script. Smith (2008) describes this as a focus on both description and interpretation. There was careful linking between the original account in the script and interpretation, thereby checking my interpretation alongside the data, whilst also pointing to both convergence and divergence (Smith, 2011).

Analysis was an iterative and inductive process (Willig & Stainton-Rogers, 2008), as I moved through each analytical step towards a holistic or 'bigger picture' perspective. The relevant themes were printed up and cut out on small pieces of paper or post-it notes that made it easier to order them in different configurations and to see associations between themes. Some emergent themes were discarded that did not pertain to the original research question or appeared to fit with the emerging subordinate themes. Indeed, themes that appeared similar were grouped or clustered together with contrasting or contradictory themes equally grouped together and placed separately.

The following table outlines means by which themes could be analysed according to various analysis techniques, Smith (2008):

Table 2

1	<i>Abstraction</i>	<i>placing like with like and then titling the group together</i>
2	<i>Subsumption</i>	<i>super-ordinate theme draws together a list of related themes</i>
3	<i>Polarization</i>	<i>thematic differences rather than similarities</i>
4	<i>Contextualisation</i>	<i>particular narrative or key life events</i>
5	<i>Numeration</i>	<i>frequency with which a theme is supported</i>
6	<i>Function</i>	<i>e.g., positive and negative / addict or victim</i>

I recognized that analysis could be deepened by focussing on thematic differences (Polarization) and chose to be mindful of this, rather than making similarities my sole focussed analytic approach. I equally chose to use the analysis techniques of Abstraction and Subsumption, this given the focus on similarities in both approaches. Numeration was also used as an approach as was a particular narrative (Contextualisation). Function was also considered in the context of convergence, moreover divergence.

I repeated the process for each individual transcript, bracketing off ideas emerging from the previous case. I was open to new emergent themes, mindful however, of how I could not fully escape being influenced by the previous. The research question in part also determined which emergent themes were incorporated into the analysis (Smith, Flowers & Larkin, 2009). Once I had completed analysis of all six participants, I set

about creating a table of superordinate themes for each participant. Smith (2008) sets a guideline of a desired number of three superordinate themes emerging, illustrated as follows:

Table 3

<i>CAN-01</i>	<i>CAN-02</i>	<i>CAN-03</i>	<i>CAN-04</i>	<i>CAN-05</i>	<i>CAN-06</i>
<i>Inadequacy</i>	<i>Inadequacy</i>	<i>Shame</i>	<i>Admired</i>	<i>Absence</i>	<i>Disconnection</i>
<i>Disconnection</i>	<i>Disconnection</i>	<i>Non-Communicative</i>	<i>Judgment</i>	<i>Dominant</i>	<i>Power over</i>
<i>Loss</i>	<i>Loss</i>	<i>Abandonment</i>	<i>Punitive</i>	<i>Lack of Emotion</i>	<i>Disturbance</i>

Related or subordinate themes had been grouped or clustered together in order to determine three superordinate themes for each research participant. Remaining interpretative throughout, these are illustrated photographically in Appendix 16.

The focus then shifted towards establishing connections across cases (Smith, Flowers & Larkin, 2009), how a theme in one case illustrated another, which themes presented as the most potent and balancing unique instances with shared higher order quotations. These led to master group themes or ‘clustering and organisation of the many themes’, (Smith, Flowers, & Larkin, 2009), p.101.

By summarizing how I had been able to arrive at each superordinate theme (*see: Appendix 16*), I was able to clearly see a summary of the data and through cross case analysis, establish master themes for the group. Interpretative throughout, I again

verified against the text, comparing, contrasting and linking the essence of what research participants said in order to reach the following master themes:

Table 4

Master Theme: 'One'	Master Theme: 'Two'	Master Theme: 'Three'	Master Theme: 'Four'
Limitation	Emotional Disconnection	Deprivation	Control-Over

To summarize, I used the right hand column to both encapsulate initial impressions and to capture descriptive, linguistic and conceptual comments. Thereafter, I used the left hand comment to note emergent themes. During the process of analysis, I committed to no more than three to four pages in anyone sitting. At each sitting, I used my reflective diary to ask myself why I had reached a given conclusion or identified a particular theme, always returning to the text for evidence. Where both positive and negative experiences blended, I noted ambivalence but remained open to the participants' lived experience at all times, in the spirit of understanding the essence of the phenomenon through interpretation (Willig, 2008). Using the hermeneutic circle, analysis and interpretation were drawn of the lived experience of the participant and continued into the write-up outlined in the next chapter of this study. At all times, participants were viewed as experts of their own experience (Smith & Osborn, 2003) and the topic under investigation.

2.10 Summary

This chapter has outlined my methodological procedures as well as the study's research design. I set out to highlight my rationale for a qualitative approach and the use of Interpretative Phenomenological Analysis as my chosen research method, in particular over other methods. I also outlined how my approach fit with both my ontological and epistemological position. I have reflected upon my personal reflexivity and ethics and outlined in detail the procedures I used when interviewing participants, thereafter the format of my analysis. In the next chapter, I outline in detail and by way of narrative account my analysis and findings from the research. My intention, to quote Smith et al., (2009, p.109) is to be 'comprehensible, systematic and persuasive' whilst presenting a 'good enough' finite summary of the richest data, experiential descriptions and interpretations from the research.

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CHAPTER THREE - ANALYSIS

3.1 Overview

The previous chapter outlined the methodology of this research. IPA was selected with the aim of evaluating how MSM Club Drug users make meaning of their lived experiences of their fathers. My experience as a counselling psychologist, working clinically with Club Drug users, allowed me to empathise with participants, keep an open mind and better 'attempt to understand what it is like to stand in the shoes of the subject', (Pietkiewicz & Smith, 2014, p.363).

IPA, in emphasizing the experiences of the individual, is idiographic in its focus on the particular rather than the universal (Smith, Harre, & Van Langenhove, 2008). It also acknowledges the role of the researcher in both 'bracketing off' prior assumptions (Smith, 2008) and in the interpretation and analysis, which Smith and Osborn (2008) refer to as the 'double hermeneutic'.

The analysis is focused on the use of 'eidetic reduction' or 'what essential components make a given phenomenon special (or unique)', (Pietkiewicz & Smith, 2014, p.361). A key focus is the way that participants both perceived and talked about their fathers, not just the words said, but the sense of their lived experience. Whilst IPA is descriptive and concerned with letting phenomena speak for themselves it is also interpretative, 'because it recognizes there is no such thing as an un-interpreted phenomenon', (Pietkiewicz & Smith, 2012, p.363). As noted by Biggerstaff and Thompson (2008), it was important to be aware that interpretation is through the prism of the researcher's own world.

Each transcript was read in order to determine descriptive, linguistic and conceptual comments (Smith, 2008). Each participant's narrative was then re-read to identify themes or psychological concepts and to determine subordinate themes for each participant. Participants' experiences were then analysed in order to determine superordinate themes. The initial reading focused on meaning from the perspective of the insider or participant and then reread from the perspective of the outsider, or researcher. Pietiewicz and Smith, (2012) refer to this as 'moving between the emic and etic' (p.367), or, in the case of the latter, looking at the data through a psychological lens and interpreting it through psychological concepts and theories. The emic assumes the phenomenological insider's perspective.

Related subthemes from the study were clustered according to similarity for each participant, in order to establish subordinate themes. Further analysis was undertaken based on divergence, convergence and interconnectedness, as well as conceptual similarities, in order to establish higher-order, more abstract superordinate themes, which were then labeled.

In this chapter, the analysis is expanded upon and the master themes outlined in detail. As Smith & Osborne (2008) states, 'this is consonant with the processual, creative feature of qualitative psychology' (p.76).

3.2 The Findings in Context

The sociocultural context of the family, particularly in childhood, appeared to play a significant part in all six participants' stories, as did the quality of the father/son relationship, whether fathers were present or absent. In some instances, experiences of

having been left out and fathers favoring siblings over the participant also surfaced, as did other sociocultural factors outlined below.

All participants were asked to bring photographs of their fathers to the interview, which provided both a starting point for the interview and initial context for making sense of their experiences.

All participants referenced their sexuality at interview and, on the whole, reflected on the way that they had made sense of their father's perception of their sexuality.

Interestingly, homophobia did not surface as a master theme. What did arise was how participants felt emotionally disconnected from, if not emasculated by their fathers and what clearly emerged from one participant was the concept of the 'male role' and how the participant felt he should act.

Only half of participants referenced their drug taking. One participant perceived the negative experiences of his father as the cause of his drug taking.

A third of participants had lost their fathers in their pre-teen years and the pain of this experience was reflected in their responses throughout their transcripts. The loss of the father appeared to add to their feelings of limitation, particularly on an economic level when growing up. Whilst deprivation presented as a subtheme, it was how participants had made sense of, for example, a perceived economic loss in the experience of their fathers that appeared significant from an analytical standpoint.

In this study, two of the six participants had become fathers themselves, one through a heterosexual marriage (identifying as bisexual) and the other through becoming a sperm donor for two friends in a lesbian relationship. The meaning attributed to the experience of their own fathers seemed to directly impact on their capacities as father, but in a positive way. They both had a clear concept of what they felt was required to be a good father and appeared to want to make up for the deficiencies they saw in their experience of their own fathers.

A third of participants were first-generation British citizens and their fathers had been born outside the UK, and in a different socio-cultural environment.

Half of the participants discussed having had either counselling or therapy previously, the other half not, although as PA03 noted,

“This is the first time I’ve had this discussion about my dad” (Michael: 361).

Most participants indicated that they had not previously reflected upon the subject, or created a narrative in respect of, the experience of their fathers until formally engaging in the interview.

3.3 The Findings Introduced

Analysis, according to Torodova (2011), allows ‘a valuing of agentic individual subjectivities and voices otherwise ignored and silenced...it urges us to listen to and understand these voices for what they are, collaboratively with researcher and participant’ (p.37).

When listening to the recordings, I was reminded of how participants attempt to make sense of their experiences (Smith, 2008) as ‘self-interpreting beings’, (Taylor, 1985). I was attuned not only to what they were saying, but also to the possible thoughts and feelings behind their words. I was also aware of how my interpretation of participants’ experience was dependent on their ability to articulate their thoughts comfortably and effectively to me as researcher (Baille, Smith, Hewison, & Mason, 2000).

The following is an explicit and systematic review of the findings of the current research, which sets out, in the spirit of IPA, to comprehend participants’ narrative portrayal and social cognitions (Brocki & Wearden, 2006). Analysis also makes use of ‘interpretative resources’ as researcher (Smith, Jarman, & Osborn, 1999, p.223) and, as Torodova (2011) highlights, ‘flexibility and innovation between clear procedures for analysis and sophisticated interpretative work’ (p.35).

The analysis aims to both ‘give voice’ and to understand participants’ concerns in context. It offers ‘an interpretative account of what it means for the participant to have such concerns’, (Larkin, Watts, & Clifton, 2006, p.113).

Consistent with the spirit of IPA, I encouraged participants to focus on responding to open-ended questions and directed them to return to those questions, if comfortable. Principally, however, I encouraged them to be free in their responses and to go off on tangents, as they saw fit.

Whilst analysis focused on both convergence and divergence, similarity and difference, it also focused on how, for example, a given theme played out uniquely for an

individual (Smith, Jarman, & Osborn, 1999). Every effort was made to maintain the relevance of the contribution of each participant in the context of the analysis for the group.

Irrespective of there being ‘no single, definitive way to do IPA’ (Smith & Osborn, 2007, p.54), due care was given to making sure participants’ experiences were not misrepresented. The analysis was designed to simplify the large amount of data recorded and identify the strongest themes that best represent the participants’ experiences of their fathers.

3.3.1 Master Themes for the Group

The following section provides clarification of each individual master theme for the group and the rationale for the descriptive label for these themes. Initially similar themes were drawn from each individual participant (see: Appendix 16) to create ‘nested-themes’, (Smith, Flowers, & Larkin, 2009). No more than three separate overarching themes were clustered together in order to establish ‘nested-themes’. These ‘nested-themes’, otherwise known as subthemes, were in turn clustered together ‘like for like’ in order to establish master themes for the group. Drawing on similarities and differences throughout the research process, four master themes were established across all participants (Smith, 2008).

Research findings from the participants as a group were organized into the following master themes:

1) Master Theme ‘One’: Limitation

Subthemes:

- Inadequacy
- Shame
- Judgment

2) Master Theme ‘Two’: Emotional Disconnection

Subthemes:

- Disconnection
- Lack of Emotion
- Disturbance

3) Master Theme ‘Three’: Deprivation

Subthemes:

- Loss
- Abandonment
- Absence

4) Master Theme ‘Four’: Control Over

Subthemes:

- Non-Communicative
- Admired
- Dominant

Extracts from transcripts, initial note taking, themes and notes from my research journal were used to capture and interpret the lived experience of participants. In every case an attempt was made to capture the phenomenological experience of the individual, illustrated in the following extracts of dialogue. Only after this had been achieved was the second level of more abstract, interpretative analysis undertaken.

All information has been made anonymous in order to retain confidentiality, as noted in the previous chapter.

Research participants were given pseudonyms in order to protect their identity but to maintain the personal nature of the material. The assigned name as well as the line number from the participant's transcript is given at the end of each extract of dialogue.

3.4 Master Theme One – Limitation

In this section, I explore participants' feelings of 'limitation' and how this theme appeared to be a recurrent thread in their stories with respect to the relationships of all six participants with their fathers. This master theme of 'limitation' was drawn from the subthemes, 'inadequacy', 'shame' and 'judgment', identified in the individual participants' stories.

3.4.1 Subtheme One - Inadequacy

Participants provided examples of a range of stories, which appeared to reflect a deep sense of inadequacy when interacting with their fathers. They experienced underlying feelings that they had 'not come up to scratch', were not good enough or had failed to meet their father's standards. All participants had similar experiences of feeling limited

and restricted in both their personal development choices, and in their opportunities in life.

Ghufran, for example, said:

“...I had an issue with trying to be always wanting new things. You know. I’d get bored very easily, like ‘I want a cat, I want a cat, I want a cat’ and then a cat comes and two weeks later ‘I don’t want a cat, I want a chicken...” (Ghufran: 178).

Listening to the tape, I felt a strong sense of emptiness on Ghufran’s part, particularly in his choice of words when describing how easily he would become bored. I saw an image of him literally ‘filling himself up’ by asking his father to get him new things. His need felt insatiable to me and a challenge for his father, who seemed to want to please his son and make up for having been physically absent in Ghufran’s childhood. Ghufran’s need for material goods from his father continued for him as an adult. Later in the interview, he appeared to take pride in describing how many things his father brought him back from a recent trip to Pakistan:

“... it was almost like we opened the suitcase, like, fifty percent of the stuff was for my other four siblings and the other fifty percent was just my stuff. So that’s quite funny....” (Ghufran: 1526).

I got a sense of how Ghufran was almost luxuriating in the fact that through material means, he was deemed favoured or preferred to his siblings. I sensed a longing on Ghufran’s part to feel seen, if not validated by his father, possibly because his father had

not been around when he was young. In this longing, however, I sensed not only his feelings of inadequacy, but also his father's who, in his codependent way, seemed to make every effort to counter his feelings of inadequacy from not having been around. My sense was that Ghufuran was trying to manipulate his father into providing for him as a way of numbing out his continuing feelings of inadequacy generated from his father's early absence.

Ghufuran's feelings of inadequacy also extended to his sexuality, and concepts of masculinity. He went on to comment on how he imagines his father to be judging him and stated:

"...because he's just thinking, how on earth does he see life in such a positive way when he's gay, he doesn't have kids, he doesn't have a family..." (Ghufuran, 963).

Again, I was struck by the feelings on Ghufuran's part of trying to overcompensate for his deep-seated feelings of inadequacy. Ghufuran appeared proud to be able to be happy, without having the two things he thought his father valued most – children and family. He had turned a negative into a positive and I was further struck by how his voice became louder and he assumed an air of greater confidence, which struck me as overcompensating.

This overcompensation extended to his thoughts and feelings surrounding his father's financial efforts, particularly in childhood. At one point, Ghufuran did express some recognition of his father's struggle and how it had been hard for him to be financially successful when Ghufuran was a child. However, this did not appear to influence his

negative views of his father or make any headway to mend their relationship. For Ghufuran, I felt that he had made sense of his father's financial efforts as having been simply 'not enough'.

He focused on his father's obsession with making money, which interestingly he refers to as "*an addiction, it's a great buzz*" (Ghufuran, 1,491). At this point, I had a sense of how Ghufuran's long-standing feelings of inadequacy and limitation could have been a relevant factor in his own prior dependency on Club Drugs – and the need for his own 'great buzz.' I also sensed his feelings of resentment and blame towards his father for these feelings, particularly in relation to how early poverty and limitation of funds had fueled his feelings of inadequacy.

For participant Robert, whose father was a teacher at the same school he attended and also taught him in his class, his experience of inadequacy appeared rooted in his feeling unable to comprehend his father's parallel roles:

"Okay, um, I mean him being my teacher was a joke, really. I mean, it was a joke, you know, he, I had to call him 'sir', I mean this is, it just felt so ridiculous that there had to be this sort of formality, a distance between us, um, and he insisted, so..." (Robert: 226).

Robert's repeated use of the word 'joke' created a picture of absurdity and the sense of a situation he could not understand as a child. His reference to the word 'formality' had me sense an implied feeling of inadequacy. I remember reflecting upon an image of

Robert feeling at arms-length to his father, angry at circumstances that he was unable to change and in his own words ‘a distance between us’ that arose from the situation.

By contrast, Keith appeared to revere his father, although I felt there was an underlying resentment when listening to the tape, that I believe not even Keith was in touch with:

“...Dad managed to maintain loyalties to both sides. He never, um, you know he, he knew how just intuitively how to, um, how to handle conflict and maintain people’s respect but without, err, selling out to one side or another and things, um, err, so that was good”
(Keith: 575).

Whilst subtle, this resentment also appeared centered around feelings of frustration inherent in his tone; frustration that his father’s diplomacy and logical understanding did not extend to the relationship with his son. I also felt, again inherently, that there was an underlying criticism of his father’s ‘reasonable views’ that in presenting as interpersonally neutral, his father avoided taking sides, and which Keith felt was somewhat cowardly and weak. I reflected upon how the experience of his father’s actions had instilled feelings of inadequacy in Keith, furthermore how, in Keith presenting as devoid of feeling and with a degree of objectivity, he appeared completely oblivious to his own feelings.

There was also a sense of limitation, indeed of inadequacy throughout the interview with Paul. Like Ghufuran, these feelings of inadequacy showed up through a lack of financial funds in childhood:

“I didn’t connect it really at that time, it was more being a bit, almost ashamed that my Dad wasn’t as rich. Um, I certainly didn’t feel as comfortable bringing friends round to my house, um which is bonkers, but there was definitely a thing, um, also because I shared a bedroom with my brother...” (Paul: 590).

As with other participants, Paul’s comments seemed to reflect a deep-seated sense of restriction and limitation. From a linguistic perspective, this was evident not only from the content of what he said and the times he repeated similar statements, but also in his repeated use of the word ‘*um*’ when describing being uncomfortable bringing friends to the house. This was echoed in his tense non-verbal body cues.

Paul’s feelings were set in the broader context of his father passing away when he was twelve and the sense that the relationship with his father could never change. His sentiments about memories of his father’s death were:

“[Pause] Um, it was, my main experience is it was second to mother, um you know it wasn’t bad, it was, it was nice that the bits that were there were nice, um, but it was, it was limited in, in both the years that I had and also the time we had in them years, you know, that ... [pause] ... and that the, the DVD that I’ve got that was made up from cine film things of, of snippets of what, you know various holidays and events ...” (Paul: 758).

I was struck by how Paul spoke explicitly of limitation in the experience of his father, furthermore the quality of that experience and how he had repeatedly storied this limitation through the notion of ‘snippets’ seemingly without continuity. Linguistically,

I got a sense of how fleeting this experience was. His repeated pausing in this part of the transcript left me further with a feeling of just how painfully embedded this sense of inadequacy, indeed emptiness, was.

Paul repeated this theme of feeling 'limited' later on in the transcript:

"It's sort of limited" (Paul: 976).

Once again, his tone of expression from the sound of the recording, and linguistic use of the word '*limited*', projected a feeling of sadness that seemed to bring home feelings of inadequacy and restriction in the experience of his father. I sensed that for him he deeply regretted the fact that his storied experience of his father would not be changed and that his feelings could therefore never be mended. For me and as a consequence, there was a permanency to Paul's feelings of limitation.

3.4.2 Subtheme Two - Shame

As previously noted, for a number of participants the death of their father was critical to their experience. However, from an interpretative standpoint and in the case of Michael, I was struck by his use of the word 'death' when referring to his living father:

"It's almost like he's dead, which is a bit of a strong statement, but... In fact, you know, I used to joke that maybe, maybe he is dead, like, I don't know, I wouldn't even know. Funnily enough, I said that about myself last year as well...I could probably die in my flat and, and nobody would know" (Michael: 547).

In his sorrow, I sensed Michael's shame with respect to how he felt that he had been to blame in some way for not being able to improve the relationship with his father, particularly when in his descriptive figure of speech, he said, '*it's almost like he's dead*'. I sensed that, by default, Michael felt unlovable, yet in his uncertainty of not even knowing his father's present circumstance, he presented with an 'ambiguous loss' – that his father was alive but dead to him. I felt that Michael therefore also blamed his father with respect to how he had failed him earlier in the relationship. He appeared let down, yet completely immune and numb to the disappointment, resentment, anger and hurt he felt. From a conceptual perspective, I sensed his associated sad and deadened feelings and remember feeling a very heavy pressure in his presence, which was almost tangible. When I listened to the recording, I sensed not only his feelings of emptiness and frustration but also a sense of responsibility, shame and restriction. In his feelings of isolation, he went on to state:

"I want to have relationships and I want people to trust me and people to love me ..."
(Michael: 604).

I had a very strong sense of how this uncertainty and the deadening of his feelings, reflected in the relationship with his father, was replicated in his other relationships and just how restricted in his emotional attachments he felt.

Not only did the theme of limitation arise in participants' narratives when describing early financial hardship, but the theme of shame also surfaced for a number of participants when recalling their restricted family finances in childhood. For Ghufan, I

had a sense of how he had internalised feelings of shame and limitation, if not frustration from his experience of his father's ongoing frugality:

“And he said, son I was thinking, the two pound I would spend on the petrol going to the shop and back, my kids can one day use that money for something better” (Ghufran: 727).

Ghufran later defended his father's frugal behaviour and presented a rationale for his father's self sacrifice:

“...but you know it's because he didn't have it, so it's very hard for him to let go of money because he realized how difficult it was for him to get it in the first place” (Ghufran: 1483).

I sensed that Ghufran had carried a childhood feeling of impoverished shame, rooted in his father's frugal financial spending, for the sake of his children. I felt he was seeming to blame his father for him not feeling complete as an adult.

To me, Paul also felt that he had internalised feelings of shame surrounding his father's short-lived financial success, this even though he recognized his father had worked extremely hard:

“... because my dad worked so hard, sort of, full-time for somebody and full time for himself, and he'd paid off the mortgage before he died but only just and he sort of worked so hard to pay things off and not be flash with everything...” (Paul: 399).

Whilst he reflected upon how his father had managed to pay off the mortgage prior to his death, in his father's passing, I sensed that he had experienced a deep-seated sense of limitation growing up, given that his father as bread winner was no longer around and that he felt poorer than his peers:

"... but I didn't, I didn't really connect it really at that time, it was more being a bit, almost ashamed that my Dad wasn't as rich. Um, I certainly didn't feel as comfortable bringing friends round to my house, um..." (Paul: 589).

I remember reflecting upon how Paul felt further ashamed on account of not realizing how hard his father had worked. As an adult, it felt that Paul's lack of appreciation could never be repaired. Paul's admitting to feelings of shame left me with a sense of just how limiting this must have felt, after his father died.

I was struck by Robert's strong feelings of being flawed surrounding the lies he told to cover up his sexuality:

"So there was, there was a lot of lying from that kind of age really about kind of trying to create a narrative that was kind of okay, um, but it was awful, I mean, obviously, I felt really seen, like, in a way that I didn't want to be seen at all" (Robert: 300).

He had made sense of the experience of his father sensing he might be different and alternative in his sexuality, by re-storying the narrative and keeping up a heterosexual persona. My interpretation was that, by covering up his sexuality, he may have felt able

to keep some control over his father's judgment and Robert's own deep-seated feelings of shame and limitation surrounding his emerging sexuality.

3.4.3 Subtheme Three - Judgment

Inherent in participants feeling both inadequate and shamed was also the feeling of being judged. Robert explicitly articulated that he had felt judged for his sexuality:

“I always saw him as quite a benevolent figure, quite sort of eth...you know, ethical, he had strong ethical values and, just all, I mean I still admire him quite a lot, I, I look up to him quite a lot, um, but suddenly he, he, he came across as a bit desperate to sort of communicate something to me, which was about his concern about me not being straight, um and hanging out with girls and things like that, so it was quite painful because he sort of um, talked about sex for the first time in this context and even sort of, which was his ... like my whole world collapsed almost when he even mentioned something about prostitutes and I was just, I mean I would have been 13, 14, I mean it's not, it's not completely uncommon in Greece” (Robert: 179).

I had a sense of Robert feeling extremely judged by his father's non-acceptance of his sexuality. Given that his father was revered as 'a benevolent figure' in the community, he appeared to feel confused and hurt by his father's lack of understanding towards his own predicament, which must have made his father's judgment even more profound. I remember placing myself in his shoes and imagining the impact on Robert at this time – deep-seated feelings of shame but also of limitation. The poignancy of this situation was captured in the descriptive comment, *“like my whole world collapsed”*. I sensed a tightening in Robert's throat and a strain in his voice, a sense of finality, as well as

restriction and limitation. I was also struck by Robert's lack of linguistic fluency when he said, "he, he, he..." which seemed to reflect both a moment of disconnection from painful emotions, and a realization that his relationship with his father was changed forever.

Michael, on the other hand, was even more perplexed by the feelings he remembered experiencing in relation to his father's judgment. He presented as if he was unable to fathom why his father had expressed such strong disdain towards him when he was younger:

"...so it wasn't, it wasn't really time spent with him, um ... yeah maybe if I...he didn't, he didn't like me in the house when he was there, so I was kind of forced to kind of go to the park or, or go and knock for friends and stuff like that..." (Michael: 210).

I reflected upon how Michael felt he was to blame and had internalized his father's negative judgment, which made him feel deeply inadequate:

"...well I suppose I used to think it was my fault really, you know, the reason why I couldn't eat with them was because I made too much noise eating and the reason I couldn't watch TV was because I made too much noise reading the newspaper, um, which is what he told, that's what he told me, the reasons why" (Michael: 280).

Deflated by the constant criticism, I imagined him feeling totally helpless, hopeless and deflated like a flat tyre. He appeared to have afforded himself some sense of agency by

having re-storied his experience, seemingly justifying his father's actions as a means of improving him as follows:

"He wanted me to do what he thought was best..." (Michael 458).

For Stephen, I had a sense of feeling bereft when he recalled the time that his friend pointed out the fact that his late father was no longer around:

"...but I do remember, it must have been something along the lines, it'll all be alright when Dad gets home, and I remember somebody saying to me, you haven't got a Dad anymore. And I sort of must have taken that in, parked it and moved on, as a 7 year old perhaps would, but I don't remember ever personally going through a grief stage..." (Stephen: 747)

I remember reflecting during the interview how Stephen's sense of prior paternal security must have felt so punctured by somebody pointing out the reality that his Dad was no longer around. In his somewhat stilted narrative, I felt Stephen pull back and disconnect from any emotion and focused on the very practical yet limiting approach aged 7, unable to process his father's death whilst circumventing any opportunity for expressing grief.

3.5 Master Theme Two – Emotional Disconnection

In this section, I look at the second master theme of 'emotional disconnection' and how this theme appeared to be a recurrent thread in all six participants' stories surrounding their fathers. This master theme of 'emotional disconnection' was drawn from the

subthemes, 'disconnection', 'lack of emotion' and 'disturbance', identified in the individual participants' stories.

3.5.1 Subtheme One - Disconnection

All six participants spoke about their experiences of disconnection from their fathers. For Ghufuran, who was first introduced to his father as his 'cousin's uncle' in his native country, Pakistan aged six, he noted this as representing "*kind of (an) intervention of a father into my life*" (Ghufuran: 11). I remember reflecting upon his use of the word '*intervention*' as an interesting choice of 'drug-related' terminology, noting it felt cold and clinical. Towards the end of his interview, he spoke about the initial physical absence of his father:

"But sometimes it's a question that, I just think you know, um, maybe having both parents present in your life when you're a child, from birth is probably very key, um, because it's quite difficult to suddenly, err, introduce a new person in your life who is very significant..." (Ghufuran: 1,344).

I sensed an undercurrent of disapproval of his father's early absence, something for which Ghufuran could never forgive him. There was a seemingly repressed but deep sense of both anger and sadness that came across in his stilted words, perhaps from having been lied to by the village and told his father was someone completely different. It felt almost patronizing when he said, '*is probably very key*' in relation to his father. I felt that Ghufuran saw his father as almost stupid, not only for being absent in his childhood, but for being unaware of the pain he had caused and his naïve expectation that he could slip into his life after so many years being away. As with other

participants, when describing these events, I sensed he had to disconnect from the pain and trauma that these memories evoked. I was aware of Ghufraan's sense of his own self-preservation, but ultimately his bewilderment in relation to how he had made sense of events early in his life.

The trauma and disconnection from feelings experienced by participant Paul as a result of his father's death early in his life came out almost casually, as if he was anesthetized and flattened from the early pain:

"I, I'd got his age wrong. I thought he was 41, so I hadn't really voiced it. I'd only just got sober from drugs, um and alcohol and life. And, so when I, when I hit 42 and I said to mum, 'Thank God for that', I said 'I know it was irrational but I had this thing because Dad died when I was 41' and mum said 'No, 42' and I'm like, 'No I've just spent a year, I've just spent a year and it's like now I've got to spend the real year', um, you know..." (Paul: 242).

It was as if Paul had lived his life fearing that he too would die at the age of 41 years and would only start living again when he was 42 years old and free of this shadow. It had profoundly affected his course of development, his identity and life opportunities. There was a sense of confusion in Paul's narrative of having forgotten the exact age of his father when he died. I gained the impression that Paul had disconnected and not thought about his father's death his entire adult life. He had repressed the memories of his father, had failed to go through a process of bereavement and had disconnected from the pain of losing both his father and a sense of security in his early adolescence. To find out that his father had died at aged 42, not 41 years meant that he had another year

to live with this fear. This came as a complete shock, reflected in his use of the word *'hit'* in relation to this realisation.

I gained the impression that Paul perceived events happening to him and he was a passive recipient, without control of his life. He had been carrying the burden of his father's early death for so long and had possibly disconnected from his sense of self. The timing of him becoming free from drugs and alcohol seemed to reflect a planned return to active living. Having reached his own perceived milestone of immortality, he could reconnect to his sense of self again.

Stephen talked about the events leading up to his father's death, notably his father's evening meal being ready and left out on the table when there was a knock on the door to inform them of his death. Both of these images were very vivid in his mind and as with many traumatic memories, I was struck at interview by how much his image was 'stuck in time' as if life had stopped. He reminisced that:

"He was a big man, um. I think the main thing that comes to mind that is seared forever in my memory is the Sunday when he didn't come home, which was the day that he died" (Stephen: 120).

I was struck by Stephen's feelings of a profound physical severance, particularly illustrated in his use of the word *'seared'*. There was a sense that he felt abruptly 'cut off' and unable to ever mend or change the relationship with this father which even before death had shown no *"closeness of contact"* (Stephen: 206). Indeed, Stephen described experiencing his father when he was alive as *"almost at half an arm's length"*

(Stephen: 573). Again, there was an experience of deadening that became apparent, but ultimately a deep-seated feeling of physical and emotional disconnection, exacerbated by his father's prior preoccupation and eventual demise. Stephen felt confused by members of his family who for years afterwards continued to speak of his father's passing. I remember how his feelings appeared to both jar and contrast markedly with those felt by his family, with which he was unable to identify. I also remember thinking how Stephen had spent a lifetime preoccupied by his father's death: he had been unable to process and understand the meaning of death as a child and unable to identify with the feelings of other members of his family. In this sense he experienced inherent feelings of disconnection and displacement, reflected in the following extract of his narrative, spoken in an almost juddering tone:

"...I never got the chance to say goodbye because I, as, as a, I was 7, so I, I wasn't allowed to go to the funeral" (Stephen: 145).

3.5.2 Subtheme Two - Lack of Emotion

Two thirds of the study's participants reported experiencing a lack of emotion in their relationship with their fathers. Similar to Stephen's experience of his father, I listened to participants expressing their feelings of numbness as well as a deadened lack of emotion. In this sense alone, the theme of 'emotional disconnection' continued to surface.

Keith described the experience of his father as a positive one. Nevertheless, I sensed that he too had experienced feeling isolated by his father's lack of emotion. I was

struck by how he had almost reinterpreted these emotions, somehow turning this experience into a positive one:

“...my memory is of just me absorbing stuff, which, in later years I realised was so valuable to how I could interact with other people...” (Keith: 409).

It was as if he had disconnected from the painful feelings and created a different reality, a positive memory. This oppressive feeling of disconnection from his real feelings was felt throughout the interview with Keith. Initially I felt that it could be explained by Keith's father's death much later in his life. On reflection this emotional disconnection seemed to relate to Keith's entire lived experience of the relationship with his father. Conceptually, there appeared to be passivity to his feelings and a failure to access any emotion. I felt this very strongly in his comment about *'just me absorbing stuff'*. He appeared to not have processed what he really felt deep down, because he was not allowed to think in a negative way about his father.

Later in the interview, Keith became quite emotionally upset. He had talked about how his father was thoughtful and engaged: *“brain before body” (Keith: 640)*. But as he shared the memories of his father, he appeared to rise up from the oppression of the disconnection from affect to share deeper feelings that had been repressed.

Keith's prior habit of focusing on facts, without experiencing emotion, was something his father did, and he saw as a positive. He also used this skill to his advantage, and it had become his characteristic style of interaction. Although Keith appeared to speak positively about his father, he also indicated how unemotional and lacking in warmth

his father was in his relationship with him. Paradoxically, his father appeared emotionally caring to strangers and people who were not involved in his life. I recalled thinking how this must have been even more painful and confusing for Keith, causing him to disconnect even further from his emotions.

Conversely, Ghufuran appeared to present as overcompensating for his father's lack of emotion and through his feelings of frustration and anger declared:

"I think my father did not have a backbone and, and I think sometimes I get really frustrated knowing that my father would not say what he was saying or thinking or feeling. He would very much make comments under the breath. He was a very avoidance father rather than confrontation father you know" (Ghufuran: 995).

Ghufuran appeared to resent his father for lacking a backbone, but principally because his father did not have the courage to express what he was thinking or feeling directly, which meant that Ghufuran could not gauge his emotions or deal openly with what his father was thinking or feeling. This lack of emotion on his father's part appeared heightened through Ghufuran's comment that his father would speak *'under the breath'*. I remember reflecting at the time on how strong Ghufuran's feelings of anger, if not rage, were and how he dealt with this in day-to-day life by disconnecting from those feelings and dealing with his feelings on a superficial level. How Ghufuran for whom English was his second language, had tried to understand and make sense of this experience was to describe his father as being *'avoidance'* and lacking in *'confrontation'*.

Given the circumstances Robert found himself in as a pupil in his father's class, no opportunity for confronting the lack of emotion from his father appeared to present itself at the time:

“So he decided for the last two years of primary school that he's going to take me to his school, so it was very uncomfortable because it was very, he was, we both needed to keep it a balance between sort of, well, we both needed to make sure that people didn't think that um, he was favouring me in any way. And. So, of these two years my first one, my teacher was one of his friends and the last year of primary school, which is this year, [points to photograph] I was in his class as well as in my Dad's class.” (Robert: 88).

I was struck by how paralyzing and disturbing this situation must have been for Robert. He was placed in a position where any emotional connection and close father/son feelings were artificially quashed, in order for there to be no perception of being favoured. This was further reinforced when he was also taught by a friend of his father. When listening to the tape, I recalled picking up in Robert's tone a sense of the absurdity of the situation, and, how Robert had once again had to emotionally disconnect from strong feelings of anger and resentment towards his father.

3.5.3 Subtheme Three - Disturbance

This theme encompassed one of the more challenging aspects of participant's experiences with their fathers. Half of the study's participants presented with a sense of 'absence-presence' and a feeling of disturbance in their relationship with their fathers. For most participants, their father was physically alive, but absent in their

engagement with participants. This part of their story appeared to embody the whole.

Stephen had described his father as:

“he was there but not hands-on” (Stephen: 604).

By contrast, Michael described the absence-presence of his father as follows:

“...I’ve never had a Christmas, birthday card, contact with him on my birthday, um; he does seem a little bit nasty actually. It sort of angers me ...” (Michael: 533)

I remember reflecting upon feeling disturbed and unsettled for both of these participants and sensing their pain and lack of connection with their own feelings, having had no contact with their father over a protracted period of time, if not lifetime. Stephen experienced the acute feeling of disconnection from his father and family after his father’s death and when his family would speak of him as if he were alive. He recognised how these family conversations disturbed him:

“I guess as I got older, you know, sort of hitting sort of 14, 15 or so, I think that by that stage I was finding it quite disturbing that they (family) were, 7 years down the line they were still talking about him as if he was still around and stuff, had an influence on what was going on, what was happening and I guess I’ve sort of found that quite disturbing...” (Stephen: 660).

I had interpreted Stephen’s experience of disturbance as one of estrangement, which pushed him further away from his family, disturbed by the loss of his father and

uncertain as to what the experience of his father passing had truly meant, particularly as none of his siblings spoke about it. He stated that he had “*experienced this as a big dichotomy*” (Stephen: 731) with respect to how the different generations dealt with his father’s death in two uniquely different ways – one by talking, the other by silence and avoidance. This presented him with uncertainty in his loss and arguably greater feelings of disturbance.

I recalled how, in the interview, I also felt a deep sense of disturbance and confusion for Stephen as well as the associated feelings of absurdity, and indeed anger. that he felt towards his elders. It appeared that his feelings of disturbance had made him close off completely from talking about his father’s death, prior to the current interview.

Robert had spoken of feeling disturbed by being taught in school by his father when growing up, but had also mentioned feeling a deep-seated anxiety and having some behaviour problems even prior to being in his father’s class. This was particularly true, as he reflected upon the photographs he’d brought:

“...I mean I know that I was really anxious, extremely anxious and the reason why I chose it is because my Dad, as I said was a primary school teacher, and he decided, I was a bit of a troubled little boy, I was, and so I had various sort of trouble at the time and, like, with sort of teachers and figures of authority and sort of being a bit sort of misbehaving and stuff” (Robert: 81).

I remember feeling deeply unsettled during the interview when Robert disclosed his angst. I had an image of him versus the world, having already taken on a battle against

authority figures. Robert's behaviour felt indicative of a long-standing resentment, initially grounded in his father as an authority figure and further exacerbated by his father being a teacher from whom he felt alienated.

I was also struck by how Ghufan felt a sense of emotional disconnection from the world when trying to both assimilate and make sense of what it was to be a first generation Asian-British and gay man:

"It's just like two different cultures playing against me, being a gay person. Because I'm not a chief executive, so I'm not happy in the Western world, someone in a high-flying job, but at the same time, I'm not happy in the Asian world because I don't have a family, you poor thing, you sad thing, lonely kid" (Ghufan: 980).

On listening to the tape, I felt unsettled and sensed Ghufan's tension and discomfort when expressing what seemed like one of his core beliefs, that he did not 'fit in' anywhere, being unable to conform to either Western or Asian cultures. I also felt dismay at his narrow definition of success within these cultures, for example material and financial success and status, or alternatively family. He presented as disturbed in his disconnection, seeming not to have an internal sense of himself whilst feeling emotionally empty.

3.6 Master Theme Three – Deprivation

Every single participant had encountered some form of deprivation in the lived experience of their fathers, whether this was 'loss', 'abandonment' or 'absence'.

Their narratives of deprivation, consistent throughout the research interviews, were focused around a lack of emotional bond in terms of how they had made sense of the experience of their fathers. Of note were the feelings of loss that emerged in a number of the participants' transcripts.

3.6.1 Subtheme One - Loss

I was keen to understand in greater depth how participants experienced loss in the relationship with their fathers and to look for any commonalities across the narratives.

Early in his interview Ghufuran said:

"...I don't have any memory of him at all ... he came to Pakistan when I was, before I was born, he came. ... So that was the first part and then the second part, he came when I was about two years old and I remember being circumcised" (Ghufuran: 220).

He went on to say:

"I think I had a father in a sense of being a provider, but I didn't really have a father as in a role model. That came very later on in my life and sometimes I think that really annoys me..." (Ghufuran: 287).

For Ghufuran, the early absence of his father was perceived as a loss, not only of his presence, but of memories of times that might have been spent with his father. He was not told the true identity of his father until aged six, which must have confused him even more and compounded his feelings of loss: a father present but absent and not known. I felt his early memories were at odds with this description of his father as

provider. When listening to the tape I again felt deeply saddened by how Ghufuran's attempts to show me how his father cared about him by providing him with gifts. These could never make up for the emotional and physical deprivation he felt by the absence of his father in his childhood as a protector and role model.

I remember being aware of the paradox and contrast in his narrative between Ghufuran's certainty of the times when his father visited but complete uncertainty as to the true identity of his father at the time. It was as if someone had told him and he had learned the facts of his father's visit but had no memories of his father. I reflected upon how the deception he experienced in relation to the identity of his father must have created a total lack of trust and how he would have experienced difficulty and confusion as to why his father would pretend to be someone other than his father. As a child, Ghufuran may well have had feelings of there being something wrong with him to account for his father's lack of acceptance. As an adult he appeared to retain the same feelings he had as a child. The manner in which he provided an objective delivery of the facts of his narrative, felt like he had totally submerged his feelings. It was as if he had pulled a thick veil between the facts and his feelings. Only towards the end of his story did he project uncertainty and confusion about the identity of his father which then gave way to feelings of irritation, suppressed anger and annoyance, as he slowed in his pace of speaking, as if processing the content more closely. At this point, I recall having a real sense of the void he had experienced as a young boy and which he continued to feel.

Paul's feelings of loss came to the fore when his father suddenly died; an event over which he had no control:

“...I, I’ve never had any negative feelings or bad feelings with him, apart from him dying and me being pissed off with it, um, and resenting him and blaming him for leaving...”
(Paul: 147).

The initial lack of any expression of negative feelings associated with his father afforded me an opportunity to gain an understanding of what it must have meant to Paul when his father died. He projected a profound sense of trauma, but ultimately of loss that arose as a result of his passing. I was struck by just how explicit Paul was in his expression of anger and resentment surrounding this complete rupture of the relationship with his father when Paul was aged twelve. A sense of loss was felt very strongly in the interviews of both Paul and Ghufan.

Both Stephen and Paul spoke of the effects of their father’s physical death in their interviews. They described how they had tried to make sense of the deaths and at interview a strong sense of their loss was almost tangible. This theme of loss appeared in narratives irrespective of the perceived quality of the relationship of the participants with their father.

As previously noted, Robert had experienced a strong sense of loss in his relationship to his father at the time he disclosed his sexuality. I was struck by the fact that he recognized the dishonesty in his relationship with his father, something he appeared to reflect on and scrutinize more closely during his interview:

“... it’s kind of coming at me a bit more strongly, that there was a lot of sort of dishonesty really, um, especially around that age when stuff around masculinity started coming up and sexuality and things like that, um” (Robert: 557).

Moreover, I was struck by how Robert described the impact of the loss of his father particularly through his choice of words ‘*coming at me*’. Because of the lack of his father’s acceptance of his sexuality, I felt that Robert had lost a part of himself, not least his sense of masculinity. He had arguably lost the respect of his father when he told him of his sexuality. I reflected upon whether his choice to be dishonest was his way of trying to recover and re-gain his prior sense of self and self-esteem.

Michael had experienced feelings of loss in relation to his father on many levels. He missed out on a warm and supportive parent and instead experienced psychological abuse, which was then followed by an almost total lack of communication, and then abandonment. Michael reported his father’s only advice in relation to his sexuality:

“Actually, he told me never to become gay {laughs}. That was my sex education...”
(Michael: 683).

I was struck by the seemingly extreme deprivation that Michael suffered in relation to his father, his apparent lack of any positive memories of him and the cruelty with which his father rejected him and undermined his identity.

I remember reflecting upon Michael’s comment and his use of laughter as a defense. I further remember how Michael’s feelings of loss appeared to increase as the interview

progressed. I was reminded of his prior comment, *'I can't visualize any memories'* (Michael: 620) and also his comment in relation to a previous drug-fueled event:

"... someone had injected me with a huge quantity of stimulants..." (Michael: 581).

I felt overwhelmed by Michael's feelings of loss, which for me was reflected in his drug use and his almost complete lack of emotion when describing what would have been deeply upsetting events at the time. Reflecting upon having done something reckless, he said:

"... well for five days I was in the flat trying to work out what was wrong with me and went into A&E on the seventh day. But I, it's strange, it's like I went to A&E on my own. I walked to A&E..." (Michael: 582).

I remember thinking and feeling just how abandoned Michael must have felt at this time and how much he had felt completely isolated, with no one to ask for help.

The aforementioned participants seemed to have made sense of the experience of their fathers early on in life, following death, absence or non-acceptance from their fathers of their sexuality. In my interpretation, each experience was deemed a loss of some sort, presenting commonalities in terms of their lived experience.

3.6.2 Subtheme Two - Abandonment

Michael's feelings of abandonment presented as a unique finding within the study. He was the only participant who had known his father throughout his entire life, yet who

had felt abandoned by him. He described the experience of his father in the following way:

“I suppose that kind of being, that kind of isolation, um, and being rejected is kind of normal for me, so ... and that yeah, I suppose to some extent I do that now. Um. You know, I, you know, I suppose there’s, there’s quite a lot of, I don’t know if it’s frustration and anger, um towards my Dad ... I used to say that I wasn’t bothered about my Dad, or I didn’t know, I didn’t really care about him or ... yeah. You know, obviously that isn’t true, so you know...not resorting to crying” (Michael: 485).

When reading through his interview transcript, I was struck by how Michael’s deep-seated feelings of negativity towards his father were closely related to his feelings of abandonment caused by his father’s malevolent behaviour and psychological abuse. It was evident that Michael had experienced intense feelings of rejection and had coped by disconnecting from the hurt this would have caused.

I had a sense of how Michael had normalized his feelings of abandonment, rejection and isolation and by he himself becoming, whether aware or not, self-abandoned. I felt that, for him, it was less painful to abandon himself, than to confront the entrenched feelings of abandonment that he had suffered in his experience with his father. His choosing to say that he ‘*wasn’t bothered*’ by his father, only had me experience his feelings of abandonment even further.

I recall being struck during the interview by Michael’s use of the words ‘*you know, I, you know*’. I felt that he was almost desperate to convince me of how abandoned and

sad he felt and that somewhere his sense of self was buried under the sheer weight of feeling. On listening to the tape, his fluency appeared to have quickened when he used these specific words and the repetition of these words only emphasised his deep-seated plight and emptiness even further. I recall seeing an image in my mind of him submerged in water, metaphorically coming to the surface to gasp for air each and every time he said '*you know*'. I momentarily sensed his feeling of disconnection, synonymous with being pulled down by the gravitas of overwhelming feelings and of grief and loss, but particularly the isolation and loneliness of abandonment.

I couldn't help but reflect upon how Michael's experience of abandonment was unique to the research. In Michael's case his negative experiences and feelings of abandonment were protracted and repeated time and time again, particularly whilst his father was alive. Michael's father showed no interest whatsoever in him as a person and had chosen to abandon him throughout his life. His father's seemingly conscious decision to reject and cut his son out of his life, even before he had left the family home, would have been particularly harmful to the development of a young person and his sense of self.

I remember being particularly struck by Michael's experience, and immeasurably touched by how he had chosen to make practical sense of the experience of his father. In this context, I wondered whether him becoming a surrogate father as an adult man might have in some way been linked to his feelings of abandonment in the relationship with his own father and wish to do better. I also recall reflecting upon how, in his sobriety, he had consciously set about developing a relationship with his surrogate son,

which may well have gone some way to healing his deep-seated feelings of abandonment by his own father:

“... it’s not until he, he got like kind of to 7, 8 years old, that I realized there was a connection, you know, how it made me feel [pause] and I realise that if I don’t change now, in terms of what I was doing with drugs, um, you know, I, I won’t be around and, and um he won’t have a Dad, so it would be the same situation” (Michael: 821).

I was particularly struck by the significant pause in Michael’s narrative at this point and the links he made to his sobriety, when he became very emotional again. I also remember during the interview that I was curious that Michael reported that his son had just turned twelve at the time of the interview – the very age when Michael had last seen his own father.

Stephen’s father had died unexpectedly when he was young and thus had been absent for the best part of his life. There was a palpable sense of abandonment and shock when he recalled the time he heard of his father’s death, when someone knocked at the door:

“And then sort of mid-afternoon he still hadn’t come home and then mid-afternoon there was a, around that mid-afternoon point, there was a knock on the door, which was the police coming, err, and I remember all hell breaking loose, as you can imagine, um...” (Stephen: 137).

Stephen’s repetition of the words ‘mid-afternoon’ left me with a sense of how abandonment had pierced deeply and broken into the day. This abandonment seemed to

be compounded by the implied sense of tranquility and order prior to *'all hell breaking loose'*. I remember reflecting upon how his father's death took place against a backdrop of prior abandonment for Stephen:

"...I don't have the experience of him being very hands on and I don't remember him ever taking me and my brother just the two of us, off to do something with, you know, sort of, if you like all boys together, if you know what I mean" (Stephen: 950).

Even before the death of his father, Stephen appeared to have felt abandoned by him, in so far as there was little communication or feelings of warmth in their interactions. His father had apparently shown no commitment or desire to spend time with his two boys or share activities with them. It was as if, in communicating his father's absence in death, there was a sense of even further abandonment. I remember being struck by the different levels of deprivation that Stephen must have felt, each laid on top of the other and him retreating more into himself. On listening to the section of the tape where he talked about the policeman arriving at the door, I recalled an almost strong sense of inevitability. It was almost as if there was a part of Stephen that anticipated that, one day, he would be completely abandoned.

Ghufran had grown up with a strong sense of his father being absent in his life, even not knowing who he was until late childhood. His feeling of having missed out and deprived of a parent was exacerbated by an absence of emotional warmth on his father's part, which was felt ultimately as a feeling of acute and deep abandonment:

“So anything for an easy life and I think that’s where he needs to take responsibility because he’ll say to me, oh, but you know, you were so demanding all the time. I said no, you can’t ... for a long time I used to think yeah, but now I said, no I wasn’t. I said you were a bad parent in terms of not sticking to the grounds, you know, it’s like maybe how much can a child cry, maybe one day, two days, three days and eventually realise, I’m tired of crying. But I said if a child is crying for twenty minutes you go, I can’t handle this, just get him a cat” (Ghufran: 1009)

I felt anguish at his plight and his words, *‘I’m tired of crying’*. It was as if Ghufran had repeatedly tried to gain his father’s attention, as he needed comfort and support, which never came even when he cried. It appeared that his father had never fulfilled his emotional needs and could only give him material things. This failure in his father understanding Ghufran’s needs continued throughout his life and seemed to simply reinforce his feelings of abandonment and that his needs could never be met.

3.6.3 Subtheme Three - Absence

Four out of the study’s six participants reflected upon their feelings of absence in relation to their fathers in the interviews. Both Ghufran and Michael had experienced their father’s physical absence, Ghufran in his early childhood and Michael in early adolescence. This was the case even though both fathers were still alive.

In contrast, whilst Keith had lost his father later in his adult life, he spoke of his experience of growing up earlier in life as *“a feeling of security, wellbeing, um, family”* (Keith: 180). Nevertheless, I interpreted his experience of his father as one of

separation, particularly as he experienced his father as being so dominant, and in whose presence he felt emotionally disempowered.

As much as he had looked up to his father, Keith felt there was a strong sense of absence and that something important was missing in his experience with his father. This was reflected in how Keith struggled at the beginning of the interview to connect with any form of feeling associated with his father's passing and to when his father was alive. When asked specifically about his father, Keith stated:

"... my parents, sort of, left me to create my own world and didn't see a place for themselves in that world ... um, and my world didn't particularly have a need to interact with them, so yep, peaceful coexistence" (Keith: 327).

In these words, I remember being struck by the sense of isolation at the absence of his father. When referring to his parents, it was almost as if he was unable to criticize his father in any way. I felt that there was a real sense of ambivalence in how Keith felt. On the one hand, he harboured anger, resentment, sadness and ambiguous loss, which for the most part he repressed and failed to acknowledge. On the other hand, he admired some of his father's qualities, his father's assertiveness and confidence, but also his objectivity, lack of emotion and emotional control, which made him a powerful figure in his general social interactions. However, it was precisely his father's lack of emotion that seemed to prevent him expressing any warmth or emotional closeness towards his son and which separated him from Keith whilst failing to have a role of any importance in his life – and so for Keith his father was both absent and physically present. His father's emotional distance would have been even more confusing, when

he saw the closeness of his parents' relationship and that he was not a relevant part of their world. I recalled him talking about when both of his parents were at church:

"... my Dad was in there and when he saw them, when he saw my mum come in he started ... (becomes emotional) ... tapping out on the piano with one finger 'If You Were the Only Girl In The World' and my mother just fell apart ..." (Keith: 623).

When Keith became upset in the interview, I had a real sense that his sadness was probably rooted in the lack of opportunity for any reparation in the relationship, after his father's death. This left me with a strong sense of absence, but also of someone who had been emotionally deprived and in turn had been unable to develop the warmth and trust required of more close relationships.

After and during the course of Keith's interview, I was struck by how I felt completely deadened inside. With him, I felt markedly empty and sad, perhaps more so than in any other interview.

Ghufran reflected upon the theme of absence as the reason for his homosexuality:

"I've come across many Asian gay men and it quite straight, either their dads were not in their life, like they were in Pakistan when they were here, or their fathers had passed away while they were very young, like toddler or a child or while their mums were pregnant with them in the belly" (Ghufran: 1321)

It was almost as if, in trying to make sense of the experience of his father, there had to be some causal effect on his sexuality. He then went on to state:

“But then some people say to me, I have a friend who has got eight sisters and he’s heterosexual and he’s like straight as you can get and he’s like, but I grew up with eight sisters and there was nobody else in my house and I’ve not turned out gay, so it can’t be the fact that you didn’t have any role models in your life” (Ghufran: 1337).

I remember being struck during the interview that, although Ghufran as a young child was unaware of the physical absence of his father in early childhood, he did not seem to understand the full effects of this deprivation on his development. He seemed to be asking me, as researcher, to answer this question. Did I know the long-term effects of this kind of absence? Clearly for Ghufran the effects had been profound and related much more to his emotional development, which might not be explained simply by the physical absence of his father.

Paul appeared extremely sensitive to the phenomenon of his father’s absence, which could not be replaced by friends:

“Um yeah, it was, it was done very subtly, I suppose, or I didn’t feel like they were jump..., they were sort of, oh they’re replacing my Dad or they’re doing this because Dad died...” (Paul: 648).

I remember being present to the rawness of emotion Paul experienced when talking

about his absent father during the interview. For me, it felt like an open wound and that Paul was hypersensitive to any attempts to console or comfort him on his friends' part, particularly if he perceived them or indeed their fathers as trying to replace his father. The linguistic use of the word 'jump' which did not seem to make logical sense in his narrative, brought home to me just how defensive Paul was to his father being absent in his life. It felt as if he was quick to 'jump' to defending himself against such feelings of loss, as if he had not properly gone through the bereavement process of his father's death.

Michael had also experienced his father being physically absent, even though his father was still alive:

"...I guess he's not understood very well you can't understand somebody if they then tell you they don't contact you or talk to you. But yeah...yeah, I kind of, I do, I relate to him, so, like I find it very difficult to talk to people and contact them, so, I do, I kind of understand..." (Michael: 176).

Again, as with Ghufraan, I felt Michael experienced a sense of absence himself in trying to make sense of his father's lack of communication and physical absence. I was struck by how, when reflecting on his father's lack of communication, he drew parallels with his own behaviour and his own social struggle and isolation, in an attempt to understand his father's motives.

3.7 Master Theme Four – Control Over

All six participants perceived their fathers as having some sort of ‘control over’ them, whether this was related to their father’s personality or behaviour, or events that took place in their lives involving their father. This master theme of feeling controlled emerged for a number of reasons, but principally because it appeared that participants in experiencing their fathers as being ‘non-communicative’, felt in turn, that their fathers had ‘control over’ them. This was despite their fathers having the communication skills to be ‘admired’ by others and to be ‘dominant’ in their presence or actions. This theme focuses on how their fathers either had the perceived attention within the family over the participant, or in their behaviour held the perception of having some deep-seated feelings of power, indeed ‘control over’ participants.

3.7.1 Subtheme One - Non-Communicative

Michael spoke of the experience of his father when he was growing up, before his father’s death when Michael was twelve:

“... a lot of the time, he was looking for a new partner and he got a new partner. I didn’t get on with his new partner, so he didn’t, he, he didn’t want me to, so I wasn’t allowed to, wasn’t allowed to eat dinner with them. I had to eat dinner in my bedroom. I wasn’t allowed to watch TV with them. I wasn’t allowed in the lounge, so I had to watch TV in my lounge, um, err, err, watch TV in my bedroom, um, so um ... yeah” (Michael: 103).

I imagined an image of Michael’s father turning his back on his son physically, and in his quest to secure his new partner, rejecting his son. Michael’s relationship with his

father had already suffered when his parents divorced when Michael was eight. He had lived with his mother for a year but returned to live with his father at age nine.

Michael felt completely censured and controlled in respect to what he could say to his father as well as what he could do. He did not know what to do to please him and improve their relationship, given his father's total lack of communication. In addition to the verbal control his father exerted on him, Michael's environment was restricted as were occasions when he could be present with his father and new partner. This aspect of his father's control was certainly questionable from an ethical viewpoint and I believe may well have been psychological abuse. Later in the interview Michael spoke of how his father had put locks on the kitchen cupboards and even taken the plug off the washing machine to restrict what he did. It was as if his father saw him as an unnecessary burden and was only willing to provide the minimum material care for his son. His father was unable or unwilling to trust or share what he had with his son. Michael would inevitably have felt that he had been a burden, unloved and unwanted in the face of his father's mean behaviour. In his father's seemingly total lack of communication and unwillingness to bend on any issues, he maintained total 'control over' his son and Michael had no choice but to comply. Michael went on to say:

"... he didn't, he didn't like me in the house when he was there, so I was kind of forced to kind of go to the park or or go and knock for friends and stuff like that..." (Michael: 212).

It was clear that Michael in making sense perceived that he was to blame for his father's anti-social behaviours. I remember reflecting upon the inherent feelings of shame, lack

of trust and total rejection that Michael must have felt at the hands of his emotionally abusive father. In his father's non-communication, Michael seemed to have interpreted his silence and ignoring of him as if he didn't exist and thereby was made to feel worthless. His father's mental abuse had had an effect on the development of his self, moreover, left him with a prevailing numbness in trying to process the full meaning of his father's behaviour and the devastating implication that it might signal. Michael's struggle to understand his father's behaviour had left him paralysed and 'stuck' and as such he continued to feel controlled and markedly affected by his early experiences of his father.

For me, his father's ultimate betrayal was reflected in his response to Michael when he asked his father outright if he loved him:

"Like, I did, I don't know why I asked, but I do remember asking my Dad if he loved me, um, and, err, which I've got quite a strong memory of it, like I can visualise, I visualise it, but, um, he didn't, he didn't respond to me, so..." (Michael: 270).

I remember feeling how his father's lack of response must have been devastating for Michael. It must have felt that his father had the ultimate power and control over their relationship in choosing not to communicate. His father seemed to show no signs of altruism, kindness, empathy or love towards him.

For Paul, the theme of non-communication surfaced around his father not being discussed by his friends, after his Dad's death:

“I’m not sure I can remember. I think it was a subject that just didn’t get spoken about. ... Um. I’m not sure if that was me deliberately not or them feeling awkward about, but ...” (Paul: 705).

As noted, this was also true of Paul’s friend’s fathers – they too did not communicate anything about Paul’s late father:

“...I don’t recall anyone ever saying anything. The only times I remember anybody talking or saying anything about my Dad that I heard or that was sort of not necessarily to me but, was at sort of football awards dinners after he’d died, so...” (Paul: 734).

In the interview, I remember reflecting on Paul’s feelings of inadequacy and emotional disconnection from his father, and how this must have been exacerbated by the phenomenon of his father not being spoken about after his death. It was as if his father’s passing continued to maintain a sense of control over Paul and he was stuck with the same feelings he had towards him as a child.

It was baffling to me, as it was to Robert, that his sexuality was never discussed with his father, particularly as his father was seen as someone who was skilled at mediating discussions when people have different viewpoints:

“So Dad was again the mediator really, the, you know the UN sort of peacekeeping force and trying to, so he, for a long time we didn’t, um, we didn’t talk about it explicitly, but I’m sure he realized because he was suspecting by then. So at some point

I decided this is ridiculous, why am I not telling my Dad, um, but why am I not, you know” (Robert: 649).

I picked up on a feeling of vulnerability when Robert was describing the issue of his sexuality with respect to his father. It was as if he might have been processing what the absence of this communication meant at a deeper level. It seemed to me that Robert’s father had all the required skills to discuss the issue with his son but had chosen to prevent any discussions, for whatever reason. As a consequence, Robert appeared ‘gagged’, by his father’s control.

3.7.2 Subtheme Two - Admired

Robert had described his father as someone whom he very much admired. He commented on how he looked up to him, not only with respect to his intellectual capabilities, but also for his work as a teacher in schools and his dedication to political campaigning. As noted above, I sensed that in Robert’s admiration for his father, his father held a position of control over him and he felt loathe to criticize him. I recalled Robert saying:

“... these sort of positive traits of being more intellectual, more sort of yeah, more caring, more empathic, all of these things that are quite positive, I don’t know whether other people’s, my peers’ sort of relationships with their Dads were more sort of honest, maybe because of all this stuff that was going on between us” (Robert: 899).

The absence of any discussion about his sexuality made Robert feel that the relationship was dishonest and remained an underlying sticking point for him in the relationship. In

fact, the use of the word *'honest'* made me think that Robert thought his father was a hypocrite, as he had never experienced the positive emotions that his father showed to others. The 'sticking point' was of course centered around Robert's sexuality, and the lack of acknowledgement denied him a part of his identity. I had a mental image of Robert's father maintaining 'control over' and dominating him, pulling the strings, standing imposingly tall, almost willing him to do his bidding and be what he wanted him to be.

Keith also talked about the control that his father had over the family:

"... so that left my father really as the, um, as the Alpha Male in a way, um, err, not that he was very Alpha in terms of controlling and stuff, but in terms of being the chosen, um successor of the line" (Keith: 270).

I was mindful of Keith defending, if not excusing, his father's controlling behaviour. I also felt a strong sense that Keith felt oppressed by his father, given how much he was in awe of him. Keith's experience of being controlled by his father seemed related to his father's lack of emotion and warmth towards him and the position his father held as head of the family. With his father as *'successor of the line'*, I got a real sense of the almost imperialist power and control that Keith's father had over him as well as other members of his family.

Stephen echoed the sense of his father being at the top of the family hierarchy and others 'lesser beings' in his narrative. The admiration held by other family members continued thematically, even after his father's death, and was associated with his father's role as mentor and practical advisor in the family. Stephen described his

father's role as *'the lead male in the family'* (Stephen: 341) and went on to describe the occasions when the family at large would consult his late father for advice to help with their decisions:

"...what sort of car should they get, where should they go, the xyz, whose, which would be the best place to get something from, that, that sort of thing" (Stephen: 358).

Given how Stephen's father's spirit lived on after his death in family conversation, I got a sense of how Stephen's father continued to be revered and ever present, and maintained 'control over' him, even in memoriam.

Ghufran appeared to resent how much his father was admired, particularly by some of Ghufran's friends who considered his father to be 'soft' and 'nice':

"Yeah, I, I my Dad was well-loved by my friends, for some reason. Because always wants, everybody always wants somebody as his father, for some reason. So, I have known my friends say your Dad is so nice, he's so cool, your Dad is so humble, he's so soft, your Dad is so nice. Because they had Dads who were very autocratic, very kind of like they had a presence ..." (Ghufran: 1257).

I was particularly struck by his words *'for some reason'*, as if Ghufran could not see what they saw. His own negative experiences of his father did not allow him to appreciate his positive qualities. Inherent was how Ghufran wished his father, for all of his acknowledgment, *'had a presence'*. There seemed to be some divergence here between participants in both their perception and understanding of a desired archetypal

father. Despite this divergence, there was a convergence in fathers exerting ‘control over’ participants’ lives.

I noted how Paul admired his father for having learned to both swim and drive, aged forty, only a few years prior to his father’s death. His use of the word ‘weird’, however, also seemed to undermine his father’s achievements:

“My dad never used to be able to and he would teach us lessons. He both learned to swim and learned to drive in the last couple of years of his life, which was quite weird to be doing them at forty, um, but I think the driving, I think he just wanted to be more independent...” (Paul: 796).

It felt as if Paul could intellectually admire his father for his achievements, but somehow, in doing so, this diminished his own sense of self. It was as if he needed to hold on to a deep-seated rejection of his father for failing him in his early years. I never gained the impression that Paul had felt loved by his father and, because of this, perhaps he could never see him as a person he could truly admire.

3.7.3 Subtheme Three - Dominant

The master theme of ‘control over’ was also reflected in the theme of dominance within the research. This felt more along the lines of a perceived ‘power over’ in communication and behaviour assumed by the father. Inherent in the concept of the father having ‘power over’ his son was the sense that the son wanted approval and to do things to please and be noticed by him, but ultimately to avoid punishment.

In his interview, Robert shared his plans to marry his male partner. He also shared his father's disapproval and punishing comments on the engagement:

“The second thing he said: I’m not sure about whether your mum is going to be able to cope with it, and my sister and I got very angry about that actually. About how it’s quite easy to sort of project all of it onto mum” (Robert: 782).

I experienced Robert's feelings of being rejected and judged by his father. I also sensed how ashamed and enraged his father made him feel. His feelings were exacerbated by Robert's perception that in the past when discussing gay people 'in abstract' and prior to Robert coming out, his father had said:

“...well they're humans as well aren't they?” (Robert: 683).

His confusion and unsettled feelings about his father led him later on to speak of his father:

“And it turns out this wonderful man that I've been talking about was seen, before he took that year out, as quite a sort of volatile and angry teacher and not very, not, not the kindest of teachers actually” (Robert: 929).

I remember reflecting after the interview about Robert's deep-seated sense of shame and associated feelings of numbness in respect to his father's apparent contradictory behaviour, particularly in relation to his sexuality. It seemed that his father continued to have a significant influence on him and on his feelings of self-worth. In this way, his

father continued to maintain a dominant position in their relationship and exerted power over him.

His father's dominance appeared to have been a pervasive influence throughout Robert's life, when he shared the lengths he had gone to during his childhood to try to surmount the perceived control and power his father had over him:

"...but I decided on April Fool's Day to wait outside my Dad's classroom, because he wasn't my teacher in that year and pretend that something really awful had happened at the bookshop where my Mum was and say something like, err, the lorry drove into the bookshop. I mean, and I'm, and so, I did it and then my Dad was kind of, started running because like he needs to...and then I said no, no, no Dad, it's April Fool..." (Robert: 954).

At the time, I wrote down how struck I was by Robert's intense feelings of revenge and his wish to hurt his father, as if it would go some way to make up for the hurt he had suffered at the hands of his father. I was taken aback by the elaborate plan he constructed to free himself of this father's control and also exert hurt and control over him. The really brought home for me just how dominant a presence Robert's father had been in his life.

I felt that Keith too found his father domineering. Indeed, I felt Keith's feelings of impotence were reflected in his monotone tone when talking about his father, particularly at the beginning of the interview. I felt also that, for all of his father's perceived dominance as figurehead and role model within the family, in his

ambivalence, Keith in commenting on his father being ‘*self-effacing*’, did not quite believe in the authenticity of his father’s dominance. His comment was almost questioning of who his father really was:

“... how much people did respect him. Whether he ever took it deeply on board, I don’t know, it was just his nature, because he was very self-effacing” (Keith: 389).

Nevertheless, he went on to reflect upon his father’s influence:

“... it’s just the presence of somebody, either physically or spiritually or with you or not with you, um but it’s the transfer of energies and things, um between one person and another, um and just the opportunity to look at it or somebody like yourself ask questions, you can see there are connections” (Keith: 814).

As with other participants, I had a real sense of Keith’s father dominating him, even after his death. I also felt he may have been questioning of some of the prevailing moralistic views adopted by his father and described elsewhere in the interview. It was clear that there remained a strong connection between Keith and his father and that Keith had also assumed many of his father’s moralistic views, whilst perhaps wishing to reject them at the same time. In this way, I sensed that his father, particularly with reference to a ‘spiritual presence’, still occupied a central position in his life and exerted significant control over the way he thought.

Once again with Stephen, I felt there was a backdrop to his father presenting as formal, if not serious:

“...I can’t say that I ever experienced him as being particularly playful or particularly involved, but he was sort of there” (Stephen: 560).

His father also presented as someone to whom the whole family were subservient to and in awe:

“...I remember being told to get out of the way more than once...” (Stephen: 582).

I had a sense that Stephen felt dismissed, powerless and in the case of his father’s death, overwhelmed. This dominated his sensibility in the interview. This ‘power-over’ dominance, he had previously and succinctly described as:

“...I experienced him as an always-there presence” (Stephen: 262).

He expanded this point when referring to his grandparents and the older generation still talking about his father, twenty years after he had died:

“...I think that’s what I mean by the presence in the background...” (Stephen: 620).

And as well as being the lead male in the family, whom nobody questioned, there would have been nobody strong enough to question his father who may have been a bully at times:

“He would throw me in the swimming pool...” (Stephen: 431).

I was somewhat at odds and confused, when later in the interview, Stephen contradicted himself:

“I don’t feel that even in those seven years, I experienced an overwhelming figure who was an active father figure. He was there and it was there, that father figure that was sort of there in the background, but I don’t have, I don’t feel that I experienced it as an active father figure...” (Stephen: 1007).

I remember reflecting upon how Stephen experienced his father as ‘inactive’ in the early years of his life. I felt Stephen’s criticisms of his father and ability to express negative and contradictory feelings at interview were relatively new thoughts and they had not been fully processed and incorporated into his concept of his father, for whom he was still in awe. In this way, his father remained dominant in his life and continued to maintain a controlling influence over him.

3.8 Summary

Master themes ‘limitation’, ‘emotional disconnection’, ‘deprivation’ and ‘control over’ provide outcomes for the study’s research question, otherwise detailed in the next chapter.

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CHAPTER FOUR – DISCUSSION

4.1 Introduction

Rohner and Veneziano (2001) found that father love is not only as important as mother love, but that it may be an even better predictor for substance abuse outcomes.

‘Emotional paternity’ or fathers expressing affection matters to children (Pruett, 1997) and given the literature supporting the impacts of paternal attachment on drug taking, this study has provided thematic areas of focus for potential further investigation.

The study aimed to understand how Club Drug-using MSM made sense of their experience of their fathers. In the study’s analysis and in keeping with IPA, preconceptions as well as the wider literature were set to one side when interpreting participants’ descriptive accounts. This chapter now discusses the master themes for this research study in the context of the wider literature before critiquing the limitations and design for this study. It also highlights implications of the findings for counselling psychologists in practice, before recommending further research.

4.2 Discussion of Master Themes

Four master themes emerged from the analysis. They were ‘Limitation’, ‘Emotional Disconnection’, ‘Deprivation’ and ‘Control-Over’

‘Limitation’ emerged from participants’ feelings of ‘inadequacy’, ‘shame’ and ‘judgment’ in the experience of their fathers. ‘Limitation’ interpreted participants’ feelings of ‘not being good enough’, feeling ‘restricted’ and ‘criticised’ for either their sexuality or who they were.

'Emotional Disconnection' explored participants' feelings of 'disconnection' in their experience, 'lack of emotion' and 'disturbance'. 'Emotional disconnection' seemed to encompass feelings of 'numbness' otherwise blocking overwhelming past trauma and pain. These memories seemed to relate to paternal avoidance, a lack of warmth and residual feelings of 'disturbance'.

'Deprivation' incorporated feelings surrounding 'loss', 'abandonment' and 'absence' of fathers in the participants' lives. The theme enveloped a lack of paternal bond or severance through loss, death or absence. 'Deprivation' further described non-acceptance around sexuality and masculinity, as well as psychological abuse.

'Control-over' reflected upon how participants saw their fathers as 'non-communicative', 'dominant' but also 'admired'. The theme encompassed how fathers' lack of communication controlled their sons who felt 'gagged' as a result. Participants also saw their fathers as gifted or the alpha male, dominant in sexuality and masculinity, thereby powerfully omnipotent.

4.2.1 Master Theme One: Limitation

Subtheme: Inadequacy

Feelings of 'inadequacy' were a common feature for participants in describing the experience of their fathers. Their feelings of 'inadequacy' were an expression of the extent to which they felt 'limited' in their experience. Paul, for example reflected upon the death of his father aged 12, stating that he was *'limited in, in both the years I had with him and also the time we had in those years'*.

'Inadequacy' also described participants' feelings of 'not coming up to scratch', 'not being good enough' and failing in their experience to come up to their father's standards. Robert mentioned '*I had to call him Sir*' and described his experience of his father as '*at arm's length*'. Participants' 'inadequacy' was broadly grounded in feeling both limited and restricted in personal development choices and opportunities available in life, particularly in the context of relationships and perhaps social interaction.

Rokach (2002) established 'social inadequacy' suggesting this to be a phenomenon for drug takers, irrespective of sexuality. This author also hypothesised that the attraction of MDMA was to ward against feelings of 'inadequacy'. Ghufraan for example, disclosed '*I'd get bored very easily*', reflecting on his need to be 'filled up', be seen and compensate for feelings of inadequacy from early childhood poverty. Keith equally experienced his father as weak and interpersonally neutral, further instilling feelings of 'inadequacy' in him.

Spooner and Hetherington (2004) reference 'cognitive limitations' in their report on social determinants of drug use. Their study was non-sexuality specific, but they argued that 'cognitive limitations' such as 'inadequate parental supervision, rule setting and monitoring' (p.65) exacerbate risk factors including an inability to self-regulate emotions, early behavioural and emotional disturbances or exposure to drugs. Smith and Wilson (2016) also echoed 'cognitive limitations' but as a result of 'perinatal substance exposure or external distraction from a chaotic and unstructured home environment' (p.e6). No literature could be found, however, to support the broader considerations for the theme of 'inadequacy' in this study.

It should be noted that the study did not screen for perinatal substance exposure or the lived experience of mothers. Nevertheless, ‘inadequacy’ presented as a theme to consider further. For MSM Club Drug users, it was felt that in the context of ‘chemsex’, the psychosocial impacts of ‘limitation’ were in particular, worthy of further enquiry.

Subtheme: Shame

‘Shame’ was attributed to participants’ experiences of their fathers’ passing over, how their fathers had responded to their sexuality and feelings of both ‘shame’ and limitation from feeling impoverished. This theme was deemed critical to their experience as MSM.

Noteworthy were the number of participants whose fathers had died and using a range of different words and phrases to articulate their experience, how they had expressed internalised feelings of associated ‘shame’. This meaning making was exemplified by Michael whose father was still alive, yet still described as *‘it’s almost like he’s dead’*. Michael felt limited in his experiences, rooted in internalised ‘shame’ and restriction as if he was to blame. This suggested that paternal attachment difficulties elicited feelings of ‘shame’ beyond the understanding of that associated with death of a parent during childhood (Osterweis, 1984).

Whilst both Ghufan and Paul reflected upon feelings of impoverished ‘shame’ centered around financial impacts on the family when young, Robert, for example reflected upon feelings of ‘shame’ from keeping up a heterosexual persona and *‘trying to create a narrative that was kind of okay’*. He was ashamed for having told lies to maintain his

sense of self-esteem, whether aware or not. LaSala (2010) had referenced 'shame' for MSM, particularly in the context of 'coming out' and having failed to pass on masculinity ideals. This, the author claimed had implications for gay men's adult lives and future relationships.

The theme of 'shame' also raised the concept of homophobia and negative self-concept (Neisen, 1993) as well as male gender stereotypes for boys (Herring, 2018). Given that 'shame' was stereotyped as a female emotion (Plant, Hyde, Keltner, & Devine, 2000), Herring (2018) also reflected upon how boys in achieving peer acceptance, may become reluctant in sharing their 'shame' experience. This 'shame' also stands alongside a significant body of literature associating 'shame' with substance use (Rahim & Paton, 2015) and as regards MSM, how drugs facilitate same-sex sexuality (Harawa et al., 2008).

Regarding research looking specifically at 'paternal shame', paternal substance abuse induces children to experience their father's shame (Garrusi, Amirkafi, & Garrusi, 2011). Beyond this, however, there is scope for suggesting that 'shame' is an important finding or rather, that 'shame' is particularly woven into the fabric of MSM drug users' experience of their fathers. From the perspective of MSM much pivots of course around the consideration for hegemonic masculinity (Connell & Messerschmidt, 2005) and how from the literature search, fathers accordingly interact with their sons surrounding masculinity threat and sexuality.

Subtheme: Judgment

Participants understood the experience of their fathers as one of ‘judgment’ whether through ‘non-acceptance’, ‘criticism’ or ‘rejection’ or from feelings of paternal security perceived as punctured.

Participants had storied ‘judgment’ from their fathers around a number of circumstances and ‘judgment’ presented as a subjective experience. For Robert, his father’s handling of his sexuality felt like non-acceptance, his narrative *‘like my whole world had collapsed’*, suggesting he felt indelibly ‘judged’. Again, the effects of hegemonic masculinity (Connell & Messerschmidt, 2005) should be considered here, so too ‘heterosexual masculinity’ and the ‘coming out’ process for Club Drug users who identify as MSM (Deimel et al., 2016).

Michael equally experienced disdain, unable to fathom his father’s constant criticism indeed outright rejection. Noteworthy was the way in which Michael had re-storied judgment in his words: *‘he wanted me to do what he thought was best’*. In so doing, he placed restriction on his experience when his father didn’t even want him around. For Stephen, his friends’ comments *‘you haven’t got a Dad anymore’*, felt like the connection to his father was perforated again, this time for good.

‘Judgment’ was very much inherent in the literature for MSM in respect to discrimination, disapproval, cultural homophobia and heterosexual masculinities. Stigmatization is a belief theorised as experienced by MSM Club Drug users (Jerome & Halkatis, 2009) and judgment is something very much experienced by MSM when accessing support services (Stuart, 2013; Bourne et al.; 2014; Schmidt et al.; 2016).

Studies looking at the experience of fathers for MSM Club Drug users in the context of homophobia and around the ‘coming out’ process should be advised - this particularly given the role fathers play as theoretically MSM’s first exposure to a male role model.

4.2.2 Master Theme Two: Emotional Disconnection

Subtheme: Disconnection

All six participants articulated feelings of ‘disconnection’ in the experience of their fathers. The views of participants appearing to have much in common with the theme of ‘disconnection’ attributed to ‘physical’ and ‘emotional disconnection’, not least to ‘pain’ and ‘trauma’. Paul associated getting sober from drugs and alcohol around the age his father died, although he presented as bereft for getting the correct age wrong. He had disconnected from his father’s life and emotionally reconnected through sobriety when ‘coming of age’.

The theme of ‘disconnection’ within MSM’s social networks, according to Tobin and Latkin (2008), was proposed as a ‘functional arrangement’ (p.4) whereby MSM drug users purposely fragment their network to prevent both disclosure of their sexual behaviours and drug use. The theme of ‘disconnection’ also arose in a study on Club Drug use amongst black and Latino gay and bisexual men, referencing the negotiation of dual identities, racial and gay (Wilton, Halkitis, English, & Robertson, 2005), so too amongst sexually addicted MSM in terms of ‘disconnection’ from thoughts and feelings as well as ‘social disconnection’ (Chaney & Chang; 2005; Chaney & Blalock; 2011).

Ghufran had equally disconnected from pain and trauma, in this case from having been introduced to his father as his ‘cousin’s uncle’. His cold and clinical under-statement,

'having both parents present in your life when you're a child, from birth is probably very key', distanced him from the pain his father had caused.

Talley and Bettencourt (2008) indeed referenced 'psychological distancing' by straight men from MSM and on account of identity threat, whilst 'paternal rejection' for MSM was established by amongst other authors, Pachankis, Sullivan and Moore (2018). The experience of 'parental connectedness' was conversely seen as protection against substance abuse (Kington & O'Sullivan; 2001; Lezin, Rolleri, Bean, & Taylor; 2004; Viner & Macfarlane; 2005; Ryan, Jorm, & Lubman; 2010; Ryan, Jorm, Kelly, Hart, Morgan, & Lubman; 2011).

Stephen's feelings of physical severance and disconnection from his father were founded in his father not returning home and as *'seared forever in my memory'*. This severance was compounded from previously describing his father as *'almost at arm's length'*. It should be noted that for those MSM using methamphetamine in relationships, the drug affords 'emotional disconnection' from their partners (Semple, Patterson, & Grant, 2002) or 'social disconnection' from the world (Brown, 2009). In the broader population, a 'disconnection from self' was established in the case of GHB/GBL (Joyce, MacNeela, Sarma, Ryall, & Keenan, 2017).

Parental-child connection characterized by a positive, stable emotional bond, allows trust and value placed on self and an ability to initiate broader social interaction with positive impacts on adolescent health (Lezin, Rolleri, Bean, & Taylor, 2004).

'Emotional disconnection' experienced amongst drug users and from 'emotional parental neglect' (Mirashem et al., 2017) was also exacerbated by parental substance

use with further emotional effects on children (Solis, Shadur, Burns, & Hussong; 2012; Darie; 2015). This theme implied that fathers play a role in the formation of ‘identity’ for drug takers and research into MSM Club Drug users’ experiences of ‘paternal connection’ and associated impacts on identity should be considered.

Subtheme: Lack of Emotion

The majority of participants experienced numbness or a deadened ‘lack of emotion’, thereby ‘disconnection’ in their experience of their fathers.

A ‘lack of emotion’ for male substance users in characteristically negative relationships with fathers was underpinned by the latter’s non-affective role (Sanchez Huesca, Guisa Cruz, Cedillo Gonzalez, & Pascal Blanco, 2002). Various further studies have highlighted the importance of warmth and intimacy (Barrow, Schuckit, Lucht, John, & Freyberger; 2002; Lewis; 1978; Šević, Ivanković, Štulhofer; 2015).

Keith for example, stated that his memory of his father was of *‘just me absorbing stuff’*. He had re-storied his oppressive feeling of disconnection and passivity by commenting on how later in life he realised how *‘it was so valuable to how (he) could interact with people’*. Ultimately, he was making meaning around his father’s lack of warmth and emotion.

Fathers perceived as ‘affectionless’ did pose a greater risk of drug use for crack cocaine users (Pettenon et al., 2014). Club Drug MDMA it should be also be noted, heightens both ‘emotions’ and intimacy (Winstock, 2019).

Studies amongst drug users and parenting, highlight the importance of ‘emotional warmth’ (Barnow, Schuckit, Lucht, John, & Freyberger, 2002) whilst ‘emotional distress’ is deemed key in adolescent drug users’ psychological difference, rooted in early years and the quality of paternal parenting received (Shedler & Block, 1990). Ghufuran for example, had made sense of his experience of ‘*a very avoidance father*’ in order to disconnect from associated feelings of rage.

The theme of ‘emotional intimacy’, irrespective of sexuality, indeed in a platonic capacity between men, had been cited as dependent on fathers hugging their sons, especially when older (Lewis, 1978) with internalised homo-negativity, adversely associated with ‘emotional intimacy’ for gay and bisexual men (Šević, Ivanković, Štulhofer, 2015). Furthermore, problems surrounding ‘emotional attachment’ in the parent-child relationship were deemed personal predisposing factors for adolescent substance abuse (Mesic et al., 2013). Robert was unable to confront his feelings surrounding how his father had managed to take him to school and also teach him in class. For him this was an emotionally paralyzing experience that he had made sense of by emotionally disconnecting from strong feelings of anger. Something consistently observed in interviews.

Subtheme: Disturbance

Half of the study’s participants articulated the view that they had experienced an ‘absence-presence’ in the relationship with their fathers. Stephen for example on his father stated, ‘*he was there but not hands-on*’. Participants nevertheless variously described their experiences as one of ‘disturbance’. Principally, fathers were absent in

their engagement resulting in participants' associated feelings of 'disturbance' and with this part of their story embodying the whole.

This theme presented as an interesting finding for the study as few had described 'disturbance' as such, but the undertaking of in-depth interpretation meant that 'disturbance' emerged in the data on a deeper level. Shah and Aziz (1994) highlighted the prevalence of negative adjectives used to describe the perception of fathers in their qualitative study of long-term heroin addicts - the experience of participants' fathers suggesting a 'disturbed paternal relationship'. Certainly, Stephen in his feelings of disconnection had noted finding it *'quite disturbing'* that his family continued to speak of his late father as if he was still there, *'seven years down the line'*. Shah and Aziz (1994) further qualified in their study that 'disturbance' was a risk factor for adolescent drug use. Their study did not, however, screen for sexuality and certainly in addition to Stephen feeling 'disturbed' by the loss of his father, Robert presented with long-standing resentment towards authority in terms of how he had made sense of being taught by his dad. Michael was also 'disturbed' by the lack of connection with his abusive father stating, *'I've never had a Christmas, birthday card, contact with him on my birthday'*.

The theme of 'disturbance' was substantiated further in the literature through paternal drug taking, notably as 'mood disturbance' amongst adolescents (Keller, Catalano, Haggerty, & Fleming, 2002) and as 'mental disturbance' in the case of drug-related parental death (Risser, Bönsch, & Schneider, 1996). An environmentally 'disturbed parent' (divorced or with alcohol and psychiatric problems) was also deemed an increased risk for adoptees abusing drugs (Cadoret, Troughton, O'Gorman, &

Heywood, 1986), as was the impact of family conflict or strife amongst adolescents (Swan, 1995). Again, not one participant referenced their father's drug taking, but evident was that traumatic experiences for participants had been interpreted as 'disturbance'.

For Ghufuran, feeling like he didn't fit in, he had made sense of having to reconcile two different worlds through the 'disturbance' of his emotional disconnection: *'it's like two different cultures playing against me, being a gay person'*.

Thus, given the prevalence of 'disturbance' amongst MSM Club Drug users, it would make sense for therapists to reflect clinically on potential inherent trauma in this population's experience, not least in the experience of their fathers. Further research into this theme is also needed.

4.2.3 Master Theme Three: Deprivation

Subtheme: Loss

Participants had storied 'loss' through making sense of 'paternal death', 'absence', as well as 'non-acceptance' by their fathers of their sexuality. A lack of paternal bond was prevalent.

A body of literature supported participants' experiences, particularly around death and associated absence (Stoker & Swadi; 1990; Moss, Cyr, Bureau Trabulsy and Dubois-Comtois; 2005; Halkitis, Siconolfi, Fumerton and Barlup; 2008). Paul had experienced loss through the sudden death of his father aged 12, and had made sense of his associated feelings of anger by interpreting the event as a traumatic rupture: *'apart from*

him dying and me being pissed off with it'. Stephen also saw his father dying as a tangible loss, irrespective of the quality of his prior relationship.

It should be noted that again, a third of the study's participants had experienced 'loss' through the death of their fathers in their pre-teen years, half by mid-life. Literature found that drug users were more likely to report 'bereavement' experienced as a 'loss' (Stoker & Swadi, 1990) and as 'ineffective' and less significant although the research did not account for sexuality. Authors Moss, Cyr, Bureau Trabulsky and Dubois-Comtois (2005) also highlighted how death or separation experienced as 'loss' in the early years was associated with faulty attachment. Halkitis, Siconolfi, Fumerton and Barlup (2008) in their study on child and adolescent risk, including drug taking amongst gay and bisexual male bare backers, did reflect on the experience of 'paternal loss', impacting on early love relationships, furthermore a factor for risk. Their findings underpinned experiences for this study's participants.

In the case of fathers who remained 'uninvolved' and 'disengaged', thereby abandoning of sons, increased drug use was prevalent (Sikorska & Dworak, 2015). Negative and rejecting parental attitudes were also cited. Michael had experienced the 'loss' of his father but through psychological abuse as well as through an almost total lack of communication and abandonment experienced: *'I can't visualise any memories'*. Ghufraan was also consumed by a loss of memories as well as early paternal absence indeed deception. He suffered from the 'loss' of his *'father as in a role model'* and as a result, embodied a sense of void.

Robert otherwise acted dishonestly surrounding his sexuality and in order to protect his self-esteem. As a result, he experienced feelings of ‘loss’ in the relationship with his father. He further experienced feelings of ‘loss’ surrounding his masculinity, indeed his sense of self. Michael had also experienced feelings of loss in the relationship with his father, again surrounding his sexuality: *‘actually, he told me never to become gay. That was my sex education’*.

Ryan, Huebner, Diaz and Sanchez (2009) cite gay and bisexual adults experiencing ‘parental rejection’ on account of their sexuality. The phenomenon was also documented as experienced by LGBT children when coming out to their parents (Tobkes & Davidson, 2016), disappointing parents who had expectations for them to pursue a “traditional life”. The authors point out that parents also experience feelings of ‘loss’, which can further impact on their children’s ‘coming out’ experience.

Odets (2019) has further reflected upon the theme of ‘loss’ amongst gay men and of being unable to experience the emotional power and impact of multiple traumas in individuals’ lives, not least early bullying and ‘loss’ of others to the AIDS epidemic. Participants’ feelings of ‘deprivation’ and ‘loss’ in this study felt synonymous with drug use and in the case of ‘chemsex’, multiple partners. More research is needed around this theme.

Subtheme: Abandonment

In addition to experiencing feelings of ‘loss’, participants also experienced ‘abandonment’ characterised by ‘rejection’, ‘isolation’, feelings of ‘self-abandonment’, feeling ‘cut off’ and failing to understand unmet needs.

Michael's experience was unique to the study, feeling abandoned even though he had known his father his entire life: *'that kind of isolation, um, and being rejected is kind of normal for me'*. Michael felt abandoned on account of his father's malevolent behaviour and psychological abuse. Jones, Ehrlich, Lejuez and Cassidy (2015) looked at parents' preoccupation, in this case and for Michael, with his father's new relationship. They deemed 'parental knowledge' a protective factor, the absence of which they saw as potentially problematic for adolescent drug use.

For Michael, his feelings of 'abandonment' became normalised and in turn led to his own feelings of self-abandonment. Remarkably, however, he had gone on to become a father in his own right. Equally, Stephen had recalled *'all hell breaking loose'* when his father had died, and his feelings did not seem that far removed from those of Michael. Both had experienced feelings of prior 'abandonment' through the little interaction and communication they had had with their fathers.

Studies have shown that drug-takers experience 'paternal abandonment' in the experience of their fathers (Bourgois; 1996; Bernardy & de Oliveira; 2010).

Environments with 'paternal abandonment' can also foster negative and distorted cognitions for drug-using adolescent boys (Giancola, Mezzich, Clark, & Tarter, 1999) and for those initiated into street drug abuse. 'Abandonment' alongside negligence and deprivation of care as forms of intra-family violence, characterised by 'absence', have also been established with impacts on drug taking (Bernardy & de Oliveira, 2010).

For Ghufuran, his experience of a lack of emotional warmth from his father had been interpreted as 'abandonment' and in trying to get his father's attention for failing to

understand his needs. Father's avoidant attachment was noted here as associated with child behavioural problems (Stover, Easton, & McMahon, 2013), so too the impact of trauma on resultant quality of attachment and associated substance misuse (Padykula & Conklin, 2010).

Subtheme: Absence

'Absence' was a shared view of two thirds of participants in this study. Ghufuran and Michael for example, experienced paternal absence even though both of their fathers were alive. 'Absence' experienced by participants, further suggested a notion of 'incompletion' but fundamentally, 'deprivation'.

Parental 'absence' amongst drug users was well documented in the literature (Brook, Whiteman, & Scovell Gordon; 1985; Orbot; 2005; Kruk; 2012; Pitsoane & Gasa, 2018). Paternal absence was also documented as a risk for adolescent drug taking (Snell, Radosevich, & Marvin, 2014). Keith for example interpreted his feelings of separation as missing out on something in the relationship with his father: *'my parents, sort of, left me to create my own world'*. With his father passing over, there was then no scope for reparation. Mischel, Shoda and Rodriguez (1989) also highlighted how paternal 'absence' impacts on both children's interpersonal challenges and ability to delay gratification. Indeed, Ghufuran had asked me directly as a researcher if I knew of the impacts of paternal 'absence' on both development and sexuality. This even though through his own examples later in the interview, he appeared to retract his searching question.

Several participants elicited ‘deadened’ feelings during their interviews possibly attributed in part to this theme of ‘absence’. In the case of Michael, his father was absent but when present also cold and unsupportive: a phenomenon that negatively impacts boys and with associated experimentation with drugs (Pitsoane & Gasa, 2018). Whilst studies did not centre on sexuality, suggesting the need for further research, studies did highlight poor paternal attachment and negative behaviours (Shelton et al., 2008) as well as father ‘absence’ in opiate using men (Bekir, McLellan, Childress, & Gariti, 2009). Dieck (2013) also affirmed impacts on ‘communication’.

For Paul, his experience of ‘absence’ was particularly protracted in how his friends, when young went about trying to replace his late father: *‘it was done very subtly’*.

Father ‘absence’ was felt the most through divorce, death and paternal career (Mancini, 2010) - something highlighted for a number of participants in this study - with financial effects (again highlighted) and experiences of ‘deprivation’ further noted. The literature clearly distinguished between father ‘absence’ on account of discord, death or other causes (East, Jackson, & O’Brien, 2006).

4.2.4 Master Theme Four: Control-Over

Subtheme: Non-communicative

This theme reflected upon how participants felt ‘censored’, ‘gagged’, ‘worthless’ and ‘cut-off’ by their fathers and not just on the subject of their sexuality. Luk, Farhat, Iannotti and Simons-Morton (2010) for example, found that ‘paternal communication’ was protective against marijuana use in their study, and more so for sons than daughters. Communication around high quality ‘substance specific communication’ was also well founded in the literature and may protect adolescents from substance

abuse (Kington & O'Sullivan; 2001; Lezin, Rolleri, Bean, & Taylor; 2004; Viner & Macfarlane; 2005; Ryan, Jorm, & Lubman; 2010; Ryan, Jorm, Kelly, Hart, Morgan, & Lubman; 2011).

Robert presented with struggles concerning discussions between he and his father around sexuality. He felt gagged by his father with the theme of 'non-communication' for him presenting on a much deeper level. The phenomenon of 'parent adolescent communication' around sex was further echoed through the concept of 'parental monitoring' (Huebner & Howell; 2003; Brody, Yu, Chen, Kogan & Smith; 2012). And, for MSM, a prohibition in discussing or 'communicating same-sex activities' was associated with negative impacts on father-son relationships (Jadwin-Cakmak, Pingel, Harper, & Bauermeister, 2015). Also, fathers who were 'conflictual' in their communication, indeed 'violent', impacted negatively on the 'coming out' process (Deimel et al., 2016). Further research is needed on the impacts of 'non-communication' for drug taking MSM, this as the effects of 'non-communication' on drug taking, sexual behaviour and the 'coming out' process have been evidenced. Hussen et al., (2014) for example, in their study of father-son relationships amongst young black HIV positive MSM stressed that 'communication about sex', had the potential to also reduce sexual risk for HIV.

For Keith, who felt censured and controlled by his father, through a total lack of communication, his interpretation was that he didn't exist. He felt worthless, with effects on the development of his self, evident. His father who at one point refused to respond to the question of whether he loved him, held power and control-over him. Perceptions of parents as 'poor communicators' with fathers seen as ineffective and less

significant were acknowledged as more likely amongst drug users (Stoker & Swadi, 1990). Parent ‘communication’ in particular determined as ‘bidirectional communication’ was key to effective prevention communication for substance misuse amongst adolescents (Huansuriya, Siegel, & Crano; 2014; Choi et al.; 2017). Indeed, King and Vidourek (2011) added open, frequent communication and active listening; the importance of ‘communication’ highlighted here, underpinning the valuable place counselling psychology can play in effective therapeutic support. On this point, Carver, Elliot, Kennedy and Hanley (2017) stated that ‘communication’ should involve all family members and be about the enforcement of rules. For younger MSM, this could look to recruit fathers in family based systemic practice, whereby the encouragement of communication, could be centred on the affective role that fathers can take.

For Paul whose friends chose not to speak about his deceased father, ‘non-communication’ around this fact for them proved appropriate. It is proposed that again, ‘talking therapy’ can play a key role in the context of communication around sexuality. For example, Mak et al., (2010) found that poorer communication from fathers in paternal (over maternal) families mediated stronger associations for substance using adolescents whilst ‘positive father sentiment’ and defined conduct norms, coupled with behavioural expectations clearly communicated and encouraged, regulated for pro-social behaviour and reduced substance abuse (Coombs & Landsverk, 1988). Therapy can act as a positive framework whereby the importance of father-son communication is related to father-son connectedness and in turn, decreasing adolescent males’ sexual risk behaviours and HIV risk (Harris, Fantasia, & Castle, 2018). Where this important ‘father-son’ communication cannot be attained, particularly in the context of deceased or absent fathers, it is argued that therapy can still play a key therapeutic role.

Whilst ‘parental control’ can be protective between fathers and sons (Becoña et al., 2013), ‘control-over’ was an embedded experience for participants in this study, perhaps because of a number of subject matters, such as sexuality, drug taking and masculinity that simply went undiscussed in participants’ relationships with their fathers (Connell & Messerschmidt; 2005; Bronte-Tinkew, Moore, & Carrano; 2006; Pettenon et al.; 2014). Furthermore, given the established links between sexual violence, drugs and promiscuity, particularly in the context of ‘chemsex’ (Javaid, 2018; Korhonen, 2018), further qualitative research around paternal ‘control-over’ sexuality, drug taking and masculinity should be undertaken for Club Drug-using MSM.

Subtheme: Admired

The theme of ‘admired’ that accounted for participants seeing their fathers as ‘intellectual’, the dominant ‘alpha-male’, ‘lead of the family’ and both ‘revered’ and ‘well loved’, was an interesting data outcome for this study. Nowhere else in the drug related or MSM literature was this theme substantiated.

Robert, for example, looked up to his father as a teacher and as intellectual; Keith saw his father as the ‘alpha-male’, defending his controlling behaviour and feeling repressed as a result. This sense of admiration well founded amongst participants, was more a way of how they had made sense of the feelings of ‘limitation’ felt, moreover experiencing their fathers as having ‘control-over’. This was true for Stephen even after his father had passed away and how his father’s spirit appeared to live on. For Ghufuran, he couldn’t understand how well liked’ *for some reason* his father was, furthermore, reconcile this fact alongside his deep-seated feelings of abandonment and associated anger.

According to Epstein, Botvin, Diaz, Toth and Shinke (1995), and more so where fathers were using marijuana, fathers who were 'admired' influence marijuana use and later intention to use drugs. A longitudinal study on reciprocal relations between adolescent substance abuse and perceived parenting also focussed on the extent to which participants felt their fathers held 'admiration' for them and where 'admiration' was the case, this was in part protective against substance abuse (Stice & Barrera, 1995).

Conversely, a further nationally representative study of US teens, which did not review for drug use or sexuality, did find that four in five adolescents (81 per cent) thought highly of their father and two thirds (61 per cent) wanted to be like their fathers (Moore, Guzman, Hair, Lippman, & Garrett, 2004).

It felt as if further enquiry should be undertaken into this established theme. Whilst participants reported their fathers showing minimal admiration for them, participants equally strongly revered their fathers, consistent with the study of Moore, Guzman, Hair, Lippman and Garrett (2004).

It may well be that as MSM, deep down participants particularly yearned for the love of their fathers (LaSala, 2010). In the case of Paul, a father-son jealousy appeared to emerge based on his late father's achievements. Given Paul's repeated comments on how good looking his father was in the photographs he brought to the interview, perhaps an unresolved Oedipal conflict (De Kuiper, 1993) was further present.

It is also worth looking at paternal trauma here and victim-perpetrator dynamics, moreover the concept of 'introjection' and identifying with the aggressor (Ferenczi, 1932). Middleton, Sachs and Dorahy (2017) spoke of 'an appreciation of attachment

theory, the co-construction of self-perception and identity’ and ‘the nature of shame and its capacity to erode selfhood ... (giving) way to dutiful compliance’ (p. 256). Where psychological control is present, studies have looked at ‘Stockholm syndrome’ (Dutton & Painter, 1981) reflecting on how victims in their identity, admire their perpetrators. More research is very much needed into this theme that felt particularly significant to this study.

Subtheme: Dominant

The final aspect to the theme of ‘control-over’ presented as paternal ‘dominance’ in participants’ father’s often non-verbal communication and behaviour. Inherent were participants ‘seeking approval’, doing things to please and be noticed by their fathers, ultimately to avoid punishment.

Whilst the theme of ‘dominant’ was associated with risk, it was not directly associated with drug taking, save in the case of drug-addicted fathers (Kaufman, 2009). Stephen experienced his father as a bully, with an ‘always-there presence’ who even in death continued to have a ‘dominant’ presence over him. The study undertaken by Tafa and Baiocco (2009) looking at addictive family behaviour and family functioning should be also noted here: low paternal adaptability - as distinct from the mother – was found to be a significant predictor for addictions.

Robert was rejected and judged by his father: *‘not the kindest teacher’* assuming a powerful dominant position surrounding his self-worth and in particular his sexuality: *‘I’m not sure your mum is going to be able to cope with it’*. Fathers who were inflexible in their ability to change rules seemed to be a risk factor for adolescent wellbeing.

Researchers Hagan, Simpson and Gillis (1987) further found that where fathers were authoritarian in the workplace, they were dominant at home. Their findings showed that where mothers were unable to control the 'dominant father', thereby sons, boys were freer to deviate and take risk.

The concept of 'hegemonic masculinity' as powerful, in control and strong should again be considered here (Connell & Messerschmidt, 2005). Furthermore, given that the theme of 'dominant' could not be attributed to drug taking in the current literature - save drug taking fathers – this finding again appears particularly significant to this study's participants.

4.3 Critical Reflections

The transcripts tell, not only of a lack of affection and empathy for participants in the relationship with their fathers, but indifference of the father and in some cases, trauma.

The effects of inconsistent childhood emotional neglect (CEN), when parents fail to recognise or respond to their child's feelings, have been shown to be unique and lead to deficits that are even more severe than for physical abuse (Hildyard & Wolfe, 2002). In this study, the lack of an emotional paternal bond and feeling like an 'outsider', appeared to have long-term, damaging effects on participants' emotional development, sense of identity and relationship self-esteem.

It would appear that for the majority of drug users, psychological and behavioural problems present prior to drug use. The prevalence of ACE's (Adverse Childhood Experiences) in longitudinal studies (Austin, Herrick, & Proescholdbell, 2016), suggests

the greater the number of ACE's, the greater the risk of drug use (Felitti et al., 1998), particularly for sexual minority groups (Anderson & Blosnich, 2013).

The MSM population appears to experience more adverse events precisely because they are different, challenged by homophobia, the 'coming out' process and 'heterosexual masculinity'.

This study enabled appreciation of participants' confusion and conflict in their relationship with their fathers, particularly when met with no affection, loss or underlying censorship, disapproval, if not dislike. Probable is that fathers feel degrees of homophobia and threat, if not disappointment that their sons do not live up to their expectations (Science Daily, 2019). On this, there is a need to look towards longer-term online or community support groups for fathers of MSM, in order to encourage an understanding of children's needs and vulnerabilities (Oates, 2007), furthermore understand that paternal love and security need not fuel fears of further promoting minority sexuality.

Support should also be provided for MSM, particularly given the number of participants who reported having never spoken about their fathers and who appeared to self-medicate from associated trauma (Khantzian, 2012). Van Der Pol-Harney and McAloon (2018) have underlined the efficacy of CBT or attachment-based family therapy interventions for LGBTQIA youth, aged 12-25 whilst specifically designed CBT based Project ESTEEM (Pachankis et al., 2019), integrates features of minority stress, sexual health and associated substance use. Skerven, Whicker and LeMaire

(2019) have also described an adaptation of evidence based dialectical behavioural therapy for treating internalised stigma amongst LGBTQ+ clients.

In closing, it is proposed that ‘parenting education’, alongside ‘sex education’ indeed ‘drug education’ - clearly of LGBT inclusion - be part of the educational curriculum. It is proposed that this will effectively reach both sons, irrespective of sexuality, and by default, society’s future fathers.

4.3.1 Reflections on the Use of IPA

IPA was chosen as the most suitable methodology for the research question given that it allows for analysis of in-depth psychological concepts (Smith & Osborn, 2003). IPA samples are small, but do not aim to be representative in terms of probability or population (Brocki & Wearden, 2006). IPA nevertheless has been criticised for being mostly descriptive and not sufficiently interpretative (Larkin, Watts, & Clifton, 2006). IPA has further been criticised for giving unsatisfactory recognition to the role of language (Willig, 2008), for relying on how articulate participants are in the relaying of their lived experience (Willig, 2008) and indeed how competent the researcher is in articulating through communication skills, participants’ lived experience. Further criticism has been made of IPA for understanding lived experience but not explaining why (Willig, 2008). IPA does, however, focus on idiographic, contextual and hermeneutic analysis (Smith, Flowers, & Larkin, 2009). This study took active steps to give voice to participants’ lived experience and due attention was given to the interpretation of their narratives.

4.3.2 Limitations of the Study

In addition to limitations placed on this study through the use of IPA, a sample size of six placed greater emphasis on depth rather than breadth. Whilst six was reasonable within the time and scope of this thesis, as Flowers, Smith, Sheeran and Beail (1997) state, generalisations should be made with caution. Whilst all participants were at least two months abstinent, they varied widely in their recovery time and were also self-selected, creating a sampling bias. Interviewing participants for a second time and interviewing further samples of MSM participants, may well have produced richer data. None of the participant's fathers appeared to abuse alcohol or drugs and no mention was made of their mothers in this context. However, in view of the importance of these variables in the literature, any similar studies should screen for both parents' drug and alcohol abuse.

The study was further limited in that it did not screen for participants' experiences of their mothers. This may well have influenced participants' experience of the relationship with their fathers, positive or otherwise. A number of mothers, for example appeared to have mental health issues, some lacked interest in their sons, seemingly emotionally absent, and some appeared dominated by participants' fathers.

The study, furthermore, did not clearly establish if 'the father' referred to by participants was the biological father, although there was no suggestion during the study's interviews that they were not. It is equivocal, however, whether this would have made any difference to the findings, the participants' experience of the relationship with their fathers or the interpretation of the data.

These considerations highlight the need to disentangle respective parental influences indeed other close family members, but perhaps further underline the need for significant resources in terms of sampling different types of families and perhaps the analysis of data from several different perspectives.

Participants in the current study were geographically diverse, so too in age and sexuality (gay and bisexual) as well as ethnic background. Given the number of participants who had engaged in therapy, participants may well have created a more organised narrative than would otherwise have been the case. Nevertheless, as acknowledged, a good number of participants commented on how they were speaking about their father for the first time.

4.3.3 Reflexive Note

During the write-up of this research, I became even more aware of the impact and influence of hegemonic masculinity and masculine norms on MSM and also heterosexual men. The experience made me appreciate and reflect more on how I might be perceived by others in a professional capacity. In particular, I am mindful of how, as a male practitioner or researcher, I can be seen as having status and an assumed 'power over'.

The focus of inquiry for the thesis was against a backdrop of my own father being infirm and passing away. The experience demanded a great deal of emotional strength and resilience and the ability to 'bracket off' personal experiences at a much higher level. Being MSM myself, the literature review further provided much personal appreciation of the unconditional love, connection and communication shown by my own father, particularly in the context of my own sexual orientation.

I believe this research journey has strengthened my knowledge and individual approach to general clinical practice, bringing greater awareness of my relational interpersonal approach and style.

4.3.4 Implications for Counselling Psychologists

For attachment repair and effective drug intervention, Schore and Schore (2007) have stated that, from a therapeutic perspective, parent/child internal working models should be brought to conscious awareness. Counselling Psychologists should therefore focus on what they refer to as ‘not the talking but the communicating cure’ (p.14): this is particularly borne out of the themes of ‘non-communicative’ and ‘disconnection’ indeed ‘lack of emotion’ arising in this study. Schore and Schore (2007) believe that the therapist’s affective rather than semantic approach has the greater treatment outcome, drawing further on their concept of ‘regulation theory’, which builds on attachment, object relations, relational theory and neuro-psychological understandings.

The therapeutic alliance provides an opportunity to activate a client’s capacity for secure attachment (Lipton & Fosha, 2011), furthermore alleviate thematic experiences of ‘limitation’ and perceived ‘control-over’. Suffering and stigma, in particular ‘shame’ and ‘judgment’ appear to be at the core of addictive behaviours and therapy calls upon the conditions – akin to Rogers (1959) - of patience, empathy and kindness, (Khantzian, 2012).

Research has shown how sensitivity and pleasure in parenting are concordant with secure paternal relationships – simple involvement is not enough with children needing high quality positive engagement from fathers (Brown, McBride, Shin, & Bost, 2007).

A sensitive therapeutic approach that integrates the cognitive, affective and behavioural

is proposed as key (Brown, Mangelsdorf, & Neff; 2012; Brown & Cox; 2019). The therapeutic alliance must therefore offer a safe haven and represent a secure base, by providing consistency, softness, reliability and support (Fletcher, Nutton, & Brend, 2014) and at the point where an individual suffers the most, in their need for a reliable, often 'non-verbal' holding relationship (Hofler & Kooyman, 1996). A trusting therapeutic relationship also has the greatest efficacy in treatment outcome for emotional regulation, attachment repair and psychopathology (Lambert & Barley, 2001) and perhaps for participants in this study, overcoming additional feelings of 'loss'.

In conclusion and even accounting for LGBT inclusion and advocacy, counselling psychologists should reflect upon their own biases, even in the evaluations of fathers and look at the role counselling psychologists play in addressing minority stress (Rostosky & Riggle, 2011). In the context of traditional masculinity ideologies, practitioners should also focus on understanding in fullness the impact of parenting roles (Miller & Spengler, 2018).

4.4 Suggestions for Future Research

A number of considerations have come from this study. First on the question of attachment, there is a need for further studies on fathers and MSM with differentiations made between mother and father interaction. Families 'non-intact' as well as 'non-traditional' families – including those that have experienced parental loss – should equally be researched (Iglesias, Rio, Calafat, Ramon, & Hermida, 2014) and to further establish considerations for MSM Club Drug users. There is also a need for objective criteria for age-appropriate child developmental attachment stages, important in the efficacy of attachment theory and effective treatment outcome. Other members of the family, indeed not just fathers for example affect attachment quality and should also be

considered. More in-depth qualitative interviews regarding the aforementioned would be helpful. A definition of attachment should also be agreed upon with controls for other attachments such as grandparents.

Research should set out to identify the specific mechanisms by which attachment interacts with substance abuse (Golder, Gillmore, Spieker, & Morrison, 2005), this accounting for the complexity of both attachment and substance abuse (Felitti et al., 1998). Larger sample sizes through mixed methods as well as consideration for socio-economic backgrounds would also be appropriate. Iglesias, Del Rio, Calafat, Ramon and Hermida (2014) have also stated that there is a need for studies on attachment repair as well as on the different types of insecure attachment raised. These studies should also be controlled for peer attachment.

Further studies on the themes that have arisen from this research should also be considered – this given that the themes have provided a preliminary study relevant to the experience of MSM Club Drug users and the relationship with their fathers.

‘Limitation’ for example, was a theme that did not appear particularly prominent in the literature. In this context, Smith (2008) proposes grounded theory as an approach and in order to arrive at a conceptual understanding of a given phenomenon. Should a wider and more exhaustive taxonomy of themes be discovered, a survey approach may then be appropriate to identify the relevance of the themes in a much wider MSM population.

Further samples of MSM Club Drug users as well as heterosexual Club Drug users should also be researched to see if the themes identified are relevant to them.

Approaches taken could be qualitative (IPA) in approach or look towards quantitative methodologies around given hypotheses.

It appears that the ‘coming out’ process represents a critical stage in the lives of the study’s sample of MSM Club Drug-users – a time when in particular fathers appear to be confronted by their own prejudices. Studies for example, have shown how parents struggle for years after learning of their child’s sexual orientation, particularly if sons are older and parents African American or Latino (Huebner, Roche, & Rith, 2019). Further studies in this area may provide new insights.

The effects observed of the ‘coming out process’ in participant transcripts, in particular perceived paternal ‘loss’ through non-acceptance and ‘power-over’ through ‘dominant’ sexuality and masculinity, should also be reviewed particularly in the context of drug-taking and sexual risk. In closing, research should also be undertaken into the subject areas of paternal homophobia, understanding further in this context, Club Drug-using MSM’s experience of their fathers.

4.5 Conclusion

I would like to thank all participants who stepped forward to either enquire about or take part in this study. For those who were interviewed, I am eternally grateful for both your openness to questions asked and the vulnerability you shared. Your participation not only provided invaluable data it afforded the opportunity for me to lend voice to your experience. Hopefully, the findings from this research study will benefit counselling psychologists engaged clinically with MSM. The findings may also encourage further work in this particularly under-researched area.

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5.1 Appendix 1 - Consent Form



Title of Study: *MSM Club Drug-Taking Men's Experience of Their Fathers: An Interpretative Phenomenological Analysis*

Ethics approval code: PSYETH (P/F) 15/16 49

1.	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve: being interviewed by the researcher allowing the interview to be audio taped	Please initial
2.	This information will be held and processed for the following purpose(s): for interpretation under Interpretative Phenomenological Analysis I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw up to a month after my participation date in the project without being penalized or disadvantaged in any way.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	
6.	I would like a summary of the results	

Name of Participant

Signature _____

Date

NEIL DICKENS

Name of Researcher

Signature _____

Date

Version 1.0, 6th January 2016

5.2 Appendix 2 - Information Sheet



Information Sheet

Title of study: *Club Drug-Taking MSM's Experience of Their Fathers: An Interpretative Phenomenological Analysis.*

Principal Investigator: Neil Dickens, under the supervision of (redacted for data protection legislation). Contact; (redacted for data protection legislation)

Thank you for having completed the telephone health questionnaire.

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study? The aim of the study is to find out how participants, namely MSM (men who have sex with men) as well as gay and bisexual club drug taking individuals perceive their fathers. We would like to conduct this feasibility study because we have no idea of research outcomes. It is hoped we may be able to build a bigger study as a result. Every response you provide on the subject will be extremely valid. The study is being undertaken as part of City University's Doctoral programme in Counselling Psychology, thereby undertaken by myself as trainee at City University's Doctorate or DPsych programme. Ongoing interviews with prospective participants will take place in 2016.

Why have I been invited? You have been invited as you identify as MSM (a man who has sex with another man) or as gay or male bisexual. You are also currently abstinent (for at least two months) from psychoactive club drugs. You will be one of eight participants taking part in the research project.

Do I have to take part? Your participation is voluntary with withdrawal permissible up to one month after your one-to-one interview participation date. It won't be possible to withdraw one month after interview date. You do not have to answer any questions you deem as too personal or participate in part or all of the project. You will not be penalised or disadvantaged in any way should you wish to withdraw and will also not have to give a reason.

It is up to you to decide whether or not to take part. If you do decide to take part, you will be asked to sign a consent form.

What will happen if I take part? You will be asked to participate in a one-to-one research interview lasting up to ninety minutes whereby you will be asked a series of questions and your responses will be recorded to two digital voice recorders. Research will take place at Northampton Square, City University. A qualitative research method entitled Interpretative Phenomenological Analysis will be used in order to establish different themes surrounding your and other participants' perception of their fathers.

**** PLEASE NOTE: YOU WILL NOT BE ABLE TO PARTICIPATE IF YOU ARRIVE INTOXICATED FOR INTERVIEW ****

Expenses and Payments (if applicable)

- All reasonable travel expenses will be reimbursed

- A £20 Marks & Spencer voucher will be awarded as a thank you for your time and co-operation and upon successful completion of your interview i.e. contribution to the project.

What do I have to do? You have been required to complete a General Health Questionnaire in a telephone interview prior as well as confirm abstinence. On approval, you will then be required to attend an interview at City University and to discuss as openly and candidly as you feel comfortable, how you perceive your father.

Please note that should you arrive intoxicated (including through alcohol) you will not be able to take part in the research interview.

What are the possible benefits of taking part? It is hoped that you will benefit directly as a result of taking part in this study. Indirect benefits include the hope that findings from the research will stand to better serve other MSM (men who have sex with men), gay and bisexual men and those that take psychoactive club drugs. Further it is hoped that findings will encourage more MSM as well as gay and bisexual men to seek psychological counselling support. This is also currently an underrepresented area of research so your contribution will help in some way towards rebalancing research on this topic.

What are the possible disadvantages and risks of taking part? Discussion and/or answers given by yourself to specific questions may trigger painful or difficult memories, which may in turn be upsetting thereby eliciting difficult emotions. Should this be the case you will be directed to pertinent support.

What will happen when the research study stops? Data will be stored in a fire-retardant lockable storage cabinet and kept up to five years after your participation in the research study.

Will my taking part in the study be kept confidential? All information, thereby recordings will be kept both confidential and anonymous and only accessed by myself and my research supervisor. Confidentiality will, however, be broken if during interviews disclosures are made of harm to self or others, terrorism or related criminal activity.

What will happen to the results of the research study? Anonymity will be maintained throughout with summaries of the results of the study available on request. Please do not hesitate to ask for this or other feedback on the study. Extracts may appear in psychological journals, online, in electronic media or the printed press.

What will happen if I don't want to carry on with the study? If you do not wish to carry on with the study, you are free to withdraw without explanation or penalty up to one month after your one-on-one interview date in the research.

What if there is a problem? If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone (redacted for data protection legislation). You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: *Club Drug-Taking MSM's Experience of Their Fathers: An Interpretative Phenomenological Analysis*.

You could also write to the Secretary at: (redacted for data protection legislation). Secretary to Senate Research Ethics Committee Research Office, E214, City University London, Northampton Square, London, EC1V 0HB

Email: (redacted for data protection legislation)

City University London holds insurance policies, which apply to this study. If you feel you have been harmed or injured by taking part in this study, you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study? This study has been approved by Department of Psychology Research Ethics Committee, City University London, Reference: PSYETH (P/F) 15/16 49

Further information and contact details:

Neil Dickens (Researcher & Trainee Counselling Psychologist)
email (redacted to comply with data protection legislation)

Under the supervision of: (redacted to comply with data protection legislation)

Version 1.0, 6, January 2016

5.3 Appendix 3 - Debrief Sheet



Club Drug-Taking MSM's Experience of Their Fathers: An Interpretative Phenomenological Analysis

Principal Investigator: Neil Dickens, under the supervision of (redacted to comply with data protection legislation). Contact: (redacted to comply with data protection legislation)

DEBRIEF INFORMATION

Thank you for taking part in this study! Now that it's finished, we'd like to explain the rationale behind the work.

The aim of this research study is to potentially establish, if applicable, a number of themes; this from the research interview you have just participated in. Your interview is one of a series of interviews undertaken by MSM (defined as men who have sex with men), gay and male bisexual individuals. The study aims to establish if there are themes that repeatedly surface across responses to questions during interviews and solely around how you perceive your father.

If you feel that the research project has raised concerns or brought about emotional difficulties as a result, it is suggested that you contact your GP. Your local Club Drug service may also be able to put you in touch with specialist counselling support services. If you feel that you are in immediate danger or are thinking suicidal thoughts, please attend your local A&E department immediately. Arrangements will be made for someone to accompany you.

We hope you found the study interesting. If you have any other questions, please do not hesitate to contact us at the following:

To contact the assigned research supervisor at City University for this research project, please contact:

Neil Dickens (Trainee Counselling Psychologist)
or my supervisor: name and email redacted to comply
with data protection legislation

email: (redacted)

phone number: redacted

Ethics approval code: PSYETH (P/F) 15/16 49

Version 1.0, 6th January 2016

5.4 Appendix 4 - Promotional Poster

(REDACTED FOR COPYRIGHT REASONS)

5.5 Appendix 5 - Covering Letter

Neil Dickens
c/o supervisor (redacted to comply with data protection legislation)
City University DPsych Counselling Psychology Programme
Northampton Square
London
EC1V OHB

Address

15th November 2015

Dear xxxxxx

I am working on my Doctoral research and wanted to write to you concerning the feasibility of clients at (organisation) participating.

As I am sure you are aware, research into MSM Club Drug taking users is thin on the ground. Meanwhile, Chemsex appears to be gaining popularity.

As an individual who has worked therapeutically within the field of addiction and studied attachment phenomena, I am interested in conducting further research.

My project therefore focuses on participants' perception of their fathers and from a phenomenological or lived experience.

To give you a potential first-hand outline of the research, I have attached the study's Consent Form, Information Sheet, Debrief Information Sheet and Study Advertisement (poster format).

I would welcome an opportunity to discuss the project with you further as well as investigate the potential recruitment of participants (at least two months abstinent) at Antidote @ Friend to take part in the study.

Plainly I would ask you to display the poster illustrated in the attached - as well as leaflets to be supplied - this, in order for participants to make contact, thereby participate in the study. You may also wish to actively promote the study to your clients although their participation is completely confidential.

I look forward to hearing from you in due course and should you need a copy of the original Research Proposal which has gained ethical approval from City University, please do not hesitate to ask.

I can be reached at (redacted for comply with data protection legislation) or you are welcome to write to me at the above address.

In closing, my plan is to begin interviews needing no more than potentially two participants from your organisation in January next year.

Thank you for your attention in this matter. I hope you feel strongly about research of this nature being worthwhile.

Yours sincerely

Neil Dickens, MBPsS
Trainee Counselling Psychologist

5.6 Appendix 6 - Promotional Copy (London)

Are You MSM, Gay or Male Bisexual?

Are you interested in taking part in a confidential research study?

Are you at least two months abstinent from all Club Drugs?

We are looking for male participants, 18+ to take part in a confidential one-to-one interview lasting no more than ninety minutes. You would be asked questions about how you perceive your father.

Your responses could help others currently using Club Drugs.

A £20 Marks & Spencer voucher and reasonable travel reimbursed

Interview at City University, Northampton Square, London EC1V 0HB

This study has been reviewed by and received ethics clearance through the Department of Psychology Research Ethics Committee, University of London. Reference PSYETH (P/F) 15/16 49. Study under the supervision of

(Redacted to comply with data protection legislation)

If you would like to complain about any aspect of this study, call

(Redacted to comply with data protection legislation)

To participant contact: (Redacted to comply with data protection legislation)

5.6 Appendix 6 - Promotional Copy (Manchester)

Are You MSM, Gay or Male Bisexual?

Are you interested in taking part in a confidential research study?

Are you at least two months abstinent from all past Club Drugs?

We are looking for male participants, 18+ to take part in a confidential one-to-one interview lasting no more than ninety minutes. You would be asked questions about how you perceive your father.

Your responses could help those currently using Club Drugs.

Please contact: (Redacted to comply with data protection legislation)

A £20 Marks & Spencer voucher and reasonable travel reimbursed.

Address of venue: (Redacted to comply with data protection legislation)

The study has been reviewed by and received ethics clearance through the Department of Psychology Research Ethics Committee, University of London.

Reference: PSYETH (P/F) 15/16. Study under the supervision of
(Redacted to comply with data protection legislation)

5.7 Appendix 7 - Semi-Structured Questions

1. Can you describe how you experienced your father growing up?
2. What's your first memory of your father growing up?
3. How do you think other family members, experienced him?
4. Any memories stand out regarding your relationship with your father?
5. How did your father compare to other fathers you knew growing up?
6. What did your friends growing up say about your father?

5.8 Appendix 8 - The General Health Questionnaire 2/1

(REDACTED FOR COPYRIGHT REASONS)

The General Health Questionnaire 2/2

(REDACTED FOR COPYRIGHT REASONS)

5.9 Appendix 9 - Ethical Approval from City, University of London



28th October 2015

Dear Neil Dickens

Reference: PSYETH (P/F) 15/16 49

Project title: MSM Club Drug-Taking Men's Perception of Their Fathers: An Interpretative Phenomenological Analysis

I am writing to confirm that the research proposal detailed above has been granted approval by the City University London Psychology Department Research Ethics Committee.

Period of approval

Approval is valid for a period of three years from the date of this letter. If data collection runs beyond this period, you will need to apply for an extension using the Amendments Form.

Project amendments

You will also need to submit an Amendments Form if you want to make any of the following changes to your research:

- (a) Recruit a new category of participants
- (b) Change, or add to, the research method employed
- (c) Collect additional types of data
- (d) Change the researchers involved in the project

Adverse events

You will need to submit an Adverse Events Form, copied to the Secretary of the Senate Research Ethics Committee (Redacted to comply with data protection legislation) in the event of any of the following:

- (a) Adverse events
- (b) Breaches of confidentiality
- (c) Safeguarding issues relating to children and vulnerable adults
- (d) Incidents that affect the personal safety of a participant or researcher

Issues (a) and (b) should be reported as soon as possible and no later than 5 days after the event. Issues (c) and (d) should be reported immediately. Where appropriate the researcher should also report adverse events to other relevant institutions such as the police or social services.

Should you have any further queries then please do not hesitate to get in touch. Kind regards

Psychology Research Ethics Committee School of Arts and Social Sciences City University London London EC1R 0JD

Name of contact: (Redacted to comply with data protection legislation)
Student Administrator Email: (Redacted to comply with data protection legislation)

Name of chair: (Redacted to comply with data protection legislation)

Chair Email: (Redacted to comply with data protection legislation)

**5.10 Appendix 10 - Ethical Approval from City, University of London
(amendment)**



Psychology Department Research Ethics Committee

**Project Amendments/Modifications
Request for Extension**

For use in the case of all research previously approved by City University London Psychology Department Research Ethics Committee.

Was the original application reviewed by light touch?

If yes, please send this form to the individual who reviewed the original application. Once they have approved the amendment and signed the form, it should be emailed to (Redacted to comply with data protection legislation)

Was the original application reviewed at a full committee meeting?

If yes, please email this form to (Redacted to comply with data protection legislation). It will be reviewed by the committee chair.

Note that you only have to respond to the sections relevant to you.

Details of Principal Investigator and Study

Name	(Redacted to comply with data protection legislation)
Email	(Redacted to comply with data protection legislation)
Title of study	MSM Club Drug-Taking Men's Perception of Their Fathers: An Interpretative Phenomenological Analysis
REC reference number	PSYETH (P/F) 15/16 49

Study Duration

Start Date	28 th October 2015
End Date	30 th October 2016

Project Amendments / Modifications

Type of modification/s (tick as appropriate)

Research procedure/protocol (including research instruments)	
Participation group	
Information Sheet/s	
Consent form/s	
Other recruitment documents	
Sponsorship/collaborations	
Principal investigator/supervisor	

Extension to approval needed (extensions are given for one year)	
Other	x

Details of modification (give details of each of the amendments requested, state where the changes have been made and attach all amended and new documentation)

Under the supervision of (redacted to comply with data protection legislation), I wish to make a request for amendment to my approved **Ethics** Application - this as I now propose recruiting outside of City University, London and at two venues, namely XXXXXX, Manchester as well as XXXXXX, Brighton.

Having attended a recent conference on Club Drugs, I was party to statistics that talk of the proliferation of Club Drugs in both Manchester and Brighton, more so in fact than in London. Keen to recruit from these cities, in supervision it was proposed that an application be made for me to recruit locally.

Thus far XXXXXX in Manchester, who previously independently reviewed and approved the signed off City University London **Ethics** submission has confirmed participation as well as offered an onsite room for interviews. I am happy to forward this e-mail confirmation on request.

I therefore additionally attach a completed risk assessment that I will forward to Chantal Hill once the **ethics** change has been approved.

Justify why the amendment/extension is needed (including the period of extension being requested)

The amendment is needed as there may be some added safety considerations for myself as researcher. Please therefore see the accompanying risk assessment and the proposed protocols I propose I put in place. I welcome any added suggestions from the Psychology Research Ethics Committee.

Period of extension requested

Until 30th October 2016

Other information (provide any other information which you believe should be taken into account during ethical review of the proposed changes)

Completed risk assessment

Change in the study team

Staff member

<i>Title, Name & Staff Number</i>	<i>Post</i>	<i>Dept & School</i>	<i>Phone</i>	<i>Email</i>	<i>Date and type of CRB disclosure*</i>
n/a					

Student

<i>Name & Student Number</i>	<i>Course / Year</i>	<i>Dept & School</i>	<i>Date and type of CRB disclosure*</i>
n/a			

External co-investigator/s

<i>Title & Name</i>	<i>Post</i>	<i>Institution</i>	<i>Phone</i>	<i>Email</i>	<i>Date and type of CRB disclosure*</i>
n/a					

Declaration (to be signed by the Principal Investigator)

- I certify that to the best of my knowledge the information given above, together with any accompanying information, is complete and correct and I take full responsibility for it.

Principal Investigator(s) (student and supervisor if student project)	(Redacted to comply with data protection legislation)	
Date	21 st April 2016	

Reviewer signature

To be completed upon FINAL approval of the amendment.

	Signature (Please type name)	Date
Reviewer	(Redacted to comply with data protection legislation)	25th April 2016

5.11 Appendix 11 - Sample Organisation Research Proposal/Recruitment Application (information removed in part for confidentiality purposes)

2016 XXX Research Proposal Application

Please complete this form and submit to e-mail address or consideration at the next Research Oversight Group meeting. Please refer to the XXX XXXXX Application Guidance Notes and Research Process flowchart.

Please provide a short summary of your research project in **non-technical** language (max. 300 words)

Through a one-to-one interview, MSM participants (men who have sex with men) as well as gay and bisexual men, currently abstinent for at least two months from all club drugs (for example, mephedrone, crystal methamphetamine, GBL/GHB, Ketamine, MDMA and drugs formerly referred to as 'legal highs'), will be asked about the perception of their fathers. They will not be currently self-harming (e.g. injecting) and furthermore will continue to seek on-going peer support for their addiction/compulsivity through a local support charity. Participation in this research project will not act as therapy even though participants may experience their involvement as therapeutic.

The aim of the study, using a qualitative analysis (Interpretative Phenomenological Analysis) will be to determine any given themes amongst participants, specifically surrounding the perception of their fathers.

Given that MSM (including gay and bisexual men) disproportionately take club drugs more so than all other demographics and that relatively little research has been undertaken into the subject area, it is hoped that findings will inspire further research within the field, furthermore, assist greater engagement from MSM seeking psychological counselling support.

In my work at a Club Drug Clinic over the past five years, I have witnessed the phenomenon of strong links between MSM populations and use of club drugs. I have also witnessed increased prevalence of the phenomenon within the media at large. As part of MSM populations' therapeutic support, they have shared anxieties and discord specifically around how they perceive their fathers.

It is my understanding that little to no research has been undertaken into this specific area and amongst this specific population. The study therefore aims to address this as well as through the establishment of potential topical themes emerging on the subject, provide a potential starting point for further research

Full Project Title	MSM Club Drug-Taking Men's Perceptions of Their Fathers: An Interpretative Phenomenological Analysis
Type of Research	Qualitative – External
XXX sponsor If you are an 'external' applicant please provide the name of your XXX sponsor.	Ms. XXXX XXXXX (assumed as sponsor)
1.0 Main Applicant	Name: (Redacted to comply with data protection legislation) Position held: Trainee Counselling Psychologist Contact Address: c/o (redacted for data protection purposes), City University London, Northampton Square, London, EC1V OHB Telephone: XXXXX XXXXXX E-mail: (redacted for data protection purposes)
Abstract of research Provide an abstract as per the four headings in the opposite column.	<p>i) Background</p> <p>Per the aforementioned short summary, in my work with Club Drug users I have identified significantly greater prevalence amongst men who have sex with men, including gay and bisexual men. During my work I have also witnessed the extent to which clients speak about their fathers.</p> <p>ii) Aims</p> <p>The aim of this research is to identify themes that may surface as a result of participants taking part in a ninety-minute interview where they will be asked a series of non-directive questions. The interview is structured in such a way that participants choose where in the main, its content goes.</p> <p>iii) Techniques and Methodology (including any assessment measures)</p> <p>For example, in advance, participants are asked to bring along photographs significant to them in terms of how they perceive their fathers. This leads to a series of seven questions (total) at no point disclosed prior to participants, that participants are asked as prompts throughout the remainder of the interview.</p> <p>iv) Impact for XXX service users and quality improvement</p>

	<p>Whilst not therapeutic in nature, interviews may provide healing to certain participants. Subject matter may arise during the course of the interview and if it evident that distress has surfaced and participants express suicidal thoughts, they will be personally escorted by myself to local A&E support. Any other levels of distress will have participants directed by myself to their GP and/or back to recruitment referring organisation, in this case XXX.</p>
<p>Please describe the benefits of this research to service users.</p>	<p>Positive contribution to arguably much needed research. Opportunity to as former users, potentially assist others currently using Club Drugs.</p>
<p>Please describe how participation in this project might place service users or staff at any risk.</p>	<p>The interview may elicit difficult memories or prompt hitherto unspoken memories. Should this be the case and distress be vocalised by the participant, protocols will be followed though, per those outlined above in iv) under 'Abstract of Research'.</p>
<p>Is this a clinical trial?</p>	<p>No</p>
<p>What are the funding arrangements? Please state if you are seeking financial support for your project. If funding arrangements are in place please provide evidence of this with your application.</p>	<p>The research project is completely self-funded, thereby all rewards to participants are covered by myself. These include, namely a £20 Marks & Spencer voucher and all reasonable transportation costs.</p>
<p>Commercially Funded research If the research is sponsored by a commercial agency please</p>	<p>Contact Name: n/a Telephone: n/a E-mail: n/a Name of Company/Organisation: n/a On what basis is the agency funding the research? (per patient, fixed</p>

<p>complete this section and enclose any relevant information with your application.</p>	<p>fee etc.)? n/a</p>
<p>Which body has provided ethical review? e.g. University /IRAS Please submit evidence of this with your application.</p>	<p>City University London Psychology Department Research Ethics Committee</p>
<p>Please provide details of the indemnity arrangements (insurance) for the project.</p>	<p>Professional Indemnity Insurance with Howden Policy holder: (redacted for data protection purposes) Customer Reference: XXXXXX Indemnity Limit: £3.000.000 Public Liability: £10,000,000</p>
<p>Timetable. Please indicate dates at which you are planning to commence the research activities.</p>	<p><u>1.1.1.1.1.1.1</u> <u>1.1.1.1.1.1.2</u> <i>Start Data Collection: immediately</i></p> <p>End Data Collection: once required number of participants secured (proposed September 2016 latest)</p> <p>Data Analysis: commenced</p> <p>Write Up and Dissemination of findings: no later than September 2017</p>
<p>How will the results be disseminated? (e.g. peer reviewed journal, conference presentations)</p>	<p>Results will be disseminated on request to research participants as well as prospectively published in peer review journals. All participants' details will be anonymised.</p>
<p>If you require the involvement</p>	<p>Service users will be asked to attend interview at City University London and to participate in a ninety-minute interview. Having previously used Club Drugs they will be asked questions</p>

<p>nt of XXX staff, service users, peer mentors, volunteers in your research please clearly state the reason for their involvement.</p> <p>If they are not to be involved please state this.</p>	<p>about their fathers.</p>
<p>Please provide details of additional non-XXX staff to be involved (if any) and the reason for their involvement.</p>	<p>Research supervisor for the project: (redacted for data protection purposes), City University London.</p>
<p>Progress reports If you answer no, please provide additional information</p>	<p>Please confirm that you will report to XXX on the progress of your research at appropriate intervals to be determined by XXX?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>Research findings If you answer no, please provide additional information</p>	<p>Please confirm that you will share your research findings with XXX on completion of your research project?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

For internal use only

Application checklist

All sections of application form completed as required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details of funding arrangements enclosed (where applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proof of ethical review enclosed (where applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Agreement to report on research progress to XXX	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Agreement to share research findings with XXX	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Research Chair Decision	Approved <input type="checkbox"/> Declined <input type="checkbox"/>	Research Tracker updated: Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Comments (if applicable)		
Research Code (assigned on approval):		
Project completion date:		

5.12 Appendix 12 - Sample Presentation to Ethically Approved Recruitment Sources

(REDACTED FOR COPYRIGHT REASONS)

5.13 Appendix 13 - Transcription Company Confidentiality Agreement



Transcription Confidentiality Agreement

DPsych Counselling Psychology

I hereby affirm that all transcription undertaken on behalf of candidate:

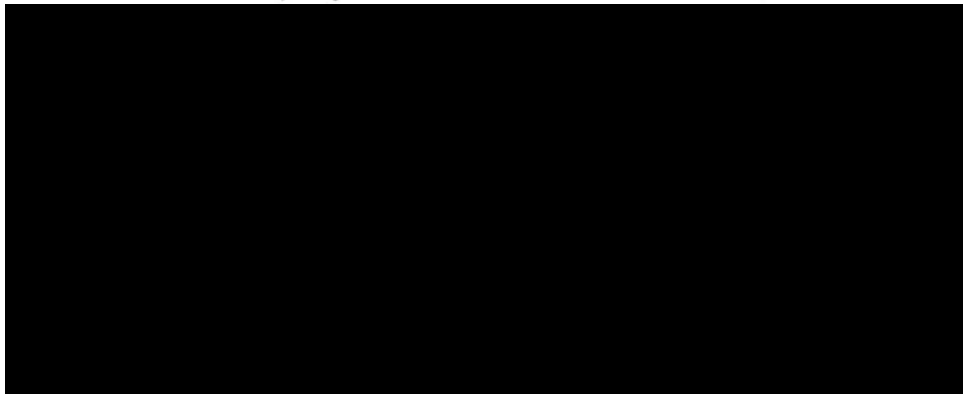
Mr. Neil Dickens

will be treated with the utmost confidentiality.

I will not circulate audio recordings or transcriptions to any party other than the aforementioned.

Sincerely,

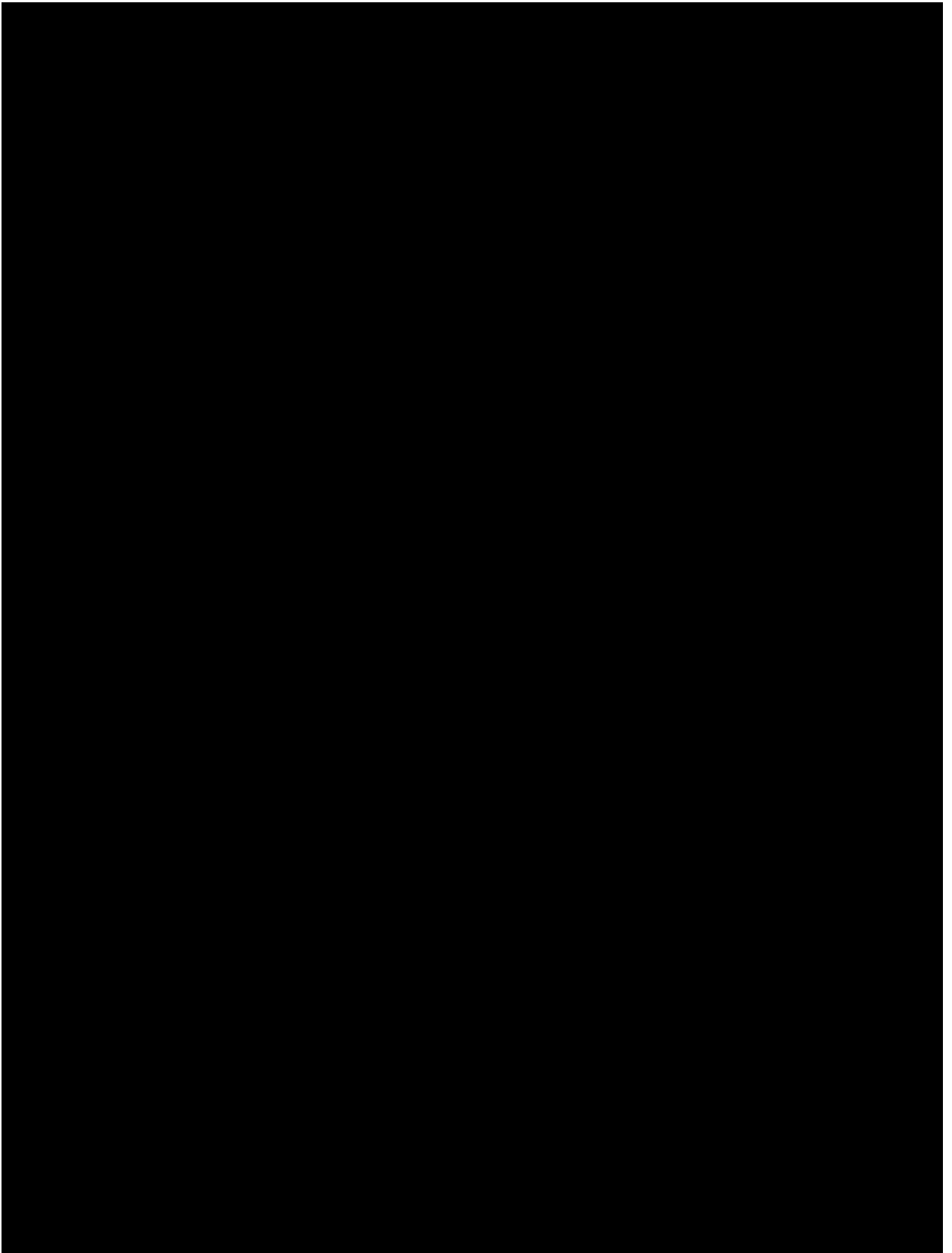
Ms. Tanja Drayton



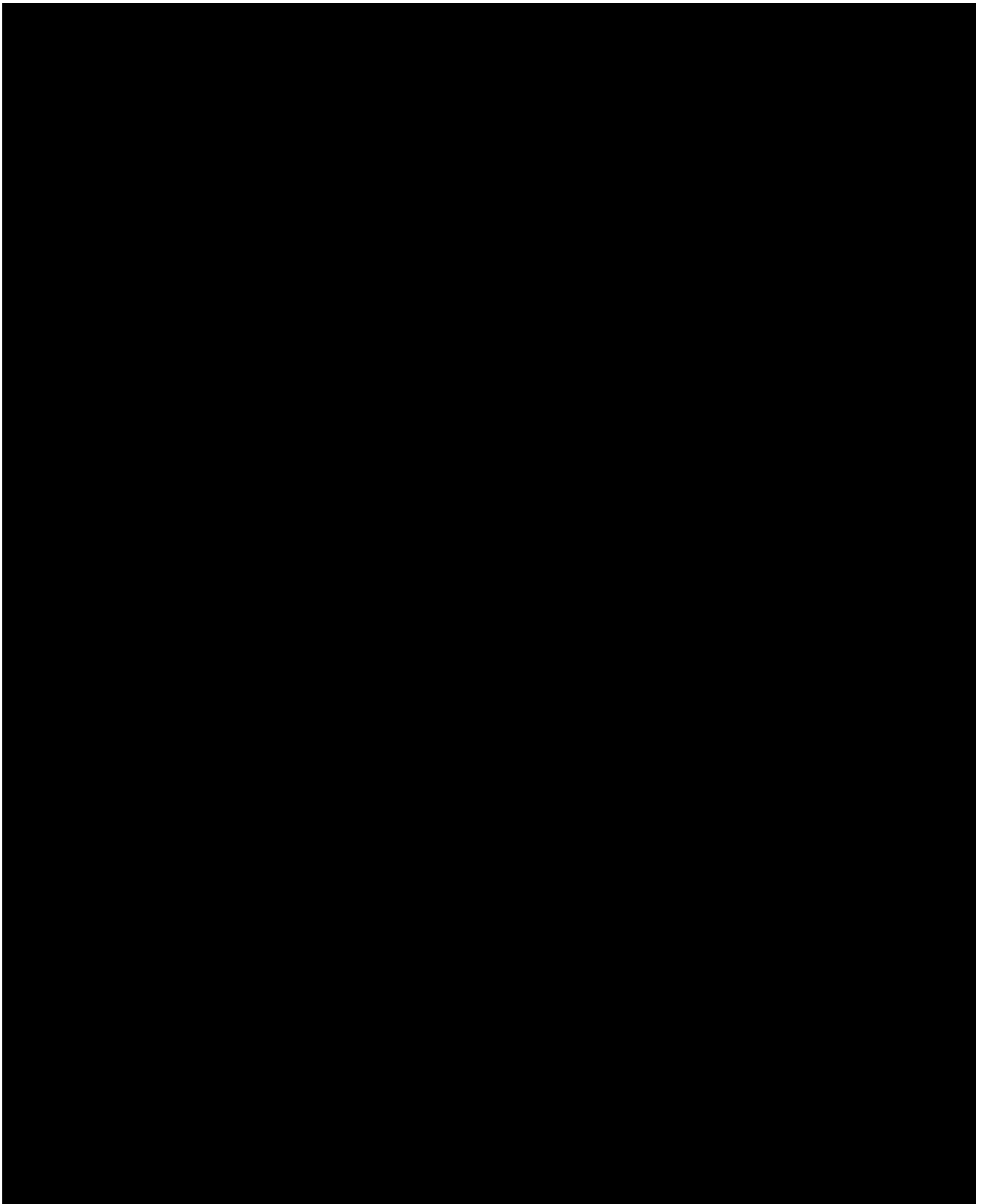
5.14 Appendix 14 - Sample IPA Analysis Grid

No.	Themes	Original Transcript	Descriptive, Linguistic, Conceptual Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
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26			
27			

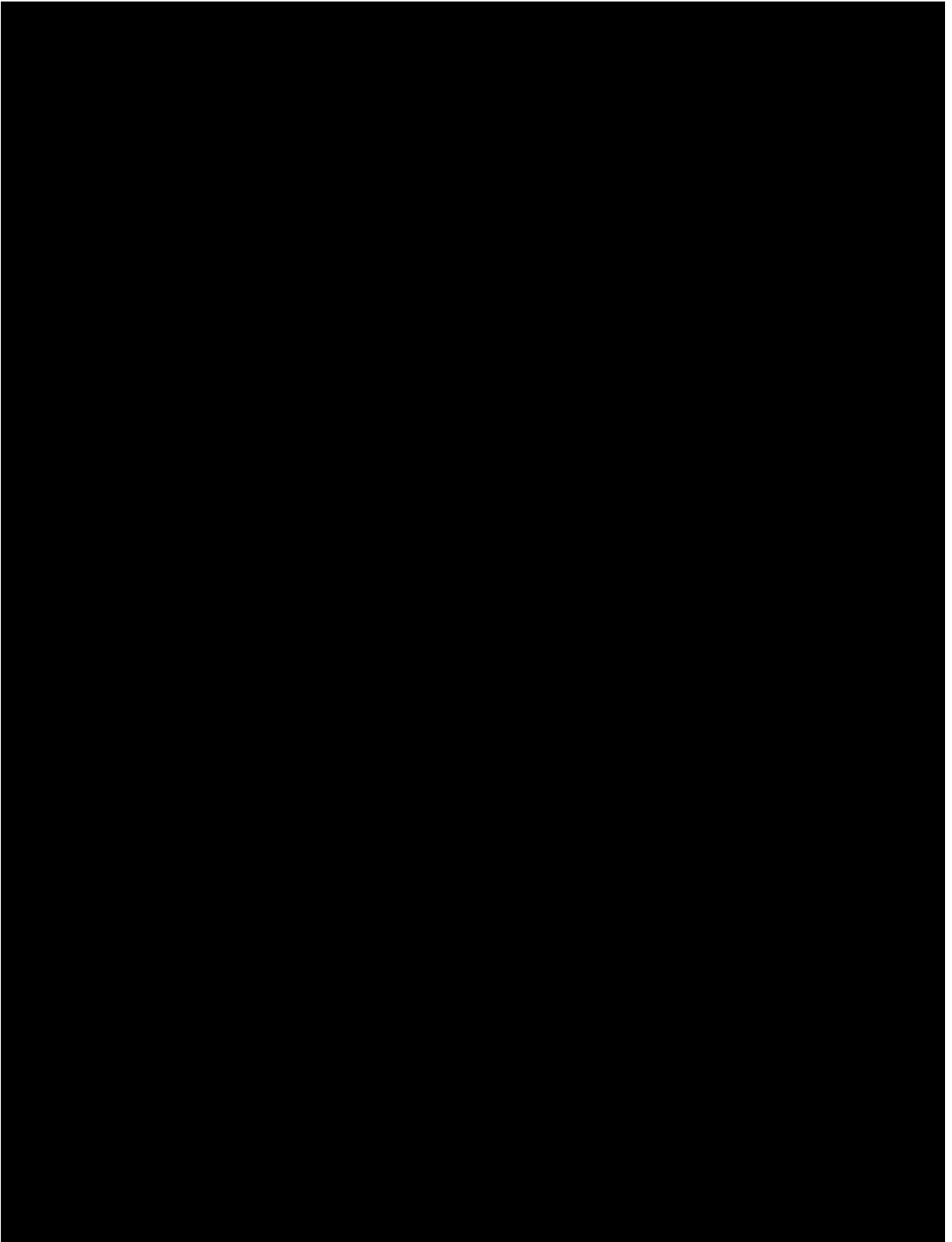
5.15 Appendix 15 - Sample of IPA Analysis (First Page)



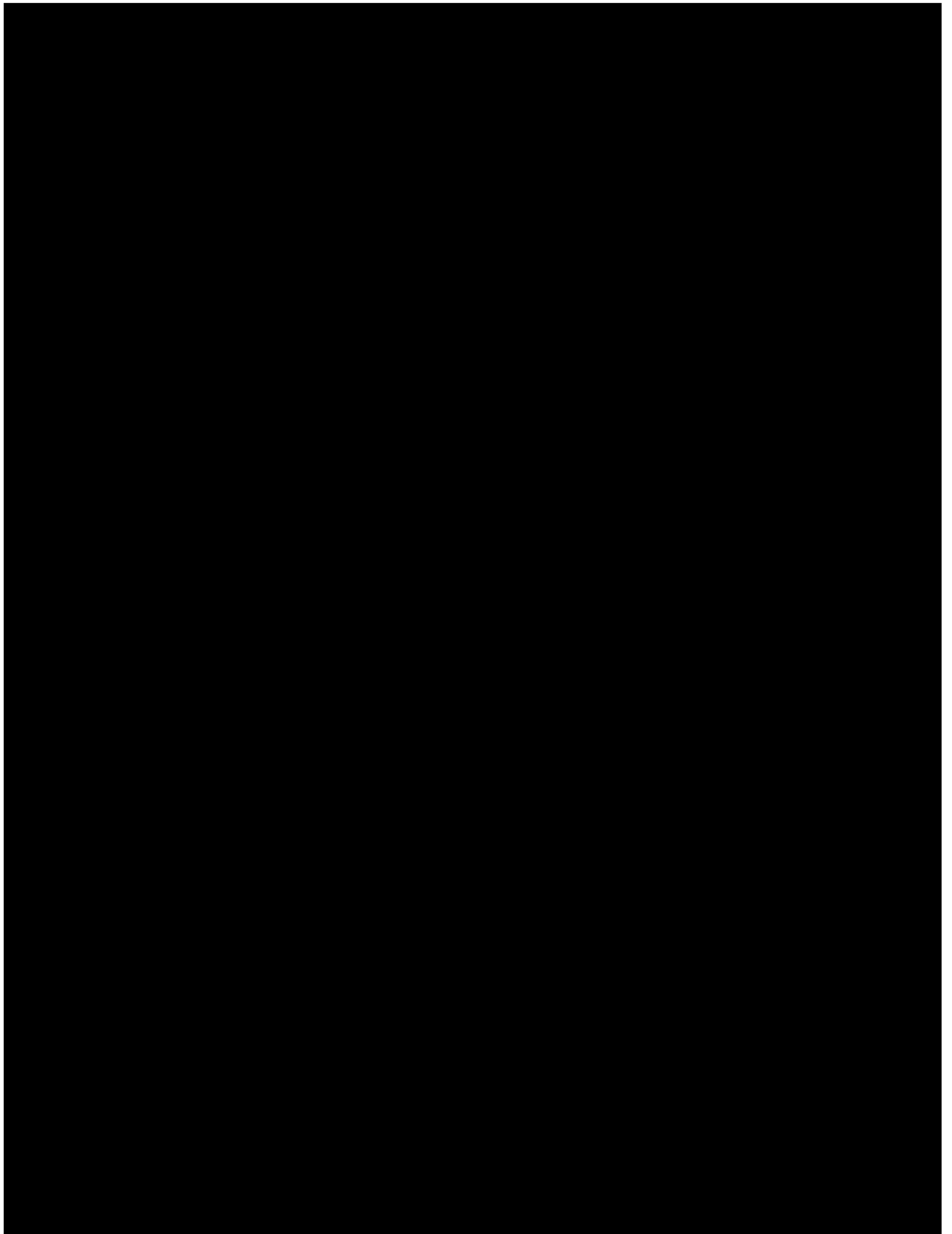
5.15 Appendix 15 - Sample of IPA Analysis (Second Page)



5.16 Appendix 16 - Participant Superordinate Themes



5.16 Appendix 16 - Participant Superordinate Themes (continued)



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copyright and data protection reasons

Part B: publishable article.....306

Part C: case study.....310

Part B: Publishable Article

(REDACTED FOR CONFIDENTIALITY REASONS)

Publishable Article

Love, Paternal:

An Interpretative Phenomenological Analysis of MSM Club Drug Users'

Experience of Their Fathers

Neil Dickens

City, University of London

Abstract

Background: MSM (men who have sex with men) are by far the most prolific users of Club Drugs (Mayer, Colfax & Guzman, 2016), with implications for increased sexual risk-taking and transmission of blood borne viruses (Macfarlane, 2016; Bowden-Jones et al; 2017). Despite the fact that Club Drug taking has been deemed a public health concern (PHE, 2015), there is little research in respect to psychosocial perspectives, specifically parental influence. A literature search to date revealed few studies in respect to MSM drug-users' paternal experience, and none specifically in relation to MSM Club Drug users.

Design & Participants: This qualitative study used Interpretative Phenomenological Analysis (IPA) to explore how six MSM Club Drug-users (at least two months abstinent) perceived the lived experience of their relationship with their fathers. Semi- structured one-to-one interviews provided in-depth material on how participants had made sense of their experiences.

Findings: The following four key themes emerged: 'limitation', which highlighted feelings of inadequacy, shame and judgment; 'emotional disconnection' describing feelings of disturbance, a lack of emotion and disconnection; 'deprivation' where participants described experiences of loss, abandonment and absence; and finally, 'control over' whereby participants experienced their fathers as non-communicative, admired and dominant.

Conclusions: The research findings expand upon the current literature in relation to MSM drug-users and provide counselling psychologists, working with MSM populations, with a broader perspective from which to understand the factors relating to fathers and perhaps Club Drug use.

Keywords: fathers; MSM; Club Drugs; interpretative phenomenological analysis (IPA); drug users; gay, bisexual; abuse; limitation; emotional disconnection; deprivation; control-over

Part C: Case Study

(REDACTED FOR CONFIDENTIALITY REASONS)

Professional Case Study

City, University of London

Loss, Abuse and Dependency:

Systemic Intervention Using Attachment Narrative Therapy

Neil Dickens

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- 1.5 The Presenting Problem
- 1.6 Initial Assessment and Hypothesis
- 1.7 Negotiating a Contract and Therapeutic Aims
- 1.8 Summary of Biographical Details of Client

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- 2.1 The Therapeutic Plan and Main Techniques Used
- 2.2 Key Content Issues
- 2.3 The Therapeutic Process
- 2.4 Difficulties in The Work
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- 2.6 Changes in Hypotheses and The Therapeutic Plan
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PART – E: Genogram