Portfolio Volume 1: Major Research Project

Exploring the Experiences of Mental Health Support for Minority Ethnic Introverts

Esther Sarquah

Student number: 19000417

Submitted to the University of Hertfordshire in partial fulfilment of the requirements of the degree of Doctor of Clinical Psychology

November 2024

Word count: 31,142

(Excludes: title page, abstract and keywords, dedication, acknowledgements, contents page, tables, figures, references and appendices)

DEDICATION

To my sweet daughter, Grace, I hope that when reading this in some years to come you realise that with God there is nothing you set your mind to do that you cannot do. At the same time, you have been my biggest (and most welcome) distraction, and my biggest motivation. As much as I have wanted to spend my time playing with you, taking walks with you and napping with you, I owed it to myself to complete what I had begun. Moreover, it was my intention to make you proud through this work and the potential impact it might have. I hope that whoever you grow up to be, whatever your preferred style is with engaging with the world, you take pride and confidence in doing so. Know that you are always the head and never the tail.

(Deuteronomy 28:13).

ACKNOWLEDGEMENTS

The Gye Nyame symbol, meaning ‘Except for God’. If not for Him, none of this would have been possible.

To my sweet mother, I want to say thank you. You are a blessing. Your encouragement, home-cooked meals and childcare have all been what has made the completion of this thesis possible. The selflessness and sacrifices have not gone unnoticed – thank you.

To my daddy, I also want to say thank you. Knowing how proud you are of me and seeing your sacrifices to make this all possible fills me with gratitude and joy.

To my family and friends who have been on this rollercoaster journey with me. Thank you for your patience with me and endless support.

To Dr Zheng Zhou and Dr Nancy Nsiah, you have made what felt at times like impossible hurdles become possible through your expertise and experiences. I am grateful to have had you both. Also, to Dr Rachel McKail, thank you for your time and support along this doctorate journey, as well as the many reminders that it is okay to consider myself first.

To all those who participated in this study. Thank you for your faith in this work, your time, and your willingness to be vulnerable. Without you, I would have no thesis. Hopefully, this work can be a step towards the recognition you and others deserve.

TABLE OF CONTENTS

LIST OF APPENDICES

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

Introversion, commonly defined as a preference for the inner life, appears to still bear a number of misconceptions. This may be due to the vast amount of literature reporting a correlation between introversion and mental health. Thus, calling into question what is being done concerning mental health support for introverts. The findings of the systematic literature review revealed a scarcity of qualitative literature and literature hearing from the experiences of minority ethnic (ME) introverts. This is important given the lack of appropriate mental health support minority ethnics experience and how intersecting identities may exacerbate those experiences and imbalances of power and privilege. The aim of this study, therefore, was to uncover the experiences of mental health support for ME introverts. An Interpretative Phenomenological Analysis (IPA) of interviews with eight participants provided five Group Experiential Themes (GETs): redefining introversion, systemic and circumstantial determinants, introversion as a necessity vs introversion as a privilege, challenges of accessing help and ingredients for a positive care experience. The findings of this study suggest ME introverts are well-versed in the strengths they possess. Reasons such as cultural and familial beliefs may all influence the autonomy of freedom of expression to be introverted. Moreover, for some, their introverted nature might make it difficult to discern more serious mental concerns, whilst, for others, their minority ethnic identity might make it difficult to receive the quality treatment they deserve. The implications of this study are for mental health professionals within the UK to strive to deliver tailored care, centring the individual as the expert of their own life. In addition, each individual within society to consider their own biases and beliefs so as not to further perpetuate any harm enacted upon this community of people.

Key words: Introvert, minority ethnic, mental health support, mental health challenges

LIST OF ABBREVIATIONS

AACODS	Authority, Accuracy, Coverage, Objectivity, Date and Significance
APA	American Psychiatric Association
BAME	Black and Asian Minority Ethnic
CASP	Critical Appraisal Skills Programme
CBT	Cognitive Behavioural Therapy
CR	Critical Realism
DA	Discourse Analysis
DClinPsy	Doctorate in Clinical Psychology
DSM	Diagnostic and Statistical Manual of Mental Disorders
EbE	Expert by Experience
EPQ	Eysenck Personality Questionnaire
ETQS	Evaluation Tool for Qualitative Studies
GAD	Generalised Anxiety Disorder
GDPR	General Data Protection Regulation
GET	Group Experiential Theme
GT	Grounded Theory
IPA	Interpretative Phenological Analysis
MBTI	Myers-Briggs Type Indicator
ME	Minority Ethnic
n.d.	No date
NA	Narrative Analysis
NEO-PI-3	Revised NEO Personality Inventory questionnaire

NHS	National Health Service
NICE	National Institute of Clinical Excellence
OSAT	Objective Self-Awareness Theory
PAR	Participatory Action Research
PET	Primary Experiential Theme
PTSD	Post-traumatic stress disorder
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
SLR	Systematic Literature Review
TA	Thematic Analysis
UH	University of Hertfordshire
UK	United Kingdom
US	United States
WEIRD	Western, Educated, Industrialised, Rich, and Democratic
WHO	World Health Organisation

CHAPTER ONE: INTRODUCTION

1.1 Chapter Overview

This section intends to provide the context for this thesis, as well as the motivations and positions underlying it. I will share my rationale for investigating the experiences of minority ethnic (ME) introverts and their engagement with mental health support. Following this, I will introduce and explain the language and key terms raised throughout this report to achieve this. Subsequently, I will highlight the epistemological position underlying my approach to doing so. The latter part of this section will highlight and critically discuss the historical context of introversion, the current body of literature and underlying theories underpinning this area of study. Bringing us to understand where the gaps in literature lie.

1.1.1 My Relationship to the Topic

My relationship to this topic, it is my belief, has always been in existence without the conscious awareness necessarily accompanying it. Growing up as the only child to my mother, I first learned to take comfort and contentedness in my own company. In contradiction to this, growing up with an incredibly large extended family meant you could never really be alone. There was always a birthday, a christening to attend, or 'the aunty' coming over to find out the latest gossip under the guise of 'checking in'. Traditional Ghanaian values emphasise collective relationships over the individual; therefore, one could never really decline the company or invitation to socialise. Within Ghanaian culture, being social is the norm and to be expected. As a young child, this rendered no problem, until I grew into my own 'personality' and recognised my desire to be on my own was a preference.

As a young adult navigating life, coming into the fullness of my introverted nature, to my family, this was a problem and a sign of concern (in fact, a cry for help, according to my mother). Societally, I became more and more aware of my differences. Life seemed to favour those with louder, outgoing, gregarious personalities. As a Black woman, it also came to my

attention that society had already placed upon me its' expectations of how I should think and behave, and thus, again, it appeared I was a disappointment.

As an adult navigating life and now also a mother, I am learning to feel proud of my natural way of being. I have learned to distinguish what I am uncomfortable with vs what society (including my family) may be uncomfortable with and not to conflate the two or even internalise the latter. It is my belief society still has some catching up to do in terms of understanding the intersectionality that exists between personality and ethnicity. Moreover, as a trainee clinical psychologist working within mental health systems and settings in the United Kingdom (UK), I have witnessed a lack of recognition for one's introverted ways from professionals, families and subsequently, even children and young people themselves. There stands a chance some introverts have adopted the belief that 'something is wrong with them', often held by others. As a result, have found themselves on paths they should not have been on.

Now, as a to-be clinical psychologist, it was important to utilise this position of privilege and power to provide a platform to those who may not have necessarily had that opportunity to share their experiences. It was difficult to ignore an issue I still struggle to navigate to this day. It finds itself present in almost every aspect of my life, whether at a family function, team discussions at work, or in the mother and baby groups I occasionally manage to convince myself to attend. Therefore, I can only imagine the battle others might be facing because of their preference for this way of life. I cannot not (attempt to) do something about it.

1.1.2 Epistemological Position

Epistemology can be understood as the exploration of what is knowledge (Goldman, 2003; Pritchard, 2016). In other words, how we know something to be true and the justification for this. In my search to understand epistemology, I found myself getting lost in

the diversity of epistemological stances one could hold. I felt myself aligning to different stances at various points on my journey with this thesis. Nevertheless, in considering the intention behind this thesis, which is to provide a platform to share the experiences of those who hold multiple identities, I found myself leaning towards the position of Critical Realism (CR). Although rooted in the field of ontology, which seeks to understand existence, according to Grace and Priest (2015), CR also explains how reality can come to be and so takes an epistemological stance.

CR, first developed by Roy Bhaskar (1975) and other social theorists (Gorski, 2013), holds the notion there is an objective reality that exists, however, outside of human understanding or awareness. Grace and Priest (2015) suggest in CR reality is subject to variation as the "processes, by which we understand it – perception and language – are more like mapping tools than direct representations" (p. 207). As such, CR also falls in the category of relativist ontology in that it recognises the variance of human experiences. Interpretative Phenological Analysis (IPA), the method utilised within this study, speaks to the dual nature of CR in that the experiences gathered through this study highlight the subjectivity of human experiences. On the other hand, similarities across accounts of those experiences may begin to offer up a reality taking shape. As mentioned above, my decision to engage in this line of research was one fuelled by personal motives and professional experiences. The position of CR works in harmony with IPA due to the acknowledgement of the importance of our own context and how much it can shape our lenses (Smith et al., 2009); therefore, bracketing in IPA informs readers of the lens in which I hold (Donalek, 2004).

1.1.3 Language and Key Terms

This thesis will be written in the third term, where possible, and except for any reflective accounts (which will occur in the first person and italicised to distinguish this from the core text). The intention of using the third term is to keep in line with the CR position, in

the sense that human experiences are highly subjective and interpreted by the lens through which things are viewed. Therefore, by creating distance between myself and the research, through the use of the third person, I indirectly bracket my experiences (in keeping with IPA) and create room for the reader to come in and make whatever sense of what is being shared they may. The context for the choice of terms and their meanings are detailed in Table 1 below.

Table 1

List of key terms utilised throughout the thesis, their reasonings and definitions

Key term	Definition and associated terms
Minority ethnic	Ethnicity can be described as "shared cultural experiences, religious practices, traditions, ancestry, language, dialect and national origins" (Law Society, 2023). For the purposes of this study, the term 'minority ethnic' will be used to describe individuals who aren't indigenous to the UK (Aspinall, 2002) and who identify as non-white. Meaning those who identify as Black, African, Asian, Brown, dual-heritage, or indigenous to the global south. The term 'global majority' may also be used interchangeably as it speaks to these individuals from a position of strength and provides an accurate perspective of the current global context (Campbell-Stephens, 2020). Black and Asian Minority Ethnic (BAME) was not utilised as it fails to capture the diversity that exists both between and within those who identify as non-white (Campbell-Stephens, 2020).
Mental health challenges	Mental health challenges, often used synonymously with mental health problems has been described as a difficulty with how someone may frequently think, feel, react, or even feel these things are impossible to cope with (Mind, 2017). Terms such as 'mental disorders' and 'mental illnesses are often used in its place; however it is important to note these terms are indicative of more severe illness or even disorders related to physiological symptoms and underlying biological challenges (Leighton, 2009). There has also been literature (Cattan & Tillford, 2006,) to suggest some individuals and cultures attach stigma to the label of mental illness and disorder. Therefore, for the purposes of this study, mental health challenges or problems will be used as it is less stigmatising. This will be used to describe experiences related to both adverse life events and more severe disorders (Leighton, 2009).

Personality	Personality is regarded to as something fixed and unchanged (De Fruyt et al., 2006), as well as an 'innate blueprint' (Burns, 1999; Keirsey, 1998). In much simpler terms, Clark (2005) and Keirsey (1998) regard personality as someone's natural tendency to interact with the environment. The two most common personality types, discussed within this thesis are introversion and extroversion (to be defined in the coming sections). Throughout this thesis, the term 'personality type' may be used synonymously with the term personality 'traits', which also describe differences between individuals as a result of how they behave, feel or think (Ashton, 2018). Whilst the focus of this thesis is on introversion, the term personality may also be used, although it will not be used in reference to any of the other personality types (meaning outside of introversion or extroversion; Ashton, 2018).
Society	The term 'society' will be commonly referred to throughout this thesis. This can be understood as "A group of individuals, all of the same specifies, in which there is some degree of co-operation, communication and division of labour" (Oxford Reference, n.d.-a). Although this thesis was conducted in the UK and consequently might refer to society within the context of the UK, there may be instances where the term is used to refer to cultural-specific or country-specific societies outside of the UK. Where possible, UK society and countries within the Global North will instead be referred to as 'Western'. Society may also be used interchangeably with culture, which, according to Matsumoto (1996), is defined as "The set of attitudes, values, beliefs, and behaviors shared by a group of people, but different for each individual, communicated from one generation to the next" (p. 16).

1.2 The Context and Overview of Theoretical Underpinnings

1.2.1 Defining Introversion

Figure 1

Synonyms of 'introverted' (taken from Merriam-Webster [n.d]. and Theasaurus.com [n.d].)

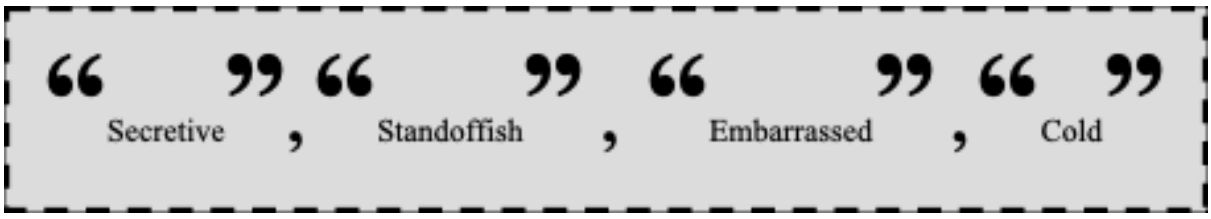


Figure 1 details the terms still being associated with introversion today, and as one can imagine, can create room for huge misinterpretation and misunderstanding of what being an introvert may truly mean (Noya & Vernon, 2019). In today's language, introversion has been defined as:

> *An enduring personality trait characterised by interest in the self rather than the outside world. People high in introversion … tend to have a small circle of friends, like to persist in activities once they have started, and are highly susceptible to permanent conditioning (Oxford Reference, n.d.-b).*

Psychology Today (n.d.) has also defined introversion as "a basic personality style characterized by a preference for the inner life of the mind over the outer world of other people." As Fudjack (2013) suggests, these definitions share an underlying theme of introverts typically acquiring their energy from inner sources, something also acknowledged by Susan Cain (2012).

Since her New York Times best-seller book, Quiet: The Power of Introverts in a World That Can't Stop Talking (2012), it has become difficult to discuss introversion without referring to the work of Susan Cain. Cain (2012) has defined introverts to be those who need less external stimulation, are more thoughtful in their communication and prefer quietness.

Her work raised awareness to society's perception of introverts as ‘second-class citizens’, as well as introversion being likened to “somewhere between a disappointment and a pathology” (Cain, 2012, para 3). Although the work of Cain (2012) has popularised and attempted to normalise introversion, it is important to acknowledge that as a white American woman, Cain’s description of what it means to be introverted may be limited and fail to capture all that may come with being an introvert; experiences potentially shaped by one’s cultural background or ethnicity.

This section began by defining introversion as it is easy to undermine the amount of power that accompanies the use of language. The negative terminology still being ascribed to introversion is indicative of more work needing to be done, beyond what has been achieved by Cain, to eradicate the stigma and stereotypes held towards introverts (Faitz, 2012; Noya & Vernon, 2019). To understand where this negative narrative surrounding introversion might have come from, it is important to further consider the origins of introversion and the concepts of personality and extroversion.

1.2.2 Tracing the Origins

These definitions and descriptions of introversion are somewhat modernised versions of the original definition devised by Carl Jung in 1910. Jung describes introversion as the libido detaching and isolating the personality from external reality. This term, along with extroversion, was developed by Jung as core parts of a personality; first introduced through his presentation paper in 1910 titled ‘Psychic Conflicts in a Child’. Jung suggested introverts prefer the inner world, ideas and concepts and that they are concerned more with experience, introspection and observation (Faitz, 2012). According to Harrigan (2010), both these terms refer to how one might survive and adapt.

It is next to impossible to describe what it truly means to be an introvert without explaining what it means to be an extrovert, what introversion is not (Faitz, 2012).

Extroversion has been described by Jung (1910; 1971) to be someone who primarily gathers energy and derives meaning through external sources, whereas the introvert tends to seek sources from within. Fudjack (2013) suggests that extroverts thrive and recharge by being amongst people, in comparison to an introvert who may achieve this through time alone. As a former colleague of Sigmund Freud, Carl Jung's work sparked off correspondence between Jung and Freud, and Freud expressed his view that introversion is pathological in nature (Geyer, 2012). Seen as the 'Father of Psychotherapy', Freud's viewpoint seemed to be more readily accepted within the field of Psychology (Fudjack, 2013). This may potentially explain Jung some years later adopting a similar position to that of Freud and in 1914, Jung delivered a presentation paper, in which he associated introversion with psychasthenia (disorders related to phobias; Coriat, 1911; Geyer, 2012).

For the context of this thesis, it is relevant to understand the wider context surrounding Carl Jung and his ideas. In more recent literature, it has become known that Jung held ideas around introversion and other psychological constructs that have now come to be understood as upholding racism, colonialism and white supremacy (Dalal, 1988; Neuroskeptic, 2019; "Open Letter," 2019). His writings refer to Black and Asian individuals as 'primitives', implying people of a lesser status. Explicitly stating the Black adult is equivalent to that of a monkey and a white child in his writings (Dalal, 1988). Jung (1971) also considers the 'primitive' as being undifferentiated and barely conscious, which is concerning especially when reading the below text from his work regarding individuation (the development of the personality):

> *It is the process by which individual beings are formed and differentiated; in particular it is the development of the psychological individual as a being distinct from the general, collective psychology. Individuation, therefore, is a process of*

> *differentiation, having for its goal the development of the individual personality (Jung, 1971, p. 448).*

It is, therefore, important for the context of this thesis the term introversion be held as loosely as possible in connection to how it had initially been defined and introduced into society. Based upon Jung's beliefs, it would appear that Black and Asian individuals (and potentially other minority ethnics) are not capable of developing an individual personality, which, according to Jung, the European (white) race has "left the place of collectivity" long ago and are much "more evolved than the black race" (Dalal, 1988, p. 275). This also calls into question whether a concept that may potentially be deep-rooted in racist ideologies should be associated with individuals holding non-white ethnicities.

1.2.3 Personality Testing

After Jung's proposal, Myers and Briggs (1962) introduced the first personality standardisation test. The mother-daughter duo is credited for creating the Myers-Briggs Type Indicator (MBTI), a 16-item tool that objectively identifies personality types (Myers & Briggs, 1962). Some have suggested this test was created to help women identify jobs best matched to their personalities (Fudjack, 2013), while others believe it was created to improve the working dynamics between healthcare professionals (Allen, 1994).

Amongst some of the criticisms received for the MBTI is its lack of scientific credibility (Burnett, 2013; Macabasco, 2021). Moreover, it has been regarded as reductionist due to its attempt to categorise individuals as one or the other without acknowledging the middle ground (Grant, 2013). Despite this, the MBTI continues to be one of the most commonly used tools within companies, especially for recruitment (Burnett, 2013).

It is within the context of recruitment that the test has been called out for being discriminatory in nature. It has been demonstrated to exclude people from employment offers on the basis of certain answers selected on the test. Employers are also reported to determine

whether someone has mental health difficulties, or some other 'undesirable' characteristic based upon responses to the test (Longman, 2021). Longman (2021) suggests that the MBTI was based on white, male and educated populations, which may mean data obtained from this test are likely to have been biased (Longman, 2021). This has been highlighted as it serves as the reason self-identification as an introvert is important. The term 'introvert' is deeply rooted within history and a culture that still promotes discriminatory, racist and ableist beliefs, as mentioned (Dalal, 1988; Neuroskeptic, 2019). Moreover, the term seems to be used interchangeably with words that suggest one might have mental health difficulties, which further adds to the misconceptions surrounding what it means to be an introvert. Self-identification might be viewed as a stance against not wanting to align with tools designed to separate and label individuals as 'abnormal' vs 'normal'.

1.2.4 The Pathologisation of Introversion

Since the time of Jung, some psychologists have continued to reinforce the narrative of introversion being pathological. William McDougal (1923) disagreed with personality only consisting of two types, although also held a pathological view of the introvert. Similarly to McDougal (1923), Hans Eysenck approached the concept of introversion from a pathological lens (Faitz, 2012; Fudjack, 2013) and attributed introversion to a biological and physiological trait (Eysenck, 1967). Faitz (2012) has suggested that Eysenck's work is seen as controversial due to the terminology used in his original writings not necessarily carrying the same meaning in today's modern world. Faitz (2012) believes individuals reference his work without fully comprehending the original context. Therefore, people (potentially unknowingly) further reinforce the stereotypes associated with introversion (Fudjack, 2013).

The idea of introversion being the 'wrong' personality type to have, or being pathological, could be further reinforced through literature highlighting a relationship between mental health and introversion (Balder, 2007; Cheng & Furnham, 2002; Kawachi &

Berkman, 2001). In a 2001 study by Bienvenu et al., introversion, in addition to age, gender and neuroticism, moderated the prevalence of comorbidity between phobic, panic and depressive disorders. Further support from this study has come from the work of Fadda and Scalas (2016) and, more recently, Wei (2020), who found that introverts were more likely than extroverts to experience loneliness, depression and anxiety despite being socially isolated as a result of the Covid-19 pandemic.

1.2.5 The Relationship Between Mental Health and Introversion: OSAT

Findings for the correlation between mental health and introversion might be explained through the Objective Self-Awareness Theory (OSAT), created by Duval and Wicklund (1972). The theory highlights how an individual can become the subject of their consciousness when their attention is directed towards themselves. This then leads to evaluation as the individual begins to compare themselves to standards, which have, in other words, been defined as "correct behaviour, attitudes and traits" (Duval & Wicklund, 1972, p. 3). If there are differences between the self and the standard, this is said to leave a negative evaluation of the self, and in such instances, an individual might seek to change this so there is no longer a discrepancy. Other responses to this discrepancy may include avoidance, therefore eliminating the need to evaluate anything altogether (Silvia & Duval, 2001).

When relating this theory more specifically to introverts, they are more likely to be aware of their consciousness as they are more attuned to their thoughts and internal feelings (Van Gundy & Schieman, 2001). This self-awareness might lead them to then compare their behaviours and mannerisms to societal expectations, which in countries such as the UK, favouritism is generally shown for extroverted traits (Cain, 2012). As highlighted by the theory, this might, in turn, lead to awareness of a discrepancy, generating negative emotional states. In some cases, these emotional states might manifest into more severe mental health difficulties (Balder, 2007).

Support for this theory has come from Gibbons, who, in 1990, conducted a study demonstrating that individuals placed in front of a mirror began to experience more negative emotions towards themselves. In addition, in Ickes et al. (1973) study participants who were allocated to the high OSA group (i.e., required to look at themselves in the mirror whilst completing the questionnaire) and 'the bottom of a social hierarchy', rated themselves lower in self-esteem. This was compared to those placed in the low OSA condition (i.e., no mirror was present whilst completing the questionnaire). It is important to note that Ickes et al. (1973) study raises ethical concerns regarding the psychological impact that might have been caused to those individuals assigned to the lower social hierarchy group who received negative feedback. However, if anything positive can be taken from this study, it is that it raises an important question of whether the OSAT is particularly salient for those already made to feel different by society, including those subjected to discrimination, racism, stereotypes, abuse and/or hate.

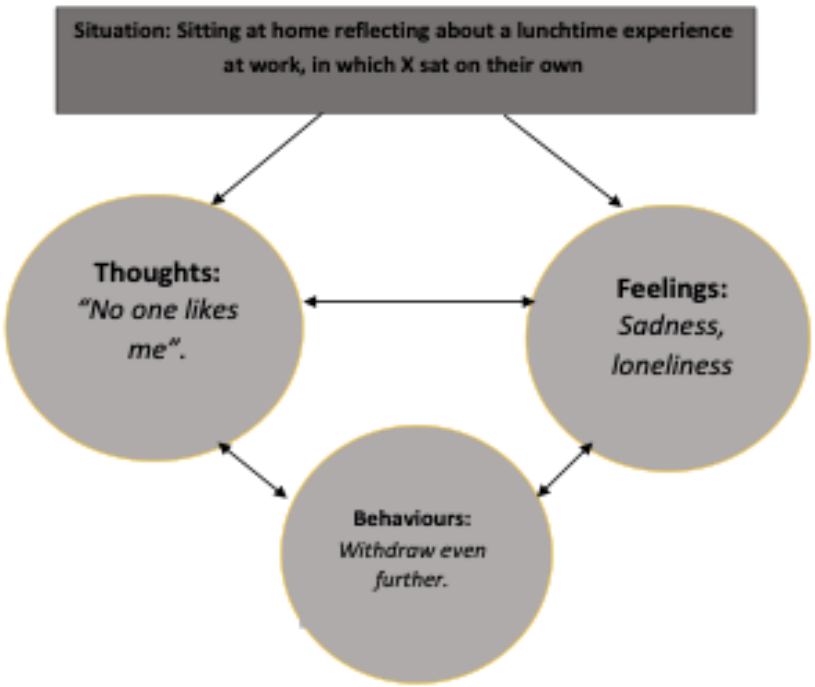
Another key tenet of the OSAT is that individuals may be drawn to modify their behaviours and conform to standards to reduce the discrepancy and therefore any internal distress this might evoke for them. This idea can also be supported by the Cognitive Behavioural Therapy (CBT; Beck, 1964) model, which highlights the relationship between one's thoughts, feelings and actions (Dobson & Dobson, 2009; Dobson & Dozois, 2001). As highlighted in Figure 2 below, this model suggests that someone placed in an unfavourable situation may begin to have thoughts such as 'no one likes me', causing them to feel negative emotions, such as sadness. This might in turn lead the individual to withdraw even further to reduce the discomfort caused by their feelings. In some instances, an individual may alter their behaviours to fit in with their beliefs that they will be liked more or appear perfect, thus reducing the chance of any negative effects or any evaluation (as

suggested by OSAT). In the case of introversion, this may be believing they need to behave more extroverted to be accepted, i.e., in line with the extrovert ideal (Cain, 2012).

This could explain the findings that introverts are more likely to develop more mental health difficulties. An introvert who is led to withdraw even further from work experiences and their day-to-day life might find themselves experiencing loneliness or sadness more. Balder (2007) speaks to the possibility of low self-esteem emerging, along with feelings of shame and self-doubt. This might be supported by the findings that introverts described feeling misjudged and mislabelled by others as awkward, aloof, shy, and not a natural leader (Oram, 2016).

Figure 2

CBT example model highlighting the cycle in response to lunchtime at work.



1.2.6 The Relationship Between Mental Health and Introversion: Ecological Systems Theory

A challenge with the model of CBT is its centring of the individual as the reason for their distress. The model, in some ways, suggests that an individual's failure to control or

alter their feelings, thoughts or behaviours towards a situation may further reinforce the cycle. Nonetheless, in many instances, individuals are positioned by systems and societies which drive a person to respond to survive.

Regarding introversion, this may be living within a culture that pathologies their way of life (Fudjack, 2013), leaving them little choice but to hide their introverted ways or disengage from society. This position can be supported with Bronfenbrenner's (1979) ecological systems model, which highlights how individuals can be impacted by their surrounding systems and the interactions within those systems. At a micro level, individuals could have friends, family members, or healthcare professionals who respond negatively or fail to consider their introversion, which in turn could leave an individual feeling negative emotions such as sadness, loneliness (Cheng & Furnham, 2002), as well being misunderstood (Oram, 2016).

1.2.6.1 Cultural views of introversion

In considering the impact of the environment even further, at a macro level (Bronfenbrenner, 1979), some cultures appear to demonstrate favouritism or preferences for the extroverted type (Cain, 2012) or the introverted type, which could contribute to how 'comfortable' an individual may feel expressing their introversion. Within some Western cultures extraversion tends to be held in higher regard (Keirsey, 1998), while the introvert has been considered a second-class citizen (Cain, 2012). In countries such as Finland, Korea and China, qualities associated with introversion tend to hold higher value (Miller, 2009; Sallinen-Kuparinen et al., 1991). Lucas et al. (2000) suggested that individualism (i.e., acting in the interest of oneself, Kim, 2014) is praised in Western cultures such as the UK, as people attempt to distinguish themselves from others. In comparison to non-western, the global south or collectivistic cultures, in which duty and harmony are emphasised.

This may mean the function of social gatherings and the ways in which people demonstrate positive emotions within these two types of cultures may differ. Lucas et al. (2000) suggest individualistic cultures may demonstrate 'fun' behaviours in social settings, more aligned with the behaviour of the extrovert, seeking to stand out. Collectivistic cultures may be driven by responsibilities and roles in these situations, influencing how 'present' and harmonious a person appears to be. Thus, favouring the behaviours of the introvert.

It is important to acknowledge how binary and reductionist this can appear within the context of today's modern world. Furthermore, that not all collectivistic cultures may value introversion (Bartram, 2013; Wittwer, 2024), and within-cultural differences can exist. Migration has resulted in a diverse background of cultures and individuals within one geographical region. For example, London (within the UK) is reported to be one of the most ethnically diverse regions (Office for National Statistics, 2021). This may raise the question of whether countries such as the UK continue to privilege the extroverted type (Cain, 2012), even given that those residing in the UK may hold differing personality traits. Furthermore, this brings into question what the experiences are of those within the UK of minority ethnic identity and who also identify as introverted, living within a country that holds extroverts in high regard.

1.2.6.2 The minority ethnic experience of introversion

In a study exploring the experiences of minority ethnics student studying in China, personality was considered to have an important influence upon the student's experience of China (Du, 2018). For example, one student reported finding it difficult to make friends with Chinese people due to the student's introverted nature getting in the way. Although it should be acknowledged that for some other introverted students, their prior cross-cultural experiences aided in their ability to adjust to the Chinese culture and make friends. These findings might come surprising as Chinese individuals have often been regarded as

introverted (Miller, 2009), however it evidences the within-cultural differences that can exist, as well as the importance of understanding human experiences in depth to seek out individual views, which can often be missed by quantitative studies.

Despite the emergence of research such as this from the global south and cross-cultural literature on introversion (Munteanu, 1995; Zong et al., 2008), within the UK, empirical studies concerning the experiences of minority ethnic (ME) introverts are lacking-to-non-existent. Individuals have nonetheless taken to other means, such as blogging and social media to share their experiences as ME introverts. One individual has shared the likelihood as a ME introvert of being even more overlooked and undervalued, due to existing within a 'White society' and also an extroverted one. She speaks to the emotional labour that comes within having to operate within high activity events, which also accompanies "disproportionate whiteness" (Inhisownterms, 2019).

Similarly, in another blog, microaggressions and misconceptions were highlighted as a consequence of being a black introverted woman. In this individual's experience with her workplace, she found herself having to fight stereotypes of being the angry or loud black woman due to being quieter in her nature (Lewis-Oduntan, 2023). This raises the question of what the impact is upon the mental health of these individuals holding dual identities as minority ethnics and as introverts. As highlighted by the ecological systems theory, cultural beliefs and norms of how individuals or groups of people are expected to act can impact the development and wellbeing of individuals (Bronfenbrenner, 1979).

1.2.7 The Relationship Between Mental Health and Introversion: The Observable Behaviours Appear Similar

Another potential reason for the correlation found between introversion and mental health may be that the observable behaviours between introversion and particular mental health difficulties appear similar. Some of those characteristics one might observe with those

who appear introverted may include being surrounded by fewer or smaller support networks (Kroeger & Thuesen, 1992; Swickert et al., 2002). In fact, it has been suggested that introverts are more likely to only disclose to a relative few, and to develop relationships that are longer lasting (Balder, 2007; Kroeger & Thuesen, 1992). Tieger & Barron-Tieger (2001) suggest this is due to introverts giving more consideration to what they say and do (Balder, 2007; Kroeger & Thuesen, 1992; Keirsey & Bates, 1984).

Some of these behaviours described above can also be observed in those who are said to be socially anxious, experiencing social anxiety disorder, or any of the related anxiety disorders. Anxiety disorders have been defined as:

> *A marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way that will be humiliating or embarrassing. (*American Psychiatric Association [APA], 2013)

In addition, those experiencing depression can isolate themselves in response to their feelings. Depression has been defined by the World Health Organisation (WHO; 2000) as "Low mood or loss of pleasure or interest in activities for long periods of time". It is one of the most prevalent mental health conditions (Truschel, 2022), which tends to be used synonymously with sadness, although different in its duration and intensity.

One commonality between introversion and mental health challenges such as anxiety and depression, and therefore easy to conflate, is the need to self-preserve (Harrigan, 2010), which can appear as social withdrawal. Whilst in the case of social anxiety, this might be due to fear from a perceived threat or danger, for those considered to be introverts, this may be the need to preserve their energy. For introverts, this tends to be by spending time on their own (Cain, 2012; Laney, 2002; Tieger & Barron-Tieger, 2001). Whilst it may be an introvert

subconsciously entering into a self-preservation mode, to others, this could appear as an avoidant, or in other words, socially anxious individual.

"*Introversion is your way… social anxiety is in your way****"*** (MedCircle, 2020).

Another clear difference between introversion and mental health challenges, such as social anxiety disorder and depression, is that of preference or, in some literature, motivation (Condon & Ruth-Sahd, 2013; Miller, 2009). An introvert may not want to interact with strangers, interact with a smaller group of people, or choose to spend their time in their own company; all out of preference. In most cases, the preference is to preserve their energy (Cain, 2012; Harrigan, 2010; Jung, 1910). Whereas those experiencing depression or anxiety, may in actuality want to be more sociable or engaged with their environment, however, the fear of judgement or disapproval hinders one from doing so (Condon & Ruth-Sahd, 2013), reflected by the quote above from MedCircle. For introverts, their preference to be on their own may be what Western society sees as unacceptable or abnormal. This can be supported by literature which has found that introverts are not more likely than extroverts to develop mental health difficulties (Duggan et al, 1995; Farmer et al., 2002). Suggesting the problem may lie with their external environment.

In conclusion of this chapter, introversion appears to be deeply enmeshed within pathological beliefs due to, it appears, the work of both earlier and later theorists. In addition, the extensive amount of literature highlighting the correlation between mental health and introversion may further perpetuate these beliefs. Theories such as the OSAT (Duval & Wicklund, 1972) and Bronfenbrenner's (1979) ecological systems theory might be helpful for making sense of these correlations. What remains unclear, although is an understanding of the experiences and support offered to introverts in relation to their mental health.

CHAPTER TWO: SYSTEMATIC LITERATURE REVIEW

2.1 Chapter Introduction

The pathologisation of introversion and the correlation commonly found in the literature between introversion and mental health (Balder, 2007; Fudjack, 2013; Jung, 1910; McDougal, 1923) brings into question what the experiences are for introverts in relation to their mental health support. In addition, little is known about whether mental health services consider aspects of a person's personality within their support. This is important to identify as we're aware that at one point in time being an introvert was considered a diagnosable disorder (Fudjack, 2013), reflecting the potential attitude of the mental health profession and society towards introverts. Moreover, it could be that introverts utilise other means to achieve positive mental health, therefore bypassing the need for mental health services.

"In 2022/2023, 3.58 million people had contact with NHS-funded secondary mental health services" (Baker & Kirk-Wade, 2024, p.19). A stark statistic and, in one's opinion, 3.58 million too many. More recently, it was reported that 66.5% showed improvements after receiving talking therapy, which means 33.5% did not recover. This might be due to introversion or a person's personality more generally not being considered within support, which is likely given the knowledge that being an introvert within a Western society can impact emotional well-being (Cain, 2012).

Yusupoff (2018) states the following, "The holistic position is that each constituent level of human functioning, from the molecular to the spiritual, is relevant clinically, with opportunities for interventions that are closer to a real-world fit" (p. 15). Suggesting how essential it is for all aspects of a person to be considered within their care. This can be supported by better mental and physical outcomes (Hadley, 2021) when care is approached holistically. Furthermore, the National Institute of Care Excellence (NICE) recommend

within the UK, assessments and management of a range of mental health challenges are done so from a holistic, person-centred approach (NICE, 2011, 2015, 2016, 2018).

This next section presents a systematic literature review (SLR), which is a type of literature review that aims to pull together, synthesise and evaluate literature with the intention of answering a specific research question (Snilstveit et al., 2012). As such, systematic reviews can be useful for identifying what is helpful about healthcare services and for informing future studies (Munn et al., 2018).

This systematic review aims to answer the question, "**What are the experiences of mental health support for introverts?**" Prior to the conduct of this systematic review, a search on Prospero and a general search was employed to establish whether any reviews answering that question existed. However, there were no findings. By highlighting the current literature in relation to this question, the intention is to identify where the gaps are and what the focus of future research should be.

2.2 Methodology

A series of search terms were used between 18th May 2024 to 9th September 2024 in response to the research question. These search terms, which can be found in Table 2, were combined with different Boolean operators and parameters. The overall combination of different search terms deployed can be found in Table 4.

Table 2

Search terms of the SLR used in accordance with SPIDER

		Associated terms/ Synonyms
Sample	Introverts	Introversion, Introver*
Phenomenon of interest	Mental health	Wellbeing, psycholo*, support, therap*, psychological distress, stress, challeng*, help
Design	Interviews	Conversations, discussions, focus group, questionnaire, survey
Evaluation	Experience	View, believ*, beliefs, feel, life
Research type	Qualitative or mixed method	-

2.2.1 Search Strategy

The search strategies took place over the following databases: Pubmed (18.05.2024 and 11.08.2024), Scopus (20.08.2024), APA PsycNet (04.09.2024), ProQuest (30.08.2024 and 07.09.2024) and EbscoHost (which covered CINAHL and Medline; 30.08.2024 and 05.09.2024). In addition to this were supplementary searches using Google Scholar (18.05.2024, 09.08.2024 and 06.09.2024), as well as scanning the reference sections of some selected studies that did not meet the final selection of studies. Although sufficient studies had been retrieved (Shaheen et al., 2023), the search continued, and further grey literature sites were accessed, along with another supplementary search using the same search terms within Table 2 (09.09.2024). Among the many reasons to include grey literature included minimising the bias associated with the selected studies and gaining a more accurate representation of the findings in relation to the question (Paez, 2017).

In effort to keep track of the search and relevant studies at each stage of the review, Covidence systematic review software was drawn upon. This served as a helpful way of keeping track of the reasons why studies might have been excluded or included. The software was used to also produce the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Page et al., 2021), which can be found in Figure 3.

2.2.2 Inclusion and Exclusion Criteria

The studies included in this review were required to include participants who identify as being introverts. This could have been achieved either by taking a formal personality test or by self-identifying as introverted based on one's own reasons or definitions (which were not required to be explicitly stated). The inclusion of self-identification aimed to move away from the discriminatory and pathological historical context surrounding the term introversion (Balder, 2007; Fudjack, 2013), as well as its roots in racist ideologies. Moreover, for those who felt their introversion was not in keeping with any of the current definitions of the term.

This meant that studies solely exploring the experiences of extroverts, as well as those who consider themselves to be ambiverts, were excluded.

As members of the research team all spoke English, only studies written or translated into English were included. This was also due to the limited time and funding constraints in hiring a professional translator. As the research question was to understand the experiences of receiving mental health support, studies which referred to one's mental health or any form of help-seeking were included in the study. As well as those studies which stated the form of support (i.e., therapy, medication, self-help, etc.). Additionally, this could have included informal support, such as talking to friends or family. In consideration of when support for mental health was normalised and became non-mandatory, as well as more accessible for all (Sidi, 2022; Turner et al., 2015). I.e., in keeping with the 1983 Mental Health Act, 1990 National Health Service (NHS) and Community Care Act, as well as the implementation of Mental Health Trusts, this review only included studies conducted after 1990.

In an effort to gather data related to people's experiences, this review was of qualitative studies. This meant quantitative studies were not permitted, although mixed method studies were permitted so long as they captured experiential information. Studies which gathered their data based upon observations or experiences rather than theories, i.e., empirical studies (Bhattacharya, 2008) were included in this report. Table 3 provides a summary of the inclusion and exclusion criteria.

Based upon the search deployed above, 2654 studies were identified, as depicted in the PRISMA diagram (Figure 3). The titles of the studies were scanned to see if they might have potentially been relevant to answering the main research question. Where they very clearly did not, they were excluded, and where there was uncertainty, the abstracts of the study were read. Studies were excluded at this stage for reasons such as clearly being a quantitative study, not focusing on introversion or not focusing on understanding experiences

of engaging in mental health support. The entire study was then read to ensure the inclusion and exclusion criteria were completely satisfied before being selected for the review. This resulted in the selection of nine studies.

Table 3

Details of the inclusion and exclusion criteria of studies for the SLR

Inclusion	Exclusion
Introverts – which includes those who have not used a personality test to determine this, and therefore are considered to self-identify as an introvert.	Those who consider themselves as ambiverts or extroverts. Or any study that does not reference whether the participants are introverts.
The study makes reference to the participant's mental health, wellbeing, help seeking or an associated term	Any study that does not explore mental health, or any associated terms. i.e., studies that only explore physical health
The study references how the participant received or is to/would like to receive support (which could be in the form of therapy, medication, self-help, or any type of coping strategy i.e**.,** talking to someone)	Not an empirical study
Qualitative and mixed-method studies which seek to capture experiential accounts from introverts. Mixed-method studies	Any study which only takes a quantitative approach
Any study after 1990 – to present	
The study must be written or translated into English	

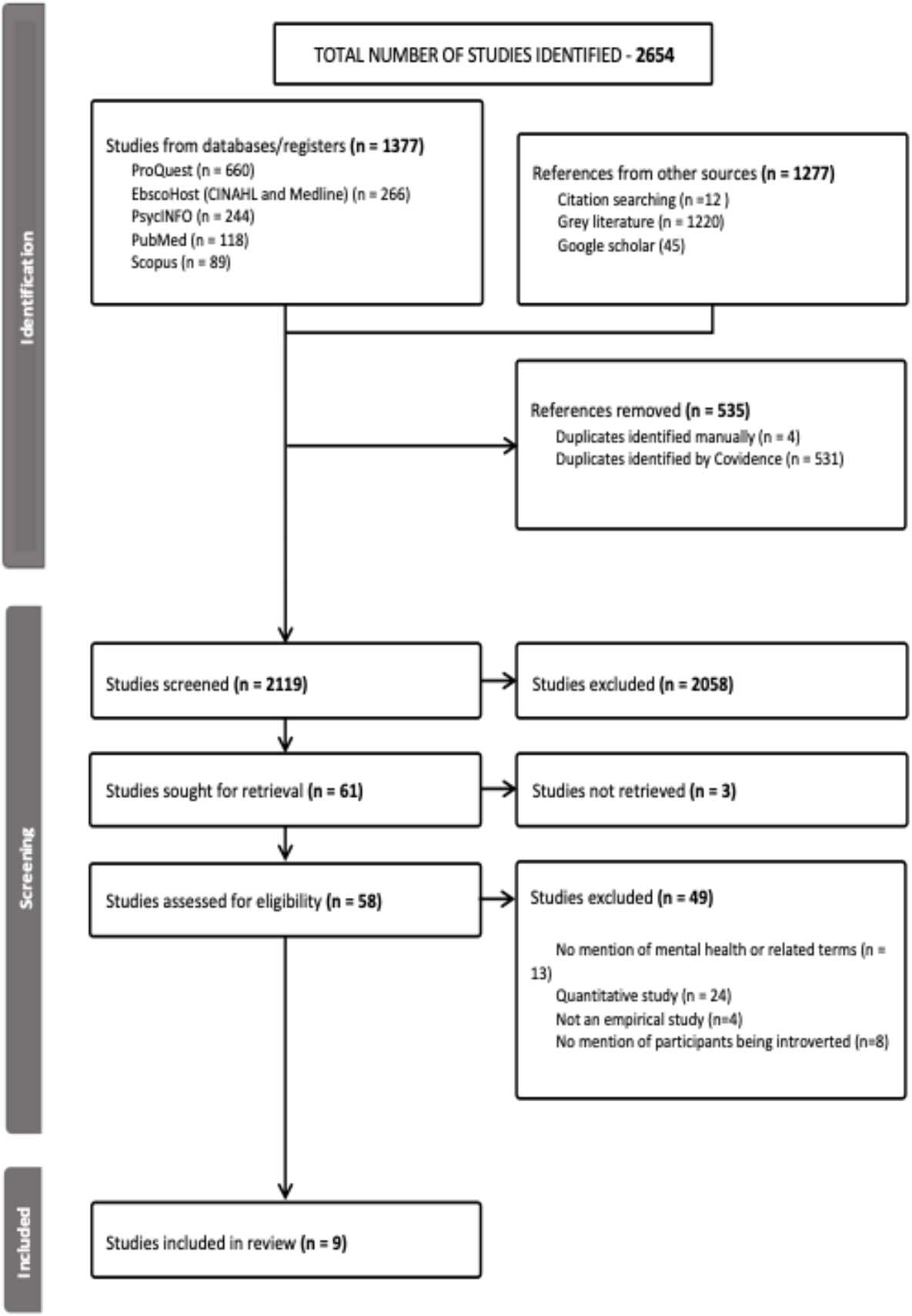
Table 4

The combination of search terms and Boolean operators, along with filters used

Database	Search terms used	Filters
APA PsycNet	• (Introverts OR introver* OR introversion) AND (wellbeing OR therap* OR stress OR psycholo*) AND (experience OR qualitative)	• Using All fields, keywords. • By Year – between 1990 - 9999
EbscoHost	• Introver* AND ("mental health" OR support OR therap* OR "psychological distress OR psycholog*) AND ((interviews OR conversations OR discussions OR "focus group" OR questionnaire OR survey) AND (experience OR believ* OR feel* OR life) AND qualitative • Introver* AND ("psychological distress OR psycholog*) AND (interviews OR conversations OR discussions OR "focus group" OR questionnaire OR survey) AND (experience OR believ* OR feel* OR life) AND qualitative • SU Introver* AND ("psychological distress OR psycholog*) AND (interviews OR conversations OR discussions OR "focus group" OR questionnaire OR survey) AND (experience OR believ* OR feel* OR life) AND qualitative	• By Year between 1990-2024
ProQuest	• Introver* AND (wellbeing OR support OR therap* OR "mental health") AND (experience OR views OR believ*) AND (qualitative)	• Using All Fields, abstract, summaries, subject • By Year – between 1990-2024)
PubMed	• Introver* AND (therap* OR support OR help) treatment OR intervention) AND ab(schizo* OR psycho*) • Introver* AND (“mental health” OR wellbeing OR therap*) AND (experience OR view OR qualitative)	• By Year – between 1990 - 2024
Scopus	• Introver* AND ("mental health" OR support OR therap* OR "well-being") AND (experience OR view OR qualitative) • (Introvert OR introversion) AND ("mental health" OR psychological OR psychology) AND (experience OR view OR qualitative)	• Using All Fields, Title, abstract and keywords
Grey literature	• introver* AND (support OR care OR therap* OR mental health) AND (experience OR qualitative)	

Figure 3

PRISMA diagram extracted from Covidence – a literature search managing tool



2.3 Quality Assessment

The nine studies selected for this systematic review were assessed on quality using the Critical Appraisal Skills Programme (CASP; 2018) assessment tool. This is a tool comprising ten questions used to gain further insight into the validity of the studies, the results, and the implications of the studies. Although not a scoring system, the CASP tool has been cited as most used to assess quality in qualitative and mixed-method studies (Long et al., 2020). Other tools, such as Yardley's (2000) and the Evaluation Tool for Qualitative Studies (ETQS) criteria, were considered as alternative quality assessment tools. However, the CASP tool, developed by the Public Health Resource Unit (Hannes et al., 2010) was recommended by Cochrane Qualitative and Implementation Methods Group (Majid & Vanstone, 2018) and was therefore deemed sufficient.

In addition, the Authority, Accuracy, Coverage, Objectivity, Date and Significance (AACODS; Tyndall, 2010) checklist has been considered useful for assessing the quality of grey literature studies, where the CASP checklist may fall short regarding this. Details of the grey literature quality assessment measured using AACODS can be found in Appendix M.

The findings of the quality assessment according to the CASP checklist can be found in Table 6 below. Studies which met that criterion received a tick (✓) and those that did not a cross (X). For those in which it was difficult to tell, the criteria received a 'Cannot tell'. The following provides a descriptive account of the findings of the quality assessment. Each criterion will be discussed in turn.

Only the study by Weeks and Gonot-Schoupinsky (2024) out of the nine studies failed to meet criteria one and two. It was difficult to clearly identify the aims, and why the study was relevant was not clearly indicated. They also failed to justify how a decision was made to use a case study approach. For this reason, it made it difficult to ascertain whether the recruitment strategy was appropriate, in addition to there being no mention of why others

relevant to the subject were not considered to be interviewed either. Although, as a case study, just interviewing one person can be justified, it would have been helpful to understand the thinking behind the selection of a case study and the participant in the first instance.

There was difficulty in determining whether the data was collected in the most appropriate way by Weeks and Gonot-Schoupinsky (2024). Furthermore, there was no mention of how and why the questions were selected nor discussion of any issues with the process. Although most of the study's data was collected in a way that addressed the research issue, only McHale (2018) explicitly acknowledged introverts potentially preferring online forms of communication and, therefore, justified their reasoning for opting for surveys distributed via social media.

Whilst some studies provided enough detail to highlight the relationship between the researcher and the participants, other studies (Colley, 2019; Godfrey, 2022; Noman, 2016) did not provide enough information to suggest this was ‘adequately’ considered. This is a shame as these are studies shedding light on human experiences. This means that it would have been helpful to understand how bias was accounted for in the selection of questions or participants for the study. This may have, in part, been due to the design of the study that had been chosen, as some designs, such as IPA adopted by McHale (2018) and Tayyab (2023), required that the relationship between participants and the researcher, as well as the researcher’s relationship to the topic be clearly stated.

Ethical issues had been considered in all the studies apart from by Weeks and Gonot-Schoupinsky (2024) who make no mention of ethical issues. This is concerning, although still possible that ethics would have been considered to some degree to have had this study approved for publishing. In Colley’s (2019) study, not enough detail was shared to determine how ethical issues were addressed or explained to participants. This may, however, have been due to the limited word count published peer-reviewed studies often need to adhere to.

Most of the studies underwent a rigorous data analysis process in which the analysis steps were clearly defined and explained. Schwartz (2015) highlighted their potential bias and, consequently, the need to embed reflexivity throughout the analysis process as the researcher was aware of their own experiences and relationship to the topic. However, Noman (2016), Weeks and Gonot-Schoupinsky (2024) and Hagen (2023) failed to detail their analysis process. In particular, Hagen (2023) gave no specific mention of the type of qualitative analysis that was undertaken, or the framework used.

Lastly, all studies but one (Hagen, 2023) suggest how valuable the research is and could be. For Hagen's (2023) study, value can be found in the importance of the study and new areas of research identified. However, these authors have not explicitly acknowledged this.

A decision was made to include the study by Weeks and Gonot-Schoupinsky (2024) in this review despite the assessment tool indicating it may be low quality, as it provides findings of significance, which are also supported by other studies within this review. Moreover, the study adds to the scarce body of qualitative literature, supporting its importance. It is intended that by highlighting its' weak areas through the use of the CASP tool, the reader can bear this in mind as findings are brought to light.

2.4 Study Findings

The next section of this systematic review presents the findings of the data gathered from the review. Table 7 presents a summary of the selected studies and their findings. A number of methods were considered in how best to synthesise the findings of the review. Although time potentially could have played a factor in this decision, it was more important that the findings were presented in a way that clearly answered the overall literature review question. In addition, and more importantly, a method that supported and presented our exploration of the experiences of introverts.

This brought into consideration configurative/interpretative syntheses, such as thematic synthesis (Thomas &Harden, 2008) and meta-ethnographical approaches (Noblit & Hare, 1988). Eventually, a decision was made to take a thematic synthesis approach; although meta-ethnography is being used more and is important for informing practice and policy (Sattar et al., 2021; Snilstveit et al., 2012), as a variety of qualitative methods were used across the studies, it was felt that a thematic synthesis might be more appropriate (Boyatzis, 1998). In addition, thematic synthesis still embodies some core tenets of meta-ethnography, such as third-order interpretations (Snilstveit et al., 2012).

The stages of thematic synthesis utilised within this study are outlined in Table 5. NVIVO 15 and Microsoft Excel were used as software to assist with the coding of text and identification of themes.

Table 5

The stages of a thematic synthesis for the SLR according to Thomas and Harden (2008)

Stages 1	Coding text	Coding the finding of each study line by line. Study-to-study translation of concepts This review utilised a free coding format in which there was no hierarchical structure
Stage 2	Developing descriptive themes	Utilising the language of the original findings within the primary studies
Stage 3	Developing analytical themes	Interpreting the findings in light of the question

Table 6

The results of the quality assessment using the CASP assessment tool

	Colley (2019)	Crowley (2021)	Godfrey (2022)	Hagen (2023)	McHale (2018)	Noman (2016)	Schwartz (2015)	Tayyab (2023)	Weeks and Gonot-Schoupinsky (2024)
1. Was there a clear statement of the aims of the research?	✓	✓	✓	✓	✓	✓	✓	✓	Cannot tell
2. Is the qualitative methodology appropriate?	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. Was the research design appropriate to address the aims of the research?	✓	✓	✓	✓	✓	✓	✓	✓	**X**
4. Was the recruitment strategy appropriate to the aims of the research?	✓	✓	✓	✓	✓	✓	✓	✓	Cannot tell

5. Was the data collected in a way that addressed the research issue?	✓	✓	✓	✓	✓	✓	✓	✓	Cannot tell
6. Has the relationship between researcher and participants been adequately considered?	**X**	✓	**X**	✓	✓	**X**	✓	✓	✓
7. Have ethical issues been taken into consideration?	Cannot tell	✓	✓	✓	✓	✓	✓	✓	**X**
8. Was the data analysis sufficiently rigorous?	✓	✓	✓	**X**	✓	**X**	✓	✓	**X**
9. Is there a clear statement of findings?	✓	✓	✓	✓	✓	✓	✓	✓	✓
10. How valuable is the research?	✓	✓	✓	**X**	✓	✓	✓	✓	✓

Table 7

A summary of the main studies selected for this SLR.

Author(s), year, title and country	Aim	Participant demographics	Design/method	Analysis method	Type of support identified	Main findings	Limitations (-) and Strengths (+)
Colley, 2019 **Voices of Quiet Students: Introverted Nursing Students' Perceptions of Educational Experiences and Leadership Preparation**	To better understand the educational experience of introverted nursing students and how that prepared them for future leadership positions	7 self-identified introverted nurses. All females Aged 20 – 50 years 2 Hispanic and 5 Caucasian	Online interview	Hermeneutic phenomenological qualitative approach	▪ Respecting their silence and strengths ▪ Individualised and independent learning with opportunities to interact ▪ Self-help guides	▪ Anxiety, discomfort, and nervousness were frequently used to described feelings associated with the classroom experience. ▪ A respect for their silence caused the nurses to gain confidence over time and speak more. ▪ Moreover a recognition for strengths for some	(-) Lacking in cultural and gender diversity (-) Online interviews potentially restricting the types of participants that could have been included in the study. (+) Reporting the cultural backgrounds of participants.

						helped them to grow as leaders. ▪ Self-help guides considered unhelpful	(+) Findings are supported by other studies
Crowley, 2021 **An Introvert in the Midst: A Poetic self-study of the Lived Experiences and Challenges of an Introverted Teacher** **Canada**	To investigate and interpret the place that introversion occupies in a teacher's profession and practice	1 self-identified introverted females	Memory recall and reflection using Butler – Kisber (2010) as a framework	Autoethnographic approach	▪ Daily routines ▪ Low level noise ▪ Day dreaming ▪ Breaks	▪ An introverted teacher can feel compelled to adopt an extroverted self. ▪ One's workday can impact their emotional and mental well-being. ▪ Daydreaming can help to calm the mind and decompress	(-) Being the subject and researcher, means both 'hats' on at the same time. (-) Reliance on memory for information (-) Only one viewpoint considered and therefore findings cannot be generalised (+) Not having to rely upon individuals to come

							forward to participate. (+) An in-depth consideration of ethics
Godfrey, 2022 **"They just genuinely don't understand why we're not as loud": An exploration of the educational experiences of secondary school students with introverted personality styles and the views of professionals who**	Exploring the views of professional groups and young people on the topic of introversion in the UK education setting.	11 self-identified introverted young people Aged 11-15 years, All attended secondary school across five schools.	Online questionnaire consisting of closed (multiple choice) questions, and a 1:1 interview	Descriptive statistical analysis and thematic analysis (Braun and Clarke, 2006; 2019; 2021)	▪ School ▪ Increased time to foster supportive bonds. ▪ The choice to choose their own groups and seating arrangements. ▪ Calmer and quieter environments ▪ Counselling	▪ All had experienced anxiety, nervousness or discomfort to some degree. ▪ Young people felt that being quieter meant you are more likely to be overlooked. Some expressed feeling an injustice and lack of support due to this. ▪ School viewed as an opportunity to	(-) Those responding to the recruitment ad may have been biased. (-) Certain phases of the study were only open to those who use social media (+) Elicitation of views from an unheard-of population (+) Data gathered from multiple perspectives (also included the views

support these students **UK**						broaden their social network and grow their confidence in areas. ▪ All three groups of participants identified more in-depth understanding of introversion and how to support students as a method.	of teachers and educational psychologists)
Hagen, 2023 **Quiet in the Pulpit: A Qualitative Study of Introverted Pastors**	To address perceptual and social aspects of introversion as they relate to	6 introverted pastors identified through a personality quiz	Semi-structured interviews conducted mainly over	Qualitative analysis	▪ Seeking environments that allows one to recharge ▪ Honest conversations ▪ Finding joy	▪ It was commonly reported that introverted pastors felt the need to act more extroverted in efforts to carry out certain work roles	(-) No details of the characteristics or identities held by the pastors were shared. (-) No framework reported for the

	how introverted pastors carry out ministry	Aged 30-70 years	Zoom and in-person.			▪ Some pastors reported feeling insecure in meetings ▪ One pastor believed that having honest conversations about their personality can be beneficial. Including highlighting when they need to take breaks; removing the guilt and insecurity one may feel as a result.	analysis, making it difficult to replicate in future studies (+) Qualitative in nature, therefore providing an in-depth understanding of one's experience
McHale, 2018 **Differences between introverts and extroverts with bipolar disorder**	To identify whether the subjective experience of mania differs between	3 identified introverts using the (Revised NEO Personality Inventory	Online survey	IPA	▪ Medication ▪ Being left alone	▪ The introverted participant reported negative effects on their social interaction when they experienced a manic symptom.	(-) Due to study design, follow up questions couldn't be posed to participants (-) Small sample size limited

	introverts and extroverts	questionnaire) NEO-PI-3 2 female and 1male Aged 19-26 years All Caucasian. All self-reported a primary diagnosis of Bipolar disorder.				▪ The introverted participant also described wanting to be left alone during manic times ▪ Talking to others was the least helpful coping mechanism they had tried. ▪ The introverted participant reported a longer delay between the first onset of symptoms and when they were formally diagnosed, which was much shorter for the neutral and extroverted participant.	generalisability of findings (-) No mention of the country of study, nor ethnicity of the participants (+) Qualitative design added a level of depth and understanding of the participants' experiences. (+) Previous studies reported similar findings

Noman, 2016 **Loud words or Lous Minds: A Qualitative Study About Introverts** **Pakistan**	To explore the difficulties in social and impersonal situations from the standpoint of introverts themselves	28 introverts tested using the Eysenck Personality Questionnaire (EPQ). 14 male and 14 female Aged 25-35 years All Muslim	In-depth face to face interviews	Content analysis	▪ Familial support	▪ Introverted males reported feeling supported by their families/wives for their introverted nature. They are often given the space to recover, mentally process events and feel appreciated for their introversion. ▪ Introverted females reported feeling pressurised to behave extroverted by their husbands/in-laws and can appear 'unfriendly' if they do not. ▪ Females reported feeling misunderstood a lot more after marriage	(-) Voluntary participants recruited for study and therefore may be biased (-) Sample based solely on the Pakistani population. (+) Support for the conclusions from other studies (+) Consideration of ethnicity

Schwartz, 2015 **Childhood Experiences of Introversion: An Exploration of Navigating Social and Academic Spaces and Ways of Coping** **Pioneer Valley, US**	To understand how introverted children perceive themselves and how this impacts the way they interact with the world around them	12 adult self-identified introverts. 8 female, 4 male Aged 18 - 25 years. 9 white, and 3 Black, Jewish/white, and white/Asian American.	Narrative reports gathered through individual, semi-structured interviews.	Qualitative analysis	▪ Persona – adopting a different version of themselves ▪ Identifying the positive benefits to their introversion ▪ Autonomy	▪ Adults described a feeling of hatred for themselves during childhood and a sense of feeling different and embarrassed. One described throwing desks around the room as a way of communicating. ▪ Lack of choice regarding a situation generated discomfort for some participants. Therefore being able to choose their own friends as a child helped to alleviate that discomfort. ▪ Age generated more comfort or positive	(-) Type of qualitative analysis or framework used not reported. (-) Reliant upon the memory of the participants through narrative accounts (-) Sample selected were self-identified introverts and therefore may not be representative of entire population (+) Rich data gathered uncovering experiences of childhood introversion. (+) Important implications for

						social experiences due to having more autonomy ▪ Understanding and accepting their introversion helped to seek out spaces of comfort and know how to navigate social situations.	social work practice and the teaching profession.
Tayyab, 2023 **Lived Experiences of Introverted South Asian Women Working in New Zealand** **New Zealand**	To understand how introverted South Asian women maintain their sense of self in somewhat different	8 Self-identified introverts All women Aged 35-40 years. South Asian (3	1:1 semi-structured interview	Descriptive phenomenology	▪ Speaking to a trusted advisor/psychologist ▪ Adapting their personalities ▪ Trustworthy friends ▪ Written communication	▪ There was a recognition for the impact of the South Asian cultural environment on positive development and acceptance of introverted qualities ▪ Participants felt pressured to appear	(-) Limited to two south Asian countries (-) Focus was on adults, therefore the younger generation might have a different perspective.

	extroverted working cultures	Indian and 5 Pakistani) All working in New Zealand				extroverted – especially after immigrating to New Zealand ▪ Can experience stress when working in an environment contrary to their norms. ▪ Written communication was acknowledged as a coping strategy for one participant copes. ▪ Experiences showed that there was a lack of access to a supportive work environment.	(-) Sole reliance upon self-report data (+) South Asian women having the platform to share their experiences. (+) This study initiates the beginning of growth of knowledge on this area, as there was no prior research.

						▪ Spreading awareness about personality types raised was acknowledged	
Weeks and Gonot-Schoupinsky, 2024 **Mental health and Positive Introversion: A Positive Autoethnographic Case Study of Mark Weeks**	To gain insight into positive introversion.	1 self-reported introverted male	10 interview questions	Autoethnographic case study	▪ Meditation ▪ Gratitude/appreciation ▪ Exercise ▪ Friends and family	▪ Meditation has supported this participant to detach from anxieties and worries to be able to appreciate life more. ▪ Introversion can foster constructive self-talk. ▪ Quality of interaction rather than quantity is important. ▪ Regret for treating people poorly due to becoming too self-absorbed or losing empathy. Self-	(-) Only includes one individual's perspective (-) No mention of any critical evaluation of the data collection method (+) Provides in-depth insight into the topic. (+) A number of helpful coping strategies which could have

						discipline is therefore required to push beyond the self - a dialogue with others is important. One to one interaction rather than parties etc. may suffice. ▪ Thinking about introversion in positive terms can lead to more useful health outcomes – removing the anxiety and stigma. ▪ Actively searching for pleasure or joy	important clinical implications

2.4.1 Summary of Participant Characteristics

Eight out of nine studies involved participants who were above the age of 18. Only Godfrey's (2022) study included the voices of young people aged between 11-15 years. Therefore, of the 89 participants included in this review, the youngest was 11 years, and the eldest was in their late 60s. Godfrey (2022) also included the voices of 89 teachers and 144 educational psychologists; however, for the purposes of answering the literature review question and adhering to the inclusion criteria, only the voices of those who identified as introverts (therefore the students) were included as part of this review.

All participants had identified as introverts through self-identification or a standardised test. Noman (2016) required participants to take the Eysenck Personality Questionnaire (EPQ) as confirmation of their introversion, and McHale (2018) utilised self-report measures and the NEO-PI-3 Extraversion scale. Hagen (2023) used a personality quiz, although gave no mention of the type of quiz, nor an account for the scores obtained and how this determined a person's introversion. It is important to acknowledge the potential participants and the perspectives they would have brought, that would have been excluded from that study due to not scoring enough to be considered as an introvert.

Only one study (McHale, 2018) reported all three of their participants had a mental health diagnosis of bipolar disorder, as well as additional diagnoses of post-traumatic stress disorder (PTSD), depression, and generalised anxiety disorder (GAD). In the remaining eight studies experiences of anxiety (Godfrey, 2022; Hagen, 2023; Tayyab, 2023; Weeks & Gonot-Schoupinsky, 2024), nervousness (Godfrey, 2022), stress (Tayyab, 2023, insecurity (Hagen, 2023), lowered emotional and mental wellbeing (Crowley, 2021; Noman, 2016), inward hatred (Schwartz, 2015), and inward discomfort (Colley, 2019; Godfrey, 2022; Hagen, 2023; Schwartz, 2015) were reported.

42 females and 20 males were included in this review. For reasons not made clear,

Hagen (2023) and Godfrey (2022) did not report the gender characteristics of their participants. The sexual preferences were not declared in any of the studies, as well as any physical or learning challenges. Some studies reported the education level (Colley, 2019; Godfrey, 2022; McHale, 2018; Noman, 2016), religion (Noman, 2016), marital status (Noman, 2016) and working status of their participants (Noman, 2016; Tayyab, 2023).

A mixture of ethnicities was included in this review; participants identified as Black (Schwartz, 2015), White Jewish (Schwartz, 2015), Asian American (Schwartz, 2015), Caucasian (Colley, 2019; McHale, 2018), Hispanic (Colley, 2019) Pakistani (Noman, 2016; Tayyab, 2023) or Indian (Tayyab, 2023). The remaining studies (Crowley, 2021; Godfrey, 2022; Hagen, 2023; Weeks & Gonot-Schoupinsky, 2024) failed to disclose the ethnicities of the participants included in the study.

Table 8

Thematic themes retrieved from SLR studies

Themes	Reference
Knowing what doesn't work	Colley; 2019; McHale, 2018
Being appreciated	Colley, 2019; Hagen, 2023; Noman, 2016; Tayyab, 2023; Weeks and Gonot-Schoupinsky, 2024
Choice/Autonomy	Colley, 2019; Crowley, 2021; Godfrey, 2022; Schwartz, 2015
Creating safe spaces	Crowley, 2021; Godfrey, 2022 Hagen, 2023; Tayyab, 2023; Weeks and Gonot-Schoupinsky, 2024
Adopting alternative mindsets	Crowley, 2021; Hagen, 2023; Schwartz, 2015; Tayyab, 2023; Weeks and Gonot-Schoupinsky, 2024
Enhancing understanding	Godfrey, 2022; Schwartz, 2015; Tayyab, 2023
Professional support	Godfrey, 2022; McHale, 2018; Tayyab, 2023
Falling under the radar	Godfrey, 2022; McHale, 2018; Schwartz, 2015

2.4.2 Summary of Methodologies

As per the requirements of this review, all studies were either solely a qualitative study or mixed method (Godfrey, 2022). For the intention of addressing the research question only the qualitative findings will be presented. A variety of qualitative approaches were used, such as content analysis (Noman, 2016), thematic analysis (Godfrey, 2022), auto-ethnographical case study approach (Crowley, 2021; Weeks & Gonot-Schoupinsky, 2024), and IPA (Colley, 2019; McHale, 2018; Tayyab, 2023). All studies used a question-answer approach to their study, either in the form of questionnaires (ranging from structured to semi-structured) or surveys.

2.4.3 Thematic Presentation of the Main Findings

Eight themes emerged from the thematic synthesis, as outlined in Table 8. It felt important to begin this section with the theme '*Knowing what doesn't work*', as it may help explain why other approaches to mental health support have been more helpful for introverts.

Knowing What Doesn't Work. "Wanted to be left alone" (McHale, 2018, p. 28).

Some participants gave their views on what they believed were not helpful forms of support. In one study (McHale, 2018), the introverted participant felt talking therapy was unhelpful, and as highlighted by the quote above, they preferred wanting to be left alone. The introverted participant in McHale's (2018) study was the only introvert in this review to have a formal diagnosis, which in this case was a primary diagnosis of Bipolar. This participant shared that when having a manic experience, they did not want to engage with anyone during such times. Highlighting the impact of one's mental health upon their introversion. This was in contrast to the extroverted participant, who tended to seek out increasing social activity during manic times. In Colley's (2019) study, the introverted nurses did not feel self-help guides were unhelpful.

2.4.3.2 Being Appreciated. "It seems to me it's not the quantity but the quality of the

interaction that matters most in the long run" *(*Weeks & Gonot-Schoupinsky, 2024, p.8). Three out of nine studies reported the importance of having a trusted individual that they could either confide in or appreciate their introverted ways. This contradicts the findings above under the theme of '*Knowing what doesn't work'*, in which some participants did not want to speak to anyone when they did not feel good. In Hagen's (2023) study, participants spoke about having trusted individuals with whom they could be frank about their personality. Having this reassurance from loved ones appears to alleviate any guilt or insecurities they might feel for their introverted tendencies. This might help to be explained through Noman's (2023) study in which the female participants who did not have that understanding from family and friends felt misunderstood. Also, in Tayyab's (2023) study, participants reported feeling stressed and anxious, acknowledging how much a supportive work environment would have made a difference.

In Weeks and Gonot-Schoupinsky's (2024) study, an alternative reason was offered for the importance of having a trusted individual to confide in, and that was in order to "Keep in touch with the social context and to keep perspective" (Weeks & Gonot-Schoupinsky, 2024, p.8). The participant suggests there is a chance to become too self-absorbed and lose empathy without having the discipline to 'push himself out of himself'. The participants in Tayyab's (2023) and Colley's (2019) study felt it was important to retain trusted people around them to share their thoughts and feelings with and to feel appreciated.

2.4.3.3 Choice/Autonomy. Another theme emerging related to forms of support was choice/autonomy. Participants in some studies (Colley, 2019; Crowley, 2021; Godfrey, 2022; Schwartz, 2015) reported that their discomfort or feelings could be alleviated by having choice and/or autonomy over how they engaged with things or people in their environment. In Godfrey's (2022) study, students felt that being able to choose their own seating arrangements would have been helpful, and as children in Schwartz's (2015) study, they

would have liked to have chosen their own friends. These now adults have observed an improvement in their comfort as they have aged and consequently had more autonomy over their lives (Schwartz, 2015). In the study by Colley (2019), similarly, students would have wanted to engage with their learning more independently, and Crowley's (2021) study speaks to the importance of daily routines and breaks, therefore implying the importance of one choosing what and how their day-to-day goes. This was something that supported her well-being and preparation for social situations.

2.4.3.4 Creating Safe Spaces. Four studies spoke about the importance of creating a safe space or environment as a source of support. The participants approached this practically through a low-noise/stimulating environment (Crowley, 2021; Godfrey, 2022) or when exercising or meditating (Weeks & Gonot-Schoupinsky, 2024). Similarly, school was viewed as a positive space for some participants in Godfrey's (2022) study in which they could grow or connect with others. Although the participants acknowledged that time was an important factor in being able to curate such opportunities with others.

In Crowley's (2021) study, the participant identified, at times, having to mentally curate that space for herself in the form of daydreaming. She describes this form of meditation as an escape from her day-to-day and helpful for calming the mind. Similarly, in Noman's (2016) study, as introverted Pakistani males they spoke about this from an abstract lens. Their safe space is defined as their personal space, which relates closely to the theme of '*Being Appreciated'* described above. It appears that the combination of being able to be in their own personal space whilst having others around them who respect this space and understand their need to do so brings about mental recovery.

Furthermore, culture was identified as a safe space or protective factor for the South Asian women in Tayyab's study. Some women reported feelings of acceptance and appreciation for their introverted ways within South Asian culture, as they possessed qualities

and mannerisms in line with what their culture classed as acceptable.

2.4.3.5 Adopting Alternative Mindsets. "I feel I have practised being extroverted over the years" (Tayyab, 2023, p. 88).

More than half of the studies reported the 'need' for introverts to adopt a change of mindset to be able to function or support their wellbeing. Some participants (Crowley, 2021; Hagen, 2023; Schwartz, 2015; Tayyab, 2023) reported feeling 'pressured' to behave more in line with that of an extrovert. The South Asian introverted women in Tayyab's (2023) study spoke about the need to adopt this personality after moving to New Zealand and in their effort to 'get by', as highlighted by the quote above. Moreover, some participants in this study spoke of the stress this created for them working in an environment contrary to their cultural norms. Similarly, as introverted teachers, Crowley's (2021) study highlights the pressure they can also feel to adopt an extroverted exterior. I.e., to be more outgoing and sociable. The participants however acknowledge that one can only put on a front for so long; "Inevitably, there is 'leakage' and glimpses of the natural introvert at times. This cannot be concealed from students and co-workers" (Crowley, 2021, p.82).

Within other studies was the finding that others needed to adopt a more positive mindset to improve their feelings and emotions. For some, this was achieved through laughter or gratitude (Weeks & Gonot-Schoupinsky, 2024); alternatively, this was through finding joy (Hagen, 2023; Weeks & Gonot-Schoupinsky, 2024). The introverted nurses in Colley's (2019) study spoke of the mindset of others around them needing to become more positive by respecting and appreciating their introverted ways and strengths; this being helpful for their confidence and development as leaders.

2.4.3.6 Enhancing Understanding. In Schwartz's (2015) study, as now adults, participants reflected on their ability to appreciate their introverted ways with age. This was something brought about through gaining more understanding of what it means to be an

introvert, which helped them to seek out spaces of comfort and navigate social situations. In essence, being more attuned to what they do and don't like and being able to seek this out or avoid unhelpful situations. Similarly, the students in Godfrey's (2022) study believed that if those around them had a better understanding of introversion, this would have led to greater feelings of support. This may have helped to explain why some women in Tayyab's (2023) study also felt it was important to spread awareness about differing personality types.

2.4.3.7 Professional Support. "Ideally, I would want someone who could hear me if I am facing any challenges in the workplace. That can be one person and one-to-one sessions with that person would be good to de-stress myself. Maybe some psychologist" (Tayyab, 2023, p. 77).

As mentioned, McHale's (2018) study findings report that the introverted participant did not want to engage in talking therapy. Despite this, it appears they would have been willing to engage with a professional if it meant receiving medication, which was described as a helpful strategy for managing their emotions and feelings. Tayyab (2023) found that participants believed speaking with a trusted advisor or psychologist was important. Another within the same study felt that having some form of mental health support in the workplace was important. Moreover, the students in Godfrey's (2022) study perceived the counselling opportunity available to them in school as a positive thing and a reason for wanting to attend school. Indicating that they too may prefer to speak to a professional for support.

2.4.3.8 Falling Under The Radar.

> *I just wanted to sit at the table by myself. It was very loud and it was very overwhelming and … so that continued through my entire school career, you know throwing chairs, throwing desks. In elementary school they would give me a box of crayons and a coloring book and put me in the corner of the room because coloring was soothing and I was quiet and I wasn't throwing desks*. (Schwartz, 2015 p. 39)

Some studies reported findings which suggest that it can be easy for the experiences, symptoms, and feelings of an introvert to go under the radar. The students in Godfrey's (2022) study reported that, in their experience, being quieter meant they were more likely to be overlooked and not receive support. This created further feelings of injustice for some.

Moreover, in Schwartz's (2015) study, one student described throwing desks around as her communication method. This may have been her only way of communicating when the support she needed was non-existent or not obviously known to professionals. In further support of this was the finding that the participant in McHale's (2018) study reported a longer period of time between the onset of their first symptom and their mental health diagnosis, in comparison to the extroverted participant. This might suggest that for reasons potentially due to their introverted nature, their symptoms might not have been so obvious to have received their diagnosis of bipolar.

2.5 Critical Evaluation of the Findings

To one's knowledge, this is the first systematic review to investigate the experiences of mental health support for introverts. Following a systematic search, a total of nine studies were retrieved, and eight major themes emerged, reflecting the experiences introverts had of support for their mental health. The themes identified were: *knowing what doesn't work, being appreciated, choice/autonomy, creating safe spaces, adopting alternative mindsets, enhancing understanding, professional support and falling under the radar.*

Although there appears to be a large body of data concerning introversion and its relationship to mental health, most studies were quantitative in nature and, therefore, unlikely to highlight the nuances that come with human experiences. This was the common strength shared across studies: the qualitative design the authors adopted and the fresh new insight it brought to understanding introversion and mental health support. Furthermore, a full spectrum of qualitative methods was adopted, which would have supported the reliability of

studies seeing as various forms of analyses were used and similar findings were found. An added benefit was that all the studies were relatively new (within the last 11 years), making it highly likely that these might be the experiences of some introverts in the present day.

Another strength was the ability to hear from populations who may have otherwise gone unheard from or 'under the radar'. Across all nine studies, one was able to incorporate the views of a broad range of ages and genders as well as professional groups, ranging from pastors to nurses, the unemployed, teachers and students. This speaks to the realities of the impact being an introvert can have for some people: an impact upon multiple areas and stages of life. I.e., in work settings, within education, family life or on one's own personal journey.

Despite some of these strengths, a few limitations are important to note. Firstly, some of the studies either reported a small number of participants or conducted a study on a sole participant. Whilst in the world of qualitative methodology that does not serve as too much of a limitation (seeing as the intention is not to generalise but rather to provide more in-depth insight; Polit & Beck, 2010), it may be unhelpful given some of the contradictions found. For example, the finding that some individuals would prefer to speak to a professional for support with their well-being (Godfrey, 2022; Tayyab, 2023), whilst in McHale's (2018) study, one participant reported that they would not want to talk to anyone. Therefore, hearing from more participants would have provided insight as to whether this preference is commonly shared.

It is also important to consider the quality of studies included in this review and whether this should bear any weight in how much the findings are considered. Only Weeks and Gonot-Schoupinsky's (2024) study might potentially be classed as low quality, leaving the rest to fall somewhere between high and moderate quality. Three of the studies (Hagen, 2023; Noman, 2016; Weeks & Gonot-Schoupinsky, 2024) did not sufficiently take their data through a rigorous analysis process. This was mainly because the researchers failed to explicitly account for their own bias and role in how the data was analysed and chosen to be

presented. Making it difficult to identify from what lens the findings were presented. Moreover, Noman (2016) failed to report the relationship shared between themselves and the participants, along with Colley (2019) and Godfrey (2022). This would have been helpful information for drawing parallels between the researcher and the relation to the topic, which would have provided much-needed confirmation that the researcher's own subjective views and experiences did not contaminate the findings of the disclosed experiences.

Another limitation to highlight is the lack of reporting of participant's cultural and ethnic backgrounds within some studies. Although Tayyab (2023), Noman (2016), Schwartz (2015) and Colley (2019) provided details of this, only two studies (Noman, 2016; Tayyab, 2023) reflected on the impact of the relationship between cultural identity, introversion and well-being. When this information was shared, it provided such rich context to the challenges accompanying their experiences as an introvert. For example, in Tayyab's (2023) study, the pressure to act more extroverted after relocating to a different country.

It is apparent from this review that individuals have differing preferences in how they would like to receive support for their mental health challenges. This ranges from those who would prefer to be left alone to those who go to the extent of adopting an extroverted exterior to get by. Moreover, some see the importance of speaking to a professional about their challenges, whilst another believes medication is sufficient to address their needs. Despite the limitations of each of the studies, it feels to be of greater value that much-needed insight into the experiences of introverts has been gained, including the lives they live, as well as the ways in which they would like to receive support for their wellbeing and mental health; knowledge that is often missed within quantitative literature.

2.6 Clinical Implications

As intended with this systematic review, these findings provide important information on how introverts prefer to have their mental health challenges addressed. As mentioned at

the start of this review, 33.5% of individuals did not show recovery following talking therapy (Baker & Kirk-Wade, 2024). Therefore, the findings of this review seem to be particularly relevant for those who work in mental health services to consider when planning treatment for those they work with who might identify as introverted, potentially improving recovery rates.

Research has demonstrated that when learning preferences and personality styles are considered, students' performance improves (Condon & Ruth-Sahd, 2013). This might also be supported by the finding that students and employees have expressed wishes for their introverted ways to be considered (Godfrey, 2022; Schwartz, 2015; Tayyab, 2023), which they believe would contribute towards their overall well-being.

These findings also have implications for the type of care that needs to be provided to introverted individuals experiencing mental health problems. Moreover, the shared but also differing perspectives of what support looks like for introverts reflect the uniqueness of each individual and, as a consequence, the need for care to be driven by and centred around the individual at the receiving end of that support. NICE (2011, 2015, 2016, 2018) attributes person-centred care as the most important factor for high-quality care. Moreover, studies have gone further to support the benefits of this approach (Beach et al., 2007).

In addition, this review includes the voices of those who hold multiple identities and are introverts. This systematic review began to touch on some of the nuances in experiences raised as a result of being a South Asian introvert (Noman, 2016; Tayyab, 2023), and for some (Tayyab, 2023) how this experience was further shaped by moving to a new country. Although this systematic review barely scratched the surface of those experiences, it speaks to the importance of professionals and services to hold in mind the multiple identities an introvert might have and how this can impact their mental health experiences (Crenshaw, 1991).

2.7 Rationale for the Current Study

The lack of literature acknowledging the voices of introverts from ethnically diverse backgrounds and how this impacts their experience of mental health support is concerning. This is even more concerning given the disparities in mental health care those from minority ethnic backgrounds in the UK face. Some of these disparities include increased diagnoses, barriers to accessing appropriate care, and an overall lack of understanding from the practitioner regarding one's culture (Grey et al., 2013). In addition to this are the unconscious biases and stereotypes towards minority ethnic individuals that are held by societies and mental health institutions, which have been demonstrated to impact the quality of care delivered (FitzGerald & Hurst, 2017).

Further rationale for this study comes from the work of Crenshaw (1991) who speaks to these concerns through her feminist theory on intersectionality. Taking its roots in Black feminism and Critical Race Theory, the theory emerged from the need to address the "Marginalisation of Black women within anti-discrimination law" (Carbado et al., 2013, p. 303). Crenshaw stressed the "Need to account for multiple grounds of identity" (Crenshaw, 1991, p. 1245). Intersectionality highlights the privilege and oppression that can exist between the intersections of people's multiple identities. Through her single-axis framework, she stresses the inability for one aspect of a person to be considered without all the other 'identity categories'. Despite this, how easy it can be for individuals to be reduced to one-category (Crenshaw, 2004; Shelton & Lester, 2020).

What we also know through qualitative research is when intersectionality is examined, minority ethnic students feel discriminated against and unable to access culturally appropriate services (Arday, 2018). Minority ethnic women report feelings of isolation after the experience of perinatal mental health (Watson et al., 2019). Young people from minority ethnic backgrounds are concerned with the stigma attached to mental health difficulties,

confidentiality, and are faced with family and community pressures (Kurtz & Street, 2006). In addition, minority ethnic staff in higher education institutions feel unable to confide in senior leaders about their mental health due to the oppressive tools used to maintain imbalances of power and inequality (Arday, 2022).

Thus, it appears research examining the impact of intersectionality highlights the unique injustices faced by those holding multiply identities as minority ethnic individuals. Some of the findings from this systematic literature view (Noman, 2016; Tayyab, 2023), as well as views shared online (Inhisownterms, 2019; Lewis-Oduntan, 2023) speak to the challenge minority ethics introverts face with being the minority within society: both as a result of being introverted and their ethnicity. However, not enough is known about the impact of this upon one's mental health, nor how they engage with support for their mental health. This is especially important given the knowledge of the challenges faced by minority ethnics in accessing appropriate mental health support (Arday, 2018), consequently it is even more important to under what the challenges, experiences and preferences are for mental health support for minority ethnics who are introverts. Thus, this research study strives to achieve the following aim and questions:

2.7.1 Research Aim

To uncover the experiences of mental health support for minority ethnic introverts in the UK.

2.7.2 Research Questions

(1) What has life been like as a minority ethnic introvert?

(2) How do minority ethnic introverts make sense of their experience of mental health challenges?

(3) How do minority ethnic introverts make sense of their experience of mental health care?

CHAPTER THREE: METHODOLOGY

3.1 Chapter Overview

This chapter details the methods used to achieve this study's research aim and questions. This will include the type of qualitative design adopted for this study, the reasoning for this decision, the criteria and participants recruited, and the consideration of experts by experience involvement. Furthermore, the details of how this study was approached ethically will be shared. In the final sections of this chapter, the data collection and methods of analysis used will be explained, including how quality was ensured throughout the study.

3.2 Research Design

> *Qualitative research is multimethod in focus, involving an interpretative, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them*. (Denzin & Lincoln, 2005, p.2)

As suggested by the above quote, qualitative research provides a level of depth to research findings through understanding the way in which people make sense of things. Gaining this type of experiential information was pivotal as this study aimed to uncover what the experiences of mental health support were for ME introverts. Moreover, from the findings of the SLR, we have come to understand the literature related to this topic is lacking. As such, it felt necessary to draw upon a qualitative approach which aims to bring to light topics of importance where there is little awareness (Smith et al., 1999).

There are a number of qualitative approaches, and only until going through the process of understanding where the differences lay was a decision made as to the approach that could best achieve the research aim. The following summarises some of the initially considered approaches and their critiques.

3.2.1 Narrative Analysis (NA)

As a type of qualitative methodology, NA is concerned with the stories people tell of their experiences and how they remember and structure these stories. This method was carefully and nearly considered as an approach for this study as it holds similarities with phenomenological approaches (Biggerstaff & Rossi, 2012). As an approach, its strength lies in its ability to highlight the human experience whilst also accounting for the social processes contextualising those experiences (Esin, 2011). A decision nonetheless was made to go with IPA due to the highly subjective nature of NA and the difficulties with disentangling one's own experiences with what is interpreted from the narratives. This is even more likely with the less rigid approach to the method of analysis for NA (Esin, 2011).

3.2.2. Grounded Theory (GT)

GT is used to investigate phenomena from a bottom-up approach. Meaning the approach intends to generate theory from the data (Glaser & Strauss, 1967; Willig, 2008). During GT, data is collected until data saturation occurs. This means data is collected until no new information is uncovered from the data being gathered, suggesting everything that could possibly be known is extracted from the data (Aldiabat & Navenec, 2018). Although GT has the potential to retrieve rich, in-depth experiential information, due to the practicalities of being on a time-limited training programme, as well as access to limited resources, GT would not have been possible for this study.

3.2.3 Thematic Analysis (TA)

Sometimes used interchangeably with content analysis (Biggerstaff & Rossi, 2012), TA refers to how data can be summarised or categorised through themes (Braun & Clarke, 2012). It is also useful for considering the patterns of data that exist and the frequencies of its occurrence. Therefore, Braun and Clarke (2012) suggest it is useful for drawing out what is common concerning a topic. One of the concerns with TA is its ability to over-simply the

experiences of people (Biggerstaff & Rossi, 2012) in an effort to identify patterns. A decision was therefore made not to go with this approach in order to find an approach that best captures the depth of experiences ME introverts face in relation to their support for mental health.

3.2.4 Discourse Analysis (DA)

Similar in its approach to NA, DA approaches research by understanding the meaning individuals make of their experiences (Starks & Brown Trinidad, 2007), although DA is more concerned with the nuances within language (Potter & Wetherell, 1987). It may place focus on, for example, pauses within a person's speech or the different terms used. Since those who use this approach tend to be curious about the use of language and what it might mean or how one's social context and experiences may be constructed using language (Biggerstaff & Rossi, 2012), opting for this approach did not feel appropriate. The purpose of this study lay more with the content of what was being said rather than how it was being said.

3.2.5 The Selection: IPA

IPA sits within the body of phenomenological studies and aims to study human lived experiences (Smith et al.,1995; Sokolowski, 2000). The framework developed by Smith, Flowers and Larkin (2009), along with others, is grounded within three core concepts. The first core factor underpinning IPA, phenomenology, was first presented by those from the European phenomenological school of philosophy: Edmund Husserl, Maurice Merleau-Ponty and Martin Heidegger (Donalek, 2004). The intention of phenomenology is to capture the meaning individuals attribute to their life experiences, and through this can commonalities in individual experiences begin to emerge (Smith, 2004). The approach was initially intertwined with health and illness, sexuality, life transitions, and psychological distress research, as Smith et al. (2009) highlight the difficulty in separating identity from these factors.

The second core concept refers to hermeneutics, known as interpretation (Finlay, 2014; Smith et al., 2009). The 'interpretative' within IPA suggests a level of interpretation is required to gain access to the meanings an individual places on an event (Lopez & Willis, 2004). Moran (2002) suggests a person's appearance can hide meaning, and therefore, meaning must be derived from the interpretation of things such as text. Moran (2002, p. 229) states, "The things themselves always present themselves in a manner which is at the same time self-concealing."

In addition, IPA acknowledges the cultural and socio-historical contexts surrounding both the participant and the research, which renders the process of interpretation not so straightforward (Shinebourne, 2011). Reflecting the not-so-straightforward nature of human existence, as well as double hermeneutics – both the researcher and participants are trying to engage in meaning-making of what is being shared simultaneously (Smith et al., 2009). It is for these reasons a decision was made to draw upon IPA. The very core of introversion is introspection, and often, more things take place internally than may present externally. It felt that to conduct this research project with justice, an approach that could delve deeper to unpick the meanings behind what was shared would be required.

The third core concept of IPA, idiography, further supports this. An idiographic approach embodies a commitment to in-depth, detailed analysis of lived experiences (Smith et al., 2009). This is in recognition of the uniqueness we carry as individuals, which lies within the multiple identities we hold; again, very in keeping with the rationale for this research.

Strengths of this approach include its utility in addressing areas of research in its early stages, where there is a lack of knowledge (Donalek, 2004). Moreover, this approach acknowledges the many contexts around the individual and how this might impact the meaning-making process. This felt particularly important to highlight, given the personal

relationship as a researcher one held to the topic of this study. Underpinned by CR, as mentioned in Chapter One, it is likely the verbal accounts gained through this study will be as close to the truth one can possibly get, and therefore, through acknowledging my own context, one can try to preserve 'the truth' in the purest form.

One of the challenges of IPA is its lack of generalisability. Exploring individual accounts could make it difficult to transfer the conclusions of these findings to a broader scope of people. Nonetheless, one recognises that learning about people's experiences and amplifying marginalised voices is more valuable. Furthermore, it is even more likely that as a minority within the UK, the experiences of minority ethnics will not be reflective of or transferable to the entire UK population.

Secondly, IPA has been regarded as an exhaustive process (Donalek, 2004), given the time needed to analyse the data and extract the meaning. Despite this, it was accepted that to be able to fully draw out the experiences of ME introverts, time would be needed to make sense of what was shared. IPA felt appropriate in that it could achieve the balance between what was feasible and unfeasible; in comparison to approaches such as GT, which also prioritise uncovering the depth of experiences, however, are required to achieve a point of saturation to conclude data collection (Aldiabat & Navenec, 2018), a timepoint that would be unknown.

3.3 Expert by Experience (EbE) Consultation

EbE individuals, according to NHS England (2017), work within services and alongside clinicians to review the delivery of services as well as people's care. This is often done from the perspective of individuals who have shared similar experiences or who themselves have previously been the recipient of that service. King's College London (2004) suggests the involvement of EbEs is essential for establishing neutrality within research, as well as helping to ensure the research is more accessible, ethical, and relevant. Most

importantly, it is important to dismantle the positions of power that can so easily exist between researchers and their participants by ensuring there is a representative voice there on behalf of the participants; and that the participant's voice is kept at the heart of the work.

With this knowledge in mind, it felt necessary to embed the contributions of EbEs into this study. However, as this was a study not based upon a clinical population, the expertise of a 'consultant' was sought to offer guidance with this project. For confidentiality reasons, the consultant will not be named. The consultant not only identified as being part of the minority ethnic community but also as an introvert. This individual actively strives to bring attention to Black introversion in the UK and the challenges and tensions created through this intersectionality. Therefore, it felt important to draw upon their expertise in the absence of EbE involvement in order to still achieve the quality of consideration and input EbEs would have brought to this study.

3.4 Ethical Considerations

The University of Hertfordshire Health and Human Sciences Ethics Committee granted ethical approval for this research project on 9th November 2023 and re-approved it on 12th August 2024 following a modification request (protocol number: LMS/PGT/UH/05455). Both letters of notification can be found in the appendices. The following section details the ethical considerations throughout the study.

3.4.1 Consent

Before being interviewed, participants were required to read the information sheet, which detailed the study's intentions and other relevant details. Following this they were also allowed to pose any questions or concerns they had regarding their participation in the study to the primary researcher. At this stage, if they made the decision to proceed, they were asked to sign the consent form, which was either automatically submitted to the primary researcher through the online form or emailed back by the participant.

Participants were asked again if they wanted to proceed and made aware they could withdraw from the study before or during the interview and after the analysis date. Furthermore, as well as being detailed in the information sheet, verbal consent was obtained on the day of the interview for the interview to be video recorded to aid with the analysis of the information shared. Consent was also sought to include their quotes in the write-up and for the dissemination of the research.

3.4.2 Confidentiality

Participants were made aware within the information sheet they would not be identified in the write-up of this study, and confidentiality would also be preserved by ensuring data protection (detailed in 3.6.4 below) would be adhered to. This meant any identifiable information would be kept in a password-protected file stored on the University of Hertfordshire (UH) One Drive account; that only the primary researcher would have access to this. Limits to confidentiality and duty of care were also acknowledged in the participant information sheet. However, this was also verbally stated before the interviewing process begun. Participants were instead given pseudonyms to ensure they remained anonymous, whilst also preserving their individuality by not referring to each one as 'participant'.

3.4.3 Consideration of Harm and Risk

Whilst this study was not based on a clinical population, areas of potential harm had to be considered and highlighted. Firstly, as this study involved working with individuals who may still or may have previously been vulnerable to mental health challenges, there stood a chance they could have been re-triggered by the study. Participants were allowed to have a check-out space following the interview despite also being asked how they found the interview. In addition, they were provided with a debrief information sheet following the interview, which included a list of sources of support they could access if needed. This also

included emailing the primary researcher if they felt any distress following the interview so that they could be put in contact with the relevant services. If this situation presented, a plan was also put in place to discuss the matter with the primary supervisor to agree on how best to proceed. Participants were made aware, on the information sheet, that confidentiality may need to be broken if that were to be the case.

Moreover, as a researcher, it was important to pay particular attention to non-verbal cues during the interview to check for signs of distress. Participants were verbally informed they could take breaks or stop the interview entirely if needed. Furthermore, as the interviews took place online, it was even more necessary to pay attention to non-verbal cues, as it would have been harder to identify signs of distress as one was not physically present in the room with the researcher. The awareness of this being an online interview made it even more necessary to provide participants with the option to take breaks, as the screen time could have been physically and cognitively demanding for some (Bennett et al., 2021; Nurmi & Pakarinen, 2023). In addition, checks were made to ensure participants were in a place they felt was private and safe enough for them to proceed with the interview.

Some further areas of risk and potential hazards that were identified were highlighted in the risk assessment form (Appendix C).

3.4.4 Data Protection

Participant details and all other identifiable data were kept in a password-protected General Data Protection Regulation (GDPR) compliant UH One drive file. This file was only accessible to the primary researcher. All other research resources and non-identifiable data were kept in a separate file on the UH One Drive account, accessible to the research team. Identifiable data remained in these files until the completion of the thesis. Participants were informed of this within the information sheet before obtaining their consent.

3.4.5 Incentives

Prior to recruitment, a decision was made to offer participants an expression of gratitude for their time in the form of a £10 Love2Shop gift voucher. It initially felt important to not advertise this as part of recruitment to avoid skewing the pull of potential participants and as a way to ensure engagement with the study was for genuine reasons. However, a decision was made by the research team to include this information on the poster as some participants may have wanted to know how their time might be rewarded.

Table 9

Provides details of the inclusion criteria, including the rationale

Criteria	Reasoning
Identify as either Black, African, Asian, Brown, dual-heritage, indigenous to the global south, and or, have been racialised as 'ethnic minorities'	In order to meet the aims and purpose of the study. Unfortunately, as 'global majority' is not as commonly utilised within the UK, for the purposes of recruitment, 'minority ethnic', was drawn upon within advertisement of the study, as it is said to acknowledge "That individuals have been minoritised through social process of power and domination" (Law Society, 2023, para 4).
Identify as an introvert either based upon or not based upon the current definition of introversion (provided in the information sheet)	In order to meet the aims and purpose of the study. Rationale for this also provided in Chapter One.
Have previously accessed a mental health support service (includes NHS and private/charitable services)	In order to meet the aims of this study and thus shed light on this aspect of their experience. Active NHS mental health engagement may have also required NHS ethical approval.
18+ years of age	In line with ethical guidelines, otherwise permission to participate may need to be sought from the parents, which could delay/complicate the process of recruitment.

Table 10

Provides details of the exclusion criteria, including the rationale.

Criteria	Reasoning
Currently accessing an inpatient mental health service	Due to restrictions around leave, as well as current risk, which the researcher might not be able to contain.
Identifies as an extrovert or ambivert	Experiences might be significantly different in comparison; and in order to meet the aims and purpose of the study.
Has been proven to lack capacity to make a decision due to impairments or disturbances of the mind. Unless they have an independent advocate in place to support them to make the decision	In line with ethical guidelines, due to potentially not being fully aware of what they are consenting to take part in.
Does not attend two rescheduled interviews	This may reflect the individual's uncertainty to take part in the study. Therefore, in efforts to not pressurise the individual and/or withhold the progression of the study, no further contact will be made.

3.5 Recruitment

In accordance with this sampling strategy, the first part of the process required the public to be made aware of this research study. A study poster was created (see Appendix D) and initially disseminated on a few online social media platforms, which were Facebook, Instagram and Linked In. In addition to this, two WhatsApp groups consisting of current and former trainee clinical psychologists were contacted and asked to support the dissemination of the study. Posters were intended to be placed in different faith centres, libraries, and community centres across London (due to this being the geographical location of the researcher). However, as the intended number of participants had been successfully recruited for the study, this recruitment stage did not occur.

Participants who were interested in participating in the study signed up for the study using an online form created using JotForm (see Appendix H), which also contained details

of the information sheet and consent form. Due to difficulties in initially accessing the online form, potential participants were asked to email the primary researcher, who then sent over the information sheet. Participants were asked to sign the consent form after reading the information sheet and confirming they met the inclusion and exclusion criteria (Tables 9 and 10). They also had the opportunity to pose any potential questions or concerns they had, before signing the consent form, through a conversation with the primary researcher. Once the consent form was submitted, participants were then contacted by the primary researcher to schedule a time for the interview to take place.

3.6 Participants

Eight participants were recruited for this study, which aligns with what is considered appropriate for an IPA study (Smith et al., 2009). However, there is also an acknowledgement of there not being fixed requirements regarding this (Smith & Osborn, 2003). These participants were recruited through a convenience sampling strategy appropriate for recruiting the intended sample size. This is a search strategy which involves recruiting potential participants on the basis of who is most accessible to the researcher. In some ways, there is a reliance upon participants to self-select themselves for the study based on their own reasonings for doing so and with the assurance they meet the inclusion and exclusion.

Five out of eight participants were recruited through Facebook. Two participants reported hearing about the study through friends, and one came across the study via Instagram. Details of the participants can be found in Table 11. Certain identifiable details were excluded from the table, and pseudonyms were ascribed during transcription to protect the participants' anonymity. Participants were between the ages of 20 to 39 years and reported either being Christian, Muslim or Agnostic. Only one participant did not declare a faith. The mental health experiences reported included complex PTSD, anxiety and anxiety-related symptoms/disorders, depression, eating disorders, low mood/negative thoughts, and

postpartum depression. In addition, participants reported as either heterosexual, bisexual or lesbian.

3.7 Interviewing process

Data was collected through a mixture of closed questions (to capture demographic data) and open-ended questions. A decision was made to capture demographic data during the interview rather than to send this out ahead of the interview, as it allowed participants to ask any questions regarding what was being asked. The second phase of the interview consisted of open-ended questions, questions that would enable the participants to provide in-depth responses, shedding light on their experiences in relation to the questions being asked.

Questions for the interview were created with the research aim and questions in mind. Split into mainly two halves, the first half aimed to uncover their experiences of being a ME introvert. This consisted of sub-questions exploring their understanding and experiences as a minority ethnic, and eventually, their introduction to introversion and their understanding of this. The second half of the interview sought to understand their experiences as a ME introvert accessing mental health support. Sub-questions consisted of understanding their care, mental health experiences and support considerations. The final question intended to gather their views, and anything missed regarding the topic. The full interview schedule can be found in Appendix I.

All interviews took place via Microsoft Teams and lasted between 45 to 82 minutes. Participants were given the option to arrange another interview in case the time was insufficient. Interviews were held virtually for the convenience of those participating in the study, and broadened the geographic reach of participants that could potentially participate in the interview. Furthermore, following the Covid-19 pandemic, it also felt important engagement was made easier, convenient, and safe for all. A discussion concerning the impact of an online-only study can be found in Chapter Five.

Table 11

Participant demographic information

Participant pseudonyms	Ethnicity/ culture	Gender identity	Type of support accessed
Olive	African Caribbean	Female	Talking therapies and plant medicines (psilocybin)
Nairobi	Black British	Female	NHS Talking therapies and private therapy
Temi	Jamaican and Benin	Female	Therapy
Patricia	Black Caribbean	Female	CBT
May	Black African (Somalian)	Female	Therapy and medication
Kelly	Dominican	Female	Talking therapy
June	Half Lebanese half Israelian	Female	CBT
Rob	Black African	Male	Life coach and a psychologist

3.7.1 Overall Process

The overall process from recruitment until post-interviewing processes (including debriefing and issuance of the gift voucher) has been summarised within the procedural flowchart in Figure 4 below.

3.8 Data Analysis

Data analysis was conducted in line with IPA as described by Smith et al. (2009). This has been outlined in Table 12 below, along with the personal reflections that emerged along the way. It is important to note that the guidelines of Smith et al. (2009) are not intended to be rigid but rather flexible and dependent upon the research objectives. It was therefore important for one to hold this in mind (Pietkiewicz & Smith, 2014), so there could be full emergence into the data and to be able to extract as much meaning from it.

3.8.1 The procedure

Following the interviews, the video recordings were reviewed to ensure nothing was missed on the downloaded transcripts from MS Teams. The transcribed data was shifted to the far left and each line given a number. Notes were then made on the right-hand side of the transcripts of any exploratory or non-verbal communications. Experiential statements were noted following this. After reviewing the transcripts again and noting anything that was missed, emerging themes were noted. Any similarities, and patterns between themes were clustered together and used to create personal experience themes (PETs). An example of this process can be found in Appendix J

This whole process was then repeated for the remaining transcripts. Following this all the PETs were transferred to a new table and their corresponding supporting line-numbers noted next to the PET (an extract of this can be found in the Appendix K). These PETs were then colour coded and similar PETs were given the same colour. Similar colours where then grouped together and used to create the group experiential themes (GETs), in addition to reviewing the supporting text to ensure it aligned with the GET. The GETs were then reviewed again separately by the primary researcher, then shown along with some transcript extracts in a subsequent review with the supervisory team.

Figure 4

A procedural flowchart outlining the overall process from recruitment to post-interview

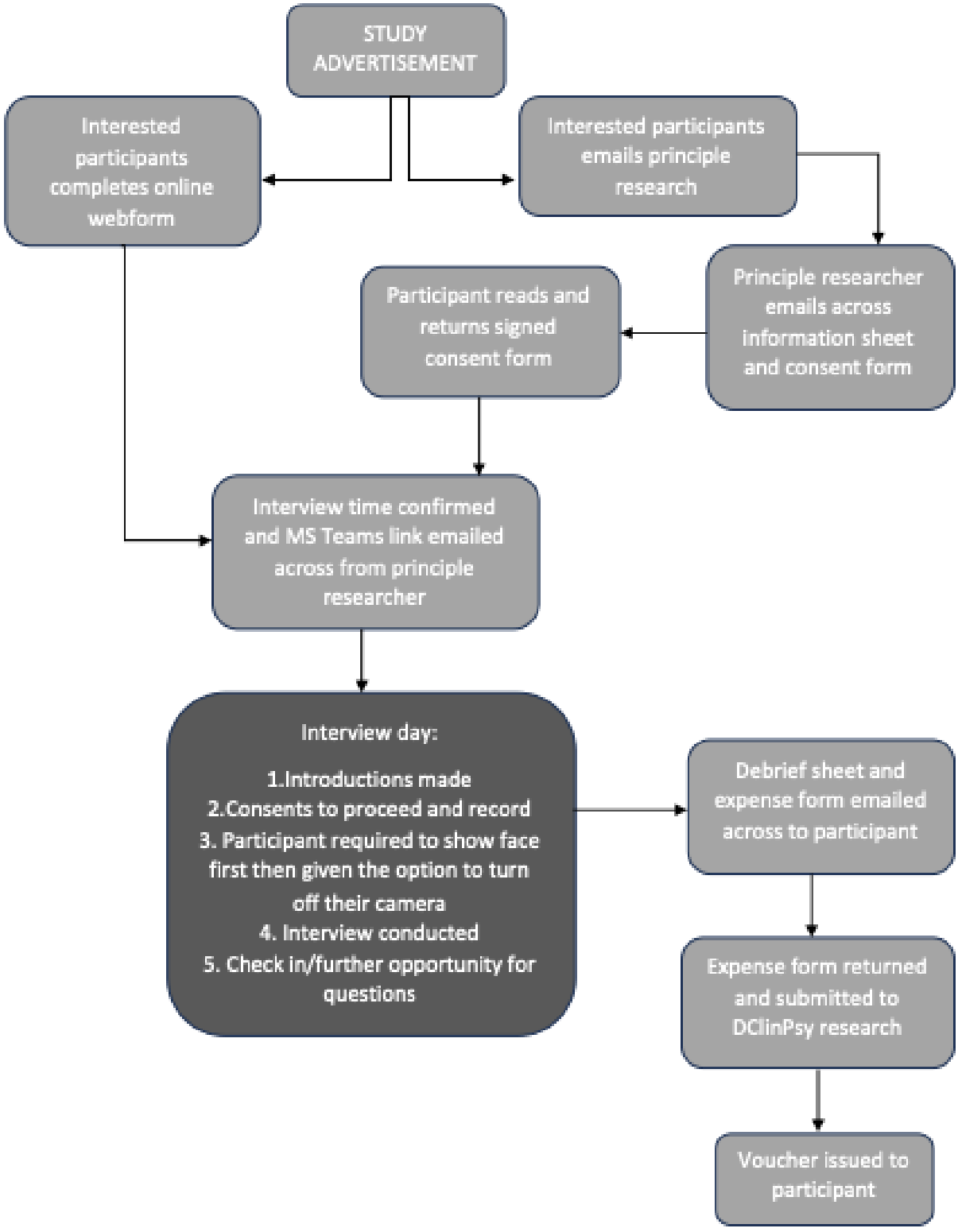


Table 12

Describes the stages undergone as part of the IPA analysis

Stage 1.	Interviews were transcribed. Transcripts were downloaded from MS Teams, and videos were re-watched to correct any mistakes from the initial downloaded transcripts. Transcribed data was shifted to the far-left side of the page, and space was created on the right side of the page, to reserve room for the subsequent steps. Notes were then made on the right-side, of any exploratory comment and significant non-verbal or para-linguistic communications noted. Any questions were also noted here. *Reflection: Due to what felt like a lack of time, I felt tempted to request the services of a professional transcriber at this stage. However, I opted to transcribe the data myself. I felt it was important to fully familiarise myself with the content and to accept time was needed to do this.*
Stage 2.	Experiential statements noted, interview transcripts were then re-read, and statements made on what was understood from what was said. Again, placed into the right-hand sections. *Reflection: The realisation of how much people have entrusted me enough to be able to share their life events with me, suddenly hits. I started feeling really motivated to search for anything I might have missed, in wanting to really give this my all.*
Stages 3.	Emerging themes were drawn out from the experiential statements
Stage 4.	Identification of patterns between themes, specifically looking for any similarities. These relationships were highlighted and clustered together, to achieve personal experience themes (PETs). *Reflection: It is really starting to come together*
Stage 5.	Stages one to four repeated for interviews with the remaining participants. *Reflection: Definitely starting to experience fatigue by this point. The realisation of how important it was I take breaks suddenly dawned on me – as things could so easily become missed. In addition, I could so easily fall into the trap of wanting to rush through it. I think it's time to take a break…*
Stage 6.	Identification of patterns between themes across all the participants. Creating group experiential themes (GETs).
Stage 7.	Extracts of transcripts were shared with the supervisory team, and theme development discussed and challenged further. Following this, the results of the GETs including any subthemes were narratively reported (found in Chapter Four)

3.9 Quality Assessment

Yardley's (2000) quality assessment tool was used to assess and uphold the quality of this study. It is a tool which is regarded as beneficial for use in qualitative research (Addington-Hall, 2007). The following section details how each of these criteria was met within this study.

3.9.1 Sensitivity to Context

Outside of one's own personal relationship to the topic, it was important to gage an understanding of not only whether this topic was worth exploring, but the different narratives speaking to this topic and the positionality of those narratives. A search was conducted highlighting important issues concerning the pathologisation of introversion, as well as the history underpinning this. The systematic review not only highlighted the perspective of participants but identified a lack of representation from ME introverts and their experiences with this matter. Sensitivity to context was also adhered to through regularly setting time aside to write in a reflective diary, and also through this diary and regular meetings with the supervisory team one tried to ensure there was minimal contamination of the reporting of experiences shared by participants. Moreover, issues of confidentiality, consent, and the chances of psychological harm were considered as part of efforts to ensure participants were comfortable.

3.9.2 Commitment and Rigour

The personal ties to this topic, as highlighted earlier, acknowledge that this is a life-long tie. Consequently, as the primary researcher, interest in this area cannot and does not simply end with the completion of this thesis. Commitment and rigour were further demonstrated through the time taken to analyse and extract meaning from each interview and through seeking further support and guidance from the supervisory team in doing so.

3.9.3 Transparency and Coherence

Whilst every intention was made to ensure the research analysis process was detailed coherently, it is important to recognise the subjectiveness surrounding what is deemed coherent. As the intention was to explore the experiences of ME introverts, self-identification was used to ensure individuals were not excluded and their voices not captured due to not measuring up to socially constructed norms. Efforts were made to adhere to transparency by drawing upon clear guidelines within data analysis, in line with Smith et al. (2009), whilst also presenting to the supervisory team and the wider audience the real-time analysis that took place. In addition, embedded reflexivity, extracts of the commentary, and experiential statements can be found in Appendix J and K, providing clarity and support for the themes extracted from the data.

3.9.4 Impact and Importance

This work attempts to challenge the misconceptions of introversion and shed light on the experiences of ME introverts in relation to their mental health care. Generally, this study intended to keep at the forefront of society the experiences of ME introverts, voices that often go unheard. Further details of the impact and importance can be found in Chapter Five, following what was found from the study and the implications of this on the mental health profession, and society as a whole.

3.10 Reflexivity

As well as being the primary researcher, due to one's own personal relationship to this topic, it is important any thoughts, feelings and experiences were acknowledged. Olmos-Vega et al. (2023, p. 1) suggest researchers "Engage in reflexivity to account for how subjectivity shapes their inquiry." This means that one's position could easily have influenced the construction of the questions, the way in which participants were recruited, and the way the data was analysed, amongst other aspects of the study. Reflexivity has been

defined as a continuous self-critique, appraisal, and evaluation of one's subjectiveness (Berger, 2015; Olmos-Vega et al., 2023). This has been regarded not only as good practice within qualitative research (Elliott et al., 1999), however has also been highlighted as important for building trust with the audience as a researcher (Finlay, 1998). This may in part be due to the researcher indirectly holding themselves to account through making explicit their journey with their research. Moreover, reflexivity highlights the knowledge and experience one possesses and how this has been utilised within various stages of the research study (Elliott et al., 1999).

In addition to being accountable to the supervisory team, extracts of my reflective diary have been included in Appendix L. It felt necessary to do this, particularly as an introvert; internalising one's thoughts is first nature and could so easily contaminate the work and the experience of carrying out the work by holding onto the emotional aspect of this journey. Moreover, as a mother, trainee clinical psychologist, and ME introvert, etc., one constantly had to contend with different emotions daily. The reflective diaries made it possible to express one's feelings about the various stages of the journey, therefore allowing one to be more present in the research process (although easier said than done).

CHAPTER FOUR: RESULTS

4.1 Chapter Overview

This study aimed to **uncover the experiences of minority ethnic introverts receiving mental health care in the UK**. The following section details the IPA findings of the experiences of eight participants. Although every effort was made to bracket my own experiences and reflections on this topic, my lens would have inevitably informed my sense-making of the shared experiences. As a result, the research team's expertise was sought to consider alternative interpretations and discuss the final themes. Five Group Experiential Themes (GETs) emerged from the data, as highlighted in Table 11; and in connection with four of these GETs were subthemes. Direct quotes from the participants have all been italicised and embedded throughout the reported findings to ensure the participants' voices are kept at the forefront of all the meanings made.

Table 13

Summary of the main GETs along with their subthemes

GET	Subthemes
Redefining introversion	Subtle strengths
	The introverted spectrum
Systemic and circumstantial determinants	
Introversion as a necessity vs introversion as a privilege	When introversion is not a privilege
	Introversion as a necessity for survival
Challenges of accessing help	Introversion as a barrier
	Ethnicity as a unique factor
Ingredients for a positive care experience	Recognising the individual
	Just being a “good therapist”

4.2 GET 1: Redefining Introversion

This first theme speaks to the shift of power into the hands of those who experience life as an introvert. Within this theme, most participants placed an emphasis on the benefits of introversion, which appear missed from current definitions. In addition, the language used highlights the position of strength and the flexibility that can accompany an introverted life.

4.2.1 Subtle Strengths

Six out of the eight participants spoke of their rejection of definitions of introversion, not feeling as though it aligned with their own experiences. Olive touched upon the more subtle strengths afforded to her as an introvert. For example, her ability to observe things others may not necessarily have taken the time to notice. She states, *"I absolutely enjoy the observations that I am able to make, it's kind of balanced. I think there's a good mix of feelings and thoughts when it comes to that."* This also speaks of the self-awareness that accompanies being introverted, required to notice those strengths in the first instance. Again, this is something that appears to be missed from definitions. Olive acknowledged this herself by saying, *"It means that I'm aware of myself to the degree that I sort out a global majority therapist…. I sought her out because I know myself."*

For some other participants, it appeared that as they became aware of themselves as introverts, their confidence and esteem within themselves also blossomed:

> *I wasn't quite clear and obviously I wouldn't say I was an introvert until, you know, I found that out. But now I'm comfortable saying you know that how much of an introvert I could be or I am … being an introvert, you share, you spend more time by yourself and do a lot more things within your own self.* (Rob)

Rob's comments suggest a self-sufficiency that comes with being an introvert, someone who retrieves their resources necessary for life, internally rather than externally. This can be further supported by June:

> *Being introverted in some weird ways, it makes you very self-sufficient because you're not used to coping or dealing with things in relation to like having some form of a group, or even if it is, it's a very small knit tight knot and even with that your interactions with them are still very nuanced based on your personality.… I would just say maybe it is just a natural propensity to be comfortable with being by yourself.* (June)

Similarly, Kelly shared, "*I'm just an individual. I don't crave all the bonding and longing."* Both comments propose that with this realisation is a confidence and justification for what their preferences are. Moreover, an acceptance of this, even in the absence of approval from others. Kelly goes on to state, "*I'm dependable, not accessible.*" Meaning that her family wanted more access to her than she wants to give, and although they may not be okay with the limited access, she is okay with this.

Nairobi highlighted the importance of being able to recharge as an introvert. Nevertheless, the sense of safety was important for how this is achieved; if not achieved within her own company, she needed to be able to recharge around those she feels safe around. This seems to insinuate her ability to gauge who and what brings her a sense of safety. This is also suggestive of a selectivity in the part of herself Nairobi might choose to share with others (which could again be driven by who she feels safe with). May further supported this by saying, *"We just may not be as open as as others about our interest or our bonds or our. About us, really."*

4.2.2 The Introverted Spectrum

The idea of being introverted but on a spectrum was stated by one participant and implied by some others. Olive shared, "*It's difficult because obviously, being an introvert, there's a spectrum as well."* Similarly, June stated, "Because *you're an introvert doesn't necessarily mean you need to be dull." This* may mean there is an expectation of how

individuals are to behave as introverts, i.e., dull or one-sided. However, in some ways, they both refused to conform to this. Instead, Olive shared her ability to engage in 'extroverted' activities, however, "*in smaller bites* [alternatively, bits]." Whilst June described an ability to be both extroverted and introverted at the same time. June used her friend as an example of someone who engages in activities the UK might consider to be 'extroverted', however, on what appears to be in her own, non-conventional way, i.e., on her own:

> *Because because I have this friend, she is very extroverted. But she's an extroverted introvert. She loves going out, being outdoors, doing everything. But she likes doing it on her own. So. So she's outgoing and can be considered extra, you will rarely see people, even us around her cause. She just likes being outdoors alone, being outgoing, alone, even being boisterous alone*. (June)

Nairobi further championed the concept of a spectrum:

> *In a new social environment and it's a lot of people that I don't know. I wouldn't necessarily say that that I'm as extreme as I used to be but I know how to be loud … and I can be funny. But I'm not that all the time. And I think it irritates me when people don't see that I'm just not one-dimensional anymore*. (Nairobi)

She later goes on to state, "*I found it really hard to to to align myself with that, that definition… And I think depending on who I asked as well, that the answer would be different.*" This could challenge the concept of introversion being a fixed, objective construct, but rather something that may change according to time and circumstance and depending upon the lens from which it is being viewed. This could also explain the difficulty Nairobi had in knowing whether she was introverted due to falling into the narrative of introversion as binary i.e., you either are an introvert or aren't.

4.3 GET 2: Systemic and Circumstantial Determinants

This next theme speaks to the circumstances and systemic determinants of what is or isn't considered acceptable behaviour. As ME introverts, this theme highlights the differing contexts in which they live and how much this influences their ability to fit in with others within that context. Moreover, this theme begins to provide some understanding of some of the feelings, emotions, and mental health experiences some participants later go through. *"I kept on clashing, clashing, clashing, so many clashes with them because I I tried to be myself"* (May).

For some participants, there lay a challenge with being accepted within their own family as introverts:

> *Why? Why don't you go here? Why do this? Why are you … And I think it's the same thing with my husband because he's Jamaican. And he's also very introverted. The Jamaican family is very big family. Everyone together, and he just does his ting* [sic]. (Kelly)

June also gave the example of her father not wanting her to end up like himself, which implied that, as a father, he may have felt he was acting in the best interest of his child by encouraging her to act more extroverted. This raised the question of whether Kelly's family also intended the same. There appeared to be a belief within Kelly's family about some additional benefits that might accompany extroverted behaviours. This could also be due to coming from a culture that functioned contrary to introversion. Kelly speaks to her difficulty with identifying as a Dominican due to behaving in a way that functioned contrary to cultural norms:

> *I'd say that growing up in a Dominican household, it's a very family-based society. Like you, you're just very family orientated and I think me being introverted sometimes I didn't feel I was as Dominican enough because that family outwardness*

> *was also part of what made our culture. And sometimes I I felt like because I wasn't that way, I couldn't be part of it. … I think it's a culture built for extroverts.* (Kelly)

This helps to know that through Kelly's lens, to be 'Dominican' meant to be outward and family-orientated, raising questions of where this understanding has come from. Through Olive's experience, she points us to the generational differences in the expectation of how she should behave, and the difficulty in being what is expected of her within another culture:

> *Because our parents coming from a place of completely different environment with completely different cultural standards, with completely different, you know, foods, everything and. Being here and only really being raised here. Although you you've been raised the way that you have to have those sort of sensibilities and norms, it's difficult to apply them.* (Olive)

For some cultures, such as Nigerian culture, it may have been even more challenging to be oneself when introversion was associated with weakness. Rob shared that *"due to the fact that Africans, especially African parents are, you know, very extroverted."* He went on further to say:

> *But considering the fact that I was a bit quiet, you know they saw, they saw me to be weak or they thought it was a weakness I had, considering the fact that, you know, I wouldn't speak out loud or maybe, you know, one or two times when I got bullied, they asked the question, what did I do? And I'm like oh, I didn't do anything and they expected me to have probably fought back.* (Rob)

Rob's revelation is also suggestive of potential gendered roles and expectations around what it may mean for a boy to be introverted within Nigerian culture. His comments draw one to feelings of shame or embarrassment in not measuring up to those expectations. Patricia's family also held negative stereotypes towards introverts. She described being considered as rude by her family for being an introvert and not wanting her boundaries crossed. This may

be indicative of her family members having a sense of entitlement by not respecting or accepting her boundaries:

> *I think I was considered very rude because I was gonna stand my ground. I'm not here for you people. I I I love my family, but I think from an early age I knew I like had a lot of boundaries that I didn't want them crossing, that they wouldn't respect especially.* (Patricia)

Some participants described other aspects of their identity, such as being a minority ethnic, rather than their introversion, as contributing to their sense of not belonging in the UK. "*In some ways, yeah, I do feel like I'm just a passer-by. I I really don't belong."* June, who shared this statement, identifies as half Lebanese and half Israeli. She goes on to state, *"The nuances of your culture don't show on your face, and when you're viewed by them, they'll just see you as one thing … you still see it on their face like* [pause] *there's this hesitation*." This sentiment is also shared by May, who identifies as Somalian, she shares, "*I feel like I will never be truly accepted or fully belong*." From these statements, it can be inferred that society has played a part in causing these two women to feel isolated.

For some participants, this discernment between what was acceptable began to take shape during their childhood years, through the negative reception they received from others. In Nairobi's case, this was other peers, "*So I was bullied for being Black. In infant school, so from like year one up until year three. I was really badly bullied … you're kind of aware that you don't fully belong.*" For others, such as Olive, this may have fostered a belief that something was wrong with them due to feeling different to others of a similar identity. She stated:

> *It was a bit difficult because I didn't understand why I wasn't like everybody else … I didn't understand why a lot of time time I just wanted to be by myself. Or why I would cry … because I didn't understand why I wasn't like the other girls … you know the*

> *other the other global majority girls that just seemed to click and get on … why do I not fit in … I was seen as different and I didn't understand why.* (Olive)

4.4 GET 3: Introversion as a Necessity vs Introversion as a Privilege

This GET highlights the privilege that can accompany those who have the ability to be introverted without being judged. In support of this is the extent to which some participants feel the need to mask their introversion for fear of their behaviour not being seen as acceptable or fear of what those consequences might be. Consequently, it would appear that when introversion is not a privilege, some participants have adopted various survival strategies. On the other hand, some participants have shared experiences which suggest they have rather had to adopt introverted tendencies in an effort to survive their situation.

4.4.1 When Introversion is Not a Privilege

Nairobi highlighted the norms she learned to associate with introversion. Specifically, this was a white girl, who tended to keep themselves to themselves. She shared the following:

> *A lot of the time in in films you have these girls that are like. I guess in the film may be characterised as a loner … Whenever I say girl, I usually do mean white girl …That's the girl that I've put in mind. She is white, she is…. And there doesn't seem to be any understanding of introversion outside of whiteness.* (Nairobi)

For this reason, Nairobi found it difficult initially to align herself to an introvert, as a Black British woman; she did not feel she fit the narrative constructed by herself (or it can be assumed rather, constructed by the society she was embedded within) of what an introvert should look like. This may have been reflected in her hesitation at first to sign up for the study, as she confessed having to confirm with a friend whether she was introverted. In Nairobi's view, whiteness was the norm for many things within British society, and therefore, requires "*a lot for you to see something outside of whiteness*", Nairobi suggested.

In addition, in Nairobi's experience being introverted was not something those who identify as Black have been afforded the ability to be:

> *Black people haven't been given the opportunity to necessarily be. Introverted. Cause you're struggling against so much. And. And yeah it's tiring, but you're. You're fighting constant battles that way, it's like you have to be. You kind of have to be loud and you have to challenge the status quo and you have to fight against different types of institutions. So from that perspective like that seems to go against my definition of of what being an introvert is.* (Nairobi)

This raised questions as to what it may mean if Nairobi was to prioritise her introversion and not 'fight'. Nairobi's statement suggests that it may not be so easy to just be silent. Furthermore, it would seem she has needed to 'mask' in her efforts to suppress her introverted ways, in line with what is expected of her as a Black woman. It appeared that for Nairobi, the consequence of not having this persona would mean fewer friendships and less protection:

> *Unless I feel really safe with a person, I really struggle in social situations and like I'm masking. And and being quite performative and behaving in a way that people people kind of expect of me or what I think people expect of me … then I've learnt how to mask and behave in a certain way in different social settings to protect myself … I kind of like adopted a persona … I wouldn't have said that at the time, but I adopted a like kind of I I essentially learnt how to mask and I learned that being really loud meant that you got a lot of friends.* (Nairobi)

Nairobi went to the extent of giving in to what appeared to be stereotypes, such as Black being 'loud' and 'funny', in what appeared to be her efforts to survive the situation she was presented. Stereotypes she still continues to fight:

> *That's what I kind of learned black is to be, in terms of being loud and funny, or it was something that I just adopted myself … But I think as I've gotten older, I've really struggled because I I have this perception of myself and that when I go into social situations, people expect me to be loud and to be funny, and I'm not necessarily that anymore.* (Nairobi)

Rob expanded on this further by zooming in on the benefits afforded to him by adopting this other persona, "*I'm able to, you know, achieve a lot more in comparison to before. I could be seen as normal, unlike being seen as weird.*" Which calls into question those that deemed Rob's behaviour as weird and whether he may not had been viewed as 'weird' if he was a white male behaving introverted. May nonetheless acknowledged that someone could only mask for so long, "N*o matter what I I try I think who I am still pops out once in a while*."

4.4.2 Introversion as a Necessity For Survival

This subtheme highlights the need to be introverted to be able to survive that circumstance. This subtheme acknowledges the expectations functioning around the individual to set the parameters of how they are required to act. This was the case for the father of June. She states, "*Well, my dad migrated to the US before he came to the UK … I don't necessarily think he's an introvert by choice, you know, but it's more of a by circumstance type of thing."* It may be assumed that June's father migrated in order to build a life for himself (or his family) in a new country. Again, the benefits of behaving introverted seemed to outweigh the costs of not behaving so within this new country. Potentially, the things that may have been required to live, i.e. income, housing, and/or peace of mind, might have come more readily for June's father by behaving as an introvert. This speaks to the potential expectations society members would have had for migrants such as June's father.

In May's experience as a Muslim woman, it was considered a norm to be introverted. She shares, "*I do think, no offence, my religion doesn't have room for extroverted women.*"

The expectation, in her view, is for Muslim women to be "*very docile. Quiet. Don't. Do not speak unless spoken to."* May spoke of being more extroverted as a child, but due to these expectations placed upon her, she became more introverted as she grew older, *"I think at that point I got tired of the clashes and I just felt it would be easier to fall in line instead of fighting it."* As a Muslim woman, she felt it was in her best interest to comply with how her religion expected a Muslim woman to behave. An assumption was made that life would have been more favourable for her in doing this. Furthermore, this may infer that when certain identities intersect with other aspects of a person's identity, such as being a Muslim male, being introverted may not be considered acceptable or necessary.

4.5 GET 4: Challenges of Accessing Help

This next theme speaks to the challenges some participants described in being able to access support for their, or potential, mental health challenges. The first subtheme arising under this GET highlights the challenges being an introvert creates in recognising mental health needs and the barriers created in being able to obtain appropriate support. On the other hand, the latter subtheme reflects some participant's experiences of the challenges they have with accessing the correct support as a result of their ethnicity, irrespective of being introverted.

4.5.1 Introversion as a Barrier

As highlighted by the subtheme, '*When introversion is not a privilege',* some participants were compelled to put on a mask to hide their introverted ways due to not being afforded the privilege of being themselves. Largely due to a UK culture or a familial environment that discouraged such behaviours. It could be assumed by some accounts that some ME introverts may have masked so much that they even felt compelled to be grateful for support they were, in fact, unhappy with. This could have served as a barrier for them to

receive the high-quality care they actually desired and deserved. Nairobi expressed her thoughts regarding a service she was unhappy with:

> *I don't want to sound like I'm like ratting on the NHS. Because I'm not. I'm really appreciative of everything that they do, and I recognise that there's a lack of funding and the rest of it. So you know, right. But on the other side of that, like it was totally futile … therapy with the NHS, it was, it was useless. (*Nairobi)

It appears due to not having a natural tendency to share her thoughts with others, this came in the way of advocating for the type of care Nairobi wanted to receive. Nairobi says, *"I also really struggle. I never want to be seen as a burden … I don't like to share necessarily, my feelings or or concerns. I don't particularly like sharing … I'm not a huge sharer."* Kelly also spoke of her preference to not share with people due to being an introvert:

> *Because frankly, even with the postpartum being an introvert, frankly opening up about it or seeking help, it wasn't my first option. It was kind of like a last alternative when my husband saw me and I was struggling … But then there's a lot of things that you will struggle with as an introvert that are probably not addressed properly because I feel a lot of times it escapes.* (Kelly)

The preference both these participants possessed to not share with others could be viewed as a factor which prevented them from advocating for themselves in cases of unfair treatment. Alternatively, it may have been a barrier to asking for further support when they felt this was needed. Temi's statement below highlights how detrimental being introverted could be for those around the individual to recognise signs of distress:

> *Thing leads to suppression which causes a problem along the line. I feel like introverts suppress things a lot, but it's not noticeable because it's all still within the parameters of how our personality presents … under the radar, under the umbrella unnoticed because it all still falls under our coping mechanisms.* (Temi)

As it would appear introverts may internalise their thoughts rather than speak to someone, thus it can be difficult to recognise when help is needed. Nairobi seemed to believe she experienced more negative emotions than someone with an extroverted personality due to being in her head a lot more in comparison to an extrovert, potentially highlighting dire consequences when the call for help is not answered or noticed:

> *I think, I experience far more negative emotions than maybe an extrovert would, and I'm far more in my head than an extrovert would be … Yeah, I I'm quite reflective and I. Analyse situations a lot. I think that's also part of the anxiety to be honest. Because you can say a sentence to me and I'll respond in that moment but I will be reflecting on it for months to come, like daily ... I spend a lot of time in my head analysing a lot of different situations.* (Nairobi)

Nairobi's experience also makes one consider how fine the line between introversion and mental health is. It might be considered normal to spend some time in one's head analysing or reflecting, but too much time could be indicative of a more serious problem. This raises questions of how obvious it is to the individual that they have crossed that 'line' and may need to seek support. Olive mentioned, *"If I'm not feeling great, I also need to isolate, which, If I'm left to my own devices long enough and I continue to isolate, then it can become a problem."* Implying that there are times when isolating continued longer than she intended, outside of her control. Similarly, Temi acknowledged this by saying the following:

> *I I do think there is a lot of correlation* [between mental health and introversion] *because due to us not being. As exuberant as an extrovert would be, I do think it's a lot to keep up when things are wrong with us, because we're naturally already into ourselves. If an extrovert has something happened to them a lot of times they either become like too exuberant, or they retreat inwards so you can already tell something is wrong. But a lot of times I feel like we're already inwards so.* (Temi)

Temi goes on to describe her belief in how challenging it could be for an introvert to know themselves when further support is required:

> *It's difficult to know when something is wrong. Even to yourself, picking up that, OK, this thing is bothering you. It's a very tricky. Are you suffering from a traumatic event or are you just not in the mood to socially interact? It's it's, I think, more of a watchful eye is usually required in that.* (Temi)

It appears the symptomatic experiences accompanying the trauma could be easy to conflate with the behaviours of an introvert. Patricia placed an emphasis on how 'tricky' this could be to differentiate; to the extent that one's behaviour as an introvert could be mistaken as a mental health condition. She posits children may grow up to believe something is wrong with them, due likely to others around them perceiving their behaviour as an introvert to be strange:

> *And another thing about introverts, when you see it show up in younger children, they're not automatically assume that they have some type of behavioural issue or that it's something that they will outgrow. Some people do become more social and outgoing as they do get older, but I don't think it's the standard for everyone. And I think imposing that standard on lots of children can end up doing more damage.* (Patricia)

4.5.2 Ethnicity as a Unique Factor

This next section shares the experiences and additional battles some participants had faced due to being a minority ethnic. Although unclear whether this was Rob's experience, he raised an important point of the discriminatory treatment in mental health care that minority ethnics experience, highlighted by the Covid-19 pandemic:

> *I've heard and I think is very much still the case whereby, you know, like a white counterpart would get more* [breathes deeply] *priority over you somewhere, somehow,*

> *even though it's not written down to say they have priority … I mean, just compare it to the NHS for example. You know the studies and the figures we've seen, you know, especially during COVID where we know the BAME, you know suffered more.* (Rob)

Rob's deep breath is suggestive of frustration and his potential 'tiredness' with the poor treatment minority ethnic individuals faced. Almost a disbelief that this was something individuals were still having to experience, and that he was having to be the 'bearer of bad news' within the interview. Similarly, Temi spoke from a distance and more broadly about the marginalisation of minority ethnicities, as well as the low-quality treatment they received. She spoke to the attitude of gratitude minority ethnics are expected to have, due to this suggestion of NHS care in the UK as being 'superior' in comparison to healthcare in other countries:

> *I think it should be explored* [regarding the topic of ME introverts and mental health support] *… Sometimes it feels like. Oh, you're not in your home country. Whatever we throw to you, you should just take it and have, like, very grateful … Like sometimes if you complain about the NHS I have, I have actually been told, oh, what was the healthcare like in your country back home? And I'm like, OK, your healthcare may be better, but it doesn't mean it doesn't have its flaws.* (Temi)

June bravely shared her experiences of the subtle mistreatment she received, comparing this to a microaggression:

> *They're not the easiest things to pick up. They're very, you know what they call, like microaggressions, like the equivalent of it … just like let's say in the aspect of feminism when someone tries to mansplain or they dismiss what you're saying passively like it. It can just be so simple. But it's like a microaggression.* (June)

Interestingly, June used feminism as a metaphor to elaborate on her point further. Potentially in hope that the weight of her point may resonate a bit more as a listener. Likewise, Nairobi

shared her experiences of mental health support not being of the same standard offered to others:

> *I was in a situation where I took them* [her student] *to the hospital … I drew on the parallels of like, how they were cared for versus how I was cared for. And look, they're a minor. But it's also kind of just the amount of care and consideration that was given to this person. Versus the amount of care and consideration that I received. I found astonishing and it just like I I really struggled with it in the, in the coming days afterwards … we're both female … and and she is white.* (Nairobi)

The experience shared by Nairobi, as well as the experiences of some of the other participants, clearly indicate the unfair, unequal levels of care delivered to individuals on the basis of factors such as the colour of their skin. But also, this begins to provide insight into the impact of this upon their mental health and potentially their perception of what receiving mental health support as a minority ethnic might accompany. Whilst some participants spoke more indirectly about these experiences, this could have also been enough to discourage them from seeking mental health support for themselves.

June shared her experiences of mental health challenges being more likely due to being a minority ethnic, especially as a result of her experiences of migrating to the UK. "I'm *an introvert, but at a point I suffered from loneliness*", June shared. She went on to say, "*Because it's one thing to be alone, but you can be alone on your own terms. But another thing to feel isolated*". Similarly, Temi described having to navigate a lot more racially driven traumas due to being a minority ethnic:

> *Being a minority ethnic when you're addressing PTSD, you realise that there are a lot more things you end up having to unpack in therapy things because. What the reason you're in therapy is because of your post-traumatic stress disorder, which probably means you've already had other stressful circumstances or situations … and I feel like*

> *a lot of times there are specific traumas tied to minority ethnics. Like immigration and racism, financial difficulties. You know, access to proper healthcare. So being disposition*[ed] *to certain things happening to you due to the colour of your skin.* (Temi)

A couple of participants spoke of the importance for them to have had culturally appropriate therapy for themselves, and the lack of this within services as a barrier to further engage with care. For Olive, culturally appropriate care consisted of care being delivered by individuals who look like herself, "*It means that I'm aware of myself to the degree that I sort out a global majority therapist … I sought her out because I know myself and I know that I need somebody that's going to understand me*" (Olive). Olive shared that this was more important to her than a therapist being of the same personality type as herself:

> *I don't want to have to explain certain things. There's certain things that I don't have to say to another global majority. I don't have to explain it. Even if it was somebody from a completely different culture, like somebody that's say, Asian, they might be, I might say ohh, in my culture we do this just because. But it's understood and is not looked down upon or it's not looked like some sort of I don't know.* (Olive)

Implying, her need to be understood and not judged is an important aspect of quality care. May and June shared similar thoughts:

> *I want someone who has had like the same, maybe cultural experiences I've had or know how the experience, impact my life. I don't wanna have to talk too much about those. I want someone who already knows what it's like to be there.* (June)
>
> *I feel like maybe accessing healthcare would be more effective for some people if they actually had healthcare that looked like it fits them … Cultures are just getting comfortable with the concept of accessing healthcare, so I think it would be better if, like if they access healthcare, they actually start feeling like yes, it is effective … so*

> *minority people, see healthcare as something that they would be more willing to access … I felt very understood, but I think that also has to do with the person that treated me also being an ethnic minority as well.* (May)

May touched on, in my opinion, an important point of changing the perception and stigma around mental healthcare within some minority ethnic communities as a way of opening up the door to more minority ethnic people to access appropriate care. Interestingly, some other participants spoke about not needing specific attention due to being a minority ethnic, or specifically as an immigrant. Patricia, in particular spoke about having experiences which drove her to handle situations by herself. As a result, she indirectly provided a helpful explanation as to why some minority ethnics might not want to engage with care:

> *Sometimes you you want to be able to try and face it on your own, and sometimes it's not an arrogance or delusional type of thing … Yeah, yeah, you you'd be. You'd be surprised a lot of immigrants. We didn't have family doing it for us. We did it on our own finding housing. We didn't have a support system. We did it on our own, getting a job. We did it on our own, establishing ourselves. We did it on our own. Why is it now to heal? We need the home, but the whole country to heal.* (Patricia)

For Patricia, this explained any difficulty she had with accessing help - due to this not being a part of her 'coping style'. It also raises further questions about why immigrants have to do things by themselves. This might be attributed to societal issues, or alternatively in Nairobi's case, tied to expectations of her as a daughter or sister:

> *I have an idea about what expectation is in terms of life, what my responsibilities are in terms of … as a daughter, as a sister … being too emotional doesn't really fit into those, so I like try and, subscribe to what my belief of what those definitions are.* (Nairobi)

4.6 GET 5: Ingredients For a Positive Care Experience

This final GET sheds light on the common factors participants flagged as either what contributed to their positive experiences of receiving support or what they believed would be beneficial. Participants spoke about a deeper level of consideration needing to be given to the individual and consequently tailored treatment. Alternatively, for some participants, it was felt that 'Just being a good therapist' mattered more, although what defined 'good' was subjective to each participant.

4.6.1 Recognising the Individual

"*I feel like it shows up in different ways, for different people, especially sometimes based on different experiences, we all can't be introverts the same way, so you can't necessarily judge us the same way*" (Patricia). As stated by Patricia, this theme emerged following the acknowledgement that as ME introverts, their care should be tailored according to their unique circumstances and individual preferences. Moreover, this theme reflects the variances in what individuals felt was important for their care. June stated, "*You really can't tell how something impacts you and you really can't control how trauma impacts you*". Although June spoke more to her experience with PTSD, she raised an important point of not being able to determine how an experience someone goes through could impact their physiological, behavioural, or emotional responses. Further highlighted the importance of considering the *individual* as part of delivering a positive care experience for a ME introvert.

One of the ways in which Temi believed those supporting ME introverts with mental health challenges could *recognise the individual* was through directly asking the person questions rather than (one would imagine) making assumptions regarding what they might have wanted. She stated, "B*ut how unique it is to a person, I don't think is being fully considered yet … actually ask the person. You really can't know unless you ask"* (Temi). She emphasised this point by further repeating, "*In relation to healthcare generally,*

individualised care is the key, actually ask the person, learn about the person. Let the therapy be tailored towards the person" (Temi).

Temi's statement helps us to further understand the outcome of asking direct questions, which is to learn about the individual. It could be understood from this that this approach was helpful for understanding their experiences in relation to being an introvert or a ME introvert and how that may have shaped their preferences for care. Kelly further supported this implication by stating in response to the question, "What do you think needs to be considered a bit more?", "*How introverts actually process and handle things like actually try to understand our train of thoughts. Like how we process and then manage and handle things.*"

It was also felt for June that as an introverted immigrant, she does not necessarily experience homesickness or loneliness in the traditional sense. Further adding to the importance of asking direct questions:

> *Because you don't, you don't necessarily long for connections with people. You don't necessarily long for people at home because you were so reserved that you didn't even have strong connections with the ones at home. I could say I long more for the place, not necessarily people. Is that strange?* (June)

June's question towards the end of her comment suggests that her comment could be perceived by some, even herself (it appears), as strange. This might be more indicative of an assumption held within the UK, that as immigrants there should be feelings of loneliness and homesickness. As June spoke more to, this assumption that might have led those offering support to ME introverts to believe that it may be helpful for them to connect with people, in order to fill the assumed void created by loneliness. June shares the following:

> *Your your first thing isn't to look to someone open up about what's going on because you're used to being reserved. Being in your own space, being by yourself … so you*

you almost by default think that positive or negative, I can deal with it by myself. (June)

May and Kelly also shared this same feeling:

I I I do think that when you are an introvert, your approach to mental health may be a bit different. You you may need more of a customised experience … I remember at the point where they were asking me all other people I can depend on for accountability, and I'm like, I'm not close to anyone like that in the sense where I could be open about these things … there's some things I'm just really a bit more reserved about. (May)

It's like they like didn't see how much being an introvert impacts my life on a day-to-day basis. Like I feel you. You're telling me to let people into my life that don't understand the concept of boundaries. Or knowing when to stop or when to stay back. I'm telling me that will help me. No, that will increase my anxiety and it's like they didn't realise how much being an introvert, like influences my decisions. It's like there no postpartum help. Like I don't want to lean on people to get better. Isn't there a way for me to, you know get better without having to involve other people? (Kelly)

Kelly's experience revealed how others disregarded her ability to know what was right for her, especially as someone who had just given birth. Kelly's question towards the end potentially draws one to consider the culture within the UK, and that being quite an undermining one. Moreover, potentially an inadequacy within certain systems and services within the UK to consider care more tailored care for the ME introvert. She went on to say:

I think navigating postpartum depression is harder when you're an introvert because. You know, as an immigrant, they always tell you to find your support circle, find your people, find these, find that, and even with postpartum, find this. Find your people … find your village … How do you do that when it is not naturally your personality …

> *I've avoided doing this my whole life. So why do I have to make myself uncomfortable? Why do I have to go against my personality to heal?* (Kelly)

The repeated rhetorical questioning proposed by Kelly may be indicative of her frustration and surprise that others hadn't considered these things. The latter part of her statement may also reflect a societal assumption of what it meant to 'heal'. Therefore, again, undermining what a person believed to be right for themselves, imposing standards from what may have worked for one population of people onto another. In May's experience, it appeared that the therapist supporting her, took the time to consider the panic attacks May was experiencing and detangled this with her experiences as an introvert, in order to get to the root of the problem:

> *So frankly, the experience was quite unique. Because even with the anxiety and everything. She was able to help me separate which things are in relation to like ... So. So we really had to figure out what am I suppressing, what parts of me am I suppressing and the identity that I have right now … am I comfortable with it? Or is it something I feel I want to work on?* (May)

A few other participants explicitly touched on the importance of time to be able to get to the crux of their experiences and preferences. May stated, "*It took time. It took a bit of time. It didn't happen in the first session. I really just think she lets me do whatever I was comfortable with for me to build that comfort*". May's statement is also suggestive of how *much* time it could take to have individuals, and potentially more especially introverts, get to a place of feeling comfortable with those supporting them. Nairobi touched upon the detrimental effect of not having enough time:

> *Having a limited number of sessions means that you will only ever get to like surface level problems, like when I was doing my sessions I was dealing with the day-to-day and not necessarily dealing with any kind of root causes … and that's that's a*

> *problem because it's not, you know, it's a short term solution as opposed to a long term one.* (Nairobi)

Olive and Nairobi talked about how much time is needed for them to feel comfortable with who they were being supported by, and in Olive's case, the importance of trusting the therapist. Providing another matter to consider before her decision to or not to engage with therapy:

> *Having you know a certain number of sessions, I will never feel comfortable with you. It will take me like 5-6 sessions to feel comfortable with you. And then by that point, I'll have four sessions life, you know, like, but it doesn't … it's not effective in that way … 10 sessions isn't enough to, to deal with like what you actually need to deal with.* (Nairobi)
>
> *It took me years for me to open up and trust my therapist … it takes time, a lot of time … because I need to know that you can actually understand what I'm saying to you… eight sessions through the NHS that's gonna take at least three months for you to even see somebody. And a time of crisis, which I was, that's not gonna cut it. Eight weeks isn't gonna cut it … 12 weeks even, is not going to cut it.* (Olive)

Olive further expanded on the complex relationship between time, introversion and her experience of mental health challenges:

> *They really need to be patient and really understand sometimes how difficult it is to talk as an introvert … especially if you're one that's paired with a mental health issue … I couldn't wait that long. I really needed help there and then. I couldn't wait that long.* (Olive)

Olive spoke of her frustration with having to wait a significant amount of time to access support; her comments bring to attention the consideration that needs to be given to herself and introverts seeking out support, as it may not be part of an introvert's natural tendencies to

seek support in the first instance (as highlighted within the subtheme *introversion as a barrier*). As a result, if Olive did reach out for support, this could have been indicative of a crisis, as mentioned and underscored by the desperation in her statement.

4.6.2 Just Being a "Good Therapist"

In addition to considering what ingredients were required for a positive experience of receiving support, another subtheme emerged, tied to Olive's view that "*They need to be a good therapist … that's most important because they could be the most introverted therapist, but if they're not able to to support and help me in the way that I need them, there is no point*." This subtheme speaks less to the therapist needing to hold a specific identity and more to the characteristics of the therapist; that being aligned with someone who was 'good' at their role. Although, as to be demonstrated in the accounts to follow, what defined good differed from participant to participant.

June appreciated her therapist taking the time to understand who she was as a person, *"One thing I give her credit for is that she really did try to work with me according to the type of person I am"* (June). She goes on to say, "*She really didn't try to prove my point or or try to change my mind about how I feel about it … I think she figured out the way I think and how to get this across to me*" (June). In addition, May shared her therapist tried to get to the root of what was going on, something she found particularly helpful, "*She really tried to strip me down to the basis. Like let's figure out what exactly is going on."*

Comments such as these from both participants may insinuate both their practitioners started with what each participant brought to the session and worked their way backwards to identify the root cause. In the case of May, some dismantling was required to build the picture back up. Whereas for June, it required her clinician to understand her way of thinking or approach to life to then be able to know how best to work with June and communicate with her.

For Olive, a good therapist was one that could draw out what she needed. Moreover, someone who was able to give her the language to describe her experiences:

> *I'm very lucky I have a fantastic therapist and she was able to really give me the language to describe you know my traits and things … if I didn't have her and I had somebody who was maybe just talking at me … I would find that very draining.* (Olive)

Olive went on to further suggest she and her therapist had developed a rapport, which allowed her therapist to understand Olive, to then be able to tailor Olive's care in line with what would be most beneficial and effective for her. As a result, her therapist demonstrated the following:

> *If it's something that involves lots and lots of people … like sensory input, that's gonna sort of really negatively and she won't involve me unless she thinks that it might really help you know ... she's really able to really dig deep and go under, go under the layers.* (Olive)

She went on to add that good care, for her, consisted of the following:

> *Patience and observability for sure … you need to observe the subtle facial expressions you need to understand the body language … not trying to fit me into a box … not judging me for not wanting to do a particular thing … or saying that I've experienced a particular thing because I'm just not interested in that. That's just part of my introversion.* (Olive)

Olive raised the importance of practitioners needing to adopt a non-judgmental approach when working with ME introverts. This may be taken as, it can be easy for clinicians to pass judgment when working with ME Introverts; possibly due to the assumptions or biases a person might hold in relation to what being a ME introvert might mean or not mean.

CHAPTER FIVE: DISCUSSION

5.1 Chapter Overview

At the start of this thesis, the reader was orientated to the present-day narratives surrounding introversion while uncovering its history and relationship to mental health. The purpose of this study was to **uncover the experiences of mental health support for minority ethnic introverts in the UK**. Five GETs emerged from this enquiry: *redefining introversion, systemic and circumstantial determinants, introversion as a necessity vs introversion as a privilege, challenges of accessing help and ingredients for a positive care experience*. These themes provide answers to the following research questions, which will be discussed in turn:

(1) What has life been like as a minority ethnic introvert?

(2) How do minority ethnic introverts make sense of their experience of mental health challenges?

(3) How do minority ethnic introverts make sense of their experience of mental health care?

5.2 What has life been like as a minority ethnic introvert?

5.2.1 Redefining Introversion

Most participants spoke to the disagreement with definitions of introversion, by drawing upon their own experiences. Participants spoke more highly of a number of subtle strengths, such as self-sufficiency, self-awareness, discernment to know what was right for them and what felt safe, that accompanied life as an introvert. This suggests benefits to being an ME introvert that appeared to be missed from older narratives of introversion, however that have been acknowledged by Cain (2012) in her definition of what it means to be an introvert. For example, introverts giving more consideration in their communication. Further support for the strengths-based position of introversion comes from the findings of a

phenomenological study (Thomas, 2011) that introverts may define happiness differently. The introverted participants deemed it to be important to be able to make decisions for themselves. Moreover, they described experiences of coming to a strengths-based position in relation to their introversion as they transitioned from a child to a young adult. This too was an experience held by the participants in Schwartz's (2015) study, as found in the SLR.

For a couple of other participants, participating in activities society might consider only for extroverts appeared to be also a part of their norm. Although acknowledging they may have preferred carrying out these activities alone or for shorter durations. It could be inferred from this that being an introvert may not be a fixed concept but rather a fluid, taking the shape of a spectrum. Similarly, Jung considered introversion as a continuum and believed it to be beneficial to the individual to strike a balance between introversion and extroversion (Ewen, 1998), as not expressing the other may mean suppressing what may be natural human expression. These findings also support the view of Conklin (1923) that individuals have the capacity to express both states:

> *There are people also who would not fall into my poet-philosopher class, and also people whom Sinclair Lewis would not have selected as types for his Main Street businessmen. From my corner of life I see many who seem to combine the two traits*. (Conklin, 1923, p. 369)

These findings may suggest the onus is more on society to play catch up, as introverts themselves tend to view their introversion from positions of strength. In Cain's (2016) book titled 'Quiet Power: The Secret Strengths of Introverts', she highlights the benefits of an introverted life that she has needed to learn how to draw out. A similar book, such as, 'Introvert Power: Why Your Inner Life is Your Hidden Strength' by Helgoe (2013) has been published, again attesting to the strengths that come with being an introvert, challenging individuals to review the position of the introvert from this strengths-based perspective.

Considering the history of pathologisation surrounding the term, it may come as no surprise that Cain (2012) and others (Helgoe, 2013) are having to re-educate society to disassociate introversion with weakness (Herbert et al., 2023).

Reflection: it is not my belief that I was surprised by the strengths the participants possessed as introverts, which may in part have been due to the work of Susan Cain (2012) and her efforts to reposition introversion as a strength. Alternatively, this may be due to being introverted myself and experiencing first hand some of those strengths. What I was surprised by nonetheless was how forthcoming the participants were with speaking to their strengths, which might have been partly because as an introvert I have tended not to be so vocal about where my skills and talents lie. My use of 'Subtle Strengths' as a subtheme, lay with the possibility that these strengths may not have been immediately known or obvious, but rather uncovered through conversation and questioning. Moreover, within Ghanaian culture, it is not regarded as acceptable to boast about the self, especially regarding what an individual is good in. This may have also consequently fed into my decision to specifically ask participants about 'what it means to be an introvert', as my belief was that this information would need to be drawn out.

It was also my belief that these findings further support the decision to move away from personality testing and rely solely on self-identification. This is because some definitions and personality tests fail to capture some of these positive narratives about being introverted. Furthermore, as highlighted within my introduction, a number of these tests had, and still continue to be used to exclude individuals from obtaining well-deserving experiences. I felt it important not to further perpetuate that harm and discrimination, but rather utilise the opportunity I had been given to dismantle that power imbalance and provide participants with the platform to share their story.

5.2.2 Systemic and Circumstantial Determinants

From what was shared by participants, it came to be understood that some participants described difficulty in their ability to really be their introverted selves due to what is and isn't acceptable being determined by their families, cultures, or general societal perceptions. A participant shared that in Nigerian culture, it was considered weak to be introverted, and by another, those who were introverted were considered rude within Jamaican culture. Therefore, it appeared some would need to mask their introverted tendencies to act more in line with extroverted ones. This conclusion comes in support of the SLR findings that participants felt compelled to adopt a façade to fit more in line with what might be considered acceptable (Schwartz, 2015; Tayyab, 2023). Moreover, one participant described needing to go to the extent of giving into the stereotypes imposed upon her as a Black individual in her effort to be accepted by those around her. This has meant that she has not had the space to be her true introverted self, as she is still having to fight the narrative that being Black means being loud and funny.

In Thomas's (2011) study, introverts reported finding it difficult to find a balance "Between how they feel about themselves and how others view them" (p. 68). Defined as a personality culture clash, this is "A personality orientation inconsistent with the values of the greater society one lives in" (p. 69). The need, however, to have supportive and accepting individuals in their lives was regarded as important to their well-being, thus emphasising the difficulty to not giving in to what might please others.

Another particularly important reason that this personality culture clash has been found to contribute to poorer mental health (Caldwell-Harris & Ayçiçegi, 2006) may be the need to constantly account for their behaviours in a society which may find their behaviour bizarre. Alternatively, Laney (2002) suggests introverted children may grow up constantly being compared to extroverted children. To explain the impact of this further, Harrigan (2010) notes that children are still in a phase of learning themselves and others and evaluating

their experiences. Thus, children being surrounded by praise for extroverted traits might come to the conclusion that their introverted traits are wrong (Laney, 2002; Nakao et al., 2000). Or potentially, 'something is wrong with them'.

5.3 How do minority ethnic introverts make sense of their experience of mental health challenges?

5.3.1 Introversion as a Barrier

Within this subtheme emerged how thin the line between mental health and introversion may be. A couple of participants raised an important point of being naturally inclined as introverts to reflect and analyse more. However, potentially, when too much time is spent engaging in these activities, it may be indicative of a more serious mental health challenge. Some participants spoke of the challenge it can be for others, and sometimes even themselves, to recognise when they are experiencing mental health challenges due to this being masked by their introverted tendencies. For example, not being naturally inclined to share their experiences or only doing this with a select few.

Similar findings are reported in the SLR (Godfrey, 2022; McHale, 2018) and by Balder (2007), who suggest introverts are selective with who they choose to disclose information to and can be reserved in nature. These findings provide support for the third suggestion to explain the relationship between mental health and introversion commonly found in literature, that identical characteristics make it difficult for some individuals to distinguish between a person being introverted and a mental health issue. As detailed within the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V; APA, 2013), those experiencing anxiety disorders or depression may also prefer not to be around others or speak to people for fear of being negatively evaluated (Truschel, 2022). Being unable to establish the motivation for a person's withdrawal (Condon & Ruth-Sahd, 2013;

Miller, 2009), may consequently make it easy to mistake one for the other. I.e. mental health issues for introversion and vice versa, as raised by one participant in the study.

The CBT model depicted in Figure 2 stresses the additional concerns this can raise when appropriate support is not offered to identify whether someone's isolation or lack of disclosure is due to fear or preference. An introvert (who, as some participants reported, naturally reflect more), who may also be experiencing a mental health challenge, may not engage in activities (due to withdrawing) that present them with the chance to have any negative thoughts challenged. Generating negative feelings and confirming their initial thoughts, re-igniting the cycle.

5.3.2 Ethnicity as a Unique Factor

Some participants shared that their experiences of mental health challenges were more likely as a result of their minority ethnic status rather than being an introvert. One participant described her experiences of racial traumas and certain stressors as an additional layer to tackle alongside her experience of PTSD. For example, the financial difficulties and concerns were more likely for herself as an immigrant, all intensifying her mental health experience. The UK Trauma Council (McCrory & Minnis, 2022) has described racial trauma as "The events of danger related to real or perceived experience of racial discrimination". They report findings from Anderson et al. (2015) study in which parents who had experienced discrimination had children with poorer mental health. They also found that compared to their white counterparts, more trauma-related mental health symptoms were reported for Black and Hispanic participants. Many other studies uncovering the depth of the impact of racial trauma have been conducted (Heard-Garris et al., 2018; Kang & Burton, 2014; Pieterse et al., 2012), stressing the importance of particular challenges specific to minority ethnics being given the appropriate attention.

Interestingly, a few other participants implied a resilience they have had to acquire as immigrants. For them, this merged quite well with their tendencies as introverts, as they have had to learn to become self-sufficient. As a consequence, they did not want to make a big deal or draw attention to any mental health challenges they may have. This has also been identified as a factor promoting recovery from mental health survivors by Bignall et al. (2019) and might help us to understand findings showing minority ethnics as less likely to engage with mental health support (Atkinson, 1983; Dana, 1998; Sue,1988). In addition to this, other reasons, such as conceptualisations of distress as a spiritual matter (Mantovani et al., 2017; Verghese, 2008), stigma (Kapaida et al., 2017; Montavani et al., 2017; Psarrros, 2014) and other sources of support (Kalathil, 2011; Kapadia et al., 2017) have also been identified as reasons minority ethnics experiencing mental health problems did not access mental health support. Although none of these were raised as factors by any of the participants in this study.

It is important to highlight that for one participant's father, his introversion was a result of transition to another country. This supports the proposal that there are circumstances in which individuals are compelled to become introverted. In a paper written by the Quiet Crew (Holland et al., 2018), one individual describes her quietness as a numbness during their childhood years of abuse. They state, "It was a detachment from my pain, my fear and then the shame of my fear, my shame that I lived this life … I can name it as quietness because I am in control. It is my choice to be quiet and I enjoy the solitude that is a healing space for me" (Holland et al., 2018, p. 39). This draws us to the potential escapism but survival strategy for some that accompanies quietness, one of the qualities of introversion. This survival skill may have protected this child in that moment from further acts of abuse. Similarly, the participant's father might have been surviving in the presence of real

consequences of not conforming to what was expected within the US culture. Introversion may, in that sense, have not only been a survival need but a form of 'quiet activism'.

5.3.3 Introversion as a Necessity For Survival (The Interaction Between Faith and Introversion)

Reflection: The identities I hold (as a black, British-born, African, introverted, Christian woman) gave me a feel for what might potentially present during my interviews with participants. Nevertheless, as someone who did not share some of the identities held by participants, I found myself being surprised by some of the experiences and beliefs held as a result of the ways in which their identities intersected. Potentially, my surprise could have been attributed to the lack of knowledge within those areas, as research until now has not really offered these individuals a platform to share their experiences with society. Thus with this opportunity I have, I felt it is important that these additional findings were discussed in more depth and given the appropriate attention they deserve.

As uncovered within the findings, it became apparent how much faith could be correlated with one's introversion, which in turn could have a psychological, as well as behavioural impact on the individual. One participant spoke about her experience as a Muslim woman, needing to suppress her extroverted nature in order to conform to what her religion expected of her, which was for Muslim women to behave more in keeping with introversion.

Bronfenbrenner's (1979) ecological systems theory was proposed in Chapter One to consider the wider environments impact on the individual. This participant's disclosure highlights the various sources of external pressures, as also mentioned within the theory, and how they can influence the type of personality a person feels compelled to adopt. At a microsystem level, religion could interact with the way in which parenting takes place to determine the rules and norms established for a person within their home environment. This,

in turn, could generate pressure to hold a certain identity, such as being introverted, in line with the norm established by the individual's religion and home environment. Moreover, being embedded within such systems, there stands a chance of rejection, as well as other emotional and psychological consequences if one does not conform to what is acceptable.

Although the OSAT theory (Duval & Wicklumd, 1972) draws our attention to this pressure to conform, it points more to the internal evaluation that can take place, neglecting the external evaluation that can come from others. In other words, and in this participant's experience, individuals in her faith community or family might have explicitly compared her to their own standard of what they believe is the ideal behaviour of a Muslim woman. The pressure to conform to wider expectations, as a result of the potential repercussions of not conforming, should also not be underestimated. The importance of being a part of a community can be evidenced by research which suggests those involved in faith communities live longer (Ambrose, 2006), and demonstrate positive well-being (Mossabir et al., 2015). Thus highlighting what an individual may sacrifice losing if they are rejected from their community due to not conforming to what is expected.

It is important to acknowledge that this may not be the experience of every Muslim woman. In a study conducted by Aziz (2016), although it was concluded non-Muslim girls were more extroverted than Muslim girls, only two out of 50 Muslim girls were found to be introverted, with the remainder falling into the categories of ambiverts and extroverts. A critique of this study, nonetheless, is the difficulty in establishing the quality of the measurement tool used to determine one to be introverted. A lack of clarity in knowing the cultural sensitivity of a measurement tool is important, given our understanding of the history accompanying personality tests (Burnett, 2013; Longman, 2021; Macabasco, 2021).

Thus one can simply not undermine and disregard the very real experience reported by our participant, even though this may not be the experience of every Muslim woman.

Furthermore, what can also be taken away from the experience of this participant, in addition to potentially many other ME introverts, is the need to account for the many aspects of a person and not isolate or reduce individuals to one category, as Crenshaw (1991) suggests within her theory of Intersectionality. A Muslim of a different age or gender may have a very different experience of what defines survival and lack of autonomy, in comparison to the participant in this study.

5.3.4. When Introversion is not a Privilege (Whiteness and Introversion)

Another important topic arising from this study concerns whiteness and introversion. It came to be understood that for one participant, her understanding of introversion did not exist outside of whiteness. She believed introversion to be acceptable if one is white, suggesting a privilege that can accompany introversion if someone holds a particular identity. This raises further questions of whether it can be possible to hold dual identities as a minority ethnic and an introvert. With this knowledge, one may be led to consider how much the earlier work of theorists such as Jung (Dalal, 1988; Neuroskeptic, 2019; "Open Letter," 2019) and the history concerning introversion (Dalal, 1988) have played a part in the formulation of her belief.

As uncovered within Chapter One, Carl Jung, a white Swiss male, considered non-white individuals to not be capable of developing an individual personality (Dalal, 1988). It can be concluded that much of his work concerning personality and introversion might have been constructed with the white race in mind and, thus, potentially not applicable to individuals who identify as minority ethnic. Jung and other theorists, such as Freud, have often been the dominant voices (MacDonald, 2006) of psychological concepts, such as personality and introversion, shaping Eurocentric thought. As such, can one be surprised by Nairobi's association of introversion with whiteness?

Whiteness has been defined by Helms (2017) as "Overt and subliminal socialization processes and practices, power structures, laws, privileges, and life experiences that favour the White racial group over all others" (p. 718). Eurocentrism which has its roots in whiteness, can be described as when constructs and phenomena are understood primarily from an American or white cultural lens (Naidoo, 1996). Amin (1989) suggests it is an ideology that seeks to suppress and exploit on a global scale through totalising experiences with a singular European view. It is self-serving in nature and positions the 'us' against which everything else is measured (Nagre, 2023).

The danger, consequently, is the inclination for professionals (and individuals more generally) to attribute Eurocentric concepts to people of all cultural backgrounds (Naidoo, 1996). Furthermore, this presents as even more likely when US-based research accounts for 95% of the research, and therefore, the knowledge that is privileged. Although the US population that this research is based upon makes up 5% of the world population (Arnett, 2008; Bhatia & Priya, 2021) - from Western, Educated, Industrialised, Rich, and democratic (WEIRD) populations. Consequently, the question still stands as to whether concepts rooted in racism should be applied to the global majority, i.e. non-WEIRD populations, especially given the high possibility they were not designed for or designed to describe experiences outside of the white man.

5.4 How do minority ethnic introverts make sense of their experience of mental health care?

5.4.1 Challenges of Accessing Help

Most of the participants identified either their ethnicity or being introverted as a barrier to receiving the type of care they would like to receive for their mental health. For one, being introverted made it less likely that she would speak up for the quality of care she deserved due to not wanting to be seen as a burden. A study by Ahlberg et al. (2022) found

that minority ethnic healthcare staff were fearful of the consequences of what might occur if they shared their experiences of racism within the workplace. Consequently, these participants disclosed feeling compelled to work harder or mask their feelings as a way of managing the emotional labour created by racism.

This study, consequently, might suggest that the repercussions of one sharing their experiences of their racist treatment might also impact their willingness to share. This stands a chance, especially given the revelation by some participants within this study that they felt the need to be grateful for inadequate care, likely due to the consequences of sharing their experiences. The next section might shed some light on how spaces can be 'safer' for ME introverts to express their thoughts.

5.4.2 Ingredients For a Positive Care Experience

Most participants were aware of the type of care they felt they needed as a ME introvert. Overall, it appeared to be important to have a recognition for the individual receiving the care and, as such, tailored care to align with the unique qualities and context of the individual. Asking questions, creating the time to build rapport and trust, and not undermining one's ability to know what was right for oneself were all considered to be key contributors to high-quality care. These findings partly align with what was reported in the findings of the SLR; similarly, participants felt they knew what was right for themselves as introverts (Colley, 2019; McHale, 2018).

On the other hand, what did not emerge from the SLR was the need for tailored, individualised care for ME introverts and the way in which this can be delivered. Some participants touched on the importance of having therapists who were of the same cultural background as themselves, as this was integral to understanding their experiences. Newcomb (1961) has suggested people associate with those most similar to themselves and trust those most similar to themselves (Cabral & Smith, 2011). These findings come in support of the

arguments presented by other researchers that minority ethnic patients could prefer working with individuals of the same ethnicity as themselves (Atkinson & Lowe, 1995; Constantine, 2001).

Although some participants in other studies have also reported their preference for working with therapists of the same ethnicity they identify with (Aggarwal et al., 2016; Coleman et al., 1995), it must be stated that this is not reflective of the views of all minority ethnicities. The findings of this thesis also revealed that some participants appreciated the therapist being a "good" therapist, above holding any specific identity. In addition, evidence suggests some minority ethnicities do not benefit from culturally matched therapists (Karlsson, 2005; Maramba & Hall, 2002; Sue, 1998). It is important to consider within-cultural differences (Kalsson, 2005); and that not everyone holds the same worldview, nor is every experience alike (Carbral & Smith, 2011). This reinforces the importance of individualised care, and as suggested by some participants, not assuming but rather asking the individual what their preferences are.

5.5 Considerations of the Quality of the Study (Strengths and Limitations)

One of the strengths of this study lies in the extensive literature review conducted prior to the start of this study, identifying where the gaps in knowledge were in relation to introversion and mental health. As such this study has offered a strong contribution to the field of qualitative literature concerning ME introverts. The experiences uncovered through this study, although they may be unique to a few, provide us with incredible insight into the lives lived by some.

On the other hand, an area of challenge was the difficulty in retrieving literature concerning this topic. The inability to retrieve this knowledge may not have necessarily meant that the information did not exist but could rather be indicative of being restricted by the type of knowledge one could access due to utilising westernised information sources and

information technology systems. Meaning there could be missed theoretical positions, or cultural perceptions of introversion and experiences of mental health support not captured within this thesis.

A strength to be acknowledged was the use of the research team to consider the methodology of the study in further depth. Moreover to consider ways in which power imbalances could be kept at a minimum and bias reduced where possible. This was in line with Yardley's (2000) criteria for delivering high-quality qualitative research, preserving the transparency and coherency of the work. In addition to remaining sensitive to the context, this was achieved through the reflexivity and bracketing embedded throughout the study. Other areas of Yardley's (2000) criteria were also met by ensuring the findings of this research would have an impact through the clinical implications laid out below (section 5.7) and the suggestions put forward by participants being particularly stressed.

A limitation to note was the inability to draw upon the expertise of the consultant throughout the study, particularly in planning the study and having more time to consider the interview questions. This was important for not only reducing bias through having alternative perspectives share their opinions on what was being planned, but also in ensuring the participants were kept at the forefront of all that was done. Moreover to provide participants with a space and approach to the interview that felt safe and comfortable for them. This limitation is nevertheless indicative of the practical barriers and the limited time of conducting a thesis, and as a consequence the importance of planning as much as one can do to reduce the chances of this occurring. In future, it may be important to recruit multiple consultants to account for any attrition, and in addition this could even further broaden the perspective and input to the research.

Another practical limitation to highlight was the amount of time needed to recruit participants. This meant that opportunities were missed to maximise the recruitment strategy

earlier on, and therefore missing the opportunity to recruit far more participants who could have brought additional insight. Furthermore, the invitation to obtain further insight could have been impacted by the inclusion criteria of participants being required to speak English; due to the lack of funding available to request the services of translators. This would have also unintentionally excluded those who did not feel confident to speak English. This is of relevance given that this was a study exploring the experiences of ME introverts; it would have therefore had been important to learn about the experiences of as many ME introverts. Consequently, this study would have only been able to report on the experiences of a select few, who may in some ways be considered elitist by the measure of their ability to speak English (Frayne et al., 1996); Further implying the chances of our findings being biased are likely (Lopez et al., 2007).

It is worth highlighting as a strength that this was an online study. Although not everyone would have had the means to engage with an online study (Bethlehem, 2010; Lobe et al, 2022), it did mean that the study could geographically reach a broader range of participants residing in the UK. In addition, this delivery method made it possible for those individuals with particular needs or commitments, or with any factors that restricted their freedom of movement, to engage with the study.

Further thought could have been given to the use of an interview-style study to acquire information, given the population that was being studied. As introverts, it may not have been in their interest to verbally share their experiences (Balder, 2007; McHale, 2018), especially when we now know how important trust and safety is to some ME introverts. Other methods of data collection could have been considered, such as recordings, diary entries and expressions of thought through creative means, which have been demonstrated to be effective qualitative methods (Polkinghorne, 2005; Rainford, 2020). In addition, it may

have served as a way to overcome language barriers (Gundarina, 2021). This presents as something to be considered for future research.

My dual position as a researcher and trainee clinical psychologist also needs to be spotlighted as a potential limitation of this study. As a researcher, I am positioned as someone who holds the knowledge and has the 'power' to make what sense of it I may and to share this knowledge with others. As a trainee clinical psychologist attending a Doctorate in Clinical Psychology (DClinPsy) training programme with an ethos of social justice, I inevitably may interpret some of this knowledge from a psychological lens. Thus, I may in some ways (unintentionally) re-enact damage some ME introverts have experienced in their dealings with psychologists/health care professionals. These factors would have contributed to the power dynamics at play within the interviewing space, thus impacting what participants chose or felt comfortable sharing. This is further made likely by the inability of participants to be interviewed by someone else, not in my position.

Although this was not a possibility for participants, one of the strengths of the approach to the interview was the consideration of how introverts might process information differently. As a result, silences and more pauses were included before moving to the following question, as a way not to make the participant feel rushed but to also create room for any further reflections and responses to come to mind. Check-ins were also embedded throughout the interview to ensure the pace was appropriate and that the participant felt comfortable enough to proceed to the next question.

Although every effort was made to eliminate potentially damaging power dynamics (such as offering the participant the chance to turn their camera off or informing them of their ability to withdraw), these dynamics may not be completely unavoidable. One of the strengths therefore of IPA is that it provides the researcher the chance to declare their intentions, position, and lens through which meaning is made of the data (Donalek, 2004;

Smith et al., 2009). Moreover, compared to other approaches, IPA was considered to be most appropriate for uncovering the experiences of ME introverts and for providing careful attention to each detail shared. This approach has also produced similar findings in other studies (Thomas, 2011).

A limitation to highlight was the researcher's lack of experience in the use of IPA. As a consequence, this made the process of analysis even lengthier and meant that the researcher had to rely upon the expertise of the research team and peers to be guided. If time had not been a factor to contend with, perhaps Participatory Action Research (PAR; Ozer et al., 2013) would have been an alternative option to not only share the process of conducting the study and analysis, but also to mitigate against any power imbalances. This serves as something to potentially be considered for future researchers.

5.6 Considerations for Future Research

As mentioned, ways in which ME introverts could be kept at the very heart of the study should be considered more within future research. One suggestion, previously mentioned, is through the recruitment of multiple consultants into the study, who's expertise could be sort at every stage of the study. Alternatively, through other research methods, such as PAR. It is important to note that as insider researchers, PAR may not be without its challenges, however when cultural or experimental affinity is practiced (Sallah, 2014) and participants become co-researchers, meaningful change can be generated (Kemmis, 2014; Vaughn & Jacquez, 2020).

Future researchers may also wish to further investigate the relationship between faith and introversion. Given the experience shared by one Muslim participant and the inconsistency in findings reported so far (Aziz, 2016), it may be worth understanding the experiences of more participants, and the experiences from a broader range of religious groups. This may present as the right time, given the growth in the literature concerning faith

and mental health is starting to expand (Codjoe et al., 2021; Gonçalves et al., 2015; Haney & Rollock, 2020), there may be some important commonalities across findings to be drawn out.

Moreover, since this study set out to capture the experiences of all minority ethnic groups, it may be worth focusing on specific ethnic groups. Just as no individual is alike, each minority ethnic group is likely to face unique challenges and experiences related to introversion and mental health support. This is especially important because this study failed to capture the experiences of every minority ethnic and cultural group. Consequently, researchers may wish to focus on those missed narratives in their future endeavours.

5.7 Implications

The findings disclosed by participants serve as the most direct implications both professionals and the wider society can adopt. Participants have shared their appreciation of the difficulty it can be for even themselves, let alone others, to recognise when they have more serious mental health needs. Nevertheless, they have shared how important it is to be treated as individuals and asked direct questions rather than assuming what they may be going through. Moreover, it was stressed how much time, and thus patience, may be needed when supporting ME introverts with mental health challenges, especially as a way to build up trust and a sense of safety. Equally important was the finding of important it is to ME introverts to not be dismissed in their ability to know what is right concerning their mental health needs.

On a professional and clinical level, the additional challenges resulting from being an introvert and holding the identity as a minority ethnic require additional attention. The ability to identify mental health concerns amongst ME introverts should be an ability those with specific training and/or experience with supporting those with mental health challenges are able to achieve. It is important that professional training programmes in the UK that cover mental health, such as the DClinPsy, stress the importance of considering the impact of

introversion and how much this may mask more serious mental health concerns. Particularly when we now know how fine the line between mental health and introversion can be for minority ethnics.

This is something that can be considered in detail at various stages in supporting those with mental health challenges. For example, key factors, such as personality type, should be captured at the referral stage to provide more context to a person's presentation. Especially since it is now known how unlikely some ME introverts are to ask for support, and thus, if they are reaching out for support, this may be indicative of a greater problem. In addition, the assessment and formulation stage can be used to consider how introverted tendencies may be a factor in maintaining a problem. Along with how familial, wider systems and cultures may also be generating distress within the individual through their beliefs about introversion.

At the treatment stage, this study has demonstrated how the work can be tailored to the unique experiences of ME introverts. We have now come to understand the difficulty in extending support to introverted individuals as a result of their reluctance to share with individuals, and that this hesitation may be rooted in a lack of safety and being unable to trust those they are with. As such, patience needs to be applied when working with ME introverts and time for rapport to be built to promote feelings of safety.

Practitioners may also wish to draw upon the OSAT (Duval & Wicklund, 1972) and CBT (Beck, 1964) model as a way to understand the pattern of thinking that can occur for introverts who have mental health difficulties or may be susceptible to them. For example, understanding one's tendency to reflect more as something that can lead to the generation of untested and potentially irrational beliefs. Nevertheless, it is important to note those theories centre the individual as the agent of their recovery (as well as the reason for their distress). Moreover may serve as reactive approaches in that they intervene at a point when the mental health challenge may have already manifested. A proactive approach may be to support the

individual to consider their introversion from a position of strength. Also, to understand the factors that may potentially be creating pressure and experiences of powerlessness as a ME introvert, through utilising the ecological systems theory or considering the impact of their identities intersecting (Crenshaw, 1991).

This research has brought to light the specific challenges minority ethnicities face in relation to mental health care. Findings which fall in line with what current literature has reported (Bignall, 2019; McCrory & Minnis, 2022). Therefore, to reiterate the recommendations following those findings and the concept of cultural humility (Tervalon & Murray-Garcia, 1998; Kumagai & Lypson, 2009), practitioners and society are encouraged to familiarise themselves with the current literature on this matter (McCrory & Minnis, 2022). Moreover, to consider any biases, stereotypes, and racist ideologies they hold, which may be re-enacting the damage and trauma to these communities of people. The findings of this study indicate the complexity of human lives resulting from the intersections of the multiple identities one holds (Crenshaw, 1991). Thus, mental health services cannot act in isolation and need to work collaboratively with these communities to learn further about their cultures in an effort to create meaningful change in the lives of the ME introverts they support.

At a societal level, the findings of this study call upon the need to challenge the beliefs we hold towards ME introverts. We have now come to understand the history concerning the pathologisation of introversion, in addition to the racist, Eurocentric and discriminatory ideologies introversion is embedded within. Furthermore, the stereotypes and expectations ME introverts are continuously having to fight, and resist the pressure to give in to, in order to succeed. As a result, it is important to be mindful of our language and how we may continue to perpetuate these ideologies.

We have learned of the strengths accompanying the introverted lifestyle, and individuals who resonate with these experiences may take from this study the confidence to

take a step forward and ‘live their best-introverted life’. We have also learned that this might not necessarily be a privilege afforded to everybody, and the term introversion might be so deeply rooted in racist ideology and Eurocentric beliefs that it is simply not possible to undo; despite Cain (2012) and the efforts of others to normalise introversion. As a result, it may be put forward that the term ‘minority ethnic introverts’ be abandoned in an effort to reclaim and redefine this narrative. This may mean drawing upon a name that more accurately defines one’s experiences and speaks to one's strengths.

5.8 Dissemination

Following the suggested implications of this research, it is important that dissemination takes place on multiple levels, at a societal and professional level. As such, it is intended that the findings of this research be disseminated through social media platforms such as Linked In, Instagram and Facebook, as this was the method initially used to advertise the study to the public. Moreover, social media platforms such as these have been considered as information sources (Westerman et al., 2014) for the public and therefore regarded as a helpful way to share information to them this way. On a professional level, it is the intention for findings to be disseminated through relevant research conferences, NHS Trust intranet sites and any newspapers they or any Psychological Professions Network organisations hold. This is due to the contacts held by the primary researcher and the ease of being able to circulate information to individuals within these organisations. In addition to this, the participants of this study will be contacted to gather information about specific ways in which they believe information can be shared, and who they believe this may be most relevant for.

5.9 Conclusion

ME introverts are well-versed in the strengths they possess. However, it may be concluded that much of society still needs to play catch up. This may be more challenging to achieve given this history of introversion and its deep roots within pathology and racist

ideologies. The findings of this study uncovered systemic, cultural and familial beliefs as some of the reasons ME introverts may also find it difficult to authentically be themselves. Clinicians are called upon to be more cognizant of the various levels of pressure existing around ME introverts and to seek out the necessary information from the individual that may enable them to deliver individualised, tailored care. Nonetheless, to bear in mind patience and time might be required to build a sense of safety for these individuals. For everyone, it remains important to understand the unique challenges ME introverts face as a result of being introverted and also due to their minority ethnic identity. One's biases and beliefs need to be acknowledged so as not to further perpetuate the harm enacted upon this community of people.

REFERENCES

Addington-Hall, J. M. (2007). *Research Methods in Palliative Care*. OUP Oxford.

Aggarwal, N. K., Pieh, M. C., Dixon, L., Guarnaccia, P., Alegría, M., & Lewis-Fernández, R. (2016). Clinician descriptions of communication strategies to improve treatment engagement by racial/ethnic minorities in mental health services: A systematic review. *Patient Education and Counseling*, *99*(2), 198–209. https://doi.org/10.1016/j.pec.2015.09.002

Ahlberg, B. M., Hamed, S., Bradby, H., Moberg, C., & Thapar-Björkert, S. (2022). "Just Throw It Behind You and Just Keep Going": Emotional Labor when Ethnic Minority Healthcare Staff Encounter Racism in Healthcare. *Frontiers in Sociology*, *6*, 741202. https://doi.org/10.3389/fsoc.2021.741202

Aldiabat, K., & Navenec, C.-L. L. (2018). Data Saturation: The Mysterious Step In Grounded Theory Method. *The Qualitative Report*, *23*(1), 245–261. https://doi.org/10.46743/2160-3715/2018.2994

Allen, J. (1994). Using the Myers Briggs Type Indicator—Part of the solution. *British Journal of Nursing (Mark Allen Publishing)*, *3*(9), 473–477. https://doi.org/10.12968/bjon.1994.3.9.473

Ambrose, S. D. (2006). *Religion and Psychology: New Research*. Nova Publishers.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed). American Psychiatric Association.

Amin, S. (1989). *Eurocentrism*. NYU Press.

Anderson, R. E., Hussain, S. B., Wilson, M. N., Shaw, D. S., Dishion, T. J., & Williams, J. L. (2015). Pathways to Pain: Racial Discrimination and Relations Between Parental Functioning and Child Psychosocial Well-Being. *Journal of Black Psychology*, *41*(6), 491–512. https://doi.org/10.1177/0095798414548511

Arday, J. (2018). Understanding Mental Health: What Are the Issues for Black and Ethnic Minority Students at University? *Social Sciences*, *7*(10), 196. https://doi.org/10.3390/socsci7100196

Arday, J. (2022). No one can see me cry: Understanding mental health issues for Black and minority ethnic staff in higher education. *Higher Education*, *83*(1), 79–102. https://doi.org/10.1007/s10734-020-00636-w

Arnett, J. J. (2008). The neglected 95%: Why American psychology needs to become less American. *American Psychologist*, *63*(7), 602–614. https://doi.org/10.1037/0003-066X.63.7.602

Ashton, M. C. (2018). Chapter 2—Personality Traits and the Inventories That Measure Them. In M. C. Ashton (Ed.), *Individual Differences and Personality (Third Edition)* (Third Edition, pp. 29–58). Academic Press. https://doi.org/10.1016/B978-0-12-809845-5.00002-0

Aspinall, P. J. (2002). Collective Terminology to Describe the Minority Ethnic Population: The Persistence of Confusion and Ambiguity in Usage. *Sociology*, *36*(4), 803–816. https://doi.org/10.1177/003803850203600401

Atkinson, D. R. (1983). Ethnic Similarity in Counseling Psychology: A Review of Research. *The Counseling Psychologist*, *11*(3), 79–92. https://doi.org/10.1177/0011000083113009

Atkinson, D. R., & Lowe, S. M. (1995). The role of ethnicity, cultural knowledge, and conventional techniques in counseling and psychotherapy. In *Handbook of multicultural counseling* (pp. 387–414). Sage Publications, Inc.

Aziz, E. (2016). *A Comparative Study of Cultural Effect on Introversion and Extroversion Trait of Muslim and Non-Muslim Adolescence Girls*. *3*(1), 22–28.

Baker, C., & Kirk-Wade, E. (2024). *Mental health statistics: Prevalence, services and funding in England* (CBP-06988). https://commonslibrary.parliament.uk/research-briefings/sn06988/

Balder, E. (2007). Introversion: Relationship with mental well-being. *Graduate Research Papers*. https://scholarworks.uni.edu/grp/301

Bartram, D. (2013). Scalar Equivalence of OPQ32: Big Five Profiles of 31 Countries. *Journal of Cross-Cultural Psychology*, *44*(1), 61–83. https://doi.org/10.1177/0022022111430258

Beach, M. C., Rosner, M., Cooper, L. A., Duggan, P. S., & Shatzer, J. (2007). Can Patient-Centered Attitudes Reduce Racial and Ethnic Disparities in Care?: *Academic Medicine*, *82*(2), 193–198. https://doi.org/10.1097/ACM.0b013e31802d94b2

Beck, J. S. (1964). *Cognitive Therapy: Basics and Beyond*. New York: Guildford Press

Bennett, A. A., Campion, E. D., Keeler, K. R., & Keener, S. K. (2021). Videoconference fatigue? Exploring changes in fatigue after videoconference meetings during COVID-19. *Journal of Applied Psychology*, *106*(3), 330–344. https://doi.org/10.1037/apl0000906

Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, *15*(2), 219–234. https://doi.org/10.1177/1468794112468475

Bethlehem, J. (2010). Selection Bias in Web Surveys. *International Statistical Review*, *78*(2), 161–188. https://doi.org/10.1111/j.1751-5823.2010.00112.x

Bhaskar, R. (1975). *A realist theory of science.* York: Books.

Bhatia, S., & Priya, K. R. (2021). Coloniality and Psychology: From Silencing to Re-Centering Marginalized Voices in Postcolonial Times. *Review of General Psychology*, *25*(4), 422–436. https://doi.org/10.1177/10892680211046507

Bhattacharya, H. (2008). Empirical Research. In L. Given, *The SAGE Encyclopedia of Qualitative Research Methods*. SAGE Publications, Inc. https://doi.org/10.4135/9781412963909.n133

Bienvenu, O. J., Brown, C., Samuels, J. F., Liang, K.-Y., Costa, P. T., Eaton, W. W., & Nestadt, G. (2001). Normal personality traits and comorbidity among phobic, panic and major depressive disorders. *Psychiatry Research*, *102*(1), 73–85. https://doi.org/10.1016/S0165-1781(01)00228-1

Biggerstaff, D. (2012). Qualitative Research Methods in Psychology. In G. Rossi (Ed.), *Psychology*. IntechOpen. https://doi.org/10.5772/38931

Bignall, T., Jeraj, S., Helsby, E., & Butt, J. (2019). *Racial disparities in mental health: Literature and evidence review* [Literature and evidence review]. Race Equality Foundation.

Braun, V., & Clarke, V. (2012). Thematic analysis. In *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association. https://doi.org/10.1037/13620-004

Bronfenbrenner, U. (1979). *Ecology Of Human Development: Experiments By Nature & Design*. Harvard University Press.

Burnett, D. (2013, March 19). Nothing personal: The questionable Myers-Briggs test. *The Guardian*. https://www.theguardian.com/science/brain-flapping/2013/mar/19/myers-briggs-test-unscientific

Burns, D. D. (1999). *Feeling Good: The New Mood Therapy* (1st ed). HarperCollins Publishers.

Burton, N. (2024). *The Life of Carl Jung: Psychology Today*. https://www.psychologytoday.com/us/blog/hide-and-seek/202310/the-life-of-carl-jung

Cabral, R. R., & Smith, T. B. (2011a). Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology*, *58*(4), 537–554. https://doi.org/10.1037/a0025266

Cabral, R. R., & Smith, T. B. (2011b). Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology*, *58*(4), 537–554. https://doi.org/10.1037/a0025266

Cain, S. (2012). *Quiet: The power of introverts in a world that can't stop talking.* Crown Publishers/Random House.

Cain, S. (with Mone, G., & Moroz, E.). (2016). *Quiet Power: The Secret Strengths of Introverts*. Penguin.

Caldwell-Harris, C. L., & Ayçiçegi, A. (2006). When Personality and Culture Clash: The Psychological Distress of Allocentrics in an Individualist Culture and Idiocentrics in a Collectivist Culture. *Transcultural Psychiatry*, *43*(3), 331–361. https://doi.org/10.1177/1363461506066982

Campbell-Stephens, R. (2020). *Global Majority: We need to talk about labels such as 'BAME'*. LinkedIn. https://www.linkedin.com/pulse/global-majority-we-need-talk-labels-bame-campbell-stephens-mbe/

(2018). *CASP Qualitative Checklist*. Critical Appraisal Skills Programme.

Carbado, D. W., Crenshaw, K. W., Mays, V. M., & Tomlinson, B. (2013). INTERSECTIONALITY: Mapping the Movements of a Theory. *Du Bois Review: Social Science Research on Race*, *10*(2), 303–312. https://doi.org/10.1017/S1742058X13000349

Cattan, M., & Tilford, S. (2006). *Mental Health Promotion*. McGraw-Hill Education (UK).

Cheng, H., & Furnham, A. (2002). Personality, peer relations, and self-confidence as predictors of happiness and loneliness. *Journal of Adolescence*, *25*(3), 327–339. https://doi.org/10.1006/jado.2002.0475

Clark, L. A. (2005). *Temperament as a unifying basis for personality and psychopathology*. *114*(4), 505–521. https://doi.org/10.1037/0021-843X.114.4.505

Codjoe, L., Barber, S., Ahuja, S., Thornicroft, G., Henderson, C., Lempp, H., & N'Danga-Koroma, J. (2021). Evidence for interventions to promote mental health and reduce stigma in Black faith communities: Systematic review. *Social Psychiatry and Psychiatric Epidemiology*, *56*(6), 895–911. https://doi.org/10.1007/s00127-021-02068-y

Coleman, H. L. K., Wampold, B. E., & Casali, S. L. (1995). Ethnic minorities' ratings of ethnically similar and European American counselors: A meta-analysis. *Journal of Counseling Psychology*, *42*(1), 55–64. https://doi.org/10.1037/0022-0167.42.1.55

Colley, S. L. (2019). Voices of Quiet Students: Introverted Nursing Students' Perceptions of Educational Experiences and Leadership Preparation. *International Journal of Nursing Education Scholarship*, *15*(1), /j/ijnes.2018.15.issue-1/ijnes-2018-0056/ijnes-2018-0056.xml. https://doi.org/10.1515/ijnes-2018-0056

Condon, M., & Ruth-Sahd, L. (2013). Responding to introverted and shy students: Best practice guidelines for educators and advisors. *Open Journal of Nursing*, *3*(7), Article 7. https://doi.org/10.4236/ojn.2013.37069

Conklin, E. S. (1923). The definition of introversion, extroversion and allied concepts. *The Journal of Abnormal Psychology and Social Psychology*, *17*(4), 367–382. https://doi.org/10.1037/h0065888

Constantine, M. G. (2001). Predictors of observer ratings of multicultural counseling competence in Black, Latino, and White American trainees. *Journal of Counseling Psychology*, *48*(4), 456–462. https://doi.org/10.1037/0022-0167.48.4.456

Coriat, I. H. (1911). Psychasthenia. In I. H. Coriat, *Abnormal psychology.* (pp. 273–297). William Rider & Son. https://doi.org/10.1037/13768-014

Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, *43*(6), 1241. https://doi.org/10.2307/1229039

Crenshaw, K. (2004). Intersectionality: The double bind of race and gender. *Perspectives Magazine*. www.americanbar. org/content/dam/aba/publishing/perspectives_magazine/ women_perspectives_Spring2004CrenshawPSP.authcheckdam. pdf.

Crowley, J. (2021). *An introvert in the midst: A poetic self-study of the lived experiences and challenges of an introverted teacher* [Masters, Memorial University of Newfoundland]. https://research.library.mun.ca/15298/

Dalal, F. (1988). *Jung: A Racist*. *4*, 263–279.

Dana, R. H. (1997). *Understanding Cultural Identity in Intervention and Assessment*. SAGE Publications.

De Fruyt, F., Van Leeuwen, K., Bagby, R. M., Rolland, J.-P., & Rouillon, F. (2006). Assessing and interpreting personality change and continuity in patients treated for major depression. *Psychological Assessment*, *18*(1), 71–80. https://doi.org/10.1037/1040-3590.18.1.71

Denzin (ed), N. K., & Lincoln, Y. S. (2005). Introduction. The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE Handbook of Qualitative Research* (pp. 1–32). SAGE Publications.

Dobson, D., & Dobson, K. S. (2009). *Evidence-Based Practice of Cognitive-Behavioral Therapy*. Guilford Press.

Dobson, K., & Dozois, D. (2001). Historical and philosophical bases of the cognitive-behavioral therapies. In K. Dobson (Ed.), *Handbook of cognitive-behavioral therapies* (2nd ed., pp. 3–39). Guilford.

Donalek, J. G. (2004). Phenomenology as a Qualitative Research Method. *Urologic Nursing*, *24*(6), 516–517.

Du, H. (2018). The Complexity of Study Abroad: Stories from Ethnic Minority American Students in China. *Annual Review of Applied Linguistics*, *38*, 122–139. https://doi:10.1017/S0267190518000065

Duggan, C., Sham, P., Lee, A., Minne, C., & Murray, R. (1995). Neuroticism: A vulnerability marker for depression evidence from a family study. *Journal of Affective Disorders*, *35*(3), 139–143. https://doi.org/10.1016/0165-0327(95)00062-3

Duval, S., & Wicklund, R. A. (1972). *A Theory of Objective Self Awareness*. Academic Press.

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British journal of clinical psychology*, *38*(3), 215-229. https://doi.org/10.1348/014466599162782

Esin, C. (2011). Narrative Analysis Approaches. In F. Nollaig (Ed.), *Qualitative Research Methods In Psychology: Combining Core Approaches* (pp. 92–114). Open press university. https://books.google.co.uk/books?id=A6ISqXofE_AC&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false

Eysenck, H. J. (1967). *The Biological Basis of Personality*. Charles C. Thomas Publisher.

Fadda, D., & Scalas, L. F. (2016). Neuroticism as a moderator of direct and mediated relationships between introversion-extraversion and well-being. *Europe's Journal of Psychology*, *12*(1), 49–67. https://doi.org/10.5964/ejop.v12i1.985

Faitz, L., M. (2012). *In Defense of Introversion: An Argument For The Other Half*. *18*. https://www.mckendree.edu/academics/scholars/issue18/faitz.htm

Farmer, A., Redman, K., Harris, T., Mahmood, A., Sadler, S., Pickering, A., & McGuffin, P. (2002). Neuroticism, extraversion, life events and depression. *British Journal of Psychiatry*, *181*(02), 118–122. https://doi.org/10.1017/S0007125000161823

Finlay, L. (1998). Reflexivity: An Essential Component for All Research? *British Journal of Occupational Therapy*, *61*(10), 453–456. https://doi.org/10.1177/030802269806101005

Finlay, L. (2014). Engaging Phenomenological Analysis. *Qualitative Research in Psychology*, *11*(2), 121–141. https://doi.org/10.1080/14780887.2013.807899

FitzGerald, C., & Hurst, S. (2017). Implicit bias in healthcare professionals: A systematic review. *BMC Medical Ethics*, *18*(1), 19. https://doi.org/10.1186/s12910-017-0179-8

Frayne, S. M., Burns, R. B., Hardt, E. J., Rosen, A. K., & Moskowitz, M. A. (1996). The exclusion of non-English-speaking persons from research. *Journal of General Internal Medicine, 11*(1), 39–43. https://doi.org/10.1007/BF02603484

Fudjack, S. (2013). Amidst a culture of noise silence is still golden: A sociocultural historical analysis of the pathologization of introversion. *Theses, Dissertations, and Projects*. https://scholarworks.smith.edu/theses/581

Munteanu, M. A. (1995). The role of personality in cross-cultural adjustment: qualitative exploration of introversion and extraversion. [Doctoral dissertation, University of British Columbia].

Geyer, P. (2012, October 25). *Extraversion – Introversion: What C.G. Jung meant and how contemporaries responded*.

Gibbons, F. X. (1990). Self-Attention and Behavior: A Review and Theoretical Update. In P. Zanna (Ed.), *Advances in Experimental Social Psychology* (Vol. 23, pp. 249–303). Elsevier. https://doi.org/10.1016/S0065-2601(08)60321-4

Glaser, B. G., & Strauss, A. L. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Aldine.

Godfrey. (2022). *"They just genuinely don't understand why we're not as loud": An exploration of the educational experiences of secondary school students with introverted personality styles and the views of professionals who support these students* [Doctoral dissertation, University of Exeter]. https://edpsy.org.uk/thesis-directory/they-just-genuinely-dont-understand-why-were-not-as-loud-an-exploration-of-the-educational-experiences-of-secondary-school-students-with-introverted-personality-st/

Goldman, A. (2003). Epistemology. In J. Shand (Ed.), *Fundamentals of Philosophy* (1st ed., pp. 11–36). Routledge.

Gonçalves, J. P. B., Lucchetti, G., Menezes, P. R., & Vallada, H. (2015). Religious and spiritual interventions in mental health care: A systematic review and meta-analysis of randomized controlled clinical trials. *Psychological Medicine, 45*(14), 2937–2949. https://doi.org/10.1017/S0033291715001166

Gorski, P. S. (2013). "What is Critical Realism? And Why Should You Care?" *Contemporary Sociology: A Journal of Reviews, 42*(5), 658–670. https://doi.org/10.1177/0094306113499533

Grace, J. D., & Priest, H. (2015). *Ontology to Outcome: A critical analysis of psychology research*. *15*(4), 204–213.

Grant, A. (2013). *Goodbye to MBTI, the Fad That Won't Die | Psychology Today United Kingdom*. Psychology Today. https://www.psychologytoday.com/gb/blog/give-and-take/201309/goodbye-to-mbti-the-fad-that-wont-die

Grey, T., Sewell, H., Shapiro, G., & Ashraf, F. (2013). Mental Health Inequalities Facing U.K. Minority Ethnic Populations: Causal Factors and Solutions. *Journal of Psychological Issues in Organizational Culture*, *3*(S1), 146–157. https://doi.org/10.1002/jpoc.21080

Gundarina, O. (2021). Interviews with creative techniques: Research with Russian-speaking migrant pupils. *International Journal of Research & Method in Education*, *44*(4), 414–432. https://doi.org/10.1080/1743727X.2020.1804543

Hadley, K. (2021). *Holistic Mental Health: Why it Matters & How to Achieve it in 2021 | LinkedIn*. https://www.linkedin.com/pulse/holistic-mental-health-why-matters-how-achieve-in2021-hadley-rdn/

Hagen, G. T. (2023). *Quiet in the Pulpit: A Qualitative Study of Introverted Pastors* [Senior thesis, Wisconsin Lutheran Seminary]. http://essays.wisluthsem.org:8080/handle/123456789/7298

Haney, A. M., & Rollock, D. (2020). A matter of faith: The role of religion, doubt, and personality in emerging adult mental health. *Psychology of Religion and Spirituality*, *12*(2), 247–253. https://doi.org/10.1037/rel0000231

Hannes, K., Lockwood, C., & Pearson, A. (2010). A Comparative Analysis of Three Online Appraisal Instruments' Ability to Assess Validity in Qualitative Research. *Qualitative Health Research*, *20*(12), 1736–1743. https://doi.org/10.1177/1049732310378656

Harrigan, T. (2010). *Social Anxiety, Shyness and Introversion: Adult Ethics and Freedom*. https://pages.nyu.edu/keefer/EvergreenEnergy/harrigant.pdf

Heard-Garris, N. J., Cale, M., Camaj, L., Hamati, M. C., & Dominguez, T. P. (2018). Transmitting Trauma: A systematic review of vicarious racism and child health. *Social Science & Medicine*, *199*, 230–240. https://doi.org/10.1016/j.socscimed.2017.04.018

Helgoe, L. A. H. (2013). *Introvert Power: Why Your Inner Life Is Your Hidden Strength*. Sourcebooks, Inc.

Helms, J. E. (2017). The Challenge of Making Whiteness Visible: Reactions to Four Whiteness Articles. *The Counseling Psychologist*, *45*(5), 717–726. https://doi.org/10.1177/0011000017718943

Herbert, J., Ferri, L., Hernandez, B., Zamarripa, I., Hofer, K., Fazeli, M. S., Shnitsar, I., & Abdallah, K. (2023). Personality diversity in the workplace: A systematic literature review on introversion. *Journal of Workplace Behavioral Health*, *38*(2), 165–187. https://doi.org/10.1080/15555240.2023.2192504

Holland, T., Nowland, T., Swan, J., Lord, S., Johnson, J., Dudley, A., Langer, J., Dang, M., Beazley, C., & St Clair, B. (2018). Quiet or Shy when we prefer to be, but always resisting Silencing: A project of multi-storied descriptions and directions. *The Dulwich Centre*, *1*(3), 36–42.

Ickes, W. J., Wicklund, R. A., & Ferris, C. B. (1973). Objective self awareness and self esteem. *Journal of Experimental Social Psychology*, *9*(3), 202–219.

Inhisownterms. 2019. Quiet for poc: The power of introverts of colour in a world that can't stop pointing out your race. *Medium*. *https://oliverluketaylor.medium.com/when-i-reflect-on-school-neighbourhood-or-work-experiences-focusing-on-race-with-another-person-d5884538051f*

Jung, C. (1910). *Psychic conflicts in a child*. *17*, 1–35.

Jung, C. G. (1971). *Collected Works of C.G. Jung, Volume 6: Psychological Types*. Princeton University Press. https://www.jstor.org/stable/j.ctt5hhqtj

Kalathil, J. (2011). Recovery and Resilience: African, African Caribbean and South Asian Women Stories of Recovering from Mental Distress. *Mental Health Foundation and Survivor Research*. https://www.academia.edu/3297598/Recovery_and_Resilience_African_African_Caribbean_and_South_Asian_Womens_Stories_of_Recovering_from_Mental_Distress

Kang, H.-K., & Burton, D. L. (2014). Effects of Racial Discrimination, Childhood Trauma, and Trauma Symptoms on Juvenile Delinquency in African American Incarcerated Youth. *Journal of Aggression, Maltreatment & Trauma*, *23*(10), 1109–1125. https://doi.org/10.1080/10926771.2014.968272

Kapadia, D., Brooks, H. L., Nazroo, J., & Tranmer, M. (2017). Pakistani women's use of mental health services and the role of social networks: A systematic review of quantitative and qualitative research. *Health & Social Care in the Community*, *25*(4), 1304–1317. https://doi.org/10.1111/hsc.12305

Karlsson, R. (2005). Ethnic Matching Between Therapist and Patient in Psychotherapy: An Overview of Findings, Together with Methodological and Conceptual Issues. *Cultural*

Diversity & Ethnic Minority Psychology, *11*, 113–129. https://doi.org/10.1037/1099-9809.11.2.113

Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health*, *78*(3), 458–467. https://doi.org/10.1093/jurban/78.3.458

Keirsey, D. (1998). *Please understand me II*. Prometheus Nemesis Book Company.

Keirsey, D., & Bates, M. (1984). *Please Understand Me: Character and Temperament Types* (5th ed.). Prometheus Nemesis Book Company.

Kemmis, S., McTaggart, R., & Nixon, R. (2014). Introducing Critical Participatory Action Research. In S. Kemmis, R. McTaggart, & R. Nixon, *The Action Research Planner* (pp. 1–31). Springer Singapore. https://doi.org/10.1007/978-981-4560-67-2_1

Kim, S. (2014). Individualism, an Overview. In A. C. Michalos (Ed.), *Encyclopedia of Quality of Life and Well-Being Research* (pp. 3240–3241). Springer Netherlands. https://doi.org/10.1007/978-94-007-0753-5_1456

King's College London. (2024, April 10). *Experts by Experience: Who Knows Best?* King's College London. https://www.kcl.ac.uk/events/experts-by-experience-who-knows-best

Kroeger, O., & Thuesen, J. M. (1992). *Type talk at work*. Delacorte Press.

Kumagai, A. K., & Lypson, M. L. (2009). Beyond Cultural Competence: Critical Consciousness, Social Justice, and Multicultural Education: *Academic Medicine*, *84*(6), 782–787. https://doi.org/10.1097/ACM.0b013e3181a42398

Kurtz, Z., & Street, C. (2006). Mental health services for young people from black and minority ethnic backgrounds: The current challenge. *Journal of Children's Services*, *1*(3), 40–49. https://doi.org/10.1108/17466660200600022

Laney, M. O. (2002). *The introvert advantage*. Workman Publishing Company, Inc.

Law Society. (2023). *A guide to race and ethnicity terminology and language*. Law Society. https://www.lawsociety.org.uk/topics/ethnic-minority-lawyers/a-guide-to-race-and-ethnicity-terminology-and-language

Leighton, S., & Dogra, N. (2009). *Defining mental health and mental illness*.

Lewis-Oduntan, C. (2023). Black introverts on navigating the UK workplace. *Refinery29*. https://www.refinery29.com/en-gb/black-women-introverts-at-work

Lobe, B., Morgan, D. L., & Hoffman, K. (2022). A Systematic Comparison of In-Person and Video-Based Online Interviewing. *International Journal of Qualitative Methods*, *21*, 16094069221127068. https://doi.org/10.1177/16094069221127068

Longman, M. (2021). *Why It's Probably Time To Stop Taking Personality Tests*. https://www.refinery29.com/en-us/2021/03/10345603/personality-tests-persona-documentary-hbo

Lopez, G., Figueroa, M., Connor, S., & Maliski, S. (2007, November). *Barriers in Conducting Qualitative Research with Non-English Speakers*.

Lopez, K. A., & Willis, D. G. (2004). Descriptive Versus Interpretive Phenomenology: Their Contributions to Nursing Knowledge. *Qualitative Health Research*, *14*(5), 726–735. https://doi.org/10.1177/1049732304263638

Lucas, R. E., Diener, E., Grob, A., Suh, E. M., & Shao, L. (2000). Cross-cultural evidence for the fundamental features of extraversion. *Journal of Personality and Social Psychology*, *79*(3), 452–468. https://doi.org/10.1037/0022-3514.79.3.452

Macabasco, L. W. (2021, March 4). 'They become dangerous tools': The dark side of personality tests. *The Guardian*. https://www.theguardian.com/tv-and-radio/2021/mar/03/they-become-dangerous-tools-the-dark-side-of-personality-tests

Majid, U., & Vanstone, M. (2018). Appraising Qualitative Research for Evidence Syntheses: A Compendium of Quality Appraisal Tools. *Qualitative Health Research*, *28*(13), 2115–2131. https://doi.org/10.1177/1049732318785358

Mantovani, N., Pizzolati, M., & Edge, D. (2017). Exploring the relationship between stigma and help-seeking for mental illness in African-descended faith communities in the UK. *Health Expectations*, *20*(3), 373–384. https://doi.org/10.1111/hex.12464

Maramba, G. G., & Nagayama Hall, G. C. (2002). Meta-analyses of ethnic match as a predictor of dropout, utilization, and level of functioning. *Cultural Diversity and Ethnic Minority Psychology*, *8*(3), 290–297. https://doi.org/10.1037/1099-9809.8.3.290

Matsumoto, D. R. (1996). *Culture and psychology*. Brooks/Cole Publ.

McCrory, E., & Minnis, H. (2022). *Racism, Mental Health and Trauma Research Round Up*. UK Trauma Council. https://uktraumacouncil.org/research_practice/racism-and-trauma-research

McDougall, W. (1923). *An Outline of Psychology* (First Edition). Charles Scriber's Sons.

McHale, R. (2018). *Differences Between Introverts and Extraverts with Bipolar Disorder* [Doctoral dissertation, Antioch University Dissertations & Theses]. https://aura.antioch.edu/etds/448

MedCircle (Director). (2020, August 25). *Introvert, Social Anxiety, or Depression?* [Video recording]. https://www.youtube.com/watch?v=vhglKx0EwZA

Mental Health Act 1983, HMSO. Retrieved 24 October 2024, from https://www.legislation.gov.uk/ukpga/1983/20/contents

Merriam-Webster. (n.d.). Merriam-Webster.com dictionary. Retrieved June 22, 2024, from https://www.merriam-webster.com/thesaurus/introverted

Miller, R. S. (2009). Social anxiousness, shyness, and embarrassability. In M. R. Leary & Hoyle (Eds.), *Handbook of individual differences in social behavior* (pp. 176–191). The Guilford Press.

Mind. (2017). *What are mental health problems? - Mind*. Mind. https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/about-mental-health-problems/

Moran, D. (2002). *Introduction to Phenomenology* (0 ed.). Routledge. https://doi.org/10.4324/9780203196632

Mossabir, R., Morris, R., Kennedy, A., Blickem, C., & Rogers, A. (2015). A scoping review to understand the effectiveness of *linking schemes* from healthcare providers to community resources to improve the health and well-being of people with long-term conditions. *Health & Social Care in the Community*, *23*(5), 467–484. https://doi.org/10.1111/hsc.12176

Munn, Z., Peters, M. D. J., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Medical Research Methodology*, *18*(1), 143. https://doi.org/10.1186/s12874-018-0611-x

Myers, P. B., & Briggs, I. (1962). *The Myers-Briggs Type Indicator: Manual (1962).* (pp. ii, 110). Consulting Psychologists Press. https://doi.org/10.1037/14404-000

Nagre, K. (2023). (Mis)educating England: Eurocentric narratives in secondary school history textbooks. *Race Ethnicity and Education*, 1–20. https://doi.org/10.1080/13613324.2023.2192945

Naidoo, T. (1996). Challenging the hegemony of Eurocentric psychology. *Journal of Community and Health Sciences*, *2*.

Nakao, K., Takaishi, J., Tatsuta, K., Katayama, H., Iwase, M., Yorifuji, K., & Takeda, M. (2000). The influences of family environment on personality traits. *Psychiatry and Clinical Neurosciences*, *54*(1), 91–95. https://doi.org/10.1046/j.1440-1819.2000.00642.x

National Health Service and Community Care Act 1990, HMSO. Retrieved 24 October 2024, from https://www.legislation.gov.uk/ukpga/1990/19/contents

National Institute of Health and Care Excellence. (2011). *Self-harm in over 8s: Long-term management* (Clinical Guideline CG133). NICE. https://www.nice.org.uk/guidance/CG133

National Institute of Health and Care Excellence. (2015). *Transition between inpatient hospital settings and community or care home settings for adults with social care needs* (NICE Guideline NG27). NICE. https://www.nice.org.uk/guidance/ng27

National Institute of Health and Care Excellence. (2016). *Transition between inpatient mental health settings and community or care home settings* (NICE Guideline NG53). NICE. https://www.nice.org.uk/guidance/ng53

National Institute of Health and Care Excellence. (2018). *Post-traumatic stress disorder* (NICE Guideline NG116). NICE. https://www.nice.org.uk/guidance/ng116

Neuroskeptic. (2019). *The Racism of Carl Jung*. https://www.discovermagazine.com/mind/the-racism-of-carl-jung

Newcomb, T. M. (1961). *The acquaintance process.* Holt, Rinehart & Winston. https://doi.org/10.1037/13156-000

NHS England. (2017). *Guide for CTR experts by experience: Care and Treatment Review expert advisers* (Learning Disabilities and Autism) [Guidance]. https://www.england.nhs.uk/publication/expert-by-experience-booklet/

Noblit, G., & Hare, R. (1988). *Meta-Ethnography*. SAGE Publications, Inc. https://doi.org/10.4135/9781412985000

Noman, R. (2016). *Loud words or Loud Minds: A Qualitative Study about Introverts*. *2*(1), 34–38.

Noya, C., & Vernon, L. L. (2019). *Where Are All the Introverts Hiding? An Analysis of Introversion in Research*. *8*, 34–34.

Nurmi, N., & Pakarinen, S. (2023). Virtual meeting fatigue: Exploring the impact of virtual meetings on cognitive performance and active versus passive fatigue. *Journal of Occupational Health Psychology*, *28*(6), 343–362. https://doi.org/10.1037/ocp0000362

Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2023). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical Teacher*. https://www.tandfonline.com/doi/abs/10.1080/0142159X.2022.2057287

ONS. (2021). *Ethnic group, England and Wales: Census 2021*.

Open Letter from a group of Jungians on the question of Jung's writings on and theories about 'Africans'. (2019). *Journal of Analytical Psychology*, *64*(3), 361–366. https://doi.org/10.1111/1468-5922.12511

Oram, L. (2016). A Method to My Quietness: A Grounded Theory Study of Living and Leading with Introversion. *Antioch University Dissertations & Theses*. https://aura.antioch.edu/etds/301

Oxford Reference. (n.d.-a). *Society*. Oxford Reference. Retrieved June 24, 2024, from https://doi.org/10.1093/oi/authority.20110803100515618

Oxford Reference. (n.d.-b). *Introversion*. Oxford Reference. Retrieved June 22, 2024, from https://doi.org/10.1093/oi/authority.20110803100009265

Ozer, E. J., Newlan, S., Douglas, L., & Hubbard, E. (2013). "Bounded" Empowerment: Analyzing Tensions in the Practice of Youth-Led Participatory Research in Urban Public Schools. *American Journal of Community Psychology*, *52*(1–2), 13–26. https://doi.org/10.1007/s10464-013-9573-7

Paez, A. (2017). Gray literature: An important resource in systematic reviews. *Journal of Evidence-Based Medicine*, *10*(3), 233–240. https://doi.org/10.1111/jebm.12266

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., … Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *Systematic Reviews*, *10*(1), 89. https://doi.org/10.1186/s13643-021-01626-4

Pieterse, A. L., Todd, N. R., Neville, H. A., & Carter, R. T. (2012). Perceived racism and mental health among Black American adults: A meta-analytic review. *Journal of Counseling Psychology*, *59*(1), 1–9. https://doi.org/10.1037/a0026208

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Czasopismo Psychologiczne Psychological Journal*, *20*(1). https://doi.org/10.14691/CPPJ.20.1.7

Polit, D. F., & Beck, C. T. (2010). Generalization in quantitative and qualitative research: Myths and strategies. *International Journal of Nursing Studies*, *47*(11), 1451–1458. https://doi.org/10.1016/j.ijnurstu.2010.06.004

Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology*, *52*(2), 137–145. https://doi.org/10.1037/0022-0167.52.2.137

Potter, J., & Wetherell, M. (1987). *Discourse and Social Psychology: Beyond Attitudes and Behaviour*. SAGE Publications.

Pritchard, D. (2016). *Epistemology*. Palgrave Macmillan UK. https://doi.org/10.1007/978-1-137-52692-2

Psarros, A. (2014). *Women's Voices on Health – addressing barriers to accessing primary care*. Maternity Action. https://maternityaction.org.uk/wp-content/uploads/2014/05/Access-to-Primary-Care-report-FINAL.pdf

Psychology Today. (n.d). *Introversion*. Psychology Today. https://www.psychologytoday.com/gb/basics/introversion

Rainford, J. (2020). Confidence and the effectiveness of creative methods in qualitative interviews with adults. *International Journal of Social Research Methodology*, *23*(1), 109–122. https://doi.org/10.1080/13645579.2019.1672287

Sallah, M. (2014). Participatory action research with 'minority communities' and the complexities of emancipatory tensions: intersectionality and cultural affinity. *Research in Comparative and International Education*, *9*(4), 402-411. https://doi.org/10.2304/rcie.2014.9.4.40

Sallinen-Kuparinen, A., McCroskey, J. C., & Richmond, V. P. (1991). Willingness to communicate, communication apprehension, introversion, and self-reported communication competence: Finnish and American comparisons. *Communication Research Reports*, *8*(1), 55–64. https://doi.org/10.1080/08824099109359876

Sattar, R., Lawton, R., Panagioti, M., & Johnson, J. (2021). Meta-ethnography in healthcare research: A guide to using a meta-ethnographic approach for literature synthesis. *BMC Health Services Research*, *21*(1), 50. https://doi.org/10.1186/s12913-020-06049-w

Schwartz, L. S. (2015). *Childhood experiences of introversion: An exploration of navigating social and academic spaces and ways of coping* [Master's thesis, Smith College]. https://scholarworks.smith.edu/theses/919

Shaheen, N., Shaheen, A., Ramadan, A., Hefnawy, M. T., Ramadan, A., Ibrahim, I. A., Hassanein, M. E., Ashour, M. E., & Flouty, O. (2023). Appraising systematic reviews: A comprehensive guide to ensuring validity and reliability. *Frontiers in Research Metrics and Analytics*, *8*. https://doi.org/10.3389/frma.2023.1268045

Shelton, S. A., & Lester, A. O. S. (2020). A narrative exploration of the importance of intersectionality in a Black trans woman's mental health experiences. *International Journal of Transgender Health*, 1–14. https://doi.org/10.1080/26895269.2020.1838393

Shinebourne, P. (2011). Interpretive phenomenological analysis. In N. Frost (Ed.), *Qualitative Research Methods In Psychology: Combining Core Approaches* (1st ed, pp. 44–65). Open University Press, McGraw-Hill Education.

Sidi, L. (2022). After the madhouses: The emotional politics of psychiatry and community care in the UK tabloid press 1980–1995. *Medical Humanities*, *48*(4), 451–460. https://doi.org/10.1136/medhum-2020-012117

Silvia, P. J., & Duval, T. S. (2001). Objective Self-Awareness Theory: Recent Progress and Enduring Problems. *Personality and Social Psychology Review*, *5*(3), 230–241. https://doi.org/10.1207/S15327957PSPR0503_4

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, *1*(1), 39–54.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. SAGE.

Smith, J. A., Harré, R., & Langenhove, L. van (Eds.). (1995). *Rethinking methods in psychology*. Sage Publications.

Smith, J. A., Jarman, M., & Osborn, M. (1999). Doing Interpretative Phenomenological Analysis. In M. Murray & K. Chamberlain, *Qualitative Health Psychology: Theories and Methods* (pp. 218–240). SAGE Publications Ltd. https://doi.org/10.4135/9781446217870.n14

Smith, J. A., & Osborn, M. (2003). Interpretative Phenomenological Analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods*. SAGE Publications.

Snilstveit, B., Oliver, S., & Vojtkova, M. (2012). *Narrative approaches to systematic review and synthesis of evidence for international development policy and practice*. https://www.tandfonline.com/doi/epdf/10.1080/19439342.2012.710641?needAccess=true

Sokolowski, R. (2000). *Introduction to phenomenology*. Cambridge University Press.

Starks, H., & Brown Trinidad, S. (2007). Choose Your Method: A Comparison of Phenomenology, Discourse Analysis, and Grounded Theory. *Qualitative Health Research*, *17*(10), 1372–1380. https://doi.org/10.1177/1049732307307031

Sue, S. (1988). Psychotherapeutic services for ethnic minorities: Two decades of research findings. *American Psychologist*, *43*(4), 301–308. https://doi.org/10.1037/0003-066X.43.4.301

Swickert, R. J., Rosentreter, C. J., Hittner, J. B., & Mushrush, J. E. (2002). Extraversion, social support processes, and stress. *Personality and Individual Differences*, *32*(5), 877–891. https://doi.org/10.1016/S0191-8869(01)00093-9

Tayyab, M. (2023). *Lived experiences of introverted South Asian women working in New Zealand: A thesis presented in partial fulfilment of the requirements for the degree of Master of Business Studies in Human Resource Management at Massey University, Albany, New Zealand* [Master's thesis, Massey University]. https://mro.massey.ac.nz/items/405afe58-875d-47ab-93c7-50be5d3f909d

Tervalon, M., & Murray-García, J. (1998). Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. *Journal of Health Care for the Poor and Underserved*, *9*(2), 117–125. https://doi.org/10.1353/hpu.2010.0233

Theasaurus.com. (n.d.). *Theasaurus.com*. Retrieved June 22, 2024, from https://www.thesaurus.com/browse/introverted

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, *8*(1), 45. https://doi.org/10.1186/1471-2288-8-45

Thomas, L. E. (2011). *Introverted perspectives on happiness: A phenomenological inquiry* (pp. vii, 95 leaves; 30 cm.). University of Calgary. https://doi.org/10.11575/PRISM/4434

Tieger, P. D., & Barron-Tieger, B. (2001). *Do what you are: Discover the perfect career for you through the secrets of personality type* (3rd ed.). Little, Brown & Company.

Truschel, J. (2022, August 26). *Depression Definition and DSM-5 Diagnostic Criteria*. Health Central. https://www.healthcentral.com/condition/depression/dsm-5-depression-criteria

Turner, J., Hayward, R., Angel, K., Fulford, B., Hall, J., Millard, C., & Thomson, M. (2015). The History of Mental Health Services in Modern England: Practitioner Memories and the Direction of Future Research. *Medical History*, *59*(4), 599–624. https://doi.org/10.1017/mdh.2015.48

Tyndall, J. *AACODS Checklist*. Flinders University, 2010. http://dspace.flinders.edu.au/dspace/

Van Gundy, K., & Schieman, S. (2001). Looking inward: Introspectiveness, physical disability, and depression across the life course. *International Journal of Aging & Human Development*, *53*(4), 293–310. https://doi.org/10.2190/XEYW-H4XR-JBAF-2L6K

Vaughn, L. M., & Jacquez, F. (2020). Participatory Research Methods – Choice Points in the Research Process. *Journal of Participatory Research Methods*, *1*(1). https://doi.org/10.35844/001c.13244

Verghese, A. (2008). Spirituality and mental health. *Indian Journal of Psychiatry*, *50*(4), 233–237. https://doi.org/10.4103/0019-5545.44742

Watson, H., Harrop, D., Walton, E., Young, A., & Soltani, H. (2019). A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe. *PLOS ONE*, *14*(1), e0210587. https://doi.org/10.1371/journal.pone.0210587

Weeks, M., & Gonot-Schoupinsky, F. (2024). Mental health and positive introversion: A positive autoethnographic case study of Mark Weeks. *Mental Health and Social Inclusion*, *ahead-of-print*(ahead-of-print). https://doi.org/10.1108/MHSI-05-2024-0086

Wei, M. (2020). Social Distancing and Lockdown – An Introvert's Paradise? An Empirical Investigation on the Association Between Introversion and the Psychological Impact of COVID19-Related Circumstantial Changes. *Frontiers in Psychology*, *11*. https://doi.org/10.3389/fpsyg.2020.561609

Westerman, D., Spence, P. R., & Van Der Heide, B. (2014). Social media as information source: Recency of updates and credibility of information. *Journal of computer-mediated communication*, *19*(2), 171-183. https://doi.org/10.1111/jcc4.12041

Willig, C. (2008). *Introducing qualitative research in psychology: Adventures in theory and method*. McGraw-Hill.

Wittwer, J. (2024, June 7). Extroverts Around the World: Getting to Know the Most Extroverted Countries. *Success Across Cultures*. https://successacrosscultures.com/2024/06/07/extroverts-around-the-world-getting-to-know-the-most-extroverted-countries/

World Health Organization. (2000). *Mental health around the world: Stop exclusion, dare to care: World Health Day 2001* (p. WHO/NMH/MSD/WHD/00.1 (eng)). World Health Organization.

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

Yusupoff, L. (2018). Holistically informed assessment and formulation. *Clinical Psychology Forum*, *1*(305), 15–21. https://doi.org/10.53841/bpscpf.2018.1.305.15

Zhong, J., Wang, A., Qian, M., Zhang, L., Gao, J., Yang, J., Li, B. and Chen, P. (2008). Shame, personality, and social anxiety symptoms in Chinese and American nonclinical samples: a cross-cultural study. *Depress. Anxiety*, *25*, 449-460. https://doi.org/10.1002/da.20358

APPENDIX A – University of Hertfordshire Ethics Approval Notification

University of Hertfordshire UH

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	Esther Sarquah
CC	Dr Zheng Zhou Dr Catherine Athanasiadou-Lewis Dr Nancy Nsiah
FROM	Dr Rosemary Godbold, Health, Science, Engineering and Technology ECDA Vice-Chair
DATE	09/11/2023

Protocol number: **LMS/PGT/UH/05455**

Title of study: What it means to be a Global Majority introvert who has received mental health support

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Dr Nancy Nsiah

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 09/11/2023

To: 31/12/2024

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.
Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit form EC2.
Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.
Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

APPENDIX B – University of Hertfordshire Ethics Modification Approval Notification

University of Hertfordshire UH

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	**Esther Sarquah**
CC	**Dr Zheng Zhou, Dr Catherine Athanasiadou-Lewis, Dr Nancy Nsiah**
FROM	**Dr Simon Trainis, Health, Science, Engineering and Technology ECDA Chair**
DATE	**12/08/2024**

Protocol number: aLMS/PGT/UH/05455(2)

Title of study: Exploring the Experiences of Mental Health Support for Minority Ethnic Introverts

Your application to modify and extend the existing protocol as detailed below has been accepted and approved by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

No additional workers named

Modification:

Change of title and modifications as described in the EC2 application

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Original protocol: Any conditions relating to the original protocol approval remain and must be complied with.

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 12/08/2024

To: 31/12/2024

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.
Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit a further EC2 request.
Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A or as detailed in the EC2 request. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.
Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

APPENDIX C – Risk Assessment

Ref No.	
Date	
Review Date	
	OFFICE USE ONLY

SCHOOL OF LIFE AND MEDICAL SCIENCES
UNIVERSITY OF HERTFORDSHIRE

Life and Medical Sciences Risk Assessment

The completion of this is an integral part of the preparation for your work, it is not just a form to be completed, but is designed to alert you to potential hazards so you can identify the measures you will need to put into place to control them. You will need a copy on you when you carry out your work

General Information					
Name	Esther Sarquah	Email address	e.sarquah@herts.ac.uk	Contact number	07903939220
Supervisor's name (if student)	Dr Zheng Zhou	Supervisor's e-mail address	z.zhou7@herts.ac.uk	Supervisor's contact number	01707 286322

Activity	
Title of activity	What it means to be a Global Majority introvert who has received mental health support
Brief description of activity	Introversion has been defined as 'a state of being predominantly interested in one's own mental self' (Briggs Myers, 2022). Within literature exists debates over whether introverts are more susceptible to developing mental health challenges. Currently there are no studies highlighting the experiences of the Global Majority who identify as introverts and have accessed mental health care. However, we are aware of how damaging it can be when one's introversion is contrary to the norm held within society, and the complexities that can arise in relation to mental health as a result. In addition, we have also come to understand that the experiences of mental health and mental health service engagement is not only limited to one's introversion but can be further mediated by other aspects of a person's identity, such as being of the Global Majority (Crenshaw, 1991). The hope for this proposed study is to keep at the forefront of our awareness those whose voices often go unheard, and challenge the narratives and stereotypes held in society today about introversion - specifically around being a Global Majority introvert. Moreover as mental health professionals it is important to consider the people we work with, how we might understand their uniqueness and ensuring care is accurate and appropriate. The aim of this proposed study is to uncover the experiences of Global Majority introverts who have received mental health care. Research questions:

	(1)How has being a Global Majority introvert impacted them? (2)How they have felt their identity as a Global Majority introvert has impacted their mental health? (3)How their identity as a Global Majority introvert has impacted their experience of mental health care? This study will be based upon an Interpretative Phenomenological Approach (IPA). This is a qualitative design that aims to examine human experiences. Participants who meet the eligibility criteria will be asked to make contact with the research team via the email address provided on the advertisement (appendix A). The principle researcher will then respond to the email by providing the potential participant with the study information sheet (appendix B), as well as the next page containing the consent form (appendix C). If the participant is then happy to proceed, they will be asked to sign the consent form and return this to the same email address. Upon receiving the signed consent form, the principle research will schedule in a time for the interview to take place and a Zoom link will be sent out to the participant. This will then be followed up with a reminder email for the zoom meeting 24 hours before. At the beginning of the interview, participants will be made aware again that they can withdraw from the study at any point, and asked if they are still happy to proceed with the interview. Participants will also be reminded that the interview will be video recorded, and asked to confirm that they are still happy to proceed with this. The interview will begin with the collection of demographic information, after which will follow a 30–45-minute semi-structured interview based upon an interview guide (please see appendix D for a rough guide). Following the interview, participants will be provided with a debrief sheet (appendix E). In the unlikely event that someone is highly distressed following the interview, and there are concerns about their wellbeing, additional steps will be taken to link the participant in with some ongoing support i.e., via a mental health charity (depending on what support is needed). The research team wil then meet to review themes, and finally the data will be pulled together and written up solely by the assessor.
Location of activity	Recruitment and interviews will all take place online/virtually (via MSTeams and/or Zoom). Meetings with research team will also take place online/virtually (via MSTeams and/or Zoom).

Who will be taking part in this activity	Research team will consist of my principal supervisor (named above), as well as two secondary supervisors (one also affiliated with the University), and an external consult. Participants looking to be recruited will be those who identify as part of the global majority and also as an introvert. In addition they are someone who has accessed mental health support. I would also hope two include two Experts by Experience who may want to advise on the interview schedule.

Types of Hazards likely to be encountered				
X Computers and other display screen	☐ Falling objects	☐ Farm machinery	☐ Fire	☐ Cuts
☐ Falls from heights	☐ Manual handling	☐ Hot or cold extremes	☐ Repetitive handling	☐ Severe weather
☐ Slips/trips/falls	X Stress	☐ Travel	☐ Vehicles	☐ Workshop machinery
X Psychological distress (to interviewer or interviewee)	☐ Aggressive response, physical or verbal	☐	☐	☐
Other hazards not listed above	*Is there anything else which is not listed above?*			

Risk Control Measures						
List the activities in the order in which they occur, indicating your perception of the risks associated with each one and the probability of occurrence, together with the relevant safety measures. *Describe the activities involved.* *Consider the risks to participants, research team, security, maintenance, members of the public – is there anyone else who could be harmed?* *In respect of any equipment to be used read manufacturer's instructions and note any hazards that arise, particularly from incorrect use.*						
Identify hazards	**Who could be harmed?** *e.g. participants, research team, security, maintenance, members of the public, other people at the location, the owner / manager / workers at the location etc.*	**How could they be harmed?**	**Control Measures – what precautions are currently in place?** *Are there standard operating procedures or rules for the premises. Are there any other local codes of practice/local rules which you are following, eg Local Rules for the SHE labs? Have there been agreed levels of supervision of the study? Will trained medical staff be present? Etc*	**What is the residual level of risk after the control measures have been put into place?** *Low Medium or High*	**Are there any risks that are not controlled or not adequately controlled?**	**Is more action needed to reduce/manage the risk?** *for example, provision of support/aftercare, precautions to be put in place to avoid or minimise risk or adverse effects*
Eg questionnaires	*Eg participants*	*Eg Aggressive response - physical or verbal*	*Eg LMS Health and Safety Policy, interviewer being accompanied, following local rules, advice or*		*Eg the risk to particpants*	*Eg additional support following interview.*

			training in dealing with difficult situations.			
Recruitment of participants	Potential participants	Psychological distress of being triggered by a memory or recent experience	Following LMS Health and Safety policy. Also providing resources of where individuals can access support on the back of advertisement.	Low	No	For the assessor to provide debriefs following the interview and check for any immediate/adverse effects and follow up with internal supervisor.
Consent	Participants	Stress associated with not having the means, or knowing how to engage with the study remotely	Following LMS Health and Safety policy. Providing the option of a telephone call to support the individual to access the interview/resources. To provide the option of an in-person meeting where necessary and following UH lone worker policy guide.	Low	No	Particiapnt may not be able to engage in study if other options aren't suitable.
Interview	Participants	Computers/display screen – engaging with their screen for too long. Physcial strains arising from this	Following LMS Health and Safety policy. Ensuring there are enough breaks during the interview, and informing the participant that they can opt to pause the interview at anytime. When necessary that the interview only takes place if they participant has access to what they need to safely engage (i.e. their glasses).	Low	No	Participant may (need to) withdraw from stdy
Interview	Participants	Psychological distress of being triggered by a memory or recent experience	Following LMS Health and Safety policy. Also providing resources of where individuals can access support following the interview.	Low	No	For the assessor to provide debriefs following the interview and check for any immediate/adverse effects and follow up with internal supervisor.
Data analysis	Participants	Psychological distress caused by the anxiety of waiting for their results to be analysed.	Following LMS Health and Safety policy. Communicating with participants to inform them when the report intends to be written by. Also	Low	No	Sign posting to any further support if necessary and follow up with internal supervisor.

			where they can access the final thesis if they wished.			
Data anaylsis	Research team	Physical strains caused by having to look at their screens for too long to analyse data	Following LMS Health and Safety policy. Ensuring there are enough breaks and that tasks are divided equally, if necessary – so that one individual isn't burdened with having to review more information than another. Opting to review data using paper copies rather than on the screen.	Low	No	No
Data analysis and write up	Research team	Electrical hazzard – due to extended use of a laptop to analyse and/or write up the information	Following LMS Health and Safety policy. Ensuring the equiptment used complies with UH standards and where there is where or tear, this is actioned immediately.	Low	No	Follow up to ensure where necessary equiptment has been replaced and again up to UH standard.
List any other documents relevant to this application	LMS Health and Safety policy. UH lone worker policy.					

Signatures					
Assessor name	Esther Sarquah	Assessor signature		Date	10/08/2023
Supervisor, if Assessor is a student	Zheng Zhou	Supervisor signature		Date	11-8-2023
Local Health and Safety Advisor/ Lab Manager	Jon Gillard	Local Health and Safety Advisor/ Lab Manager signature		Date	11/08/2023

APPENDIX D - Recruitment Poster

Receieve a £10 voucher

University of Hertfordshire UH

Understanding your experience of mental health support as a minority ethnic introvert

RESEARCH PARTICIPANTS NEEDED

- ✓ Do you identify as an introvert?
- ✓ Are you Black, African, Asian, Brown, dual-heritage, indigenous to the global south, and or, have been racialised as ethnic minorities?
- ✓ Have you previously accessed mental health support in the UK?

If you have answered yes to ALL three questions please go to https://form.jotform.com/240194225506047 or use the QR code below to sign up for the study.

The study involves a 1 hour interview held remotely (cameras can be off!

To contact the principle researcher, Esther Sarquah email: e.sarquah@herts.ac.uk

LMS PGT UH 05455

APPENDIX E – Participant Information Sheet

A study exploring the experiences of mental health support for minority ethnic introverts

UNIVERSITY OF HERTFORDSHIRE

ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE')

FORM EC6: PARTICIPANT INFORMATION SHEET
UNIVERSITY OF HERTFORDSHIRE

1 1. Title of study

A study exploring the experiences of mental health support for minority ethnic introverts

2. Introduction

You are being invited to take part in a study. Before you decide whether to do so, it is important that you understand the study that is being undertaken and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision. Please do take your time to decide whether or not you wish to take part. The University's regulation, UPR RE01, 'Studies Involving the Use of Human Participants' can be accessed via this link:

https://www.herts.ac.uk/about-us/governance/university-policies-and-regulations-uprs/uprs (after accessing this website, scroll down to Letter S where you will find the regulation)

Thank you for reading this.

3. What is the purpose of this study?

This research intends to seek to uncover the experiences of minority ethnic introverts who have received mental health care.

In the United Kingdom, we live within a culture that often promotes and values the extroverted type over the introvert. Introvert has often been defined as those "predominately interested in one's own mental self" (Briggs Myers, 2022) . Introverts tend to be more reserved and reflective, preference depth and introspection, and often experience people exhaustion and therefore need to recharge through aloneness. However, there are still a number of misconceptions about what introversion is.

One of these reasons is due to the complicated relationship between introversion

and mental health, highlighted by research. Some studies have even gone as far as to suggest that introversion may make one more likely to develop a mental health challenge. As such it can be difficult for some to distinguish between introversion and a mental health issue. Moreover, through research we have also come to understand that for those who identify as part of the global majority receiving mental health care, care received and reports of being understood can differ in comparison to those who are not a part of the global majority. Therefore, it is important we are understanding the experiences of minority ethnic introverts who have received mental health care. The hope for this proposed study is to keep at the forefront of our awareness those whose voices often go unheard, and challenge the narratives and stereotypes held in society today about introversion - specifically around being a minority ethnic introvert.

This study is being carried out as part of a fulfilment towards a professional doctorate in Clinical Psychology qualification.

4. Do I have to take part?

It is completely up to you whether or not you decide to take part in this study. If you do decide to take part you will be given this information sheet to keep and be asked to electronically sign a consent form. Agreeing to join the study does not mean that you have to complete it. You are free to withdraw from before during or after the interview up until the data is to be analysed. A decision to withdraw, or a decision not to take part at all, will not affect any treatment/care that you may receive (should this be relevant).

5. Are there any age or other restrictions that may prevent me from participating?

- If any of the below apply to you, unfortunately you will be unable to participate:
  Under the age of 18
- Do not identify as either Black, African, Asian, Brown, dual-heritage, indigenous to the global south, nor have been racialised as ethnic minorities'
- Do not identify as an introvert
- Have never accessed mental health support and/or are currently accessing mental health support

6. How long will my part in the study take?

If you decide to take part in this study, you will be required to set aside up to 1 hour for the interview.

7. What will happen to me if I take part?

The first thing to happen will be contact to be made with yourself via the method you have requested (email or telephone) following your expressions of interest to engage in the study. By this point you would have received the information sheet, and if you have any further questions these will all be answered and following this a consent form will be sent across for you to sign if you agree to take part. Only upon receiving a signed consent form will further contact be made to schedule an interview date, following which a link to the online platform will be sent across.

The interview will involve the use of a semi-structured questionnaire consisting of questions designed to explore your experiences of being a global majority introvert who has received mental health support. After this a debrief sheet will be emailed across to you. If however you require any further support, contact will be made via email or telephone.

8. What are the possible disadvantages, risks or side effects of taking part?

The main risks could potentially be psychological distress of being triggered by a memory or recent experience. Moreover, the risk of engaging with the screen for too long may potentially cause physical strains on your body. Although chances of this are minimal, it is important you make contact with the point of contact shared if any of these may or do impact you. The research team will endeavour to follow LMS Health and Safety policy to minimize any chances of risk.

Other potential disadvantages may be the need to have access to a stable internet connection and device in order for the interview to take place.

9. What are the possible benefits of taking part?

The hope is that you may have the opportunity to engage in research that is meaningful to you. Moreover, you will be providing insight and contributing to a field of research which currently has very little attention. Also, through sharing your experiences, you will be helping to keep at the forefront of our awareness those whose voices often go unheard, and challenge the narratives and stereotypes held in society today about introversion - specifically around being a Global Majority introvert. Moreover it is important mental health professionals consider the people they work with, how they might understand their uniqueness and ensuring care is accurate and appropriate.

10. How will my taking part in this study be kept confidential?

The records from this study will be kept as confidential as possible. Only the principal investigator will have access to the raw data and any audio tapes which will be stored in a password-protected file on the GDPR compliant UH One Drive and/or Qualtrics. Your data will be anonymised – your name will not be used in any reports or publications resulting from the study, however your quotes (all anonymised) may be used in the write up and dissemination of this study.

All digital files, transcripts and summaries will be given codes and stored separately from any names or other direct identification of participants. Any hard copies of information will be scanned and saved into a password protected folder. Anonymised data and transcripts will be stored in a password-protected file on the GDPR compliant UH One Drive and/or Qualtrics, which will be accessed by the investigative team only.

Limits to confidentiality: confidentiality will be maintained as far as it is possible, unless you tell us something which implies that you or someone you mention might be in significant danger of harm and unable to act for themselves; in this case, we may have to inform the relevant agencies of this, but we would discuss this with you first.

11. Audio-visual material

The principle investigator intends to record the interviews in order to assist with later transcribing the data.

12. What will happen to the data collected within this study?

- The anonymised data collected will be analysed by the research team and the results from the analysis will be included within the final thesis towards the professional doctorate in clinical psychology.
- The raw data collected will be stored electronically, in a password-protected environment, from the point of collection until submission of the written report, after which time it will be destroyed under secure conditions;
- The data will be anonymised prior to storage.
- The data may be transmitted/displayed at the University of Hertfordshire, Doctorate in Clinical Psychology research conference, only using anonymous (pseudonyms) and no personal-identifiable information. This will either be in a poster format or in the form of a presentation.

13. Will the data be required for use in further studies?

- The data collected may be re-used or subjected to further analysis as part of a future ethically-approved study; the data to be re-used will be anonymised.
- The results of the study and/or the data collected (in anonymised form) may be deposited in an open access repository.

14. Who has reviewed this study?

This study has been reviewed by:

The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

The UH protocol number is LMS/PGT/UH/05455

15. Factors that might put others at risk

Please note that if, during the study, any medical conditions or non-medical circumstances such as unlawful activity become apparent that might or had put others at risk, the University may refer the matter to the appropriate authorities and, under such circumstances, you will be withdrawn from the study.

16. Who can I contact if I have any questions?

If you would like further information or would like to discuss any details personally, please get in touch with the principal investigator in writing, by email: e.sarquah@herts.ac.uk. Or alternatively the primary supervisor - z.zhou7@herts.ac.uk

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of

this study, please email the primary supervisor Dr Zheng Zhou at z.zhou7@herts.ac.uk or write to the University's Secretary and Registrar at the following address:

Secretary and Registrar

University of Hertfordshire

College Lane

Hatfield

Herts

AL10 9AB

Thank you very much for reading this information and giving consideration to taking part in this study.

APPENDIX F – Consent Form

A study exploring the experiences of mental health support for minority ethnic introverts

Principal investigator : Esther Sarquah, Trainee Clinical Psychologist

UNIVERSITY OF HERTFORDSHIRE
ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE')

FORM EC3
CONSENT FORM FOR STUDIES INVOLVING HUMAN PARTICIPANTS

I, the undersigned *[please give your name here*, *in BLOCK CAPITALS]*

……..…
of *[please give contact details here, sufficient to enable the investigator to get in touch with you, such as a postal or email address]*

…..……
hereby freely agree to take part in the study entitled *[insert name of stu*dy *here]*

……..

(UH Protocol number LMS/PGT/UH/05455)

1 I confirm that I have been given a Participant Information Sheet (a copy of which is attached to this form) giving particulars of the study, including its aim(s), methods and design, the names and contact details of key people and, as appropriate, the risks and potential benefits, how the information collected will be stored and for how long, and any plans for follow-up studies that might involve further approaches to participants. I have also been informed of how my personal information on this form will be stored and for how long. I have been given details of my involvement in the study. I have been told that in the event of any significant change to the aim(s) or design of the study I will be informed, and asked to renew my consent to participate in it.

2 I have been assured that I may withdraw from the study at any time without disadvantage or having to give a reason.

3 In giving my consent to participate in this study, I understand that voice, video or photo-recording will take place and I have been informed of how/whether this recording will be transmitted/displayed.

4 I have been told how information relating to me (data obtained in the course of the study, and data provided by me about myself) will be handled: how it will be kept secure, who will have access to it, and how it will or may be used, including the possibility of anonymised data being quoted within the write-up and dissemination or the research, and/or deposited in a repository with open access (freely available).

5 I consent to my anonymised information being used beyond this study, including for use within research conferences or in combination with data from other studies to form future publications.

6 I understand that if there is any revelation of unlawful activity or any indication of non-medical circumstances that would or has put others at risk, the University may refer the matter to the appropriate authorities.

Signature of participant……..…Date……

Signature of (principal) investigator……Date……

Name of (principal) investigator *[in BLOCK CAPITALS please]*

……

APPENDIX G – Debrief Form

DEBRIEF SHEET

This study is concerned with understanding the experiences of minority ethnic introverts who have received mental health support. Within literature exists debates over whether introverts are more susceptible to developing mental health challenges. Currently there are no studies highlighting the experiences of the minority ethnic who identify as introverts and have accessed mental health care. However, we are aware of how damaging it can be when one's introversion is contrary to the norm held within society, and the complexities that can arise in relation to mental health as a result. In addition, we have also come to understand that the experiences of mental health and mental health service engagement is not only limited to one's introversion but can be further mediated by other aspects of a person's identity, such as being of the minority ethnic group.

How was this tested?

In this study, you were asked to complete a semi-structured interview. Meaning you met with the principle investigator who would have approached the interview with some questions as a rough guide to be used within the interview. The intention would have been to use these questions in efforts to answer the main questions below. The interviews would have also been recorded and your data would have been analysed to draw out any key themes from the content of what was shared.

Aim and main questions:

The aim of this proposed study is to uncover the experiences of minority ethnic introverts who have received mental health care.

Main research questions:

(1)How has being a minority ethnic introvert impacted them?

(2)How they have felt their identity as a minority ethnic introvert has impacted their mental health?

(3)How their identity as a minority ethnic introvert has impacted their experience of mental health care?

Why is this important to study?

The hope for this proposed study is to keep at the forefront of our awareness those whose voices often go unheard, and challenge the narratives and stereotypes held in society today about introversion - specifically around being a minority ethnic introvert. Moreover as mental health professionals it is important to consider the people we work with, how we might understand their uniqueness and ensuring care is accurate and appropriate.

What if I want to know more?

If you are interested in learning more or require any additional support due to the impact of this research please contact the principle researcher on e.sarquah@herts.ac.uk. There are also additional sources of support you may want to consider accessing if required.

Thank you again for your participation.

Useful Websites And Resources

Alliance of Mental Health Research Funders
The Alliance of Mental Health Research Funders is a group of charities and foundations that support mental health research. It meets regularly to share progress and generate new ideas for improving mental health research in the UK.

Cochrane Library
The Cochrane Collaboration Library.

Centre for Mental Health
The Centre works to improve the quality of life for people with mental health problems by influencing policy and practice in mental health and related services. The Centre focuses on criminal justice and employment, with supporting work on broader mental health and public policy.

Institute of Mental Health
The Institute of Mental Health is a partnership between Nottinghamshire Healthcare NHS Trust and the University of Nottingham. It is one of the leading mental health institutes in the UK, offering leadership and innovation backed by world class expertise

MIND
Mind helps people take control of their mental health by providing high-quality information and advice, and campaigning to promote and protect good mental health for everyone.

NIHR Mental Health BRC - Clinical Trials Portal
Information including contact details of all trials currently recruiting in the King's/SLaM NIHR Mental Health Biomedical Research Centre and feature updates from the world of clinical trial involvement and participation.

Research Mental Health
Research Mental Health is an initiative of the Institute of Psychiatry, King's College London and the Mental Health Foundation. They are
working together with the help of scientists, academics and public figures to promote the importance of mental health research in the UK.

Rethink
Rethink worked with us as a partner in the early days of Mental Health Research UK.

Samaritans
Samaritans provide confidential non-judgemental emotional support, 24 hours a day

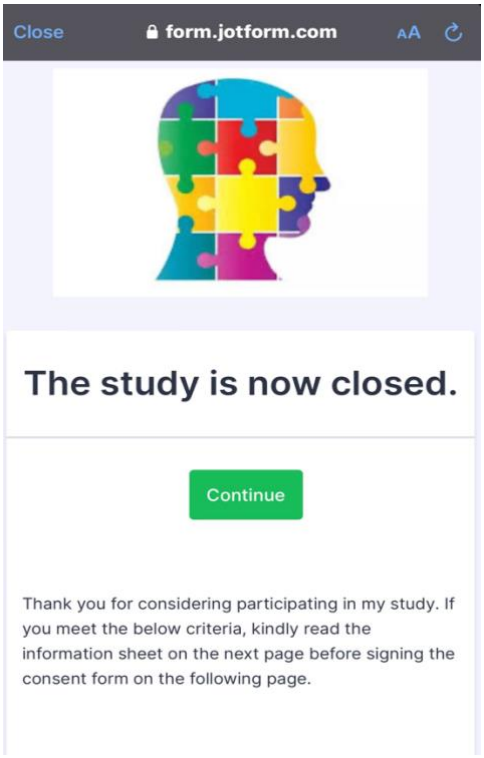
for people who are experiencing feelings of distress or despair, including those which could lead to suicide.

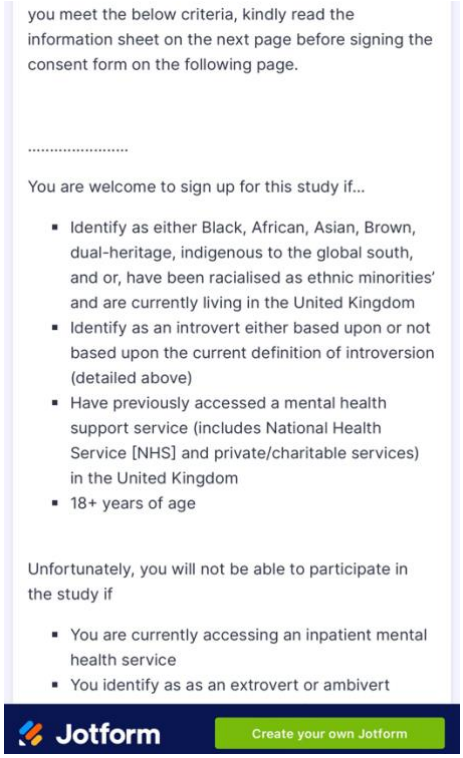
Counselling Directory

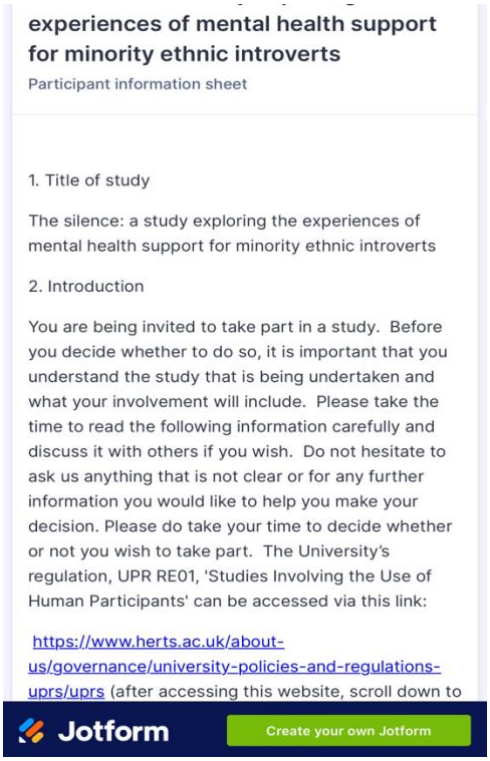
Counselling Directory is a comprehensive database of UK counsellors and psychotherapists, with information on their training and experience, fees and contact details.

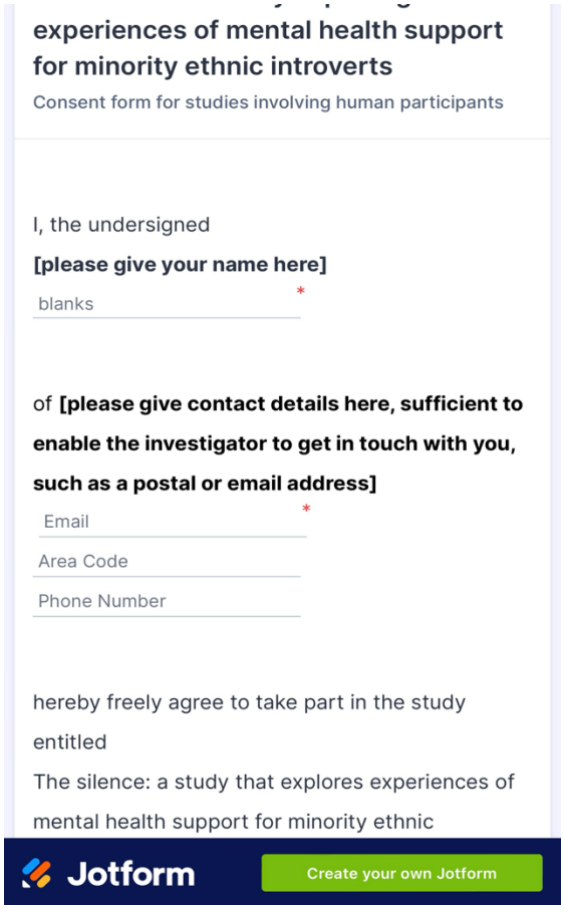
https://www.baatn.org.uk/find-a-psych-therapist/#!directory/ord=rnd

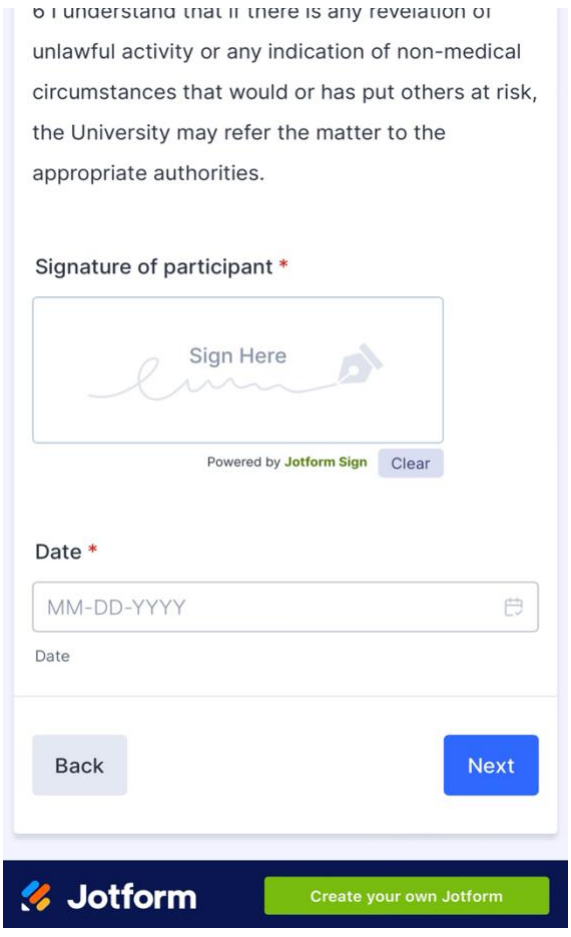
APPENDIX H – Screenshots of Online Form Using JotForm











APPENDIX I - Interview Schedule

1. Introductions
2. **Checking in BEFORE INTERVIEW**
   – REMINDER – BEING RECORDED
   Check sound, length of interview (1 hour), withdrawing.
   Any questions from them.
   You might see my eyes darting around and might be a bit silent as I'm typing

3. Reminder of study name and purpose of meeting –

4. Collecting demographics

Ethnicity
Gender identity
Sexual preferences
Faith
Mental health difficulties
Type of support accessed
Physical/learning challenges
Language preference

5. Questions:

Main question (1)
-What does being a minority ethnic introvert mean to you?
Sub questions
-What is your understanding of minority ethnic (in the UK)
-How would you describe the cultural background or ethnicity you identify with?
-Thoughts about the definition of an introvert or how introverts tend to be perceived? (predominately interested in one's own mental self" (Briggs Myers, 2022)
-What was your experience like growing up
Main question (2)
In what ways has your identity as a minority ethnic introvert shaped your experience of receiving mental health support in the UK?

Sub questions
-Do you think being an introvert has any correlation with mental health, and how?
-Do you think your experience of mental health support has been different as a result of being a global majority introvert, and how? (Did you feel understood)
-In what ways were your introversion considered within your support?
-What do you think needs to be considered more?
Main question (3)*
Do you think this topic is worth exploring and why?

Anything else that would like to be shared?

6. **Debrief emailed across – by tomorrow.**

7. **£10 gift voucher**

APPENDIX J – Interview Transcript From Nairobi

KEY:

Linguistic comments
Descriptive comments
Experiential statements

Esther Sarquah [Student-LMS] 12:20
So I guess my first question following that would be what does being a minority ethnic introvert mean to you?

Q1

Nairobi 12:31
So I actually I had to ask Claire whether or not I was like, introverted or extroverted, I think.
I find.
I really struggle in like social situations, so I.
Unless I feel like really safe with a person, I really struggle in social situations and like I'm masking.
And and being quite performative and behaving in a way that people people kind of expect of me or what I think people expect of me.
And then even when I'm in like quite large groups of people that I do feel really safe with, I struggle.

Uncertainty about whether she is introverted or not

Challenges in social settings

Safe with those she knows

A sense of putting on a front

Trying to meet expectations of herself

Uncertainty of whether this is introversion or MH

Esther Sarquah [Student-LMS] 13:14
See.

Nairobi 13:15
Just because I it's almost like I kind of.
I kind of don't understand what my place is in that group, so I just I just like I I struggle in that sense.

Not belonging – ET

Struggling to fit in

196

197 **Nairobi** 16:04

198 From that perspective, I'm not sure.

199 I think,

200 I experience far more negative emotions than maybe an extrovert

201 would, and I'm far more in my head that an extrovert would be, I

202 think I'm.

203 quite reflective.

204

205 **Esther Sarquah [Student-LMS]** 16:29

206 Yeah.

207

208 **Nairobi** 16:29

209 Yeah, I I'm quite reflective and I.

210 Analyse situations a lot.

211 I think that's also part of the anxiety to be honest. Because.

212 You can say a sentence to me and I'll respond in that moment but I

213 will be reflecting on it for months to come, like daily.

214 So I think yeah from that perspective.

215 Yeah, I don't really have anything else to add.

216

217 **Esther Sarquah [Student-LMS]** 17:00

Needing to take time to consider herself/experiences from nan introverts

Can be difficult to identify whether one's actions are introverted or just normal. Can be difficult to compare yourself to something unfamiliar I.E. being an extrovert

Characteristics of an introvert
ET – redefining introversion

Word repetition – must be important

ET – Fine line between introversion and MH

Overlap with MH – Experience can be quite similar or worsen symptoms I.E. being introspective

Doesn't really share more than she needs to. Characteristic of an introvert?

Nairobi 17:36

Yeah.

My parents are Nigerian and they're very proudly Nigerian. So I think from my perspective.

"Parents" – suggesting she is not? Where does the disconnect come from? Speaks from a

Esther Sarquah [Student-LMS] 17:40

OK.

Mm hmm.

Nairobi 17:46

I identify as black British because I was born here and.

I was raised here and even I think being black British means it's not necessarily that you're kind of lost. It's just that you you're kind of aware that you don't fully belong, but you've kind of.

Co-opted this place because it's it's the most familiar place that you have.

It is. It's kind of oxymoronic, in a way being black British 'cause it doesn't fit and people like to remind you of that, whether or not it's like.

Purposeful or, you know, innocent.

It's they'd like to remind you of that.

I don't identify as black African just because.

Culturally like.

ET – Generational impacts of how one identifies

Doesn't feel she fully belongs – repetition of previous comments made.

Having to lay roots somewhere

Directly or indirectly?

Feeling disconnected to her roots. Wondering whether parental beliefs have impact this?

I don't. I don't have very, like, positive experiences about Nigeria, which is you know where my parents are from and.

Feeling disconnected to her roots. Wondering whether parental beliefs have impact this?

Esther Sarquah [Student-LMS] 18:40

OK.

Nairobi 18:48

I don't speak the language. I don't necessarily. I mean I I have a passport that's expired years ago and much to my mum's chagrin.

Reflection over what makes a person or the criteria needed to identify with a particular culture. In this case, language and the lack of appears to be important for her, and her decision to align with a particular culture.

Esther Sarquah [Student-LMS] 18:57

APPENDIX K – Initial Charting of Emerging Themes and GETs

Potential GET	Emerging themes/PET	Quotation support
Acceptable vs nonacceptable behaviour	Generational differences	001 (212, 295, 332); 005 (352); 007 (583, 770
Redefining introversion	Redefining introversion	001 (61, 83, 937); 002 (173, 264, 491); (003 008 (742); 005 (451); 006 (372, 456) 007 (617, 1239
Acceptable vs nonacceptable behaviour?	Dual cultures	001 (260)
Challenges of accessing help	What's acceptable being determined by those around you	001 (410); 005 (352
Acceptable vs nonacceptable behaviour	Different to other ME	001 (424
Acceptable vs nonacceptable behaviour	Fitting in with peers	001; (357)
Acceptable vs nonacceptable behaviour	Not quite belonging	002 (305,313; 005 (233); 007 (397, 407
Challenges of accessing help	Learning to mask	002 (361, 377, 404, 416, 455; 003 (495
Redefining introversion	A level of awareness as an introvert	001 (467, 474)
Redefining introversion	A quiet confidence/acceptance as an introvert	001 (487); 008 (943) ; 006 (336
Ingredients for a positive care experience	Qualities of a good therapist	001 (521, 467, 665, 680, 707, 786, 843-860, 919-967, 978); 005 (592, 630, 731); 007 (741, 878
Ingredients for a positive care experience	Important but not essential	001
Redefining introversion	The introverted spectrum	001 (620, 1006); 002 (447, 453); 007 (769, 1212, 1220, 1229
Challenges of accessing help	The fine line between MH and introversion – unrecognisable signs	001 (610, 638); 002 (277, 680, 712); 003 (450, 493); 005 (538); 006 (560); 007 (1075)
Acceptable vs nonacceptable behaviour	Normal vs a negative trait	002 (264)

Redefining introversion	Introversion not being a pathology	001 (717); 004 (472
Ingredients for a positive care experience	Private care vs NHS	001 (1081, 1095, 1237); 002 (788, 824
Challenges with accessing help	Challenges with engaging with support as a ME Introvert	001 (873, 1081, 1095, 1153, 1223); 002 (693, 714, 1074, 1089, 1149); 003 (334, ;004 (819, 831, 843, 859 – 865); 006 (522, 543, 560, 584, 650, 747, 786-796); 007 (636, 645, 673
Acceptable vs nonacceptable behaviour	How introversion could be received by society	001 (991 OR 491); 002 (494, 498, 525, 53, 550, 570, 600); 004 (476); 005(431,449); 007 (1157, 1197 – 1200)
Redefining introversion	Engaging in life differently	001 (1036, 1043)
	Consideration of time	001 (1223)
Redefining introversion	Feeling comfortable around those you know	008 (298, 164
Acceptable vs nonacceptable behaviour	Acceptable to be African	008 (369
Acceptable vs nonacceptable behaviour	Acceptable to be introverted in some religions	005 (398)
Ingredients for a positive care experience	Not needing to explain things appears to be important	008 (397; 001
Acceptable vs nonacceptable behaviour	Learning to mask	008 (445,
Acceptable vs nonacceptable behaviour	What's acceptable being determined by those around you	008 (523); 006 (473; 002 (583, 600
Acceptable vs nonacceptable behaviour	Cultural perspectives of what it means to be an introvert	008 (534); 006 (408
Introversion as a necessity vs introversion as a privilege	Africans not having the privilege of being quiet	008 (552
Acceptable vs nonacceptable behaviour	Cultural norms/expectations	008 (593, 604); 004 (529); 006 (239); 002 (744): 003 (298
Challenges of accessing help	Difference in care due to being an ME	008 (839,); 003 (689

Introversion as a necessity vs introversion as a privilege ?	Familial support	003 (412,
Challenges of accessing help	Difference in MH experience due to being and ME	003 (538); 005 (852); 006 (596); 007 (1047
Ingredients for a positive care experience	Tailored therapy/time to build trust	003 (656); 005 (630, 777, 789); 006 (633); 007 (950, 977, 987
Challenges of accessing help	Needing to be grateful?	002 (808); 003 (688)
Introversion as a necessity vs introversion as a privilege	Introverted by circumstance	005 (326, 335, 361); 007 (551, 1271
Ingredients for a positive care experience	Recognising the individual	004 (428, 461); 003 (646, 654
Challenges of accessing help??	Having to fight a dual battle	004 (349
Acceptable vs nonacceptable behaviour	Faith related issues (homophobia)	005 (288
Introversion as a necessity vs introversion as a privilege	You can only mask for so long	005 (407
Challenges of accessing help	Experience of migration as an introvert	007 (476, 484, 498
Introversion as a necessity vs introversion as a privilege	Introversion as a privilege	002 (600, 570, 617, 626
Challenges of accessing help	Intersectionality impacting mental health treatment	002 (934, 1236)
Acceptable vs nonacceptable behaviour	Racial stereotypes	002 (1261

***Note these were preliminary subthemes/GET's, and prior to discussion with research team**

APPENDIX L – Extracts From Reflective Diary

Reflective account – Pre-Ethics application phase – 17.10.2022

What I hoped to be an opportunity that I would become obsessed with, through tapping into my passion and the hope of leaving a mark on the profession has turned out not to be the case. I feel myself battling between what topic to go with for my thesis. There are so many important matters, worthy of attention and the platform I have been given. It doesn't seem fair or right that I chose a topic just because it is of interest to me…

Reflective account – Proposal/supervisor search stage – 19.10.2022

As you can tell from the previous reflective account I became completely side-tracked by thoughts and life around me that I forgot I was in the middle of writing something.

A decision was made to go with the topic of mental health support for ME introverts after much consideration and following my meeting with a potential consultant. I came to realise how little attention this area of research is given but its weight upon not only my life, but the life of others (i.e., my consultant, as a minority ethnic introvert himself).

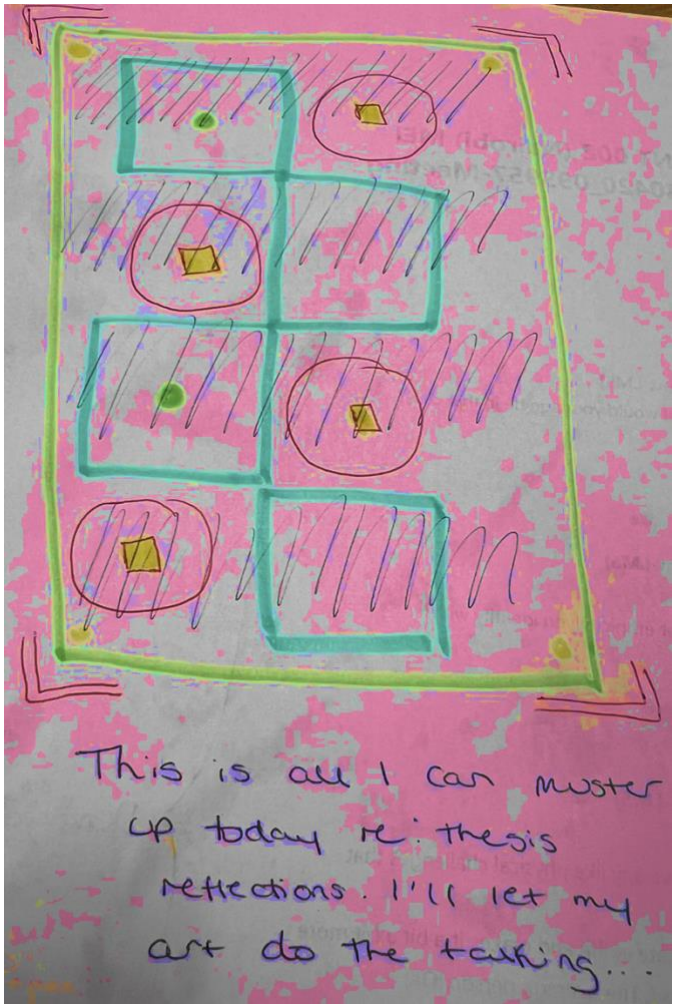
Currently I find my personal life and mental health is getting in the way of what should have been an exciting period of time for me. A task I set myself to complete in one day ends up taking two weeks. I feel myself failing and letting down not only myself, but the people who supported me on my journey to getting onto doctorate training. I wonder if this is just a phase, similar to a 'writers block' that I will peak through. Surely my ending must be more triumphant than my start and I still have time to not only prove my credibility but make a contribution to the field, by shedding light on such an important issue.

Reflective account – Returning from maternity leave to continue thesis ethics application – 09.08.2023

What have I done! In what world is it considered normal to leave your young, vulnerable, dependant baby to return back to work. I initially thought this was doable but I'm having to rethink whether I can do this. Just completing an LMS Risk assessment is beyond stressful and is taking forever. I have no idea how I'm going to conduct a research study and write up a 30,000-word thesis.

Upon reflection now, I might need to break my own introverted habits, and seek support. Until then I will endeavour to take things one day at a time, until I can look back and see all the progress I've been able to make.

Reflective account – Pre-recruitment stage – 03.12.2023

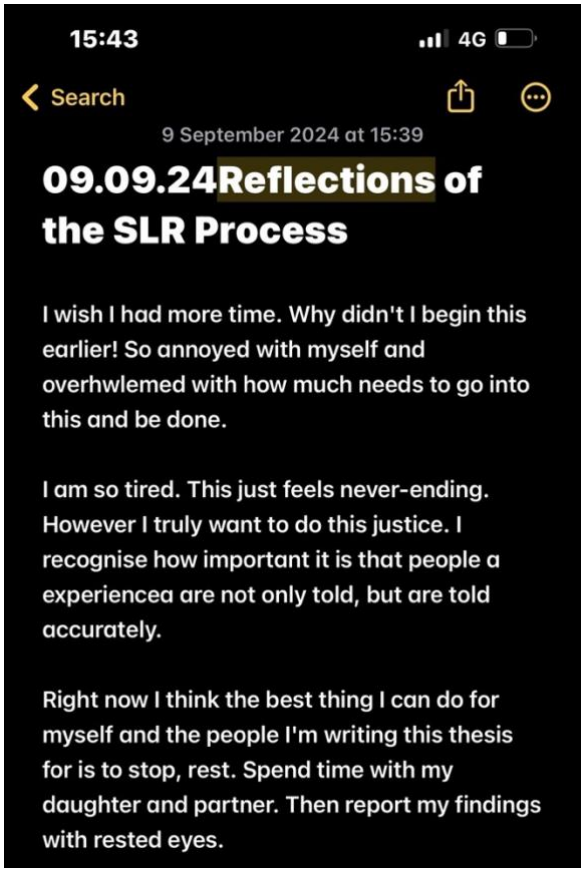


Reflective account – Recruitment stage – 01.03.2024

What have I done (again!). Maybe I've picked the wrong topic. I had no knowledge of how long it could take to recruit participants and I (very naively) did not anticipate it taking me this long. Thank God for the research team I have, as they've been able to calm my nerves. It's also been helpful to have conversations with others on my cohort to know it is not just me. But seriously? At what point do I draw the line and decide maybe it's best to consider another topic. Alternatively, maybe there are other methods of conducting research that I hadn't considered, that may not require so many participants. Although I still do feel IPA is the best approach. Gosh so much to think about.

I find myself feeling a sense of embarrassment that must also be acknowledged. What is sillier is that through challenging that feeling by speaking to others about my hurdle, I have come to realise I have no reason to feel embarrassed.

Reflective account – Write up stage – 09.09.2024



APPENDIX M – AACODS Checklist

	Crowley (2021)	Hagen (2023)	McHale (2018)	Tayyab (2023)
Q1. Authority	Yes	Yes	Yes	Yes
Q2. Accuracy	Yes	?	Yes	Yes
Q3. Coverage	Yes	Yes	Yes	Yes
Q4. Objectivity	Yes	Yes	Yes	Yes
Q5. Date	Yes	Yes	Yes	Yes
Q6. Significant	Yes	Yes	Yes	Yes