

Exploring the Dynamics of Shame, Sexuality and Therapeutic Engagement with Gay Men: A Social Constructionist Reflexive Thematic Analysis.

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A thesis submitted in partial fulfilment of the requirements of the University of East London for the degree of Professional Doctorate in Counselling Psychology.

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September 2024.

Abstract.

Background.

The western world has undergone a remarkable process of change and re-construction regarding the sexual and intimate lives of its citizens. Changes in law have coincided with greater acceptance and visibility of LGBTQI+ individuals, same sex and other non-traditional relationships. Despite this, sexual minorities are still positioned as vulnerable to marginalisation, discrimination, poor mental health and threats to their safety. Through a network of associated discourses, shame as a result of stigmatisation is widely assumed to account for the distress experienced by this population.

Following this logic, it would appear that gay men would benefit from exploring issues relating to gay shame in therapy. Research also associates shame with poor therapeutic outcomes. It is argued therefore that engagements with shame in relation to sexuality may be a crucial factor in the development and maintenance of the therapeutic relationship. There exists however a very limited body of qualitative research exploring gay men's understandings of shame and sexuality and how these issues were engaged with in therapy.

Aims.

Utilising a social constructionist epistemology, this research aimed to explore how six gay men constructed their understanding of shame in relation to sexuality and how these issues related to their experience of therapeutic engagement. Data collection involved semi-structured interviews. A reflexive thematic analysis was used examine the rich interplay of discourses available to the six participants that gave rise to subjectivity, subject positioning and practices. Three overarching themes and five sub-themes were identified.

Findings.

The participants constructed shame as foundational to their identity as gay men, a defective subjectivity rooted in gender transgressions and de-validating childhood experiences. Shame was also constructed around the concept of a unified self, where shame resulted in a fragmented sense of selfhood. Participants spoke of self-hatred, hiding and practices of shame avoidance to navigate heterosexist oppression within a hegemonic, heteronormative society. Therapeutic engagement was constructed as a validating space and a tool to aid in the reconstruction of the self, characterised as the quest for authenticity and self-acceptance. De-validating experiences in therapy were constructed as re-shaming events. Finally, shame was also constructed through the discourse of affect, characterised as existential angst or a hypervigilant anxiety to the threat of exposure to shame. How the emotion of shame was engaged with in therapy reflected psychotherapeutic discourses on shame and different theoretical orientations.

Conclusions.

From a social constructionist standpoint, shame in the context of the participants was conceptualised as ontological to their subjectivity as gay men, which means to say that shame informed their understanding of themselves in the world. The emotional experience of shame was interpreted to be a socially and relationally constructed chronic affective state.

By adopting a shame informed approach to therapeutic practice and organisational culture, Counselling Psychologists and psychological services can become more competent when working with gay men and other services users when addressing shame. Practitioners can benefit from an awareness of how dominate psychological discourses may conceal how shame is implicated in power struggles within the therapeutic relationship, helping them reflect on how they understand their client's experience. Furthermore, the therapy room is

arguably never a politics free space, and the institutions of psychology can still be seen to uphold normative assumptions, which may constrain individuals from diverse sexualities. Rethinking dominate discourses that inform therapeutic practice can provide a more effective, diverse and inclusive therapeutic space.

Key Words: *Shame, sexuality, gay men, therapeutic engagement, counselling psychology, social constructionism, reflexive thematic analysis.*

Acknowledgements.

I would like to thank my supervisors Dr Sharon Cahil, Dr Hannah Sela and Dr Claire Marshall for their invaluable support and guidance throughout this challenging process. I would like to give a special mention to my friend and peer, Youssra, for her insightful and enthusiastic support, and my partner who had to endure living with me during this process. I also thank friends and family and all others who were there to lend a sympathetic ear. You are all greatly appreciated.

Finally, I would especially like to give thanks to the participants who took part in this study.

List of Abbreviations.

- **APA – American Psychological Association.**
- **BACP – British Association of Counselling and Psychotherapy.**
- **BPS – British Psychological Society.**
- **CBT – Cognitive Behavioural Therapy.**
- **CFT – Compassion Focused Therapy.**
- **CoP – Counselling psychology.**
- **DSM – Diagnostic and Statistical Manual of Mental Disorders.**
- **FDA – Foucauldian Discourse Analysis.**
- **IPA – Interpretive Phenomenological Analysis.**
- **LGBTQI+ - Lesbian Gay Bisexual Transgender Queer/ Questioning Intersex and others (+).**
- **NA – Narrative Analysis.**
- **RTA – Reflexive Thematic Analysis.**

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Chapter 1: Literature Review.

1.1 Introduction.

This research fulfils a requirement of my Counselling Psychology doctorate. I have sat with a number of LGBTQI+ clients in my therapeutic practice over the years. Shame was rarely understood to be the issue that brought them to therapy, and at times it felt that shame was an assumed experience that didn't need talking about in our 'post-shame' world. As the therapeutic bond developed, and the therapeutic experience deepened, shame would often become a more concrete object that could be explored with the client. I also often felt that shame was a problematic entity that disrupted the therapeutic process. This in turn was something that could invoke a sense of inadequacy and shame in myself. Reflecting on my clinical work, and indeed my own experiences of shame, I began to develop an increasing awareness and appreciation of the power of shame. It was this, and the fact that shame is a concept that has been talked about for thousands of years, whilst also understood to be a hidden spectre of human experience, that initially intrigued me and motivated me to conduct this research.

1.2 Voices and Pronouns.

The third and first person has been used by the researcher to write this thesis. The third person is used in writing that describes and critically analyses content, reports on actions and process, and discusses findings. The first-person register is used to highlight and describe reflexive processes throughout the report.

1.3 Overview to the literature review.

The literature review is divided into three main sections. The first section critically reviews the theories of sexuality that underpins the literature and research on sexuality, and

their corresponding methodologies. The literature is further evaluated by locating the inquiry within relevant and specific social, political and historical contexts. The second part critically reviews key conceptualisations of shame, again critiquing shame research in relation to theory, research methods and context. The third section critically reviews the literature and theoretical arguments used to explore shame in relation to gay men and sexual minorities. Both shame and sexuality are also reviewed in relation to Counselling Psychology (CoP) and therapeutic practice.

Social Constructionism looks at the way knowledge of the world is created through language and social processes (Burger & Luckman, 1966). Constructionists argue that realities are historically, discursively, socially and politically corroborated, mediated through power relations (Burr, 1995; Willig, 2001). Therefore, human interaction connects individuals' consciousness, reinforcing current understandings and producing assumptions that become taken for granted 'truths'. Following on from this, humans devise a series of gestures and symbols specific to certain social contexts. This becomes a social act that allows individuals to make sense of their surroundings (Mead, 1966). At the centre of understanding and producing knowledge is language (Burger & Luckman, 1966). Within this framework, competing and oppositional theories are seen as valid discourses. This is to say that this epistemological position does not seek to establish which way of talking about something is more representative of reality (Jørgensen & Phillips, 2002). Their assumptions are also simultaneously open to critical evaluation as reality is seen as constructed socially rather than objectively observed as truth. Therefore, social constructionism allows this study to examine theory, research and politics as interrelated sites of discursive practice that create our understanding of the world. It was therefore evaluated that a social constructionist epistemology would be best suited to address the research questions.

Hence, the literature review reflects the epistemological aims of the research. Social constructionism produces research as a critique of ideology that uncovers taken for granted assumptions and understandings of reality (Jørgensen & Phillips, 2002). Rather than focusing on critically evaluating the strength of research in the literature, the literature review aims to explore and critique the underlying theoretical positions and assumptions that produce the knowledge being reviewed. In addition, a genealogical approach was used to structure the literature review as suggested by Arribas-Ayllon and Walkerdine (2008) when conducting social constructionist and poststructuralist informed research.

1.3.1 A Note on Discourse.

The term discourse is used in different ways by different fields of enquiry. For linguists, discourse is language in use, where as a discourse analyst studies the way meaning is made when language is used in a particular context (Cameron & Kulick, 2008). Prominent poststructuralist theorist Michel Foucault (1972) conceptualised discourses as “practices that systematically form the objects of which they speak” (p.149). In other words, these theorists see discourses as a set of propositions and beliefs about a particular phenomenon, that through their dissemination become regarded as ‘truth’. Therefore, this study will predominately refer to discourses in the critical theorist sense. However, it is evident that connections can be made between the definitions and fields of inquiry, and the research holds the position that the other definitions are mutually connected to the analytical process that interests the study – the competing constructions of ‘reality’.

1.4 Deconstructing Sexuality: Theoretical Foundations.

Originating from the work of Plato, the concept of essentialism, widely considered to be the philosophical foundation of positivism, has dominated western scientific discourses (Delamanter & Hyde, 2010). Essentialism involves a belief in underlying true forms or

essences, discontinuity between forms, and constancy. Contemporary essentialist approaches to research on human sexuality are predominately evolutionary and biological, presuming a biological determinism to sexual behaviour. Sexual orientation has been extensively researched, involving the study of hormones, genetics and brain functioning (Bogaert & Skorska, 2020., Delamanter & Hyde, 2010). The discourses related to this field of enquiry are all built from a belief that certain phenomena are natural and predetermined. This theoretical stance therefore understands sexual categories as being indicative of an *inner essence* of a person. Within this paradigm, there is discontinuity between forms (homosexuality and heterosexuality are two distinct categories and not two distinct points on a continuum) and like personality traits remain consistent across an individual's lifespan. There is also continuity in essence over time and cross-culturally (Delamater & Hyde, 2010). Thus, a dichotomous paradigm emerges within sexual orientation and sexual phenomena, including orientation and gender, that resides within the individual (Bohan, 1993).

Sex is commonly perceived as a 'natural' phenomenon, both in popular belief and within biomedical discourses (Cameron & Kulick, 2008; DeLamanter & Hyde, 2010; Richters, 2001). According to this view, humans, as biological organisms, develop under hormonal influences during puberty, leading to sexual maturity and the potential for procreation, which is considered the evolutionary purpose of sexual behaviour. Society is seen as merely guiding and regulating this natural process, with doctors regarded as authorities on sexual norms and dysfunctions within this framework (Morrow, 1994). However, this approach is limited in fully explaining human sexuality. While psychological perspectives have also shaped our understanding of sexuality, they too, have faced criticism for their inadequacy due to their ahistorical perspective and tendency to view sexuality as an intrapsychic process (Richters, 2001). This is because definitions of sex, as well as its

regulation and practice, vary significantly across cultures and historical periods. Thus, it is argued that human sexuality is best understood as a form of social behaviour.

The sociological approach to studying sexuality has a much shorter history and has had considerable input from postmodernist and social constructionist theorists. Social constructionists argue that there are no true essences, but rather that reality is socially constructed, and therefore phenomena such as homosexuality are social constructions, the product of a culture, its language, and institutions. Berger and Luckmann (1966), although in agreement that sexuality is rooted in biological urges, posited biology does not dictate where, when, and with what object a person engages in sexual behaviour; "sexuality . . . [is] channelled in specific directions socially rather than biologically, a channelling that not only imposes limits on these activities, but directly affects organismic functions" (p. 181). A key work that located sexuality within sociological discourse and proposed a social constructionism similar to Berger and Luckmann in 1966 was Gagnon and Simon's (1973) *Sexual Conduct*. This theory sought to propose that sexual activities are the result of "a complex psychosocial process of development, and it is only because they are embedded in social scripts that the physical acts themselves become possible" (p.9). Gagnon and Simon argue that sexual behaviour is not simply a result of biological impulses but is instead deeply influenced by these social scripts. Individuals learn and internalize these scripts through their culture, social interactions, and personal experiences, which then guide their sexual conduct. These theories challenge the notion of sexuality as purely natural or instinctual, highlighting the role of social and cultural factors in shaping sexual behaviour.

1.5 The linguistic and discursive construction of sexuality.

The literature generally shows a trend, especially in the social sciences, to differentiate between gender as a social construct and sex as a biological concept, with

"sexuality" increasingly replacing "sex" in discussions of erotic desire and behaviour (Cameron & Kulick, 2008). As such, both sexuality and gender are understood as cultural rather than natural phenomena. This research will adopt this modern perspective, treating sex, gender, and sexuality as distinct concepts rather than interchangeable terms.

Sexuality has also been more narrowly defined to refer to sexual orientation, which implies a consistent erotic preference for either the same or the opposite sex and the social identities associated with that preference. Much of constructionist thinking, as reviewed in the literature, seeks to deconstruct and challenge the assumptions embedded in this definition (Butler, 1990; 1997; Cameron & Kulick, 2008; Foucault, 1981; McNay, 2012; Rich 1980). It emphasises that sexual identities and practices are historically and culturally contingent, allowing for a critical examination of the notion that similar sexual practices have always held the same meaning.

A common theme in contemporary discussions about sex is the idea that openly talking about it is both healthy and liberating. This view often positions the modern self as authentic and progressive, contrasting with those who avoid discussing sex. However, this perspective may oversimplify the role of language and discourse in shaping sexuality. It assumes that sexual phenomena are fixed realities that have always existed, with their expression merely dependent on specific socio-cultural conditions. Instead, this research supports the alternative view by Cameron and Kulick (2008), which argues that "the reality of sex does not predate the language used to describe it. Rather, language creates the categories through which we understand our sexual desires, identities, and practices" (p. 28).

The concept of silence around sex also deserves critique. Foucault, a highly influential thinker on the discursive construction of sexuality, challenged the notion that discussions of sex emerged solely from the sexual liberation movements of the 1960s. He observed that

institutions known for strict sexual repression often generate extensive discourse on sex for that very reason. It was within religious and legal discourses that definitions of legitimate and forbidden sexual behaviours were established, creating categories that determined which practices were considered sexual (Foucault, 1981).

From a social constructionist perspective, the significance of words lies not in their isolated meanings but in how they are used within specific discourses. Words derive meaning through their relationships with other words within these discourses and competing narratives. For instance, an analysis of verbs related to sexual acts (Manning, 1997) found that sex is often framed as something one person does to another rather than a mutual act with both parties as subjects. In heterosexual contexts, men are frequently positioned as the subject and women as the object. Speakers may be unaware of the underlying constructions in their grammatical choices, but these choices reinforce the idea of male agency and female passivity (Cameron & Kulick, 2008). The word "slut," used derogatorily for girls, enforces gender norms by implying that active sexual behaviour is masculine, which impacts perceptions of consent and sexual assault (Cameron & Kulick, 2008; Epstein & Johnson, 1998; Lees, 1986). Women are expected to resist sex while also yielding to men's advances. Within this framework, no never really means no when spoken by a women.

Thus, sexual behaviour is not merely an expression of natural impulses but is shaped and regulated by rules, conventions, categories, and competing discourses. While these struggles occur in discourse, their effects are deeply felt in our social lives.

This section of the review aimed to provide a brief investigation into how sexuality itself is represented in discourse and language. Although Social constructionist interpretations have allowed for a more multidimensional understanding, it was found that cultural essentialism underlies much of the discourse, operating through a gendered binarism where

the male and female are imbued with essential characteristics. The following section further addresses the relationship between gender and sexuality.

1.6 Heteronormativity and hegemonic masculinity.

Adrienne Rich argued in her influential text *Compulsory heterosexuality and Lesbian existence* (Rich, 1980), that women's 'normal' development is largely shaped by life stages defined by heterosexuality. While often portrayed as natural, Rich contended that heterosexuality is forcefully promoted throughout culture. Developmental discourses also highlight how children are socialized into expected gender roles based on their biological sex from an early age (Faggot., Rodgers., & Linebach, 2000; Pillitteri, 2009; Thome, 1993). This idea persists in feminist and queer theory (Butler, 1997; McNay, 2000), but during the women's liberation movement, it was linked to arguments about the relationship between sexuality and gender.

These arguments assert that compulsory heterosexuality is not only harmful because it restricts individual sexual expression but also because it functions as a political institution that maintains the gender hierarchy, subordinating women to men. As Cameron et al. (2008) observe, "the alternative analysis is that heterosexuality as a political institution requires men and women to be 'opposites,' and that is why they are socialized to be as they are—different in particular ways" (p.71). From this perspective, lesbians, by defying this binary, are viewed as sexual and gender deviants.

A similar analysis can be applied to gay men, though early feminists, who saw gay men as beneficiaries of patriarchal values, did not initially focus on this group. Like lesbians, gay men reject traditional masculinity and can be perceived as traitors to their gender—though they reject a position of power rather than subordination. In both cases, this rejection

challenges heteronormativity, leading to harassment and persecution (Alan., & Mendez, 2018; Oswald., Bloom., & Marks, 2005; Rieger & Savin-Williams, 2012).

1.7 Queer Theory.

Feminist anthropologist, Gayle Rubin (1984), argued that sexuality is more complex than is generally recognised by feminist analyses:

Feminist conceptual tools were developed to detect and analyse gender-based hierarchies. To the extent that these overlap with erotic stratifications, feminist theory has some explanatory power. But as the issues become less those of gender and more those of sexuality, feminist analysis becomes misleading and often irrelevant....In the long run, feminism's critique of gender hierarchy must be incorporated into a radical theory of sex, and the critique of sexual oppression should enrich feminism. But an autonomous theory and politics specific to sexuality must be developed. (Rubin, 1984: 34).

This perspective is often regarded as the foundation of Queer Theory. However, contrary to what its name suggests, queer theory is not a single, unified theory but rather a collection of perspectives. Its primary focus remains on heteronormativity, examining the power dynamics and discourses that construct heterosexual and homosexual identities based on their gendered objects of desire (Henderson, 2003). Judith Butler's *Gender Trouble* (Butler, 1990) is frequently cited as a foundational text in queer theory. Her argument that bodies, sexualities, and identities are shaped through a "heterosexual matrix" closely aligns with feminist thought. A key distinction, however, lies in the contrast between radical feminism and queer theory: while radical feminism argues that certain sexualities reinforce heteropatriarchy, queer theory views these identities as potential threats to heterosexual dominance subverting norms and being a catalyst for change. The following section examines

how theories of homosexuality are framed through the lens of identity and situated within cultural, historical, and political contexts.

1.8 Homosexuality and identity.

One of Foucault's influential insights was the modern categorisation of individuals based on their sexual desires and practices. He revealed how sex and sexual acts became subjects of medical discourse through a process of speciation and reverse discourse (Callis, 2009). Foucault proposed that by framing sexuality in scientific terms, the scientific community emerged as the authoritative voice on sexual truth. Within this framework, procreative sex acts were valued, while those performed for pleasure were stigmatized. This led to the creation of sexual perversions and the identification of a new category: the sexual deviant. As Foucault noted, by the nineteenth century, the homosexual was no longer just a sinner but had become a distinct life form with a comprehensive identity: "The sodomite had been a temporary aberration; the homosexual was now a species" (Foucault, 1981. p. 43).

Before this shift, certain sexual acts were considered sinful, but they did not define an individual's identity. Foucault also observed that while the church used confession to produce truth, this practice was adopted by the medical field when power shifted to the scientific realm. In this context, confession in therapy was used by psychologists and sexologists to label certain behaviours as sexual perversions, thereby transforming sex into a discourse. Medical professionals were thus granted the authority to determine what was 'true' for individuals who confessed. This shift focused attention from the act itself to the individual, whose deviant behaviour was now seen as an expression of their inherent abnormality. The identity label, once applied, was considered permanent and all-encompassing.

The discourse on homosexuality has undergone significant evolution. Initially, homosexuality was framed as a pathology, and male homosexuality was criminalized during the 1920s and 1940s. The 1950s and 1960s marked the rise of activism for homosexual rights, with research conducted by gay and lesbian scholars invested in advancing the political cause of homosexuality. A key aspect of this progress was the construction of a new homosexual identity, which moved away from previous pathological interpretations. This new identity emphasised differences within the homosexual community, valorising some aspects while critiquing others (Munt, 2019). Essentialist discourses were employed to legitimise gay identity as a natural variation of human sexuality, with some people simply being born gay (Piper, 2010).

In the 1970s and 1980s, the gay liberationist rhetoric framed homosexuality as an oppressed minority, akin to racial or ethnic identity, suggesting that homosexuals, like other minorities, formed a relatively homogenous social group (Munt, 2019). However, by the 1990s, a new wave of activists criticised the Gay Liberation Movement for its focus on respectability, a construction known as homonormativity (Duggan, 2002). They argued that this focus marginalised those who did not align with particular white, middle-class values (Munt, 2019). Concurrently, queer theory scholars were deconstructing the concept of identity itself. Foucault had already theorised that identities are not innate or discovered but are formed and maintained by social power relations (Foucault, 1978). As a result, the focus shifted from viewing identity as the source of specific language forms to seeing it as the outcome of particular semiotic practices.

However, this conceptualisation of sexuality is very specific. It does not encompass fears, fantasies, repressions, or desires but rather focuses on sexuality as identity, which has significantly influenced the literature. This focus has shaped the questions asked, the

methodologies employed, and the conclusions drawn. Butler argued that the "epistemological subject" has outlived its usefulness as both a philosophical concept and a basis for political action (Butler, 1990). The term "epistemological" refers to a longstanding Western tradition of thinking about subjects and their relationship to the world. In this framework, the subject is presumed to have a stable existence independent of cultural influence, allowing it to choose among different discourses and determine what best aligns with its pre-existing sense of self (Cameron, & Kullick, 2008).

1.9 Conclusion.

This section of the review has aimed to uncover the main theoretical orientations that underscore theories and understandings of sexuality. Constructionist approaches have allowed for a multi-dimensional conceptualisation of sexuality, in contrast to essentialist approaches where sexuality is operationalised within a gendered binarism. Locating these propositions in relation to their cultural and historical contexts allowed for a social-constructionist review of the literature. What also emerged was how sexuality as identity has become a dominant concern within sexuality discourses. Not to dispute the important contribution from this research topic, there is an argument to be made that sees this line of enquiry as a constraining discourse (Cameron & Kulick, 2008). To move beyond identity to exploring desire and its socialisation and conceptualisation through language could add an important contribution to the discourse.

1.10 Shame: Conceptual understandings.

The word "shame" is believed to originate from the ancient Teutonic word "skam" and the pre-Teutonic word "skem," both of which translate to "covering" or "covering oneself" (Hurtado-de-Mendoza., Melina & Fernandez-Dols, 2013). This concept of shame is vividly illustrated in Judeo-Christian traditions, particularly in the biblical story of Adam's

fall from grace, where he attempts to "hide" from God to avoid exposure (Drini., Kent., & Frith, 2023). The tale of Adam and Eve can thus be seen as a narrative of shame—knowledge brings self-awareness, and transgression leads to punishment through exclusion and expulsion (Gilbert, 2018).

Historical accounts suggest that shame was deeply ingrained in premodern societies, which, like collectivist societies, emphasised group cohesion and were organized through a hereditary social hierarchy (Drini et al, 2023; Stearns, 2017). In these contexts, shame was linked to humility and used as a method of enforcing discipline and uphold social structures. Anthropological references to subordination and public shaming legitimised the practice, and displaying an appropriate level of shame was considered a sign of moral character (Fessler, 2004).

Unlike contemporary views, shame was once seen as a positive force that maintained stable social structures by reinforcing visible power dynamics through a system of fixed relations (Stearns, 2017). However, the shift toward modernity and individualism led to a society where people were expected to self-regulate their emotions and behaviours, both directly and indirectly (Pattison, 2000).

1.10.1 Conceptual shifts: From enlightenment to modernity.

Historical and anthropological references suggest that modernity and urbanisation reshaped how emotions, including shame, were understood (Stearns, 2017). Unlike in collectivist societies where shame was tied to specific violations of social standards, modern perspectives began to view shame as an inherent characteristic of the individual, existing independently of context (Drini et al, 2023; Leeming., & Boyle, 2004). Theorists such as Foucault (1972), Gergen (1995), and Stearns (2017) attribute this shift to the rise of

institutions in modern societies, which helped maintain social order. As a result, societies moved away from practices like public shaming, with individualism and personal dignity becoming more valued than the hierarchy and honour central to collectivist cultures (Stearns, 2017).

The Enlightenment further redefined the individual, no longer seeing them as defined by their "sins" as in medieval times, but as capable of improvement through rational education, with inherent rights like freedom of religion and expression (Gergen, 1995). Consequently, shame, once linked to a sense of wrongdoing, came to be viewed as a private issue, where altering behaviour became a personal and individual responsibility (Stearns, 2017).

The philosopher Descartes introduced the idea of the "rational being," suggesting that individuals should control their emotions and bodily passions through rational thought. Descartes argued that emotions need to be managed to determine which are beneficial or harmful to the body and thus to the individual's survival (Drini et al, 2023). These theories enhanced the understanding of shame as an internal process, linked to personality structure. However, the postmodern self remains highly self-aware, while still acutely sensitive to others' observations and opinions (Giddens, 1991). Shame, unlike other emotions, is inherently relational and cannot be fully understood in isolation. Phenomenological views of shame, such as the avoidance of gaze and hanging one's head in shame, reflect a desire to conceal or avoid interaction, highlighting the intersubjective and embodied nature of shame (Drini et al, 2023).

1.10.2 Shame and psychopathology.

The concept of shame has become a subject of increased academic inquiry in recent years (del Rosario & White, 2006; Leeming & Boyle, 2004). It has also been linked to the

development and maintenance of a wide range of psychopathology (Goss & Allan, 2009., Pinto-Gouveia & Matos, 2011). Research has been approached and operationalised from various theoretical positions ranging from cognitive-behavioural, psychoanalytical and developmental (Gilbert, 1998, Jacoby, 2016., & Thompson & Newton, 2010). Due to these varying constructions of shame, studies investigating shame are argued to be susceptible to poor reliability and validity (Blum, 2008). However, despite this, a general construct emerges where shame is understood as a deeply distressing self-conscious emotion that leads to a negative evaluation of the self, leading to feelings of defectiveness and worthlessness (Gilbert, 2000; Kaufman & Raphael, 1996; Tangney, 1995). Furthermore, it could be argued that a unifying underlying assumption of these theories is that the self is a ‘natural entity’ about which there is a discoverable truth (Madill & Doherty, 1994).

1.10.3 Contemporary psychological theories of shame.

Researchers such as Gilbert (2010) and Kaufman (1989) have also highlighted the importance of the self in relation to others. This negative evaluation of the self is often associated with feelings of defectiveness and inferiority that results in desire to hide or split from the unacceptable self (Dolezal & Lyons, 2017). Gilbert (1998)’s evolutionary and biopsychosocial model and Kaufman (1989)’s shame theory both emphasise the more relational aspects of shame.

CFT (Gilbert, 1998; 2010) was developed from the clinical observations of Paul Gilbert. He found that people with high levels of shame often had difficulties self-soothing and being compassionate to themselves in light of perceived failures. Gilbert (1998)’s model of shame draws upon evolutionary theory and affective neuroscience, suggesting shame derives from the innate human drives for attachment and group belonging. All humans desire a need for acceptance and positive status in the eyes of others (Bowlby, 1969). Consequently, the way a child experiences interpersonal relationships (i.e. caring or neglectful/abusive) has

a significant impact on how they see themselves in the mind of others (Gilbert, 1998).

Individuals with early experience of abuse, bullying, invalidation and neglect are often found to have high levels of shame and self-criticism (Schoore, 1998). It has also been observed that these early experiences can lead to sensitivity to rejection and criticism. Self-blame, negative self-talk and perfectionist striving then become a process these individuals engage in to avoid future shaming events (Gilbert, 2010). Indeed, our survival is predicated around the early needs to be part of and protected by a group, hence self-monitoring are adaptive responses to prevent exclusion from the group, and ultimately death (Gilbert, 2000).

In line with Gilbert (1998)'s model, affect theories also highlight the adaptive function of shame in protecting the self (Tomkins, 1963). This understanding of shame was expanded on by Kaufman (1989) emphasising the long term, developmental implications of children experiencing repeated shame affect, resulting in the child developing strong associations between distress and shame. Nathanson (1992) developed a model to account for the way internalised shame leads individuals to develop ways of predicting and coping with situations that might elicit shame, characterised by avoidance and withdrawal, self-attacking and other attacking. This model of shame has been supported in several studies (Elison et al., 2006).

This section aimed to demonstrate that the way we understand shame has, to a great extent, shifted through the years. In particular, what is considered a taken for granted assumption in our approach to dealing with it in the therapy room has been influenced by the sociohistorical context within which it is being considered (Drini et al, 2023). Having contextualised constructions of shame in psychological discourses, the next section offers a brief overview of the psychotherapeutic literature on shame.

1.11 Counselling psychology and approaches to working with shame.

Counselling psychology is characterised by its commitment to diversity and social justice, relationality within the therapeutic encounter and a contextually informed clinical practice. The profession adopts a theoretical pluralist position, with the cognitive-behavioural, psychoanalytic and humanistic/ essentialist schools largely considered to be the main ones (Strawbridge & Woolfe, 2012). In cognitive-behavioural discourse, shame is seen as a set of negative core beliefs (Bosson & Prewitt-Freilino, 2007). This construction makes a distinction between 'normal' shame, promoting a socially well-adjusted individual, and chronic shame, linked to psychological disorders such as depression (Cheung, Gilbert & Irons, 2004), PTSD (Dyer, Dohary, Hamilton, Cory, Shannon, McSherry, McElhil, 2009), anxiety (Swee, Hudson, & Heimberg, 2021), and self-harm (Gilbert et al., 2010).

Shame is activated by a cognitive-evaluative appraisal of the self as being 'undesirable' or 'bad' (Mills, 2005). The cognitive-attribution model highlights that internal, stable, and uncontrollable attributions for poor performance foster shame (Tracey, Robins, & Tangney, 2007). Cognitive and behavioural theory are ontologically anchored to positivism, and this is perhaps reflected in how shame is talked about as a condition that can be treated (Drini et al, 2023).

Psychodynamic theories view shame as stemming from unconscious intrapsychic processes (Pattison, 2000). Freud's structural model sees shame as part of the super-ego inhibiting libidinal drives (Freud, 1923). Erikson expanded on this, positing that shame develops in early stages, evolving into anger against the self in adulthood (Erikson, 1965). The 'relational turn' in psychoanalysis, pioneered by Heinz Kohut (1971) understood shame as arising from low self-esteem due to empathic failures in early attachment. Contemporary

theorists, like Morrison (1983), also link shame to narcissism and failures of the ideal self, viewing it as an intense self-critique that impacts the whole self (Morrison, 2011).

Humanistic theories approach therapy with as a process of 'being with' rather than 'doing to' the client (Rogers, 1961). In humanistic therapy, although shame is not addressed specifically, client issues are seen as stemming from incongruence, with the therapist facilitating authenticity (Spinelli, 2006). Although not directly addressed, shame in this context might stem from difficulties in being congruent with oneself or others. In therapy, phenomenological studies show shame affects both clients and therapists. Therapists often avoid discussing shame, leading to disconnection and feelings of incompetence (Petter, 2010).

These studies emphasise the qualitative richness of shame experiences, suggesting the need for therapists to work both intra- and intersubjectively to understand shame's impact. However, focusing on individual experiences may enhance the self-conscious, modern self-concept without adequately considering the social context and power dynamics in therapy. Assumptions about therapist roles and client expectations are often unexamined, potentially overlooking the power struggles in the therapeutic process. The research has overwhelmingly focused on dispositional shame, highlight implications for Counselling Psychologists having a more socially focused conception of shame and indeed in our understanding of human emotions. There is a danger that socially constructed phenomena presented as individual problems in therapy can exasperate self-blame and withdrawal, leading to the therapeutic encounter being a shaming experience in itself. Across the therapeutic literature, shame was seen to lead to poor outcomes in therapy and ruptures within the therapeutic process (Black, Curran & Dyer, 2013). The unspoken nature of shame presents a challenge in therapeutic

work and a broader contextualised understanding of shame may help therapists become aware of how to address and work with shame.

1.12 Conclusion.

Examining the concept of shame across various historical contexts reveals that shame is constructed in diverse and changing ways. Research on dispositional, intrapsychic shame far exceeds that which considers shame as a socially embedded phenomenon. However, discursive approaches to identity, such as those by Davies and Harré (1990), argue that the subject position of "shameful" is formed through social interaction, where meaning is created between participants and shaped by the available discursive resources and the social, political, and historical contexts in which they are situated. Consequently, the way shame is discussed has significant implications for its treatment in therapy (Willig, 2008).

1.13 Shame in the context of gay men.

The west has seen dramatic changes that have redefined the sexual and intimate life of its citizens. UK legislation has coincided with greater acceptance and visibility of LGBTQI+ individuals (for example, Employment Equality [Sexual Orientation] Regulations: UK Parliament 2003; Equality Act [Sexual Orientation] Regulations: UK Parliament 2007; and Criminal Justice and Immigration Act: UK Parliament 2008). Despite this, sexual minorities still find themselves vulnerable to marginalisation, stigmatisation, discrimination, and threats to their safety (Diamond, 2022).

Furthermore, there is a proliferation of research highlighting physical and mental health disparities among LGBTQ populations (Hemmings, 2018., Bostwick, Boyes, Hughes & West, 2014., Bybee, Sullivan, Zielonka, & Moes, 2009). A recent systematic review that examined 12 UK population health surveys found a two fold increase in the likelihood of lesbian, gay and bisexual adults suffering from anxiety, depression and suicidal ideation in

comparison to heterosexual adults (Semlyen, King, Varney & Hagger-Johnson, 2016). Gay men specifically are considered to be at an ever higher risk for depression and suicide (Hemmings, 2018, Plöderl & Tremblay, 2015., King, Semlyen, Thai, Killaspy, Osborn, Popelyuk, & Nazareth, 2008). However, within these discourses, it is only recently that the ways in which a person's sexual identity may affect their mental health have been considered.

In addition, there is considerable evidence highlighting elevated rates of self-destructive behaviour within this population, such as a high prevalence of drug use, and particular concern about 'high risk' sex practices involving drugs among gay men colloquially referred to as 'chemsex' (Abdulrahim, Whitley, Monicref & Bowden-Jones 2016). The corresponding research has been couched within a psychological discourse and quantitative methodologies, and can be argued to have enhanced our understanding of sexual identity and mental health. Despite this, there remains considerably less qualitative research that has tried to explore how gay men talk about the way their sexual identity affects their mental health (King et al, 2008).

1.13.1 Stigma and minority stress.

In order to account for these disparities in health outcomes, much of the initial research in the literature focused on the discourses of stigma (Earnshaw & Chaudoir, 2009; McCall, Adams, Mason & Willis, 2005), incorporating the earlier work of Goffman (1968) as a theoretical framework. However, it could be argued that the theory's notion of the 'discreditable attribute' reduces the relational aspects of stigma, It implies that the stigma resides within the individual rather than being designated externally (Link & Phelan, 2001). The theory is also criticised for failing to adequately account for systemic structural discrimination (Weiss et al., 2006). Subsequent conceptualisations such as Meyers (2003) minority stress theory have addressed structural implications and their consequences. Beyond this, queer theorists, through a constructionist lens, posit that restraining hegemonic

heteronormative discourses, that construct the social world of gay men, account for the difficulties they experience.

1.13.2 Shame and gay men.

Although these theories have been able to offer an account of the difficulties and health disparities gay men and sexual minorities experience, they have been criticised for not adequately addressing how stigma has such a pernicious effect (Hatzenbuehler, 2009). The concept of shame has emerged as a theoretical framework used to account for difficulties and distress experienced by gay men in relation to their sexuality as a result of stigma (Bennett et al, 2006; Kaufman, 1989). There is a considerable body of research suggesting that shame leads to poor health among sexual minorities (Bybee, Sullivan, Zielonka, & Moes, 2009). Shame has been shown to have an adverse effect on the physical health of gay individuals (Milner, 2003; Cole, Kemeny, Taylor & Visscher, 1996). LGBT individuals often hide parts of themselves and this has been found to have negative relational effects, such as rejection sensitivity, withdrawal and avoidance (Greene & Britton, 2015).

1.14 Approaches to counselling LGBTQ clients.

Psychology began to discard the pathologisation of homosexuality and other non-normative sexual expressions. Sexual minority activists were influential in this process, successfully lobbying the American Psychiatric Association (APA) to remove homosexuality from the DSM in 1973. At first, the category of homosexuality was reclassified as ‘ego dystonic’ homosexuality which referred to individuals who had difficulties with their sexuality. This was eventually abandoned in 1983 and psychology began to adopt an affirmative approach to sexuality (Piper, 2010).

Counselling psychology guidelines for working with gender, sexuality and relationship diversity (GSRD) (British Psychological Society (BPS), 2019) adopt a

fundamentally affirmative approach to guide therapeutic engagement with sexual minorities, forbidding reparative or conversion type therapies as unethical. Beyond this, the guidelines advocate an awareness of the socio-political context that influences attitudes, for therapists to be reflective on their own sexuality and relationships, and to be aware of their own biases. The guidelines stress the importance of training and continual professional development to work with this client group. Although they don't provide specific guidance on what that looks like, they do stress that: "It is not acceptable to expect clients to provide knowledge of GSRD through clinical contact. While clients will elaborate individual meanings for them personally, general understanding must be obtained outside of the clinical encounter". (p.15). There is perhaps an inherent tension between the idographic, phenomenological nature of therapeutic practice, and the impact structural factors have on certain client groups and therapeutic engagement.

The guidelines are couched within the language of diversity and the equalities act. There are some helpful tips on being mindful of the nuances of language use and terms, and to not assume a deficit within this client group. The guidelines, however, would apply to any minority group, or indeed cis gendered heterosexual clients. This may be reflective of the broad and diverse range of identities and practices incorporated within GSRD.

1.14.1 Affirmative therapy and theory.

As noted above, as psychology moved towards a more positive theoretical position regarding homosexuality, an affirmative therapy approach was developed. Maylon (1982) defined gay affirmative therapy as:

Gay affirmative therapy is not an independent system of psychotherapy. Rather it represents a special range of psychological knowledge, which challenges the traditional view that homosexual desire and

fixed homosexual orientations are pathological. Gay affirmative therapy uses traditional psychotherapeutic methods but proceeds from a non-traditional perspective. This approach regards homophobia, as opposed to homosexuality, as a major pathological variable in the development of certain symptomatic conditions among gay men (p. 69).

Maylon highlights that the goal of the affirmative approach is to create a safe, validating, and supportive therapeutic environment tailored to the needs of LGBTQI+ clients. The model suggests that the negative health outcomes gay individuals stem from societal homophobia rather than homosexuality itself. Despite being well-defined in literature, debates continue about the precise nature of affirmative therapy (Milton, Coyle, & Legg, 2002). Various guidelines have been proposed to clarify affirmative therapy and support its practical application (Davies & Neal, 2000; Henricks & Donaldson, 2018). These guidelines emphasize viewing LGBTQI+ lifestyles as normal and healthy, empathizing with this client group, recognizing that mental health challenges arise from heterosexist attitudes rather than homosexuality, and having sufficient knowledge of LGBTQI+ experiences.

Landridge (2007) raises concerns about the relevance of LGBTQI+ affirmative therapy, especially from an existential and humanistic perspective. He warns that the approach risks becoming a politically driven therapy that may impose the therapist's activist agenda onto the client. To counter this, he advocates for ethically affirmative therapy, which treats LGBTQI+ identities as equal to heterosexual identities while acknowledging LGBTQI-related challenges. He also argues that therapists inevitably co-construct meaning with their clients, as their understanding is influenced by their own subjectivity. Queer theorists critique affirmative therapy for failing to challenge heteronormative assumptions and for potentially

fostering a homonormative ideal, where heteronormative practices are adopted within LGBTQ lifestyles to gain mainstream acceptance (Duggan, 2003).

Currently, there is limited empirical research on the effectiveness of affirmative therapy in practice. King et al. (2007) conducted a meta-analysis for the British Association for Counselling and Psychotherapy (BACP), which found no quantitative studies measuring the efficacy of affirmative psychological interventions for LGBTQI+ clients. However, qualitative findings underscored the importance of therapists being aware of LGBTQI+ issues and avoiding heteronormative assumptions.

1.15 Summary of findings and aims of the research.

This chapter attempted to review and tentatively integrate the literature on the social and psychological dynamics of shame and sexuality, and to discuss its relevance to the therapeutic process with gay men. Through a network of associated discourses, gay men were positioned to be vulnerable to experiencing shame. By this measure, our clinical work should be expected to be governed by a sensitivity to shame dynamics when working with gay men. Indeed, it is argued that engagements with shame, especially where sexuality and sexual desire are a foremost concern, may be the most important factor in the development and maintenance of the therapeutic relationship (Longhofer, 2014).

I found conducting this literature review to be an overwhelming yet ultimately rewarding endeavour. Using a historization approach, to understand how shame and sexuality have been constructed, pointed to shame and sexuality being understood as something important to talk about. I was unsure of how my research interests in shame, sexuality and therapeutic practice would locate a gap in the literature. Despite the large body of research that positions sexual minorities as being susceptible to shame resulting in poor mental health outcomes, what surprised me was how the limited research I could find that specifically

looked at how shame and sexuality intersect with therapeutic engagement. Some prominent literature that has sought to understand the specific concerns of LGBTQI+ individuals in therapy, with a tendency to be framed within psychosexual discourses (e.g. Neal & Davies, 2016) or sought to frame the therapeutic space as discursive location for political activism (e.g Czyzelska, 2022). Furthermore, a large proportion of studies involved research with participants from across the LGBT spectrum, assuming this to be a homogenous group identity. As gender and sexuality are considered central to an individual's identity, I decided to focus my research on gay mens' experiences of shame, sexuality and therapeutic engagement.

I also noted how although shame was referred to in relation to sexuality, it frequently appeared to be discourses as a taken for granted assumption (e.g. McDermott et al, 2008), that the analytical inquiry springboarded from, rather than it being the analytical focus of the research. There was less qualitative research still that sought to understand how issues of shame and sexuality with gay men are engaged with in therapy.

Therefore, the research aims to explore the ways gay men construct their experiences of shame in relation to sexuality and therapeutic engagement.

Chapter 2: Methodology.

This section aims to outline the different ontological and epistemological assumptions that shape psychological research in CoP. This will allow for critical engagement with reflexivity. The purpose of this is to ultimately provide a rationale for the positionality chosen to approach this research. Reflexivity is considered both a concept of self-awareness and an

analytic process that contemplates the role of subjectivity in research (Dowling, 2006., Palagan, Sanchez, Molinitas, & Caricavito, 2017). Therefore, beyond arriving at a theoretical and epistemological framework to meet the aims and objectives of this study, this section provides an account of the researcher's reflective process.

Developing reflexivity and an awareness of one's assumptions about what there is to know (ontology) and how they can come to know about it (epistemology) has implications for CoPs in practice (Willig, 2019). CoPs should be aware of the fundamental assumptions about human beings and their environments (ontology), as well as the beliefs and ways of meaning developed to understand the client's meaning of their experience (epistemology). Irrespective of therapeutic model, the language used about (and in) therapy all reinforce different understandings of the human experience, rarely challenged and positioned as hegemonic understanding in therapy (Willig, 2019). The research looks at how gay men's experiences of shame and sexuality were explored and impacted through therapeutic engagement. The sub questions related to this exploration are as follows:

- How is shame in relation to sexuality discursively constructed and accounted for by the participants?
- What are the socio-cultural discourses imbricated in the construction of shame in therapy?
- How is the therapeutic experience positioned in relation to shame in participants' stories?
- What are the implications for therapeutic practice?

Therefore, these questions set out a research position – it is important that CoPs are aware of the ontological and theoretical positionings they are taking in practice, rather than blindly accepting them as ‘truths’, to enhance therapeutic effectiveness (Willig, 2019).

2.1 Ontological paradigms.

2.1.1 *Positivism.*

Quantitative methods adhere to the philosophical worldview of positivism – a reductionist and deterministic ontology that involves a belief in naïve realism (Barker, Pistrang & Elliot, 2016). This is the idea that a discoverable reality exists that is governed by a system of laws and mechanisms. Positivism adopts a dualistic and objectivist position; that with the right methodologies the knower (scientist) can objectively view and record events as they actually are.

As this worldview relates to theories underpinning CoP, early behaviourists researchers such as Watson (1913) adopted a strict methodological behaviourism approach to research, studying only what was observable behaviour. Skinner (1938) agreed with these underlying assumptions, although he developed a theory of radical behaviourism, opening the door to cognitive theory through its acceptance of innate, internal events having an influence on behaviour. A structural realist approach to psychological inquiry has led to developing psychometric theory to measure psychological constructs such as personality. (Hayes and Hofmann, 2018).

2.1.2 *Critical realism.*

Critical realism is a school of philosophical thought frequently considered an ontology proposed by a set of British theorists and philosopher Roy Bhaskar (1978). However, as opposed to positivist research, critical realists don’t seek universal laws and predictability. This philosophy is rooted in the idea of generative mechanisms, which drive

certain tendencies, with outcomes that depend heavily on situational factors that vary over time and location (Fleetwood, 2014). This perspective embraces a view of complex causality, recognising reality as subjective and non-deterministic, contingent, and emergent (Fleetwood, 2014). Within this framework, a specific outcome emerges from the interaction of these generative mechanisms and the conditions unique to a given context (Fleetwood, 2014). Therefore, this approach to psychological research involves an exchange between what is observed and experienced on one hand, and scientifically explained models of reality on the other (Sayer, 2000).

2.1.3 *Relativism.*

If positivists are positioned on one end of the ontological spectrum, with critical realists aiming for the middle ground, relativists occupy the other end of the spectrum. Relativism proposes that there are equal and legitimate realities (Shwandt, 1994), arguing that individuals are constructed through their unique experiences, social interactions and socio-historical contexts. Thus, the nature of reality is subjective, and individuals can create innumerable realities. It is for this reason that quantitative research methods are seen to be limited when applied to the study of complex individual human experiences. Traditionally positioned as an anti-realist theory, relativism has been influential in psychological research and the turn towards understanding humans as *relational beings* (Gergen & Walter, 1998).

2.1.4 *Ontological reflexivity and rationale for adopting a relativist ontology.*

I decided that a relativist ontological position is best suited for this research study. The research aims to identify and de-construct the myriads of discourses that can bring a phenomenon into existence. By problematising the dominant discourses identified the research embraces the disruptive, unstable ‘essence’ of relativism through its non-adherence to the idea of a hegemonic, objective ‘truth’. A relativist lens also allowed me to think about

why positivism has held dominant within scientific enquiry. Positivism links to essentialism to confer agreement – from here this agreement or ‘truth’ can allow us to make predictions. I reflected on this, and how perhaps because we have come to talk about ourselves as a vulnerable species in a vast and uncertain universe, the idea of the discourse of scientific enquiry being able to make predictions about our world provides us with a comforting story. Furthermore, reflecting on relativism allows me to see my own truth seeking. This makes me aware that I can’t really extrapolate myself from realist assumptions as it is one of the ways the social context I find myself in understands itself. It is therefore one of the discursive resources that I utilise to navigate my social and internal worlds.

2.2 Epistemology.

Epistemology is a concept that broadly reflects the rules that individuals use for making sense out of their world (Hoffman, 1981). As Bateson (1977, p. 84) explains: “All descriptions are based on theories of how to make descriptions. You cannot claim to have no epistemology. Those who so claim have nothing but a bad epistemology. It is therefore important for researchers to be conscious of the frameworks they use, the assumptions on which they are based”. (Bateson, 1977).

Epistemological assumptions can be conceived along a continuum akin to that of ontology. Objectivist epistemologies underpin positivist scientific theories, based upon concept such as objectivity, reductionism and linear causality (Barker et al, 2016). Subjectivist epistemologies are consistent with the postmodern turn away from the homogeneity and predictability of objectivist principles, towards a social consciousness of multiple belief systems and multiple perspectives (Gonzalez, Biever & Gardner, 1994). Knowledge, or what we believe, is instead seen as an expression of the language, values and beliefs of the communities and contexts in which we exist. Social constructionism was

deemed the most appropriate fit for this study. The epistemological approach and its philosophical underpinnings are outlined below.

2.2.1 Social constructionism.

Social constructionism is a subjectivist epistemology rooted in critical and poststructuralist thought. Departing from structuralism, it critiques the fixed and stable nature of structuralist systems, challenging binary oppositions (Foucault, 1980; Harré & Gillett, 1994; Potter & Wetherell, 1987). Poststructuralism emphasizes subjectivity, challenges fixed identity categories, and highlights the role of power. The philosophical paradigm embraces instability, disruption, and multiplicity of meanings. Initially introduced in Berger and Luckmann's work "The Social Construction of Reality" (Berger & Luckman, 1971) social constructionism looks at the way knowledge of the world is created through language and social processes and understands the relationship between the researcher and the participant as playing a key role in the acquisition of knowledge (Burger & Luckman, 1971).

Constructionists argue that realities are historically, discursively, socially and politically corroborated, mediated through power relations (Burr, 1995; Willig, 2001). Social constructionism emerged as a significant paradigm in the social sciences during the latter half of the 20th century (Hammack, 2018). Its wide scope extends from anthropology to critical pedagogy (Holstein & Gubrium, 2008).

Today, social constructionism studies communicative processes generating shared reality, critically examining enduring realities that may be dysfunctional or oppressive for some individuals (Parker et al., 1995) with a goal to foster functional realities through pragmatic future-forming research (McNamee, Gergen, Camargo-borges, & Rasera, 2020).

2.2.2 Epistemological reflexivity.

This reflexive process aims to review some of the main criticisms of social constructionism. These are criticisms I have encountered in the literature of which some which I have grappled with along this evolving epistemological journey. The critiques are generally centred around the social constructionist approach to truth, reality, human nature and morality (Romioli & Mcnamee 2020). In the literature, it was apparent that responses to these concerns were achieved by attempting to place social constructionism within a critical realist ontology (Nightingale & Cromby, 2002). However, my interpretation of this was that it shifts social constructionism into an ontology. Materiality has a role in meaning making and emerges in relation as an objective truth, therefore attempting to explain the world how it 'really' is. Therefore, I felt this framework might confuse my approach.

I also ascribed to the argument that a relativist social constructionism focuses on the metatheoretical level (Ramioli & McNamme, 2020), where social constructionism is considered a "generative theory," helping us create new forms of life. This second-level discourse allows us to engage in self-reflexive critique, evaluating the utility of a theory's explanation of human behaviour (Gergen, 1978). All paradigms and methodologies, including social constructionism, can be seen as social constructions rooted in cultural traditions. This perspective can also refute the argument that social constructionism paradoxically claims its own truth. I would argue that all researchers could benefit shifting their focus from determining the "truth" to exploring the implications and potential realities generated by different research methods. Furthermore, the social constructionist perspective emphasises the process of co-ordinating researchers and participants and what they construct together during research (Ramioli & Mcnamee, 2020).

2.2.3 Rationale for using a social constructionist epistemology.

The epistemological underpinning of this study is social constructionist. Therefore, knowledge is conceptualised as layered with shifting and contingent meaning and thus not discoverable in and of itself (Berger & Luckman, 1967). The analysis draws on poststructuralist theory, particularly the idea that discourses—systematic ways of discussing a topic—actively shape the knowledge, objects, realities, identities, and experiences they describe (Foucault, 2002 [1968]). It is further guided by Foucauldian theory, focusing on how discourses construct knowledge, subjectivities, positionings, practices, and power dynamics. Discourse weaves a socio-cultural, historically located fabric, allowing several discourses to be interwoven to structure society and human subjectivity (Henriques, Hallway, Urwin, Venn & Walkerdine 1984; Burr 1995, Parker, 1992). Therefore, discourse can actively constrain or enable identificatory, sexual and relational experiences (Finn, 2014), by virtue of the specific fields of knowledge and associated ways of being they make available.

In the context of this study, this implies that the key themes and constructions identified within the data are viewed as deeply rooted in broader socio-cultural contexts. The understandings and experiences shared by participants are considered to be discursively formed and dependent on these contexts. Foucauldian-informed analysis is further consistent with a constructionist epistemology in how it views constructions of knowledge and assumptions of ‘truth’ (e.g. Cooposamy, 2014., Fin, 2014., Hemmings, 2018). The analysis also considers Foucault’s (1977) ideas regarding the role of discourses and their influence on social processes of validation and power, elevating certain knowledges as “true” and creating certain subjectivities and social actions through which relations of power are realised. Knowledge that becomes dominant defines the way we perceive reality and polices the behaviour of individuals. In addition, the analysis engages with other pragmatic critical theories, such as feminist theory and queer theory.

2.3 Method of analysis.

Unsurprisingly, considering the various philosophical perspectives, there are a number of different research methods used in qualitative research. Research methods provide a framework of analysis and research design that allow for a particular orientation towards empirical data. Method must be consistent with the philosophical concerns and theoretical framework, thus plays an important role in the coherence of the whole research process (Braun & Clarke, 2017).

2.3.1 Positionality, methodological reflexivity and paradigms of inquiry.

Having outlined my ontological, epistemological and theoretical assumptions, I began to struggle with how to develop a coherent sense of positionality in regard to method of enquiry. On reflection, I felt I located my unease around which method to use and balancing a theory driven, critical approach with methodological rigour. Ultimately, I felt I needed to embrace my unique interpretation, rather than feeling intimidated by the process that still seemed to retain an essence of truth seeking. I was able to compassionately go a bit further with myself. It was perhaps understandable I would feel vulnerable as a novice researcher needing to ‘get it right’ considering the context this work is situated, as a requirement of the CoP doctorate. I felt motivation could be enhanced through a commitment to reflexivity and by re-constructing interpretation in my mind as a creative endeavour, aligning the task towards personal values of creativity and openness.

Therefore, as a researcher, my critical interpretation of data is subjectively informed from an emic, insider perspective both in relation to the research participants and my ontological position.

2.3.2 Rationale for Reflexive Thematic Analysis.

This study presents a complex interplay and negotiation of inter-related, inter-subjective and subjective experiences across time and space. It was therefore considered necessary to have a flexible methodological framework where all these relational representations and interwoven discourses could be considered and translated clearly to the reader. For this research, Foucauldian Discourse Analysis (FDA), Narrative Analysis (NA) and Interpretive Phenomenological Analysis (IPA) were considered as methodological frameworks to approach my research question before choosing Reflexive Thematic Analysis (RTA). RTA is a commonly utilised methodological framework in psychological research. RTA allows for identification of recurring themes or patterns across a data set (Braun & Clarke 2006). It requires the researcher to take on an active role in recording the data, generating themes and to what degree the analysis is theory driven. In contrast to other analytic approaches, RTA does not stem from a specific epistemological school of thought and can therefore be flexible, applied to different ontological and epistemological positionings. Braun and Clarke (2006) posit that thematic analysis combined with a social constructionist epistemology, allows for an examination of the “ways in which events, realities, meanings, experiences and so on are the effects of a range of discourses operating within our society” (Braun & Clarke, 2006: p 81). Therefore, RTA applied in this way doesn’t focus on the individuals cognitive or emotional processes but instead aims to theorise on socio-cultural circumstances and settings.

FDA draws on Foucauldian theory and is a suitable methodology for this research question. Drawing on examples in the literature (Budds, Locke, & Burr, 2014., Finn, 2010, 2014), it was felt that using a flexible analytic procedure like thematic analysis informed by the main tenants of Foucauldian and post-structuralist theory could allow for more freedom of interpretation within the analysis. There are a number of doctoral thesis (e.g. Cooposamy,

2014., Wood, 2021., Levitanus, 2020) that have utilised this approach to thematic analysis. Considering myself a novice researcher, I felt that the use of Foucauldian theory could help strengthen the analysis by supporting the interpretive and coding process within RTA, whilst using the systematic and clear application of the analytic steps involved in conducting a thematic analysis.

IPA was considered as it aims to situate the participant experience of meaning making within wider social and historical contexts. However, it was not chosen as its analytical concerns tend to focus on how participants make meaning and account for their experiences, rather than the constructionist analytical enquiry pertaining to the question of why is it that participants have come to talk about their experiences this way. I was also concerned that the analysis of the data would remain within the tradition of exploring shame as an intrapsychic phenomenon. Although there are similarities with IPA and a social constructionist RTA, the subtle nuances may produce surprisingly different data.

I was drawn to NA due to the creative nature of the approach, that explores how participants use meaningful stories that give insight into how they account for their experience. However, I did not choose NA as the research is concerned with the socially prescribed discourses that participants use to account for their experience, rather than how the participants make sense of their experience as they encode it into a narrative (although a narrative could be seen as a type of discourse). It was hoped however that using RTA as a methodological framework will allow the themes to present the data within a narrative ark. This is primarily for the readers benefit as it would facilitate a more cogent presentation of the data.

2.4 Design of data collection and data analysis.

2.4.1 Recruitment and sampling rationale.

The study interviewed six participants, recruited via snowball sampling and informal networks (see Appendix A for recruitment information). Three participants who were deemed suitable were former clients of two psychologists from a private psychology service who, with ethical approval, initiated contact to inform them about the research. The other three participants were recruited through existing participants. For constructionist research, purposive sampling is recommended (Willig, 2017). Homogeneity of identity is central to the experience that the research aims to explore. Therefore, the focus of the study was men (18 and over) who self-identify as gay men, as supposed to interviewing people across the LGBTQI+ spectrum, as issues of gender are inextricably linked to our construction of sexuality and could therefore lead to the data becoming too complex. This is not to say, however that the study wishes to exclude issues relating to intersectionality if they arise within the data. Participants were eligible from diverse backgrounds, ages and ethnicities for this study. There is huge cultural, historical and demographic variation regarding the lived experience of gay men. Allowing for maximum variation within a 'homogenous' group would therefore be useful and encouraged for this study.

Beyond this, participants needed to have last been in therapeutic engagement relevant for this study within the last five years but not currently in therapy. The exclusion criteria of being in therapy was to mitigate risk. The reason for this was that participants in therapy may be considered to be vulnerable adults. It could also have the potential to interfere with the therapeutic process of the participant. Also, recruiting participants that had not been in therapy recently could help to provide some emotional distance from the content of the interviews. Participants could have been in therapy with or without any type of mental health diagnosis. There was also no restriction on the type of therapy or therapy model they engaged

with. The unifying criteria of therapeutic engagement for participants was an awareness that during the therapeutic process issues relating to shame and sexuality were explored.

There were several recruitment concerns regarding sampling and recruitment. There may be additional consent that is required if participants are recruited through a third party. There is also an added reliance on these organisations and their goodwill. This could add time to the data collection process. Sampling issues also concerned the nature of the concepts being explored – shame and sexuality. From professional experience working with this client group, it was hypothesised that participants may not have entered into therapy to explicitly help them overcome or explore gay shame. This was also taken into consideration from the general literature on shame, that posits shame as the ‘hidden emotion’ (Dolezal & Gibson, 2022., Hultberg, 1988). This may have presented difficulties when recruiting participants. An exploration of shame and sexuality may have been implicit during therapeutic engagement yet ultimately felt unaccounted for. On the other hand, these issues may have been assumed to have been explored due to these subjects and issues being understood as implicit to therapeutic engagement with gay men. Therefore, to an extent, eligibility had to be interpreted by the participant. However, the six participants were recruited within six weeks and their interviews were all considered to be suitable.

Participants were all white, ranging in age from 30 to 52. Three participants were British nationals, two were European nationals and one participant was from Central America. All participants except one were currently living in the UK. Six participants were recruited ($n = 6$), after which it was felt that the data had reached a point of richness where there were common subjects and positions that could develop into potential themes. In line with the principles of reflexive thematic analysis (RTA), the emphasis was placed on the richness and depth of each participant’s narrative rather than aiming for data saturation or generalisability (Braun & Clarke, 2019; Braun & Clarke, 2021). Reflexive TA is situated

within a qualitative, interpretivist paradigm where knowledge is co-constructed, and meaning is generated through the interaction between participant accounts and researcher interpretation. As such, sample size is not determined by the need to ‘cover’ all possible experiences, but rather by the researcher’s reflexive judgement about what constitutes sufficient depth to support a meaningful, nuanced analysis.

Braun and Clarke (2021) explicitly caution against applying saturation logic—common in grounded theory and other positivist traditions—to RTA. They argue that saturation is antithetical to the methodological underpinnings of RTA, which does not assume a finite number of ‘discoverable’ themes but instead embraces the interpretive and recursive nature of analysis. Therefore, rather than seeking to reach saturation, the decision to stop data collection in this study was based on the researcher’s assessment that the data had reached sufficient ‘information power’ (Malterud et al., 2016). That is, the six interviews provided a rich, diverse, and conceptually illuminating data set, sufficient for generating meaningful insights aligned with the study’s aim.

Furthermore, the homogeneity of the sample—self-identifying gay men who had explored shame in therapy—also supports the appropriateness of a smaller sample size (Robinson, 2014). Smaller, focused samples are particularly suited to studies with a well-defined aim, a specific group of interest, and a desire for in-depth exploration of subjective experience. From this perspective, judgements about how many data items are needed, and when data collection should stop, are wholly subjective and cannot be predetermined before the analytic process (Braun & Clarke, 2019).

I was initially concerned and nervous about sourcing participants for the study due to the involvement of shame and therapeutic engagement. I initially spoke in supervision about the feasibility of not mentioning shame directly in the recruitment stage, perhaps referring to difficult experiences around sexual orientation. I decided that shame should be mentioned to help focus the participants accounts and talk to be in relation to shame, and to be fully aware they were there to talk about their understanding and experience of shame. I was surprised how open and willing participants were to open up about difficult topics. I reflected on this and wondering if their understanding of my role as researcher and trainee CoP facilitated this. Furthermore, participants did not ask me about my sexual orientation, which was something I was expecting and willing to disclose. I wondered if this was assumed by virtue of my research interests.

2.4.2 Design of Data Collection.

Semi-structured interviews were conducted to collect the data for this study. Semi-structured interviews aim to facilitate the development of themes from within and across the data set. The semi-structured approach is also more flexible, conversational approach, and it allows for the order of the questions to change and for follow-up questions to be asked that arise during the interview process (Kavale & Brinkman, 2009). I conducted a preliminary pilot interview that provided feedback on the suitability of the interview schedule and ways I may be able to improve on interview technique. This interview did not form part of the data set included in the study.

Interview questions were initially broad questions about how the participants experienced their sexual orientation and how this had impacted their lives. Questions then focused more on experiences of shame in relation to sexual orientation. Questions then focused on their experiences in therapy and how issues of shame and sexual orientation

emerged during that process (see appendix B). Interview times ranged from 48 minutes to 1 hour and 40 minutes.

Reflecting on the interview process, I was struck by how emotionally engaged I was by the participants accounts. I had felt that my role as researcher would provide some ‘distance’ from the data, however the interviews felt very relational, and a number of participants spoke of how it was helpful to talk and reflect on their experiences. Initially I was concerned that the interviews were feeling more like a therapeutic experience. On checking the audios and interview technique, I realised that this ‘mirroring’ of situation would to a point be inevitable due to the inter-related nature of the topic. For the participants, this process involved an interview where participants provided a narrative account of their experience that was reflected on in therapy. The inter-subjective therapeutic experience was then constructed into the narrative account of their lived experience, which was in turn reflected on during the inter-subjective and co-constructed interview experience. Thus, the study involved a complex negotiation of inter-related, inter-subjective relational experiences.

2.5 Method of Analysis.

The analysis followed the six phases to RTA recommend by Braun and Clarke (2016) for conducting an analysis grounded in constructionist epistemology. The analysis was an inductive, interpretive, reflexive, social constructionist RTA. Applying post-structuralist ideas to psychological research allowed for a flexible analytic framework to help focus the analysis within the research aims. (Parker, 1992, Arribas-Ayllon & Walkerdine, 2008). Below is an outline of the six steps taken to conduct the analysis and arrive at the final themes, based on Braun & Clarke’s (2016) stages for conducting RTA. It is worth noting however that this was not a linear process.

2.5.1 Analytic stages.

Phase 1 – Transcription of the data.

The data was transcribed by the researcher and then read and re-read multiple times. Notes were made on reflections about features of the data I felt might help form the basis for initial codes in conjunction with researching the literature (see appendix C). This process can enrich the data by making the researcher become aware of some of the more subtle aspects of the data (Tuckett, 2005).

Phase 2- Generating of initial codes.

The coding process was carried out manually. Braun and Clarke (2021) define the coding process as a structured process of interpretation, highlighting the subjective nature of the reflective process. With the research questions in mind, the data was coded at the semantic (SC) and latent level (LC), codes which highlighted a discourse and discursive constructions (DC), and codes that related to representations (i.e. subjectivity, objectivity, positioning and practices) (PC) (see appendix D). This proved helpful as it helped to focus the analysis in accordance with the method, linking codes to the literature. Then, a process of ‘code cleaning’ involved eliminating codes which were a duplicate of another code.

Phase 3 – Code refining and code finalising, generating initial themes.

Focusing on the research question and the key words of shame, sexuality and therapeutic engagement, codes were refined and collated from all transcripts. To facilitate this process, codes were linked to key words, which helped separate out the data and see codes that were overlapping. This was helpful to be able to see the potential coding groups. The process was reflected on halfway by going back over earlier stages before codes were finalised. All extracts related to codes were collated and colour coded so that they could be linked to a participant (see appendix E).

Phase 4 – Creating and reviewing themes.

Final codes were collated into coding groups, formed based on their semantic and conceptual similarity. This refocused the analysis at the broader level of themes, which at this point were matched with code clusters (see appendix F). The process was reflected on in line with the research question, data and coding. A preliminary thematic map was drawn up (see appendix G). There then involved a process of refining theme structure for internal homogeneity and external heterogeneity (Patton, 1990). This phase is mainly tasked with making sure themes cohered together to form a meaningful narrative that addressed the research question. It also helped to make clear distinctions between themes. A number of thematic maps were drawn up to continually refine the process of developing themes in a visual way (see appendix H for two examples).

Phase 5- Defining and naming themes.

A final theme structure was settled on and themes were named. This stage helps to further define the essence of each theme. Further considerations were made to make sure a narrative was created that tells a story about the data. Data extracts were reviewed to ensure relevancy with the data. This required a further appreciation of the subjectivity of the analytical process, as the extracts presented would be discussed and interpreted at the latent level, using theory to make sense of how the talk of the participants had come to be constructed in a particular way.

Phase 6 – Writing up the report.

The most vivid extracts were selected to embed within the analysis. Consideration was taken to provide a sufficient number of extracts that would best represent the essence of the theme.

2.6 Reliability and Sensitivity to Context.

The research endeavoured to make sure that all arguments are supported by evidence with material taken from participant interviews, linking findings to psychological literature. The participant – researcher relationship was also considered as both parties are co-constructors of the knowledge produced. As the researcher is a trainee counselling psychologist trainee exploring therapeutic experience, participants may have felt they were engaged in a therapeutic process during the interview. To conduct this qualitative research, the principles outlined by Yardley (2000) were referenced to guide this study. Yardley suggests a set of criteria evaluate qualitative studies, involving sensitivity to context, commitment and rigour, transparency and coherence, and the impact and importance of the research (Yardley, 2000).

In order to achieve this, importance was given to setting the scene for the reader, placing the research in context by giving an account of the philosophical and theoretical background and previous research. Much time was given to engaging with the topic and conducting a thorough analysis of the data. Transparency was hoped to be achieved by providing a detailed account of the analytic process, supported by excerpts from the data. A fuller evaluation of these aims will be provided in the final chapter, also addressing the impact and importance of the research as per the guidelines (Yardley, 2000).

2.7 Ethics.

The study adhered to the key principles of the British Psychological Society *Code of Human Research Ethics* (2018) and the University of East London *Code of Practice for Research Ethics* (2015). The study was approved by UEL ethics committee (see decision letter in appendix I). These key principles ensure quality of research design and emphasise care of the participants. The BPS (2019) states that skills in active listening, reflection and summarising are needed to conduct research interviews. Counselling psychologists are well

positioned to conduct these interviews as developing these skills are integral to the training program (Douglas, 2016).

Due to the nature of the research topic, there was the potential for the interview process to be distressing for the participants. Signposting to relevant resources and organisations was made available to mitigate any distress the interview may cause. A risk assessment was also developed in supervision in light of the subject nature of the study. Participants were able to withdraw from the study at any point in time. Participants names were changed to a pseudonym and any other identifying information, such as the participants' professions, names of people and places were omitted. An information sheet was provided to make participants aware of the data protection and confidentiality procedures that are in place (see appendix J). Transcripts and recordings were stored securely. Participants were also debriefed after interviews had taken place. No participants were in need of support after the interview.

2.8 Personal reflexivity.

I have worked with a significant proportion of clients from sexual minorities in my clinical practice. All of them were on some level impacted by shame. I have often found however that there was a resistance to acknowledging shame and its enduring effects. There was also shame about feeling shame instead of pride and very often the word shame was not even used. This recent conceptualisation of pride in regard to sexuality has been criticised for artificially erasing shame from the discourse (McDermott, Roen, & Scourefield, 2008). This is also in line with Scheff's (2003) suggestion that 'a large part of the cultural defence against shame is linguistic; the English language, particularly, disguises shame' (p. 240). Therefore my research endeavoured to delve further into the subjectivity, positionings and practices gay men use to negotiate their experience of this 'unspoken' emotion. The methodology chosen not only allows for an analysis of the relational dynamics of the discourses identified, I

believe it also helps me to not be driven by assumptions I have made from clinical reflections.

Chapter 3: Analysis and Discussion.

3.1 Overview.

Following on from the methodology, this chapter presents an interpretive, idiographic analysis of the six participant interviews. Overarching themes, and their corresponding sub-themes from the six data sets (see table 1 below) will be presented here. The analysis identified several prominent themes related to shame and its intricate manifestations within the experience of gay men, particularly in the context of identity, mental health and therapy. These themes attempt to provide a comprehensive understanding of the complexities surrounding shame, its influence on the lives of the participants and their experience of therapeutic engagement, thereby indicating areas for potential intervention and further discourse in the next chapter.

This section has been written as a combined analysis and discussion. The structure of academic journal articles and Masters or PhD theses generally follows the convention of presenting analysis results in a "results" section, followed by a synthesis and contextualisation in a "discussion" section. However, Braun and Clarke suggest integrating synthesis and contextualization directly within the "results" section as the data are reported (Braun & Clarke, 2013; Terry et al., 2017). This approach diverges from traditional

conventions, which may pose challenges for researchers, especially post-graduate students. Although Braun and Clarke do not explicitly address this issue, they implicitly advocate for prioritising the reporting style appropriate for RTA over traditional norms.

It is important to acknowledge that this is only one possible interpretation of the participant's experiences of shame in relation to sexuality and therapeutic engagement. These themes have been chosen in response to their relevance to the research questions. Whilst the following themes were common to all six accounts, there were also areas of diversity within the accounts.

Extracts from the participants' transcripts are used to evidence the themes interpreted, highlighting the discourses, the subject positions and social practices merited by them, and networks of power. The themes that form the narrative are interconnected locations of discursive practices, not standalone sections. In addition, this research takes the position that human behaviour is complex, and our interpretations should reflect this rather than propose to be able to suggest 'truth' (Walcott, 2009).

Table 1.

Overarching themes	Sub-themes
Rooted in shame.	
The fragmented self.	The exiled self The hidden self The 'true' self
Emotional entities of shame	Existential affect Revelatory affect

The first theme explores how shame was constructed as foundational to the participants identity as gay men. The second theme comprised of three sub-themes looks at how shame in relation to their sexual orientation was understood to have led to participants experiencing a fragmented self. Therapeutic engagement was interpreted to be a practice

involved in the participants re-construction of the self. The third theme consists of two sub-themes that accounted for how shame was implicated in the emotional lives of the participants, constructed as an enduring emotional state, and how shame was explored in therapy in the context of mental health. The themes were interpreted from discourses identified within the data set, rather than the themes being representative of a key discourse.

3.1.1 A note on presentation.

To improve readability, some minor changes have been made to participants extracts. For example, where it was not deemed to have shaped meaning, some hesitations and utterances in speech have been removed. Any missing material is indicated by dotted lines within brackets e.g. (...). Material added to explain a participant reference is presented within square brackets [e.g.]. Dotted lines at the beginning or end of a quote indicate the participant was talking prior to and after. Transcript number and line numbers are presented as exemplified here [T1: 45-60].

3.1.2 A note on shame.

It is also worth acknowledging that within participant accounts shame was not always acknowledged explicitly. This fits with existing literature that argues that “shame itself is often repressed because to acknowledge shame is to unwittingly invoke shame” (Munt 2005, p535). At times the researcher’s reflections on participant behaviours and the content of their talk were associated with feelings of shame and closely aligned to indicators of shame proposed in the literature. Consequently, shame was interpreted at times as an unspoken phenomenon present in participants accounts.

3.2 Theme 1: Rooted in shame.

This theme encapsulated how shame was constructed as foundational to gay men's identity. The theme provides an account that aims to trace the origins of shame in relation to the participants' emerging construction of their sexual orientation. Therefore, it is important to be aware when reading this theme that shame becomes progressively revealed as the theme develops. This reflected the essence of the theme, where it was interpreted that the participants' construction of their sexual orientation identity was 'rooted' in shame. Furthermore, shame was both implicitly and explicitly implied in this theme.

Constructing their sexual orientation through an essentialist lens and human developmental discourse, all participants commented on an early recognition of difference as central to early developing understandings of their sexual orientation.

ADAM - ...well, I guess I didn't really understand anything about sexuality until quite late, but I think I realised that I was different from a very young age.[T4: 25-26].

CARLOS – Yeah, I mean, to be honest, since I remember, I knew that I was different, I always sort of felt different. [T6: 28-29].

The participant's talk of 'always knowing' they were different suggests that what is different about them reflects an inner 'essence' of themselves, understood to have been present before they had the language to define what was different about them. This discursive practice could be seen to resonate with essentialist discourses of sexuality noted earlier (Bohan, 1993; DeLamater & Hyde, 2010). However, it can be interpreted that this awareness

is not an entirely internal discovery. Difference as a philosophical concept involves a set of properties by which one entity is distinguished from another in a relational or conceptual field (Donkel, 2001). Indeed, the participants spoke about feeling different in relation to others in their lives. Thus, from a social constructionist interpretation, that constructs produce meaning through an interplay of difference (Donkel, 2001), that is to say identities are only produced through a process of differentiation, it was understood that this sense of difference was constructed from early experiences of socialisation.

During the participants early years, their talk of difference became primarily defined in terms of gender, as further evidenced here:

RONALDO –*I think, I felt that I was different earlier because I didn't play football or I didn't have the interests of other guys..*[T: 18-19].

ADAM – *So I've got four brothers, umm, they're very different to me. My older brother was always into sports and he's a very rough and tumble type of child (...) there's three years difference between us and we just never got on (.....) the things that we were interested in were very different. Where he would like to play football and fighting, yeah, I would like to play with more feminine toys, so I used to ask for barbies for Christmas for example.* [T4: 26-33].

CARLOS – *So I just perceived myself as different and I could see how the others, the other boys, were different to me. They liked those rough games type of things, and to me this was not my thing.* [T6: 31-33].

In these extracts, the participants were first alerted to this emerging sense of themselves as different by comparing themselves to their male peers and brothers, further illustrating the idea that difference is constructed relationally. Therefore, to be understood as different, the participants' emerging understanding of their individual subjectivity is constructed by how they felt they were positioned in relation to others. Furthermore, we see how participants learnt about difference through a developing awareness that boys and girls are ascribed different interests and expressions. This is in line with poststructuralist theorists, most notably Judith Butler (1993), who argue that gender is a performative social construct that reinforces the essentialism of gender and sexual categories. Gender performance consists of practices involving gestures and speech, and that gender is constructed through the individuals' repetitive performance of gender normative behaviour and roles (Butler, 1993). Drawing from this theoretical perspective, play in this context was considered a practice of socialising children to reproduce gender norms.

Furthermore, Carlos adds another dimension to this emergent 'discovery' of gender when he describes not liking 'rough' games. He could be seen as ascribing a 'nature' to the performance and practices of boys. His talk was interpreted here as 'rough and tumble' play, characterised as playful aggression and an integral developmental activity for boys in particular (Oncu & Unluer, 2012). Within this developmental discourse, research has shown that children quickly absorb cultural expectations of their gender role (Faggot; Rogers & Linebach, 2000). Boys are expected to prefer play and games categorised by larger groups, less proximity to adults, more public play, more fighting and physical contact and establishing hierarchy and dominance (Pilliteri, 2009). In contrast, in the literature, girls are expected to engage in 'softer' play in more intimate groups, closer to adults and engaged in mutuality in play and conversation (Pilliteri, 2009; Thome, 1993). The features of girls play

cited here were illustrated by Adam, where during the interview he spoke of going to his Auntie's to play with dolls, something he began to feel the need to keep hidden from others.

Within the discourse of play and development, we see the prevalence of dualistic and binary thought patterns in western cultures and many others. In Hofstede's (1980) conceptualisation of cultural dimensions, the words tender and tough were used to capture the essence of the masculine/ feminine dimension (Hofstede, 1980; 2001). Consequently, this constitutes gender within a dichotomous paradigm, where masculinity and femininity have a number of related yet distinct meanings (Delamanter & Hyde, 2001).

Thus, participants' accounts suggested an emerging awareness that to be different positions them outside of normative expectations of their gender. The research would also argue that this emerging identity construction is bound by an underlying essentialist discourse that links gender with biological sex (Cameron & Kulick, 2008., Delamanter & Hyde, 200; Henderson, 2003). What this means for the participants is that what is different about them was constructed as fundamental, innate and fixed. It was interpreted that this subject positioning in turn lay the foundations of a problematised subjectivity.

The participants also spoke about becoming aware of being attracted to boys in a different way to girls. This further differentiated them from other boys, as presented in the following extracts.

DAVID - *I think I always knew that I wasn't straight because you know, the kind of classic thing; I suppose all the other boys at school would be talking about girls and you know, like. 'that's a pair of tits' and I'd be like, OK, that doesn't that doesn't, that doesn't mean anything to me at all. [T5: 7-10].*

KYRIAGUS - *So basically, when I was young, I realised that although I had like crushes on women, like an innocent crush, you know,[on] celebrities, and just a couple of women that were in my life, older women and such. But it wasn't obviously nothing sexual. And then I realised I had quite a big draw towards male actors on TV and film. And then I think probably when I was about 12, or 13, and I began to realise that this is a little bit more than just liking them. And I knew that although I was drawn towards women and I wasn't really attracted sexually, other than what was embedded in you as in you're meant to like great tits and stuff. [T3: 6-13].*

RONALDO - *I think that when I started to sexualise at the age of 12 or 13, when people started, my peers started to have girlfriends, I think that this is where the difference started to become more visible to others. [T1: 24-26].*

From these extracts, it appeared that experiencing same sex attraction, or conversely not being attracted to the opposite sex, was constructed as the key indicator that defined difference in relation to sexual orientation. Linking gender and sexuality within a 'heterosexual matrix', Butler conceptualised gender as a performative action that "institute and maintain relations of coherence and continuity among sex, gender, sexual practice, and desire" (Butler, 1990/2006, p. 23). Therefore, to be a man is to be masculine. However, part of being masculine is also being heterosexual. Beyond this, part of being feminine is being heterosexual. Within this construction, sexuality can thus never be divided from gender, because it constitutes an important aspect of what gender is. This is perhaps further reflected by Jean-Claude who experienced confusion in regard to his sexuality and gender:

CLAUDE: *Really in the first part of my life I actually considered myself a girl. When I realised I was attracted to men, it was like, well everything about me then was more in line with being female and my fantasies were of growing up and having a husband that provided for me. [T2: 7-10].*

Claude's account here in particular, could be seen to represent how, in line with Foucault (1990), individuals can only construct themselves within the confines of language and the discourses afforded to them at the time. Therefore, from this theoretical perspective, we can interpret how the participants understanding of themselves are constituted and constrained by heteronormative discourses and values, and the institutions and practices that maintain them.

This is also reflected in feminist theory and the concept of 'compulsory heterosexuality' (Rich, 1980) where heterosexual norms are embedded and re-enforced within developmental discourses. Interestingly, David described his experience of realising his sexuality as the 'classical thing' suggesting that gay men all discover their sexuality in the same way. On one level this could be seen to denote an emerging taken for granted 'truth'. Moreover, it could also be seen to reflect dominate developmental discourses, where human development is widely seen as process involving a set of predictable and relatively stable stages.

Furthermore, there is also a suggestion that desire and attraction is socially and culturally mediated. Reflecting Gagnon & Simon's (1973) Social Scripts Theory, both Kyriagus and David talk about what they felt they were expected to find attractive, which involved the objectification of a particular feature of a woman's body. The social

constructionist perspective is often criticised as being disembodied and anti-realist within the context of attraction and sexual behaviour (Richters, 2001). This perhaps stems from the tendency to dichotomise the discursive/ phenomenological concern for meaning and the natural sciences concern with matter. It was evident within several of the participants accounts, talk of desire and attraction was strongly linked to and constructed as an embodied expression, something that could be felt inside. This was exemplified when Kryagius described what he understood to be his first experience of love.

KRYAGIUS – *And as soon as he walked in my heart just sunk to the floor.
And I thought, ok maybe you are gay because I never felt like that not ever
before[T3:33-34]....And I think that then I knew that ok you're definitely gay ok?
Because your heart just literally dropped on the floor for this guy. [T3:35-36].*

Kryagius describes his feelings as a 'heart stopping' moment. His language here about his feelings could be seen as reflective of a wide range of discourses exploring attraction and desire. His talk is characteristic of western cultures use of metaphors to equate love and lust with suffering from an infliction (Barrett-Feldman, 2017). The underlying conception of this is that emotions, passion and desire are potential threats to the virtuous, rational and contained individual, positioned as an ideal in Western culture. More importantly here, however, is that this experience confirmed to Kryagius that he was gay. It is argued that this reflected dominate discourse in society that link sexuality and emotions as 'primal essences' of a person. Therefore, the research would argue that the participants understanding of their sexuality is underpinned by the still dominant essentialist constructions of sexuality. What this meant for the participants is that their sexual orientation resides within them as

something fundamental to their being and identity, subverting norms and expectations and further problematising their subjectivity.

A problematised subjectivity was not solely accounted for as a private observation of subject positioning within close relationships. Many of the participants spoke of painful experiences where they were made to feel wrong or bad by their parents.

ADAM - So I remember, when we used to play games together as kids, not my older brother, but my other brothers, I used to put tea towel on my head and that was my long hair, so I'd always place myself in the girl's position and, and, didn't see anything wrong with doing that. Yeah, I think my, my mum would probably say that at that point she just let me get on with it. Although I remember specific occasions where she didn't, she seemed like she wasn't happy with what I was doing [T4: 95-100](....)You know, stop acting like a girl. Which I can't help, and I went and cried on the porch, because I was thinking that I was different....[T4: 124-125].

All participant accounts described feeling like there was something fundamentally wrong with them growing up, and this was often re-enforced by how they perceived their parents' actions towards them. Therefore, it was interpreted that being different in relation to sexuality became constructed as being defective. Defectiveness as a psychological construct is often linked to shame in the literature (Young, 1990., Gilbert, 2010; 2017; Greene & Brittle, 2015). What is key to this manifesting as shame, and was reflected in the participants accounts, is that regardless of the treatment received, directly or indirectly the message

received was that there was something fundamentally wrong with them. Shame therefore was implicated as something fundamental to being.

These two extracts described situations where their ‘different’ behaviours and expression were met with disapproval from parents. These accounts could be seen to represent a threat to a caregiver bond, highlighting the vulnerable position of children who are reliant on their parents to meet their needs. Building on from attachment theories (e.g Bowlby, 1969; Kohut, 1970) several psychological models have sought to understand shame as a byproduct of misattunement in early attachment (e.g, Gilbert, 1998/ 2010; Shore 1999; Young 1990). Combining psychological, social, biological, affective neuroscience and evolutionary theory, a rich interplay of discourses has emerged to account for shame that have had a considerable influence on contemporary understanding of shame as a self-conscious emotion. With this reading of the participants accounts, the self, experienced as shameful was interpreted as relationally constituted by the rejecting or disapproving gaze of a potentially threatening other. However, it is argued that the theories drawn upon here, although concerned with the relational nature of shame, remain decontextualised from structural factors that this research highlights as integral to the construction of shame in the participants lives.

There was a sense from participants that they struggled to derive internal satisfaction and contentment from their adolescence. Instead of being free to explore their sexuality, it is argued that gay people often miss out on this important early stage, instead conforming to expectations when they should be driven by internal priming (Downs, 2011). It was evident that at the time when the participants were young, heterosexuality was validated during a child’s development and homosexual desire was not. Drawing on minority stress theory (Meyers, 1995; 2003) a deeper interpretation of the data revealed that not only was heterosexual life the normal expected position, but it also afforded an individual safety and

acceptance. The participant accounts of growing up were described as a particularly vulnerable and isolating time in their lives. This was perhaps illustrated the most when participants also spoke of experiences with bullying from male peers as evidenced here:

CARLOS - *Umm, I used to remember that, because in primary school I was quite bullied by other kids, quite badly. They would kick me and punch me and that sort of thing because I used to go to my primary school, like, all dressed up. My Mama would dress me up, so I was a target firstly because I had kind of longish hair and I looked quite like a girl basically, and I used to be always like, you know, all coordinated, which at some point I hated it because as much as I liked it, I hated it because I knew that I would be, I would be picked on [T6: 97-104] (.....) even once this boy wanted to kill me with a knife, twice, three times or something. So I had to run away from school like and, but yeah, it was, it was really tough. [T6: 106-110].*

This frightening experience described here shows the very real threat involved in failing to present in a gender-normative way, which in Western culture is often understood to identify someone as homosexual (Reiger & Savin-Williams, 2012). These painful experiences were strongly linked to feelings of shame either explicitly or implicitly by participants. It was also evident that they did not feel they could go to anyone at the time for support. Furthermore, David, in his interview, recounted how in '*macho environments with male PE teachers, I would say [they] would be quite openly homophobic and sexist*'. [T5: 161-162]. Although it is not known if participants would have been supported, drawing attention to the bullying was seen to risk inadvertently drawing attention to their shame. In

any case, the messaging they had received thus far in life meant they felt that their treatment was tacitly legitimised by wider society.

A social constructionist interpretation of the data revealed how heteronormative discourses marginalised the participants, resulting in a stigmatised subjectivity. As noted in the literature, heteronormativity, as a social construct, is the system of norms and expectations that uphold and privilege as standard heterosexual relationships and identities (Butler, 1997; McNay 2000). There is perhaps a suggestion that heteronormativity is an almost passive occurrence and stigmatisation an unfortunate by-product. However, from analysing the frequent accounts of bullying in particular, it was interpreted that the construction of heteronormativity was actively shaped through a co-constitution with heterosexist oppression. Heterosexist oppression refers to the systemic discrimination, prejudice, and bias against non-heterosexual individuals and relationships. As evidenced here, it operates on various levels, including institutional, cultural, and interpersonal, reinforcing the dominance of heteronormative values. Therefore, the co-constitution of heteronormativity and heterosexist oppression involves a reciprocal relationship where each reinforces and perpetuates the other. This creates a reinforcing feedback loop, and societal adherence to heteronormativity sustains and justifies heterosexist practices. Indeed, anthropological and linguistic scholars have also identified this dynamic interaction, highlighting how linguistic and discursive analysis show how the performance of masculinity involves the aggressive rejection of homosexuality (Cameron et al, 2008).

Therefore, this theme interpreted that, in line with social constructionism and poststructuralist theories, cultural variations in gender roles could be argued to significantly shape sexuality and sexual behaviour. Additionally, at the latent level, heterosexuality was understood to be aligned to cultural masculinity. The binary and dualistic thinking in western

philosophy is aligned to cultural masculinity in its positioning of the masculine as active and associating passivity with femininity (Brons, 2017). Corresponding to this, masculinity becomes hegemonic, representing an idealised form of masculinity that legitimises male cultural dominance, perpetuating values and beliefs that reinforce male control. The research would argue that heterosexuality and heteronormative discourses are extensions of hegemonic masculinity as male cultural dominance requires the rigid gender dichotomies to exist, and it is perhaps unsurprising these culture will adopt essentialist categorisations such as stereotypes of men and women, and the discourses of biological determinism.

Essentialist ontology looks for fixed differential structures, and identity is oppositional to difference. In poststructuralist accounts, difference is constitutive of both meaning and identity. This is because identity, viewed as a non-essentialist construct, can only produce meaning through an interplay of difference. This was reflected in this theme, where being different constructed their identity as gay men.

The exploration of shame in this theme is not inherently a moral concern in the context of evaluating conduct as "good" or "bad" based on societal expectations and Kantian notions of duty within the civil state. Nor is it conceived of predominately as a psychological construct. The perspective of this theme argues that at its core, shame primarily represented the participants experience of exposure—the unveiling and objectification of the self before others. It signifies the understanding that our existence is intertwined with others, and we are, in essence, defined and subjectified by how others perceive us. In this way, shame is more than a moral or emotional matter for the participants; it is foundational to ontology.

The Genesis story illustrates this idea: before their "eyes are opened" and they "fall" into the world, Adam and Eve, while "both naked...and not ashamed," symbolize the transition into existence and subjectivity. The dawn of self-awareness for the participants

occurred in relation to others, marking the co-appearance of self and other. Shame was interpreted as the pivotal moment of self-consciousness and other-consciousness, where the gaze of the other was understood to reveal their 'true' nature. Thus, shame occurred as simultaneous process of objectification and subjectification, establishing the primary relationality between self and other.

It has become widely recognised that societal norms, historical prejudices, and cultural expectations have often subjected gay individuals to feelings of shame regarding their sexual orientation. The experience of shame in this study, in this context, is argued to extend beyond societal judgment and becomes intertwined with the ontological understanding of self. Sexuality was discursively constructed as integral to their authentic identity, which if revealed, would be accompanied by societal judgments and expectations. It stands to reason therefore that it may be important therapeutically to acknowledge and explore how shame, as a foundational aspect of ontology, actively shapes the identity of gay men. Indeed, it was interpreted that the subjectivity of the participants was produced by a shame interpellation. This co-appearance and co-essence described earlier take on a unique dimension in the context of sexual orientation, leading to a distinctive experience of shame and self-discovery within the broader narrative of one's identity.

3.3 Theme 2: The fragmented self.

This theme is divided into three sub themes that explore how shame, rooted in gay identity formation, was also constructed as a silent architect that shaped the foundations of the self. It was interpreted that the participants experienced a fragmented sense of self that emerged from the crucible of shame. From a social constructionist standpoint, in the intricate tapestry of human existence, the threads of identity are woven from the complex interplay of experiences and societal expectations situated within specific historical contexts. The first

two sub-themes aimed to unravel how external pressures to conform and internalised, stigmatising social narratives contributed to a fragmented sense of self. The third sub-theme explored how the pursuit of authenticity and the authentic self were discursively constructed as ideals. This was reflective of the social constructionist perspective that invites us to examine identity and selfhood not as an innate, fixed entity but as a dynamic process shaped by cultural narratives and social discourse. Therapeutic engagement was constructed as a tool within this dynamic process.

3.3.1 The Exile.

This sub theme interpreted how the participants, in their earlier years, began to internalise the discriminatory messages they were receiving from the outside world. The participants constructed this internalisation of heterosexist discourses as a rejection of themselves, or an attempt to ‘exile’ parts of themselves they understood were unacceptable.

CARLOS: Basically, I remember like I used to pray in the evenings before I went to bed and, you know, I'm asking God to change me. So tomorrow when I woke up, I will be just like the other boys. So the following day, woke up thinking and feeling the same, not changed..every time it would make me feel like I was wrong to the point I became very introverted [T6: 81-87](...) kind of in many ways, I started to hate myself...[T6: 104].

Carlos’s extract was about hating himself because of his sexual orientation, and this was expressed by other participants. Shame is frequently characterised within discourse as a negative evaluation of the self (Gilbert, 2000; Kaufman, 1989; Lindsay-Hartz, 1984; Tangney, 1995) that results in self-attacking and negative self-talk (Gilbert, 2000).

Therefore, it was interpreted that Carlos's hatred of himself was linked to shame in relation to his sexuality. What constructs his talk, however, is a discourse that treats sexuality as definitive of a person's identity. As noted previously, identity labels denote a status that is considered permanent and all-encompassing (Cameron et al, 2008).

Therefore, it is argued that identity constructs are designed to be constitutive of the self. This is reflected in Carlos's talk, although his prayers are to change his sexuality, he asked for God to change *him*. However, what was also interpreted here was prayer as practice of rejecting a part of the self seen as shameful. Sexuality also becomes a locatable object of shame, allowing for it to be hidden or changed if your prayers are answered. In fact, what was interpreted here could be representative of the *selfobject* concept of Kohut's (1979) self-psychology theory. Kohut posited that *selfobjects* are external figures or objects that fulfil essential self-functions, such as validation, affirmation, and mirroring, which are critical for the development and maintenance of a cohesive and healthy self. From the participants accounts, the developmental process of forming a cohesive self was disrupted by societal attitudes and cultural norms that stigmatise non-heteronormative identities. Instead, these *selfobjects* de-validated their sexual identities, conveying disapproval, rejection, or hostility toward their non-heteronormative traits.

Furthermore, beyond the gaze of the internalised other, in Carlos's case there was another entity that casts its gaze upon him – God. It has been argued that the construction of God as 'all seeing' is a mechanism of societal self-policing, where not even our private internal worlds are free from surveillance (Gilbert, 2017). Therefore, the nature of the God doing the looking would likely have implications for the individual. Religious discourses conceive of the nature of the Abrahamic God in a variety of ways, although perhaps the two most prevalent construct an overarching dichotomous essence to the nature of God; the God

of judgement and wrath and the God of compassion (Armstrong, 2004; Eisler, 1990; Gilbert, 2017). From the standpoint of constructionism, religious ideals would perhaps be seen to reflect and re-enforce patterns of historical beliefs. As can be seen here, God's opposite natures have gendered essences. In Carlos's extract, there is a sense of hope in the idea of a transactional, care-eliciting relationship with God, with God being a compassionate caregiver. In the following extract Kryagius talk of how he was made to feel subjected to the wrath of a dominate, authoritarian God after being 'outed' to his parents by his sister.

*KRYAGIUS: I mean, the AIDS pandemic was just horrendous, actually, for me that was a personal message from God to me, to make sure that I wasn't going to choose being gay [T:3: 66-68](....)And then, Armageddon happened at my parents *****[location], which was where they were staying in. They had a burst pipe, tank froze on the top floor, and all five floors collapsed. And the building was ruined. It was completely in ruin. And that was because of me. Because I, because I was gay and I bought the wrath of God on the family. [T3: 120-123].*

Kryagius spoke here about a painful memory during a difficult time in his life. It also highlighted the very real fears of rejection and disapproval that led participants to reject their sexual orientation and parts of themselves. What these extracts have sought to highlight is how, drawing from Foucault's technologies of power (1988), the extracts illustrate how the self is constituted through systems of discourse that define what is considered 'normal' or 'acceptable' (Foucault, 1988). The participants have been shaped into subjects through various practices and technologies and are subject to power relations that re-enforce dominant heteronormative values.

The talk in these extracts also illustrates the often-cited role Judaeo-Christian doctrine has had on the construction and maintenance of hegemonic, heteronormativity in western society (Allen & Mendez, 2018; Oswald, Bloom & Berkovicz, 2009). Furthermore, the narratives around AIDs in the 80s and early 90s framing HIV as a divine punishment are agreed to have had profoundly damaging effects on gay men, legitimising discriminatory discourses bound up as moral judgements. (Bennett et al, 2016; Race, 2018). Consequently, it has been reflected on how these harmful discourses were integral to experiences of shame for gay men at the time and beyond (Dolezal, 2022; Race, 2018).

The first theme was encapsulated schematically as I'm different/ defective, primarily identified by gender non-conformity. This sub-theme, the exile, incorporated a sense of unworthiness the participants felt:

CARLOS: *So that shame of being what I was, in a way, that made me unworthy of being loved. Even from my own family. Because in a way, I felt like I didn't even deserve to be loved somehow. I think that's how I felt the shame.* [T6: 255-256].

RONALDO: *...And I carry so much shame, I'm still alone at the age of**.*
I don't think I will ever have a relationship. [T1: 147-148].

Feeling unworthy or unlovable are words that described Carlos's fundamental beliefs about himself at that time. This was a common perception that participants had about themselves, particularly when growing up but as noted in Ronaldo's extract, the belief still

appeared to have an enduring impact. As noted previously, psychological discourses relate feelings of unworthiness as indicators of shame (Gilbert, 2017; Kaufman & Rafael, 1996). Carlos linked the shame of who he was to feeling unworthy and unlovable. So far, this theme has explored how the participants sense of self was constructed and constrained from the systemic assumptions of what is considered good, normal and recognised in a heterosexist society. This phenomenon has developed into the construct of ‘internalised homophobia, defined as “the adoption of negative and unhelpful ideas that exist in the broader community toward homosexuality” (Brown & Trevethan, 2010, p. 268). As discussed in the literature review, the experience of minority stress internalises and harms mental and physical health and has been understood to be closely associated with shame. Indeed, it was interpreted in the literature to be the specific manifestation of shame for non-heterosexual individuals.

However, from Carlos’s extract above, and corresponding to other features of the data set, such as talk of self-hatred, a more nuanced interpretation of this phenomenon was identified. Internalised homophobia was constructed through the participants talk as an actual fear of being gay. It was interpreted to account for the hostility (which is often considered a fear reaction) they directed at themselves. Several participants also spoke of being rejecting of other people who were gay at times in their lives when they were struggling to accept their sexuality. Shame, in contrast, was interpreted to relate more to the fear of being unlovable or unworthy.

The exiled self was a metaphorical representation of how the constructs of shame and internalised homophobia interlinked and impeded on the ability for participants to form a cohesive sense of self. Constrained by heteronormative assumptions, they attempted to foreclose on aspects of their identity. Embedded within this theme were discourses related to self-esteem. Marginalised by societal narratives, it was understood from the accounts that

participants developed a shame informed self and experienced heightened vulnerability and low self-esteem.

In this study, it was also interpreted that although at the semantic level participants spoke about their self-esteem as a process of self-evaluation, at the latent level this was linked to their identity being understood as a threat to their cultural belonging. This speaks to the social constructionist view of the self as socially constructed and mediated. The interpretive analysis also drew on Foucault's *Discipline and Punish* (Foucault, 1995), as here shame was seen to be presented within a paradigm of punishment. In this context, shame is not seen as an emotion that comes from a subject, but as affective arrangements that regulate feelings of justice and injustice in society.

3.3.2 The hidden self.

This sub theme encapsulated the practices of hiding sexual orientation as a means of shame avoidance. There is a nuanced difference in essence to the previous sub theme. The exile was constructed through discourses related to the concept of an internal self and inner states of fragmentation. This theme explored the self as a performative practice, where participants engaged in practices that attempted to hide their sexual orientation from others.

CARLOS: *I was like basically, uh, under the spotlight. So they were like checking that I would sit with my legs open, not crossed. I would have to behave in a more like a manly way.... So I was trying to replicate and copy how boys would say things, you know, with the open legs and do this [made a gesture]. So I was trying to be someone that I wasn't. [T6: 67-71].*

KRYAGIUS:... *because I've never been, I've never had a [straight] male, close friend. So I was paranoid about them seeing that maybe I was hiding stuff, I wasn't as manly or, you know, might catch me looking at a guy that walks past or something. So I've never felt comfortable with a [straight] guy.* [T3: 296-299].

Both Carlos and Kryagius both described experiences where their masculinity was under scrutiny by others. Both extracts suggest this feeling of being under-surveillance was a consistent source of anxiety for them. This heightened alert was illustrated by Kriyagius, where not being as manly or just by looking at another guy would reveal his sexuality. In Carlos's extract, the imagery in his language of being "under the spotlight" illuminated his experience as feeling interrogated or under surveillance. It was interpreted that embedded within these extracts is a heteronormative discourse that posits that sexuality operates within a gendered binarism. Therefore, for a boy to appear feminine is an indication to others of their sexual orientation. As noted earlier, cultural hegemonic masculinity that constitutes heteronormativity requires rigid boundaries of masculine and feminine to be operationalised.

A feature of this is referred to as 'gender policing' in sociological discourse (Bauermiester., Conochie, Jadwin-Camack., & Meanley, 2017; Riger & Savin-Williams, 2012). As seen here, Kryagius engaged in self-policing of their gender expression to hide their sexual orientation. Whether self-policed or enforced on them by parents, both practices can be seen to be bound by systems of discourse within society. Gender policing is concerned with gender as a performance and the social factors that hold us accountable to certain performances rather than others (Bauermiester et al. 2017). Carlos's talk of studying and replicating the specific mannerisms of boys perfectly reflects the performative nature of gender. In most contexts, gender consistent with normative masculine and feminine characteristics are encouraged and rewarded, whereas transgressive performances are

discouraged through punishment or negative reactions (Riger & Savin-Williams, 2012; Bauermiester, 2017).

Within this construction, gender is theorised as something we are always ‘doing’ (Butler, 1993). Therefore, from a social constructionist interpretation, gender policing occurs in most contexts and institutions, and across the lifespan. Gender policing was also seen to be seen to operate within language, as David commented on the frequent use of the word ‘gaylord’ as an insult boys would use in school. Sociological researchers have noted that language associated with gender and sexuality are among the most ubiquitous insults traded among young people (Cameron et al, 2008). ‘Gaylord’ and ‘fag’ are used as mechanisms for gender policing boys and delineating the boundaries of masculinity in a similar way slut is used to gender police girls. ‘Fags’ and ‘sluts’ invert the passive and active roles expected in female and male sexuality (Cameron et al, 2008).

From the data, a stigmatised subjectivity also revealed a subordinate subject position. The action orientation of this subordinate subjectivity is explored in the following extracts.

ADAM: *And so, you know, I think the idea in my mind was, you know, try my best not to be [gay] [T4:281](...)I think at that time as I was scared of going to school, I used to go and come home every lunchtime and cook myself lunch rather than stay there. I used to be late for school and late for lessons so that I didn't have to kind of hang around. [T4:282-283](...)But what I, I guess what struck me at that time was like none of my previous friends would defend me in any way...[T4: 285-287].*

CARLOS..*every time it made me feel like [being gay] I was wrong to the point that I was very, very introverted from what I was being before, so not me and yeah, I couldn't even express anything. So it was it was like living in a bubble. But I was with me, but at the same time alone [T6: 85-88] (.....), I felt like a very lonely, closed person. I was a lot with my younger sister, so I felt in many ways that I needed to dedicate my life to protect her and I in a way, I kind of forgot about me. [T6: 95-98].*

Submission and subjugation were prevalent through much of the data. At the semantic level, participants spoke of experiences where they were seen to subjugate themselves or adopt submissive behaviours or practices in order to avoid potentials for shame and distress. Adam was seen here to act in a subordinate way by avoiding potential interactions with peers and not challenging his friend's lack of support. Carlos appeared to assume the role of carer as both a means of distracting himself from his existential distress and to be of value, a motivation he further elaborated on when he said that '*I felt that if I didn't deserve to be loved, to give love would be enough*'. [T6: 256-257].

However, from a latent interpretation of their talk, what characterised the position taken here is the denial of agency. Their shame could not be vocalised, and therefore their anger and frustration could not be appropriately expressed. This can also be considered within the passive and active roles that reflect the masculine/ feminine dichotomy. Rather than actively vocalise and project their anger and frustration, in a way that is socially constructed as acceptable for boys to do, the frustration is turned inwards. This is coincidentally, the culturally expected expression of female frustration, and women have historically been constrained and subjugated by their subordinate subject position in society (Cameron & Kulick, 2008).

For several participants, the hiding of themselves was interpreted as the metaphorical ‘wearing of a mask’, that involved a concealment of their sexual orientation through denial and choices that would potentially direct the course of their lives. Kyriagus entered into a heterosexual marriage after telling his family that he was no longer gay and it had just been a phase. Secretly, he still understood himself as being gay. In the extract below Kyrigius’ extract, Carlos spoke about deciding to become a priest:

KRYAGIUS: *...I couldn't consummate the marriage for about five months. Because I've never been with a woman before. And I used the excuse of the religious thing, and my parents being so religious, that we weren't married in the church, we only got registered, just rubbish, really. I lied because i'm really gay. But then, about five months later, we did consummate the marriage, and it was amazing. And I felt I was, it's a horrible thing to say, but take myself back to then, I felt as if I was cured of this curse of the soul, and obviously was very appreciative of my wife. Because no one else would have stood by me, you know, get married, and then your husband can't, excuse my French, but can't fuck you for five months, you know what the fuck! So I just put it down to you know what, this is the path that's been chosen for me....[T3: 147-155].*

CARLOS: *So I started finding different solutions to somehow be a bit more more of myself and I thought, OK, so I like going to church. I like those spaces, so I tried to become a priest, so I thought then I don't, I won't need to marry a woman, I don't need to give explanations of why I don't have a girlfriend and I don't mind*

to be in a in a monastery or a church. So I was very young, at the age of 12, I went to have this sort of like a summer trial, but I saw things that I didn't like, that I, I just felt like that wasn't me either, because the first thing you know, this homophobic priest would say, would talk about, you know, homosexuality in a very disgusting way. So to me it was like as much as before, I didn't accept myself. I just felt like he was against what I was. So I went for two months, then went back home..... and my mum was obviously was very disappointed ... [T6: 134-143].

The participants described making or attempting to make life choices that would hopefully deny or conceal the expression of their sexuality. Carlos attempted to emphasise aspects of himself compatible with being a priest, and Krygius had said in his interview that he always wanted to be a father and loved his wife. However, in their interviews, their talk here was constructed as a reflection on their 'choices' and how they were evidently driven by a desire to conceal and reject their sexuality. Furthermore, the 'choices' were made though societal constraints they were placed under. Krygius had been kicked out after his sister had outed him and had been homeless. He was only allowed back in when he renounced his sexuality as being just a 'phase.' Both came from conservative Christian backgrounds. What was interesting was that the decisions they made were linked to assuming social roles, that beyond being a label that describes a specific relationship or profession, they would constitute an important dimension of their identity. Being a priest or a husband carry expectations that shape the contours of a person's life. Perhaps more importantly for the participants, both social roles have strong signifiers that uphold heteronormative institutions and norms. Furthermore, not only does this help to conceal their sexuality, it positions them within normative social order and affords them a status within a hetero-patriarchal society.

3.3.2 The 'true' self.

This sub theme explored how shame was constructed as a barrier to the participants living life as their authentic selves. Authenticity was constituted with being open about their sexuality. Another life choice made by most participants involved moving away from their hometowns. The following extracts illustrate the reasoning behind this decision to move away.

DAVID: ****[Location] *is so fucking boring. It sucked...yeah I kind of knew from a pretty young age, I was obsessed with the idea of moving to *****[Location], to kind of experience something a bit more exciting. You know my hometown is just devoid of culture at all, there's just nothing. There's like nothing for gay people there [T5: 230-233](.....)There's this one pub that became known as the gay pub, it basically became known as a gay bar basically because once upon a time someone saw two gay men having a drink there. It's kind of like a very small town, small mind mentality. And so yeah I knew I wanted to get away [T5: 235-238] (.....) and I've always liked the degree of anonymity cities give you. So if you just want to be invisible, this is a good place to do it. [T5: 243-244].*

CARLOS: *And then I thought I will never be myself here in this environment, close to my family. So I need to go far away from this to be me, and it's how I came to *****[Location] as student. And it's here I started opening slowly and yes basically becoming at one with the person I am. I am now being me, which this is what I have always been. [T6: 210-214].*

These extracts on the surface can be read as the participants accounts of leaving home to live in urban areas as a physical self-imposed exile, or a form of going into hiding. Indeed, as David revealed city life appealed to him for the anonymity and invisibility it would afford him. Both accounts from David and Carlos described the developmental space, the environment where they grew up, as constraining and discriminatory. Conversely, through their talk, the urban cosmopolitan space, was set up in opposition to their hometowns as liberal and diverse, a place where they could attempt to live more authentically. There is a sense the participants arrived at this decision by beginning to come to terms with their sexuality. This tepid acceptance of the unacceptable self represented the beginning of a shift in the relationship of the self with the self. The participants appeared to come to the conclusion that for this relationship to develop, there required a process of detachment from the others, represented as those who have only known their hidden self. For the participants, the anonymity, freedom and diversity of the city provided a safer, more fertile ground for identity to be tested, practiced, developed and reconstructed.

Self-acceptance was constructed as central to removing the barrier of shame and living authentically. In the following extracts, David elaborated on his struggles with depression, which had ultimately led to him seeking therapy.

DAVID: *I think one of the reasons I was depressed was because I wasn't like having sex and I sort of felt slightly incomplete and maybe UM, and is it in-authentic or un-authentic? in my, in my sexuality because I wasn't out ***** everyone inside like everyone else in ***** seemed to be. And so again, there was like a feeling of isolation and maybe a lack of authenticity around my sexuality. I think that was probably exasperated by the publication I worked for had a lot of gay men on staff who were sort of a bit older, like 35/37 at the time and were, like,*

openly flirting with each other in the office. And it was pretty obvious they were all fucking, which I think is a bit unprofessional, uh, and like again I suppose there was a thing of like well why, why am I not in that circle? You know why am I not part of that? So it started to become a shame about that [T5: 367-382].

Here, David equated being open about sexuality as integral to being his authentic self. Authenticity was also constructed here as allowing him to feel more connected and enabling the pursuit of a more meaningful life. Authenticity discourses are a pervasive notion of our culture and its institutions. Contemporary expressions of authenticity are generally imbued with positive values, intended to be empowering discourses constructed to promote the pursuit of authenticity (Orphanides, 2023). They represent a quest for free self-expression and realness rooted in an alleged true inner self.

David expressed here his dissatisfaction with his current position in life. It also suggested that the isolation he is experiencing is from feeling different to the other gay people at work. Here, the non-disclosed gay man is set in opposition to the out gay men at work, presenting a new in/out dichotomy in relation to non-heterosexual identity. The out gay man is discursively positioned as authentic in opposition to the closeted gay man as living inauthentically. There is an implication here that this situation is also activating a sense of shame for David. What is interesting here is that it is not his identity as a gay man that is still experienced as shameful, it is the shame about shame that has kept his orientation hidden.

What was interpreted here, therefore, is that ultimately claims to authenticity involve somewhat of a paradox. What is deemed authentic in any context is arguably a socially constructed ideal, and self and identity are always constructed within specific cultural and

historic contexts. The authentic gay man and its corresponding attributes, is a relatively recent construct, arguably constituted within a cosmopolitan cultural context (Dixon, 2019; Munt, 2019). Thus, authenticity can be seen to be open to contestation and change, also carrying the potential for being restrictive and self-disciplinary.

Self-acceptance was interpreted to be integral to the pursuit of authenticity with all participants. Self-acceptance was predominately spoke of as a process coming from within, free from outside influences, and in a number of accounts was seen as rejecting the need for other peoples approval. Drawing on the metaphorical imagery of the previous theme's title, the rejected, exiled self was brought back into the fold, reconstructed and validated internally as the 'true' self.

However, it was also interpreted that this process of renegotiating their sense of self and identity was made possible through the social, political and environmental landscape they were situated in. The change in participants self-concept involved migrating to Western cities that were more liberal and accepting of difference, where more gay people were living openly. This was also situated within a context of evolving legislation that legitimised and protected sexual minority identities. Self-acceptance was therefore constituted through structural processes that allowed for validation and legitimisation. Within this context therapy was constructed as a space to facilitate and re-enforce validation.

RONALDO:, *I felt madly in love with him and I've done seven years of therapy and 15 years...so now it's like 25 years, and if I was to see him walking down the street I wouldn't be able to function for one or two weeks. I wouldn't be able to leave the house, I would have like somatic symptoms, urm, this is not something that has been resolved in my therapy, in any of the therapies so far, which is pathological mourning, I felt like disenfranchised bereavement, this is what I*

mean, and I think that in the UK, when I asked for a gay therapist specifically, is because I needed to have that..that validation...that it actually existed, that I had felt that. [T:1 69-77].

CARLOS: So the first time obviously was at university, you know I could see that I was very attracted to this guy. And this guy was a lover of this friend of mine and I think in my head I thought, you know, maybe this therapist can give me some tools to be less eaten away by this. But also I wanted to understand myself a bit more. I think I was, I was looking for someone to tell me, you know you are not wrong.... So at the time I think I was, I was looking for some sort of approval. [T6: 273-278].

In both extracts Carlos and Ronaldo described an impulse for validation seeking. There is a strong sense in the hope and expectation that therapeutic engagement will provide a space for validation to happen. The extracts also therefore suggested the importance and expected position of the therapist as being a validating professional. As noted in the literature, gay men are frequently positioned as individuals that experience re-occurring de-validating experiences, resulting in validation seeking proneness (Gilbert, 2000; Kaufman, 1989; Lindsay-Hartz, 1984; Tangney, 1995). Affirmative therapy (Maylon, 1982) posits that a validating stance towards a clients sexual orientation is fundamental to achieving positive therapeutic outcomes. Furthermore, it is widely assumed, both generally in society and within the discourse of ethical practice, that therapy is a validating and affirming experience (Beck, 1993; Rogers, 1953; Hoffman & Hayes, 2017; Young, 1990). In particular, in CFT, the compassionate, empathic attunement of the therapist toward the client is considered an

important component of the interventions used to reduce feelings of shame in clients (Gilbert, 2010).

From a social-constructionist standpoint, therefore, validation was interpreted as a deeply embedded relational process, constructed as an affirmative relation to self, in turn affirmed in relation with others and the wider social context. Drawing on a Foucauldian informed interpretation, the process of validation in therapy involved the co-construction of the client's experience as 'truth'. The power afforded to the institution of therapy was seen to allow the therapeutic discourse to reconceptualise what the client holds 'true' about themselves.

What is interesting to also note in the previous extracts is how both feelings of love and desire were implicated in the process of seeking therapy. This is further evidence by David:

David: *I wanted to talk to someone about, you know, coming out late quote unquote. But also crucially, like not having sex and not being with anyone.* [T5: 430-433].

Within the talk that constructed the extracts in this theme, and within the wider data set, desire was a strong motivational force that underlined the participants decision to seek therapy. There was the desire to not feel the pain of unrequited love. There was the desire for authenticity, self-acceptance and validation. The desire to seek authenticity through the pursuit of romantic love and connection was also expressed. The concept of love is often constructed as a union, reflective of a wide variety of discourses in our culture that position human beings as naturally desiring the deep connection with another person. Indeed, marrying for love is now the privileged practice, in opposition to arranged, transactional

marriages. From the language of soulmates, to finding the 'one', humans are understood to be innately orientated towards finding another that completes them. These ideas operate within the gender binarism and the monogamous order that constructs the union between a man and a woman as the expected ideal (Finn, 2001).

For many gay men, therefore, in a society where heteronormative values often dominate, same-sex love can be a powerful assertion of one's identity and desires. This union also represents a performance that symbolises an affirmation of their authentic selves. An objective of this study is to examine the discourses and historical contexts that account for shame being attached to non-heteronormative identities and desires. Seeking love and forming deep connections can be a way to alleviate this shame by fostering a sense of wholeness. Sex and intimacy play significant roles in the journey toward authenticity for many gay men, as sexuality is constituted as fundamental to identity and self. Intimate connections with partners are seen to allow for vulnerability and self-expression, which can be deeply validating.

As noted, it was important that the relationship within the therapeutic encounter fostered acceptance and validation. However, several participants gave somewhat concerning accounts where this was not the case in the therapeutic encounter.

RONALDO: *I came out at the age of 31, I sent a letter to my parents, my sister and my therapist. And I thought that my therapist would say something like I'm really happy for you, I'm proud of you, but she didn't do that. She said Ronaldo, you knew I was Freudian. So for me that was the ultimate shaming experience.*
[T1: 82-86].

CARLOS: *Umm, but my experience with this therapist, I don't think it was very positive. I think she was always deliberately refocusing it on other aspects. So no it didn't help. I think in a way, it made me feel a bit more uncomfortable with myself because yeah, I think it was also maybe I wasn't ready to hear some aspects of what it means to be you. And uh, yeah, she was a female and I felt, I don't know if it was my, maybe my paranoia, but I felt judged. I felt like she was basically judging me. [T6: 277-285].*

What perhaps unites these two the de-validating experience of therapy could be that the talk reflected on appears aligned with the discourse of expertise. The refocusing of the agenda suggests a therapist positioned as directing the process, relegating the participant to a passive recipient. It could be said that this discourse depersonalises them and objectifies them in the therapy process. This appears evident when Ronaldo's therapist talks about being Freudian. This alluded to what is perhaps a common, if somewhat misinterpreted view, that Freud's theory of sexuality is anti-homosexual. The therapist here is constructed as using a theory, that appeared decontextualised from Ronaldo's experience, relegating him as an object of their intervention. However, it also calls into question the taken for granted assumption of the therapeutic space being a non-judgemental, containing space. What is interesting is how Carlos's description of a positive experience contrasted to his previous experience.

CARLOS: *Yeah, I think, uh, that went very well. It wasn't that long ago, must be maybe about two years ago. It has been really good. I think, um, in a way, this person helped me to explore these aspects of being able to express it more freely. She was, she had this tone of voice that made me feel very comfortable. She*

*would let me kind of express things, and help me recognise that these were experiences that happened to me. And I think **** helped me to explore things in very subtle ways. You know the question wouldn't be like, very straight, It was more like she was just guiding me and yeah it was really, really interesting. [T6: 299-305]*

Carlos described the attributes and qualities of his therapist when describing a positive and validating experience of therapy. In this extract, Carlos's experience of therapy was also constructed as being implicated in the reconstruction of his narrative in dialogue with another. Carlos talk in this extract is reminiscent of Foucault's theorising on the nature of confession, tightly bound to his theorising on mechanisms of power (1981). From a Foucauldian perspective, therapy can be seen as a continuation of the confessional practices Foucault examined. In therapy, the act of confessing one's thoughts, desires, and emotions to a therapist can be seen as a form of this confessional practice. In this context, therapy could be interpreted as a space where power relations are enacted. The therapist, as an authority figure, listens to the patient's confessions and provides interpretations, guidance, and validation. The therapeutic setting thus becomes a site where the individual is encouraged to reveal inner truths, and in doing so, becomes subject to the therapeutic gaze—a form of power that shapes the individual's identity and self-perception. However, confession is not only a communicative act, it also contributes to the forming of the subject.

Therefore, this theme and its sub-themes interpreted how participants constructed shame as a limiting belief of being unworthy and a fear of being unlovable. This shame informed self was also seen as constituted by a set of practices aimed at hiding their sexual orientation, avoiding potentials for shame. However, these practices, characterised by

repression and disavowal, resulted in a subordinated subject positioning, creating a feedback loop that re-enforced shame.

All participants spoke about feeling more shame about hiding their sexuality. This feature of their talk reflected in the data was interpreted contextually within neo-liberal politics and the de-pathologisation of homosexuality that has constructed self-interested, self-acceptance as a marker for gay men's health. Reflected within the discourse of 'coming out' are dominant discourses that decontextualise the self. This is seen in the way hiding of one's sexuality becomes less about structural oppression and more about a failure to adjust, that results in shame about hiding sexual orientation. The desire to live authentically was interpreted to be an integral motivating factor in achieving self-acceptance, and seen as a personal responsibility. The pursuit of authenticity, self-acceptance and seeking therapy was also interpreted through Foucault's technologies of the self (Foucault, 1990). For Foucault, the self was seen as realised through a number of technologies, practices that allow for a set of possible configurations for forming and mediating the subject and its positions (Foucault, 1990).

3.4 Theme 3: Entities of shame.

This theme explored how shame was constructed within the participants accounts as an emotional experience. Within the intricate tapestry of human emotions, shame was interpreted as a formidable entity, an ever-present force that weaved its threads into the fabric of the participants lives. When participants spoke about their experience of shame as an emotion, they spoke of enduring mood states of depression and feeling hopeless, and as heightened anxiety and hypervigilance to the threat of exposure, and negative evaluation. Thus, two sub-themes were identified and interpreted as the existential affect of shame and the revelatory affect of shame.

3.4.1 Existential affect.

This sub-theme explored how shame was constructed as an existential feeling characterised as a persistent, depressive mood. Here David spoke about his experience with depression as a catalyst for starting therapy.

DAVID: *I was obviously in sort of a bad place of quite bad depression...for a long time I had the sense that something wasn't right and I probably had depression. I think honestly I had probably been depressed for about 10 years. And again, it sort of felt like it was time to do something about it, which might have been prompted by you know, the threat of the pandemic, which maybe made me sort of rethink priorities in life.* [T5: 355-359].

Although David labelled his feelings as depression, he also described the experience as feeling as if something wasn't right, suggesting he could not fully articulate an understanding of his experience. As noted previously, David spoke of shame as a barrier to living authentically, impeding on his ability to have relationships and leading to feeling dissatisfied in life. The analysis identified how an exploration of depression in therapy is what linked his emotional experience to shame, and thus constructed shame as an emotional experience. Depressive symptoms linked to shame are highlighted within the literature, and it is further argued that for sexual minorities with high internalized homonegativity, self-attacking aggravates stress responses already triggered by an excluding external world, magnifying negative affect and increasing the likelihood of developing psychopathologies (Petrocchi¹, Matos, Carvalho, & Baiocco, 2016).

David also described how Covid made him re-think his priorities in life and was implicated in his decision to seek therapy. An existential crisis was frequently cited by participants as a factor that motivated change for participants. In the following extract, Kryagius highlighted his existential concerns.

KRYAGIUS: *So a friend of mine[.....]committed suicide[.....] I think it was 2016. And I found him hanging and I tried to take him down, and began resuscitating him. And I got post traumatic stress disorder afterwards, because I kept having these flashbacks. And it made me think about my life [.....] and he was younger than me, he always seemed ok, just sort of in himself, and he was really fit. And I obviously loved the guy. I wasn't in love with him but I loved him as a friend. And I thought Oh my God, am I never going to kiss a guy again, and feel that connection with a guy, that I remembered from my first love? Before I die, I mean I could die you know! [T3: 228-235].*

Both accounts described a situation that caused the participants to reflect on their lives. Interestingly, both experiences involved the participants feeling a closer proximity to death. Existentialist and phenomenological discourses have linked death to existential anxiety (Brons, 2017). For both participants, what is lacking in life is highlighted, and both extracts hang heavy with the fear of potential regret. However, rather than fuelling melancholic withdrawal, these experiences oriented participants towards taking action to change. There is an assumption here that shame was constructed as an emotional distress 'signal' that indicated to the participants there was a need to move towards a more meaningful, ideal state of being.

Therefore, shame in this sub theme was seen to manifest as a negative affect. Negative affect is widely constructed as pathological in western discourse. Through a dominance of disease aetiology and syndrome thinking, the not healthy (alienated, pathological) is placed in opposition with the healthy (not alienated, non-pathological) aesthetic ideal (Hoffman & Hayes, 2017). The study would argue that linking shame to emotions and pathology conceptualises shame as marker of mental ill health. This opens up shame to being conceptualised as a treatable condition, with treatment efficacy measured by the degree of positive change in mood.

Shame was consistently described as a burden that the participants had carried with them. It was also talked about as something that needed to be ‘unpacked’ and ‘dealt’ with. Here, Ronaldo reflected on how he worked on feelings of shame in therapy, which he had previously described as pathological mourning:

RONALDO: *So I said how do we deal with this shame? And so first we looked at how I have been dealing with it. Overcompensation, becoming a Doctor. Then avoidance, of forming a relationship with anyone. And then surrender, trying to be submissive and pleasing others. And so that was the formulation, and it made perfect sense [T1: 156-161][.....] and so it's not only CBT we used, we did EMDR, compassion work, and mindfulness. And other things. And so really it was about looking at how it had affected me, especially in relationships, and to have more self-compassion. And so my therapy with **** was good, it was a very rich, integrative experience. [T1: 171-175].*

Describing his experience in therapy, Ronaldo gives insight into the discursive practices used to construct the object of shame. Talk of making a formulation that appeared to highlight maladaptive coping styles, and of using a number therapeutic interventions with

specific protocols, suggested that treatment followed a theoretically integrated CBT approach. This allows the therapist to draw on pre-existing theory of shame, understood as a self-conscious emotion linked to a negative self-evaluation. It is argued that by locating it within theory, it becomes a locatable object that can be named and scrutinised (Foucault, 1972). Essentialising and reducing a complex phenomenon like shame to a pre-defined category makes it easier to treat it (Harper, 1994). Well utilised discourses also enhance the power of institution of psychotherapy. The therapist used a variety of evidence-based techniques to try and resolve the problem of shame. Hence the therapist can be seen as empowered with the knowledge to treat shame with a set of techniques. It could also be said that by transforming emotions and behaviours into a category that falls into the psychological domain, the expertise and necessity of the therapeutic practitioner is further legitimised (Guilfoyle, 2006).

Ronaldo states the experience was rich and integrative. Although an ambiguous statement about the efficacy on treatment, it implies that useful insights were gained and a number of theoretical discourses were employed in this account of shame. What could also be seen to be reflected here is the neoliberal individual constructed as productive and responsible, partaking in a self-governance model that involves self-care. This internal governance is an internal form of control and disciplinary power that Foucault traced back to the regulation of the church (Foucault, 1981). If for some people, seeking therapy is synonymous with a concern for ‘truth,’ what emotions potentially say about this reality, and importantly, how the discourses that shape the knowledge related to emotions interact with our lived experience are valuable areas of social constructionist inquiry in psychotherapy.

3.4.2 Revelatory affect.

This sub-theme explored how the emotional experience of shame was linked to the threat of exposure. It was characterised by a hypervigilance to potentials for shame, and thus

this manifestation of shame was closely related to shame memories and experiences. It was interpreted that this state of anxiety was understood by the participants to have had a considerable impact on how they operated in life. This was evidenced in the following extracts.

CLAUDE: *And so basically I built this persona, you know this sassy diva that wears androgenous clothes and is the life and soul of the party. And of course this involved constantly drinking alcohol and doing cocaine. And that was also masking my insecurities. And so when I didn't want to be that person anymore and decided I need to stop the drinking, I went from being the 'face' to sitting at a table in the corner feeling terrified. I was like great so now you have full blown social anxiety.* [T2: 99-104].

ADAM: *So I was trying to do a million things in life and I think you know outside of studying, I was also doing other business things that didn't go to well, but I was putting a lot of pressure on myself to do a number of things as I there was almost like I was I needed to quickly get myself out of this hole of shame that I was feeling like I'm not good enough, so I have to do better than other people. Because I didn't say before, but when I think about now I really hated myself for being gay. And so I was kind of clambering to try and get ahead in life. And also working out and looking good was like an obsession.* [T4: 435-442].

Adam and Claude described how shame had impacted on them both emotionally and behaviourally. As explored in the previous sub-theme, 'Existential affect' shame was constructed as a precursor for adverse moods and emotions. Adam and Claude accounted for this here as resulting in social anxiety. Contemporary psychotherapeutic discourses such as

CBT, underpinned by positivist assumptions and the biomedical model, construct social anxiety as a discrete and measurable anxiety disorder (Hope, Heimberg, & Turk, 2019; Wang, Zhao, Mu, Rodriguez, Qian & Berger, 2020). Within this conceptualisation, and the talk as evidenced here, social anxiety is discursively constructed invariably as a fear of rejection, humiliation or negative evaluation from others. Adam's talk was therefore interpreted as reinforcing previous themes within the data in regard to shame. Indeed, a systematic review of the research on social anxiety presented a substantial overlap between the aetiology of shame and social anxiety (Swee, Hudson & Heimberg, 2021), which is perhaps reflective of the dominate psychotherapeutic discourses that construct shame as the self-conscious emotion. Furthermore, the links between social anxiety and shame in the literature are also associated with adverse early experiences, parental attachment, negative evaluation and low social rank (Swee et al, 2021), features all highlighted within coding and the thematic structure of the present analysis.

Claude and Adam also described how this shame anxiety led to feeling the need to overcompensate. The overcompensation strategy adopted by the participants is reminiscent of the striving and perfectionist tendencies highlighted by Paul Gilbert in relation to shame (2002; 2010). Gilbert's theorising is located within discourses that view behaviour as having a functional and adaptive value. In this context, overcompensation was constructed as an unrelenting striving that served as a protective strategy in order to have greater social control and to compensate for feelings of inferiority. Therefore, validation seeking was interpreted as a latent motivation in these accounts. However, it was understood to be in opposition to the construct of validation constituted with self-acceptance and authenticity. Rather, overcompensation was constructed as 'inauthentic' validation, which was ultimately shame re-affirming. Poststructuralists such as Foucault (1978) have also conceptualised validation as a means to economic and social gain within society. What was interpreted here within this talk,

and the broader data set, was that social validation afforded safety. As presented in this analysis, to be a gay individual is to be potentially less safe, so validation through striving was seen by the participant's to afford greater safety, minimising the threat of rejection and discrimination. The language of threat and safety constructed an overarching feature of this interpretive analysis, and the importance of safety in psychotherapy is widely recognised within the field (Podolan & Gerald, 2023).

Evolutionary systems of knowledge seek to understand human behaviour and emotions in the context of evolutionary adaptations (Gilbert, 2004). From this perspective, human beings have evolved to become highly evolved social creatures where social relationships are crucial for survival. Social comparison, social attractiveness and intimidation are innate social instincts all function to increase social standing and enhance chances for survival (Gilbert, 2017). Negative emotions are thus conceptualised as threat based emotions designed to motivate individuals to improve their social standing, and ultimately improve chances for survival. Much of this theorising could be seen to align with social constructionism's understanding of humans as 'relational beings' (Gergen, 1998). Although from a social constructionist position, the idea that these are innate instincts is more reflective of hegemonic ontological and epistemological understanding of the human experience.

This emotional manifestation of shame was interpreted from some participants accounts to have been present during therapeutic engagement, impeding on the therapeutic process itself.

ADAM:....*And I guess, what I'm saying is, my experience of therapy there, I had a lot of shame about who I was [T4: 467-468] (...) And I don't really think I spoke about any of that (...) what I think, look. I think I was struggling to know what was going on(...)what I was doing in the moment was never good enough [T4: 411] (...)Then at the same time I think there was shame around admitting that I couldn't manage these things(...).That was a difficult period. Trying lots of things and failing. And so you know, overcompensating, failing, feeling shame [T4: 517-518](...).And all of that was going on and really just wasn't really discussed in therapy which sounds really weird(...) I also think sometimes as a gay guy, you're very get very good at putting on a face and there's lots of other stuff going on and you just you kind of learn how to do this from a very young age. [T4: 520-524].*

Adam reflected on how he was unable to fully articulate his experience in therapy. Common to some participants accounts was the difficulty they experienced opening up in therapy. It was understood here to be a guardedness that constituted hypervigilance, and therefore relevant to this sub-theme. As noted in the literature, shame is also often constructed as the silent emotion (Shore, 1997). This argument reasons that revealing shame makes someone experience shame, therefore in the case of Adam, it perhaps stands to reason that an individual who has organised his orientation around the avoidance of shame would find it difficult to speak openly about it. In the psychotherapeutic literature, shame is widely understood to very often interfere with the therapeutic process (Black, curran & Dyer, 2013; Hook & Andrews, 2003). Moreover, within this encounter we see how shame becomes a powerful external object that renders both the client and the therapist to a powerless position.

On one level Adam acknowledged his role in the therapeutic process lacking in substance, whilst also questioning the failure of the therapist to bring up issues around sexuality. Here, Adam reflected on his therapist's experience of the therapeutic encounter.

ADAM....*I felt sorry for the first one really because it was like she must have been bored. It's like I'm coming with the same things. I'm not happy. I don't know what to. I'm just speaking about the ins and outs of the relationship and really if I think back there was a lot a lot going on [T4: 432-435](.....) And so, you know, maybe there was some barrier to me talking about it, but I can't remember ever being asked, you know, and and really kind of from what I remember, you know, both of them didn't really I think that kind of having experience of sexuality, you know, sexuality difference, of not being heterosexual.... I think they kind of, I think the person I was doing a kind of focused on CBT model, but it really was kind of you know it was just fueled by shame, and it was still at the same you know I was only just come out to some people and I still had to come out and you know all of this was going on [T4: 509-512](....). So maybe it was me showing them what I wanted to.... [T4: 529-530].*

From his talk, it appeared the therapist has attempted to understand the client through a familiar psychotherapeutic discourse, that formulates the client's experience through the language of symptoms and disorders. The discourse of theoretical models provide therapist with a framework, that provides a reference point for the therapeutic work and also constructs the therapeutic process as contained. It appeared that both parties are collaboratively invested in constructing the therapeutic space as contained and safe, either knowingly or unknowingly,

guarding against the chaos that might be feared by bringing shame into the space. However, this ultimately left Adam feeling unfulfilled by the therapeutic process.

This account presents an opportunity for a rich interpretation of data analysis. First, the object or entity of shame can be interpreted as being positioned within the ‘third space’ within the therapy room. Within psychotherapeutic discourses, most notably psychoanalysis, the third space is where relational constructs of transference and countertransference seek expression. For psychoanalysis, issues of transference and countertransference are central to processes of therapeutic change and the construct of the therapeutic alliance. Other theoretical models vary in the attention paid to these constructs, however a common factor in any approach to therapy involves the construct of the therapeutic alliance. From a social constructionist reading, the last two extracts present a dynamic interrelated construction of the therapy dyad: As client and therapist, there is an intersubjective, co-constructed experience, framed and constrained by the context and theoretical discourses used to frame understanding. This involves the interplay of the therapist’s and client’s relationally and socially constructed self, in turn negotiated through their subject positionings as client and therapist. Thus, from this standpoint, context and culture could be seen as central to the understanding of transference, the working alliance and the different dimensions of the therapy space and therapeutic encounter.

It is also worth mentioning that Adam was not feeling shame around revealing his sexuality, and he presented as a gay man in therapy. What is being described here is a shame about shame, and the fear of acknowledging vulnerability. This is perhaps where this research can provide value to therapeutic engagement with gay men. Considering the idea that an identity rooted in shame informs an individual’s whole nature of being, this construction of shame invites a curiosity to untangle the web that shame has spun, that has embedded within all things present within the client, potentially leading to a greater understanding of their

subjective experience. The construction of the out gay man as proud and liberated in a post-shame world can obscure the current and past impact of shame, and this may be relevant for therapists to consider.

The revelatory affect characterised the ‘essence’ of this theme. A widely accepted view across shame discourses, is that its power derives from it being hidden. Therefore, to be unburdened from shame involves the revealing of shame, or ‘bringing shame out of the shadows’. However, the experience of revealing their sexual orientation, commonly referred to as ‘coming out’, was not the end point of a linear identity formation process. There was a mixture of positive and negative experiences. Some participants came out on their own terms, others were outed. Some experimented with various levels of openness. Some were living openly before seeking therapy, whilst others used the therapy space to open up about their sexuality.

KRYAGIUS....*it was through my local IAPT I started doing sessions with my therapist for post traumatic stress disorder, and we did the cognitive behaviour therapy CBT, whatever, and it worked straightaway. And so I thought oh let me just see what his background is, like you do. And I was like oh he has done gay articles, well, you could have put me with anyone you know it could have been a homophobe. And obviously, I began to open up to him. I confessed to **** that was the first time I'd ever told anyone you know, my dark secrets and like, went outside was fine, someone else knows now. You know, and then I had a panic attack and I remember going back and saying a week or whatever, you know, and said I had a panic attack on that subject. I know you can't say anything, and you won't, I can trust you. But I did have a panic attack that someone else knew who I was in all my shit and my dark secret. [T3: 213-223].*

Here, Krygius described his experience of disclosing his sexuality to his therapist for the first time, which he understood led to him having a panic attack. However, his experience did not bring about the feared consequences related to shame, and indeed Krygius knew his therapist was gay himself. Therefore, rather than this being an experience of shame in the acute sense (a discrete emotional experience triggered by an event), the talk reflected shame as a chronic and persistent threat of the possibility of shame, where for the most part, shame itself was not realised in the experience. Chronic shame appears in psychological and psychotherapeutic literature, although there is no clear definition and it has been described in a variety of ways, as dispositional shame (Leeming & Boyle, 2004), toxic shame (Bradshaw, 2005) and shame - proneness (Lloyd & Seiff, 2015). As reflected in this theme's essence, this chronic manifestation of shame was interpreted as a shame anxiety. This pernicious form of anticipated shame was present in the experience of all participants. connected to the ontological and foundational experience of shame explored in the first theme, 'Rooted in Shame'.

This theme and its sub-themes explored how shame was understood in the context of emotions. There was not a specific language used to talk about shame as an emotion. Instead, it was interpreted that shame was experienced as an existential feeling – feelings felt within the body that shaped the space and possibilities around them. They were both a pre-structuring background to their experience and part of experience itself. From here, shame was located within the context of mental health, and the theme explored some of the ways the object of shame was discursively constructed in therapy. The theme also looked at how shame was implicated in the relational dynamic of the therapeutic encounter. The dominate thinking on emotions in Western civilisation views emotions as substances or objects that can be known, measured, managed and improved. Through a social-constructionist interpretation,

emotions were seen as practices that gave ‘truth’, meaning and a mood to the participants experience.

Chapter 4: Review & Conclusion.

4.1 Overview.

In this section, I aim to summarise and review the findings of this study. I will then discuss the study’s findings in relation to its relevance to clinical practice. In the third section, I will critically evaluate the study in accordance with the epistemological assumptions of the methodology and the guidelines for assessing quality previously mentioned. In the final section, I will highlight novel findings of the research, propose potential future directions for research and broader considerations.

4.2 Summary of findings.

The section aims to summarise the main findings presented within the data analysis. The three main themes that made up this analysis were representative of different yet interrelated constructions of the manifestation of shame, in relation to sexual orientation. The first theme, *‘Rooted in shame’* explored shame as being an experience that was foundational to the participants understanding of themselves as gay men. The discursive construction of sexuality was interpreted as constructing sexual orientation as an identity category. Underlying this construction of sexuality were essentialist discourses that conceptualise sexual orientation identity as being an all-encompassing ‘essence’ of a person. These discourses were further embedded within hegemonic, heteronormative discourses that privilege heterosexuality. The participants were understood therefore to be constrained within these discourses, highlighting the socially constructed nature of individual subjectivity. In this

theme, subjectivity was constructed as relationally and socially constructed. Positioned outside of normative expectations, the participants sexual orientation led them to construct their sense of self as different and gave rise to a defective subjectivity. Crucially, this was interpreted either explicitly or implicitly from the data, to be an experience of shame. Therefore, shame was seen as being ontological to the participants in the sense that it informed their whole nature of 'being in the world'. Also, a key finding presented in this theme was how when participants were young, feeling different was accounted for primarily in terms of gender. This highlighted dominate discourses in society that understand gender and sexuality as inextricably linked.

The second theme consisted of three sub-themes that explored how shame was implicated in the construction of the self. The overarching theme was that shame about sexual orientation led to the participants having a fractured sense of self. In the first sub-theme, '*The exile*', the participants spoke of low self-esteem and self-hatred because of their sexual orientation, leading to an internal rejecting, or exiling parts of themselves they understood to be unacceptable. This perception of self was understood to be a fundamentally socially embedded phenomenon, that involved the internalisation of heterosexist narratives and experiences of heterosexist oppression. In this sub-theme, shame was constructed as the belief that they were fundamentally unlovable.

In the second sub-theme, '*The hidden self*', the self was considered as a performative practice, which involved gender policing, assuming roles and making decisions that would hide their sexual orientation from the outside. Hiding sexuality was also interpreted as a cause for experiencing shame, discursively constructed as a shame about shame. This sub-theme was primarily interpreted through Butlerian theories of gender and queer subjectivity, where gender is understood as a continuous, performative practice, and how subordination and disavowal are key aspects of queer subjectivity.

In the third sub-theme, '*The true self*', striving for authenticity was constructed as freedom from the barriers imposed by shame. This involved a process of self-acceptance and validation, and the use of therapy was constructed as a tool utilised in this reconstruction process. This process was interpreted as engaging in what Foucault described as 'technologies of subjectivity'. From this interpretation, therapeutic engagement was understood as the concern for 'truth.' A validating therapeutic relationship was spoke of as being needed to facilitate this process.

The overarching discourses that framed the participants talk throughout this theme, related to dominate Western constructions of the self as a discoverable, internal entity that pre-dates discourse and language. Shame in this theme was not only ontological but also seen as epistemological in so far as it informed subjectivity and the beliefs, behaviours and conduct of the participants.

The third theme, '*Emotional entities of shame*', and its sub-themes, '*Existential affect*' and '*Revelatory affect*', explored how shame was understood as an embodied, affective experience. The sub-theme, '*Existential affect*' was understood as a chronic and persistent mood state linked to depression. However, existential angst and feelings of emotional distress linked to shame were also constructed as a signal to participants that they needed to make changes in their lives. Links to mental health problems and shame were made during therapeutic engagement, shaping the therapeutic discourse. The sub-theme, '*Revelatory affect*' explored how shame was constructed as a chronic anxiety that orientated the participants behaviour towards the avoidance of potentials for shame. The sub-theme also explored how the act of revealing shame was understood to be an intense embodied experience, an act that could also produce a powerful sense of emancipation. This sub-theme also looked at how shame, constructed as a self-conscious emotion, was implicated in the relational power dynamics of the therapeutic encounter.

4.3 Discussion of key findings.

The analysis presented gay shame as a multifaceted concept, highlighting the intricate ways it is woven into the fabric of society and individual identity. Gay shame was seen to be deeply embedded in social norms, cultural narratives and institutional practices. Shame was also discursively constructed as negatively impacting psychological well-being. What was evident, and reflected in the theme structure, was that these impacts and concepts were not isolated but interconnected, creating a complex web of emotional and social repercussions.

4.3.1 Constructing shame, sexuality and therapeutic engagement.

It was proposed that by framing shame as an individual and internalized issue, participants validated psychotherapy as an institution that perpetuates the regulated, introspective, and autonomous concept of self (Georgaka & Avdi, 2009). Conversely, behaviours associated with shame, which limit agency by focusing on others and evoking a sense of 'passivity' (Drini et al., 2023; Seu, 2006), which goes against the ideals of the western, autonomous self. By aligning shame with other negative affect labels and categories, shame is increasingly understood as a mental health issue. Thus, an associated discourse may be seen to emerge that positions gay men as in need of therapy. The idea of shame as being in need or vulnerable is a social constructionist perspective put forward by Gergen (1998). However, this understanding can mask a more complex dynamic to this struggle, involving the struggle in desire, and the resilience, strength and capacity for compassion that may come with it. Furthermore, by positioning a gay men as struggling with their sexuality as lacking autonomy, it could be argued that this perpetuates the power dynamic in therapy, as the client is seen to need the therapist to find their own agency.

The discourse of coming out has become so prevalent it has been argued that gay and queer identity is the product of the performative act of this discourse (Ross, 2005; Warner,

1994). It is further argued that this discourse has assumed a hegemonic status where the revelation of one's sexuality has become only permissible narrative for LGBTQ individuals (Davis & Needham, 2009). From the analysis, the relationship between gay identity and the closet could be interpreted as paradoxical. Coming out was latently constructed as necessary but potentially dangerous, whilst being closeted is unhealthy but potentially safe. The language of coming out also presents the idea that this process has a definitive end. However, if we consider how heteronormativity is constituted with compulsory heterosexuality in society, then gay men are always to some extent closeted in a heteronormative world. Each new encounter could potentially instigate a coming out and a potential exposure to risk, becoming a process without an end. It is important to consider how this dynamic can give rise to feelings of shame, guilt and inauthenticity

4.4 Limitations of the research.

As with all qualitative research, this study has limitations that must be acknowledged. First, the sample size was small (n=6), consistent with the idiographic focus of reflexive thematic analysis (RTA), yet inherently limiting the transferability of findings. While data richness was prioritised over quantity, this may restrict how the results resonate across broader groups.

Second, all participants identified as white gay men. While the study aimed for homogeneity to explore shared meaning-making around shame and therapeutic experiences, this also means the findings do not account for how intersections of race, culture, or gender diversity may influence the experience of shame in therapy.

Third, participants self-selected and may have had particularly reflective or insightful experiences of therapy, potentially introducing bias. Furthermore, the researcher's dual role as researcher and trainee Counselling Psychologist may have influenced both the recruitment process and the nature of the interviews, despite efforts to maintain reflexive awareness.

Finally, the interview data may have been shaped by participants' assumptions about the researcher's identity and intentions, which may have influenced what they chose to share or withhold.

4.5 Evaluation of research quality.

In line with Braun and Clarke's (2021) criteria for evaluating RTA, this research prioritised transparency, coherence, and reflexivity. The analysis process was inductive, recursive, and theory-informed, with themes developed through deep engagement with the data.

Rigour was supported by sustained reflexivity, detailed documentation of analytic decisions, and ongoing supervision. The theoretical framework, drawing on Foucauldian notions of power, discourse, and subjectivity, provided a coherent epistemological and interpretive base. Rather than seeking generalisability, the study focused on depth, nuance, and contextualised meaning-making, consistent with a constructionist orientation.

While themes are not 'discovered' in RTA but generated through interpretation, care was taken to ensure that theme development was grounded in the data and meaningfully captured shared patterns of experience. Attention was also paid to researcher positionality and the co-construction of meaning within interviews.

4.6 Reflections and reflexivity.

As I attempted to conduct a reflexive thematic analysis, it was important to understand the analytical process in relation to myself. This meant continuously holding in awareness the idea that the participants narratives would be influenced by own assumptions about shame and sexuality, and my position as trainee counselling psychologist and researcher. Furthermore, in line with social constructionism, I understood the interview process as an inter-subjective, co-construction of the participants ‘truth’.

Although I don’t consider my sexuality to be predicated on gender, I have been in a same sex relationship for most of my adult life. It was interesting to reflect on how who I was in a relationship with not only signified to others about my identity, but also shaped the contours of my life and experiences. Therefore, the participants experiences resonated greatly with myself. However, perhaps more surprisingly to me was the areas of diversion. On reflection, what made my experiences different to the participants (who were all white) were issues relating to intersectionality, involving me being mixed race and growing up in a foreign country. It was interesting to understand how my somewhat ambiguously constructed identity had influenced me in life.

On reflection, the research proposal made for a complex analysis. This was because it involved conducting interviews where the participants were narrating their lived experience in relation to gay shame, and how these issues were talked about in therapy. Therefore, prompted by my questioning, they told the story of themselves and how therapy was involved in the construction of that narrative. Therefore, the analysis was presented with a number of interconnected, intersubjective locations of discursive practices, that travelled across space and time. One of my concerns was that the research aim would be confusing, or that the reader would understand or assume that the core aim was to understand how gay men talk about shame and sexuality in therapy. I felt that this aim would situate the analysis more

within linguistic and content analysis traditions, attempting to index a gay speech that has unique dimension in therapy. Furthermore, I felt those research aims would be better served by using a different form of data, such as therapy session transcripts and case studies. This was felt to be out of scope for me considering the time constraints I had to produce the work, and the considerable ethical considerations involved in that process. Notwithstanding this, I believe that would be an interesting and novel research study. For this study, however, I was more concerned with how shame, sexuality and therapeutic engagement were discursively constructed as associated networks of discourse that gave rise to an understanding of ‘truth’.

Semi-structured interviews were used to conduct this research. I believe this was a suitable data collection method as it allowed for a dynamic and exploratory process, which fit with my research question. Interviews are considered to be an artificial form of data collection as they do not allow for the analysis of talk that occurs naturally (Potter & Weatherall, 1987). However, I found that the interviews provided a rich volume of data that facilitated an interpretive analysis at the macro level.

It was important that my interpretations were grounded in methodological rigor. The use of Foucauldian theory strengthened the analysis as it supported the interpretive and coding process within the thematic analysis, and is in line with the analytic aims of social constructionist thematic analysis (Braun & Clarke, 2017). Reliability, validity and consistency were accounted for by using a systematic and clear application of the analytic steps involved in conducting a thematic analysis. Thematic analysis was useful in supporting consistency as themes were developed from codes relating to the entire data set. To enhance reliability, I tried to allow the interviews to be as free flowing as possible, utilising my therapeutic skills to ask non-leading questions and promote a Socratic dialogue. Although it was not possible to have the participants read the analysis to check for reliability, I wrote the

analysis as if it were to be read by the participants, which I believe enhanced reliability and sensitivity to context (Yardley, 2000).

I also considered how my position as researcher and Counselling Psychologist in training influenced the research. I was struck by how willing the participants were to talk about their experiences, and how giving they were of the process. I reflected that this may have been because they had an awareness of me being a therapist, which may have allowed them to feel more able to open up. I was frequently aware of how I felt the interviews mirrored therapeutic engagement, and some participants spoke about feeling better after the interview, and one participant remarked how talking about his early years was similar to his experience in therapy. My position may have also shaped how the participants spoke about their attitudes towards therapy – they may have wanted to be considerate to me when talking about my profession – or conversely use the interview as a complaints procedure after a bad therapy experience. Reflecting on the data, and my own perceptions during the interviews, I felt that the participants accounts were centred by the intention to tell their story. In addition, I also reflected on how none of the participants asked about my sexual orientation, in light of the subject matter. This may have been because they made an assumption due to my research interest, perhaps suggestive of a popular assumption that research is always a form of ‘me’search. It may have also been a form of politeness, or a resistance to society’s frequent encouragement to disclose our identities. They may have also just not been interested.

My research is grounded in a professional discourse that promotes humanistic values, intersubjectivity and relationality in therapeutic practice. I found a slight tension arose when interpreting the data that had emotional content and described harrowing experiences at times, through a social constructionist lens. It did feel as though at times the participants became ‘disembodied’ deconstructed objects. However, engaging with poststructuralist perspectives gave a compelling argument against mainstream understandings of the self that

inform and construct many theoretical discourses in psychotherapy. I believe there is great value in therapists being aware of underlying discourses that shape our definitions and interventions. It is helpful to consider that evidence-based interventions are not necessarily facts, but historically traced, context-bound discourses. The western construction of the self is just one way of talking about self-hood. Furthermore, there exists no evidence base for any of the ideas we hold to be true about sexuality. Our understanding of sexuality has been constructed through various discourses and resistance to hegemonic discourses (Cameron & Kullick, 2008).

One final reflection involved how challenging I found it to de-construct accounts of embodied affective experiences. I felt that this was because I myself was constrained by hegemonic discourses about emotions, and embodied phenomenological experiences as evidence of ‘truth’. Foucault is criticised for shying away from engaging with affect (Chisholm, 2020). However, through my research I have found that he can be read from a different perspective. Through his work he traced a historicization of affect that allows us to see how our emotions also have a context-bound subjectivity and a cultural history. For Foucault, discourse is not the act of living, or where living happens, it is in feeling that we find the art of living (Foucault, 2006).

4.6.1 Grief as a reflexive theme.

Although grief did not develop into a specific thematic concept, it was interpreted to provide the ‘essence’ of what could perhaps be considered a meta theme (defined here as a theme occurring across all themes). Grief is typically associated with loss, encompassing not only the loss of loved ones but also the loss of opportunities, dreams, and parts of one's identity. For the participants, the experience of grief was multifaceted, including both

tangible and intangible losses. From facing rejection from family and communities, a profound sense of loss of acceptance and belonging emerged as feeling of grief when participants spoke about their experiences. This, however, was more to do with a feeling I felt when being with the participant, rather than directly from language. By relating this to the data, it could be seen that grief stemming from this loss was compounded by the shame of being seen as different or unworthy of love and acceptance. Furthermore, societal expectations often revolve around heterosexual milestones such as marriage, children, and traditional family structures. Gay men may grieve the loss of these conventional life paths, feeling shame for not fitting into these normative roles. This can create a sense of inadequacy and a grieving process for a future they were conditioned to aspire to but might not experience in the same way. In addition, internalised homophobia was seen to foster a sense of self-loathing and shame, which can be deeply intertwined with grief. Gay men may grieve the parts of themselves they feel forced to hide or change to gain societal acceptance. This internal conflict results in mourning the loss of authentic self-expression.

4.7 'Shame is everywhere'. Reconstructing shame.

From the findings of this study, it is argued that shame can be fruitfully analysed through Michel Foucault's conceptualization of power 'being everywhere' - omnipresent and pervasive (Foucault, 1981). Foucault's idea that power is not merely a top-down force imposed by a dominant authority but rather something that circulates throughout society, embedded in everyday interactions, social institutions, and cultural norms, offers a compelling lens through which to understand shame.

In Foucault's framework, power is diffused and enacted through various mechanisms, such as surveillance, normalization, and discourse (Foucault, 1981). As evidenced in this study, these mechanisms shape individuals' behaviour and self-perception, often in subtle yet

profound ways. Shame, in this context, can be seen as a product of these power dynamics. It arises when individuals internalise societal norms and expectations, feeling inadequate or deviant when they fail to conform. This internalisation process, which Foucault might describe as a form of "disciplinary power," operates not through overt coercion but through the implicit, often invisible, pressures to align with societal standards.

For instance, societal expectations about body image, sexuality, or success are not enforced by a single entity but are maintained through a network of social practices, media representations, and institutional policies. Individuals who deviate from these norms may experience shame, not because they have been explicitly punished, but because they have absorbed the pervasive messages that dictate what is acceptable or desirable. Thus, shame can be seen as an effect of the power relations that permeate society, reinforcing conformity and marginalising those who do not fit prescribed ideals.

By viewing shame through Foucault's lens of power, we can understand it as a reflection of the broader social forces that shape our identities and behaviours. This perspective highlights the importance of critically examining the societal structures and discourses that produce shame, thereby opening up possibilities for resistance and transformation.

4.8 Relevance to clinical practice.

Some argue that social constructionist research allows us to critically evaluate taken for granted assumptions about the therapeutic process and generate new recommendations for therapeutic practice (Gergen, 1998; Willg, 1998). However, within this analytical framework, research recommendations are also seen to produce dictatorial discourses that can be imposed on others. Furthermore, the analysis presented in this study represents one possible way of

interpreting the data, and therefore does not attempt to provide a generalised account of the findings that can produce recommendations. Rather, by highlighting in this study how hegemonic discourses produce and maintain different subjectivities and subject positionings, this section aims to provide a space to explore how the analysis may be relevant to those working in clinical practice.

4.8.1 Shame and therapy with gay men.

The findings of this research presented gay shame as something that did not begin when the participants came out about their sexuality and into a potentially hostile world. Shame emerged in childhood with a sense of difference that the participants did not have the language to adequately define it. In adolescence, the aspects of shame more studied within queer theory, distal and proximal stressors were found to be crucial to development, such as internalised homophobia, heterosexism and gender roles and expectations, were found to be important. Therefore, it may be helpful for Counselling psychologists and other therapists to approach working with shame and gay men from two conceptual standpoints. One being the socio-cultural impact of growing up in a hegemonic, heteronormative world, and the second being concerned with how gay shame is implicated in the missatunement to a child's individual subjectivity.

This framework, conceptualising gay men's shame as an unravelling process in therapy, could aid practitioners when developing a case conceptualisation and formulation of their client's experience of shame. In addition, the use of narrative and systemic therapeutic interventions may be complimentary to this process. Cop training could also be enhanced by paying greater attention to these types of therapy, and their applicability to particular clinical populations.

Drawing on contemporary psychoanalysis, such Kohut's self psychology as mentioned in the analysis, may also be useful theoretical discourse to draw from when working with gay men. Internalized homophobia and minority stress are key elements of shame, reinforcing its role in selfobject relationships. It has been suggested that these factors may perpetuate a shameful selfobject function, where individuals seek out experiences that validate their internal sense of shame (Lazzari, 2020).

This concept of shame as sustaining a shameful self-object function can provide insight into the link between shame-proneness and mental health outcomes in gay men. For example, elevated shame and internalized homophobia have been associated with anxious attachment styles (Landolt et al., 2004), lower relationship commitment (Brown & Trevethan, 2010; Greene & Britton, 2015), and compulsive sexual behaviour (Lazzari, 2020). Kohut (1984) described this in terms of empathic failure, leading to fragmented experiences of love rather than healthy sexual functioning.

For many gay individuals struggling with sexual compulsivity, shame feels inescapable—sex must feel shameful to feel sexual (Kaufman & Raphel, 1996). Kaufman & Raphael (1996) suggest that degrading sexual encounters allow for the displaced expression of humiliation. They argue that when shame is blocked from expression in its origin, it is redirected into sexual behaviour, perpetuating a cycle of shame and compulsion. Therefore, it may be helpful for therapists working with gay men to be aware of how a shame-informed self may engage in behaviours that are unconsciously re-enforcing shame, allowing them to return to a familiar, if not congruent state.

4.8.2 Shame- informed therapeutic practice.

In this study, shame was seen to be a fundamental and defining feature of experience for participants, intricately linked to identity, self-perception and self-worth, relationships and

their position within a social group. Shame was also strongly connected to social control and power through normativity discourses that define what is deemed unacceptable or shameful within a particular social context. From this perspective, shame has the propensity to be ‘everywhere’ whilst remaining hidden and unaddressed. Thinking about shame in this way could help practitioners to be more aware of the intricate manifestations of shame that can impact on therapeutic practice. By developing a wide range of theoretical understandings of shame and how it may operate could help therapists be more attuned to their clients’ experience of shame, whilst also deepening their understanding by reflecting on their own experiences of shame and how that has informed their own ways of being in the world. As noted, shame is frequently hidden and avoided, therefore therapists should consider different indicators of shame within common verbal, paralinguistic and non-verbal cues.

However, it is perhaps important to consider that for individuals to become shame informed, there needs to be organisational structures that accept the existence, importance and significance of shame (Dolezal & Gibson, 2022). This could help facilitate emotional communication within professional practice, and allow organisations to recognise when policies, processes and power dynamics may invoke shame in both staff and service users. This research also highlights the differential experience of shame. Understanding how individuals experience shame brings awareness to how what is considered shameful can vary individually and across cultures. Individuals and groups are constructed within different contexts, histories, and expectations, and within these different contexts the signifiers of shame are dynamic, shifting entities. It would therefore seem important for services to engage in meaningful engagement with different communities to understand their particular sensitivities to shame.

Furthermore, the research also highlighted the relational nature of shame and disclosing shame. It is suggested that the deepening of social and relational bonds is integral

to shame resilience (Brown, 2006). Therefore, services and practitioners may be able to foster resilience through a commitment to developing sustainable relationships with service users, facilitating accessibility and continuity of care so that service users feel supported, and a sense of connection maintained.

4.8.3 Challenging normativity in therapeutic practice.

The language of safety and containment has come to dominate the way we talk about the therapy space, leaving it vulnerable to perpetuating assumptions of what is within normal boundaries and considered healthy. Foucault also discussed the role of therapy as a practice of confession in the broader process of normalization (Foucault, 1981). In his view, confession is not just about revealing truth, but also about aligning the self with societal norms. In therapy, the process of confession can be seen as a means of normalisation, where clients are guided towards achieving a particular kind of normalcy or health as defined by the therapeutic framework.

As the findings of this research presented, gay men experiencing shame about their sexuality was inextricably bound by normative discourses in society. Sexuality is also about desire and the struggle endured when what is desired is unacceptable. Desire is also not just about sex, just like shame and power it can be force that is implicated in everything. Desire, as conceptualized by Freud and Lacan, can be seen as involving a sense of lack and a dynamic that moves from the subject toward the object (Freud, 1975., Lacan, 1998). In contrast, Deleuze and Guattari's (1996) understanding of desire aligns more closely with Foucault's idea of power. For Deleuze and Guattari, desire is not associated with a lack, and the traditional distinctions between subjects and objects dissolve. Desire becomes a force that propels everything into motion, with no defined beginning or end. Integrating this perspective into therapeutic practice involves harnessing desire's creative and transformative potential.

By shifting therapy in this direction, gay men might better embrace desire in their struggles, connect personal challenges with broader social issues, and cultivate a deeper sense of desire for themselves in the process

4.9 Concluding thoughts.

This study aimed to explore how gay men construct their experiences of shame in relation to therapy. Through in-depth qualitative interviews and reflexive thematic analysis, it illuminated the subtle ways in which shame operates within, and is shaped by, social and therapeutic discourses. While limited in scope, the findings offer valuable insight for therapists working with LGBTQ+ clients and contribute to a growing body of work seeking to challenge shame-based narratives. In embracing the complexity of this topic, this research hopes to encourage more open, compassionate, and reflective engagement with clients' experiences of identity and vulnerability.

This research offers a unique contribution to the existing literature by foregrounding how gay men construct their experiences of shame in relation to therapy, using a reflexive thematic analysis within a social constructionist framework. Unlike previous research that has often pathologised shame (e.g., Tangney & Dearing, 2002) or focused narrowly on symptomology (Pachankis et al., 2015), this study explored the discursive and intersubjective dimensions of shame, offering a nuanced account of how shame is experienced, negotiated, and sometimes reconstructed within therapeutic spaces (Braun & Clarke, 2021; Dolezal, 2015).

Key novel insights include the identification of therapy itself as a discursive site where shame is both challenged and reproduced, echoing Foucault's (1977) understanding of

power and discourse. The study also found that participants often engaged in meaning-making around shame implicitly, even when it was not explicitly named within therapy. Furthermore, the research surfaces the presence of collective and intergenerational grief as an emotional undercurrent in therapeutic work with gay men, highlighting how shame is entangled with loss, silence, and belonging (Ahmed, 2004; Sedgwick, 2003).

15 years after Jeffrey Weeks' *The World We Have Won* (2007), which celebrated the global sexual liberalisation, the risks of a unified, optimistic narrative are apparent. Such narratives often ignore the persistent, negative feelings tied to homosexuality in the West. While many white gay men have resolved their shame, the unacknowledged residue is often displaced onto brown bodies (Munt, 2017). The emphasis on pride has perhaps inadvertently led to the erasure of shame. Reintegrative shaming, which fosters open acknowledgment and expression of shame, can rebuild relationships. We are not yet "over the rainbow," and confronting shame still requires our attention.

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Appendices.

Appendix A:

Exploring how gay men talk about their experiences of shame and their sexuality whilst in therapy.

RESEARCH PARTICIPANTS NEEDED.

Who is eligible to take part?

I am a doctoral student interested in speaking to men who identify as gay over the age of 18 for my research. In addition, you would need to have been in therapy but not currently in therapy. Furthermore, the research is interested in men who, whilst in therapy, spoke about their experience of feelings of shame in relation to their sexual identity.

What is the purpose of the research?

I am conducting exploratory research into how gay men talk about their sexual identity and experiences of shame while in therapy. By doing so, I am hoping to enhance and better inform clinical practice when working with gay men, thus improving therapeutic outcomes

for this client group. It is also hoped that the research will further our understanding about shame and how to work with this emotion in therapy.

What will I be asked to do if I agree to take part?

If you agree to take part, you will be asked to take part in a one to one semi structured interview with myself. Interviews will last no longer than 60 minutes. The interview will be carried out online via Microsoft Teams. You will be sent an invite via email to attend the online interview. The interview will be more like having an informal chat, however the interview will be audio-recorded.

Who is undertaking the research?

This research is being undertaken by a trainee psychologist, currently undertaking her thesis for a Professional Doctorate in Counselling Psychology at the University of East London.

Will this be confidential?

A pseudonym will be attributed to any information you provide.

If you are interested in this research I would love to hear from you, please contact René de Barr via email at u2050286@uel.ac.uk. Many thanks.



08/11/2022

Dr Sharon Cahill

I am writing to confirm that we as a service are happy to be involved with the recruitment of participants for a research study being conducted by your supervisee Rene De Bar. This involvement is on the basis that the research study obtains ethical approval, of which Rene has told me that you expect approval will be granted.

The participants needed for this study are from a clinical population that the service has considerable experience working with. There are a number of former service users that would be appropriate candidates for this study, that we have consent to contact and invite to take part in the study.

Please feel free to contact me for any additional information you may need.

With Thanks,

A handwritten signature in black ink, appearing to be 'Benjamin Piper', is located below the 'With Thanks,' text.

Dr Benjamin Piper
Counselling Psychologist
Benjamin.piper@irise-psychology.london

Appendix B.

1. How did you come to define your sexual orientation? *Do other people in your life know about your sexual orientation? What has their response been?*
2. What role do you feel your sexuality plays in your identity and sense of self?
3. How have you experienced life as a gay man? *Has this experience changed during your lifetime? How did you feel/ think about yourself? How did you feel/ think about others?*
4. Some people have described feelings of shame in relation to being a gay man – is this something you have experienced?
5. What does it mean to you to feel shame? *What thoughts and feelings did you experience in relation to experiencing shame as a gay man? How did you cope/ manage with any negative feelings or experiences?*
6. What has been your experience of therapy? *-How many times have you been in therapy? what brought you to seek therapy?*
7. How did talk about your feelings and experiences of shame in relation to your sexuality emerge during therapy? *-How was this experience? How did you talk about these experiences? How did it feel talking about these experiences? Had you spoke to others about this before? Did you find it useful talking about these feelings and experiences in therapy? What impact did it have on you and your life?*
8. How did you experience your therapist/s? *How did you experience the relationship you had with your therapist? Did talking about issues of shame and sexuality have an impact on this relationship?*

9. Did anything change for you after being in therapy and talking about your sexuality and feelings and experiences of shame? *Did you feel differently about yourself? Did you feel differently about your sexual orientation?*
10. Looking back on your experience in therapy, is there anything you would have liked to have been different?
11. What advice do you think you would like to give to others who are dealing with experiences of shame in relation to their sexuality?

Appendix C

I think that it felt self-contained, containment and chaos – to keep hidden constructed as containment - but I think that when I started to sexualise at the age of 12 or 13, when people started, my peers started to have girlfriends, I think that this is where the difference started to become more visible to others. Particularly not so much in school, but particularly in the family. I have lots of cousins my age and they sexualised very quickly. And.... So I could manage between the age of 12, possibly to the age of 17. Again, this idea/ discourse around stages and development – difference becomes visible – shame as difference? Difference as threat? There were periods where I felt really, really depressed because I felt OK that there is actually something wrong with me. And... But I think it was around the age of 19 or 20 that I realised. That actually this is not something that is going to go away. *Feels the reminiscent of stage theory/ stages of development/ rites of passage/ normal/ normative development thwarted – I feel sad here, and resonate with this – feeling depressed – symptom of shame, there is something wrong with me – sense of isolation here carrying a burden alone.*

Appendix D

Transcript	SC (semantic content codes)	LC (Latent content codes)	DC (Discourse codes)	PC (practices/ positionings/ subjectivity codes)
P: 3.09 - Erm, I don't think there was like a cut off age, I think I was, different, I always felt different...but I think that it was maybe when I was 20, 19 – 20	SC1 - Always feeling different from an early age	LC 1 – Essentialising of experience of sexual orientation		PC 1 – different/ defective subject positioning
P: 3.24 – Because it was not just a sexual fantasy, or acted on, or imaginary, but when I developed feelings, erm, for a man.	SC2 - Developing feelings indicates sexual orientation	LC 2 – Multidimensional experience of sexual orientation (constructionist) LC 3 – Primitive 'essence' of desire		
P: 4:15 – That's a very good question. Urm.....And., I think that maybe it was earlier than that. It was around the age of 13-14. Um....I think....I felt that I was different earlier	SC1 – Feeling different from an early age			
P: 4:20– Because I didn't play football or because I didn't have the interest of the other guys.	SC3 – Gendered interests/ expression	LC 4 – heteronormativity LC 5 – Gender as a performance		

Appendix E

Sexuality.

Transcript 1	Transcript 2	Transcript 3	Transcript 4	Transcript 5	Transcript 6
<p>SC1 - Always feeling different from an early age</p> <p>LC 1 – Essentialising of experience of sexual orientation</p> <p>SC2 - Developing feelings indicates sexual orientation</p>		<p>SC 1 – Becoming aware of attraction</p> <p>LC 1 – Becoming aware of differences in attraction with men and women</p> <p>LC 2 – Compulsory heterosexuality</p>	<p>SC1 - Always feeling different from an early age</p> <p>SC 2 – Not understanding about sexuality until quite late</p>	<p>LC 1 – Taken for granted assumption about early experiences for gay men</p> <p>SC 1 – Being aware of difference through comparison to other boys.</p> <p>SC 2 – not interested in the female body</p>	<p>SC 1 - Always feeling different</p> <p>LC 1 – Essentialising of experience of sexual orientation</p> <p>SC 2 – Feeling ok with being different from other boys.</p>

Shame.

Transcript 1	Transcript 2	Transcript 3	Transcript 4	Transcript 5	Transcript 6
<p>PC 1 – different/ defective subject positioning</p> <p>SC4 – Difference that can be hidden.</p> <p>LC 6 – concealability of stigmatised attribute.</p>		<p>LC 5 – Shame and fear as self-policing on the organism</p> <p>LC 6 – Homosexuality as sin</p> <p>LC 7 – God of judgement and wrath</p>	<p>SC 10 – Being aware playing with dolls was best kept secret.</p> <p>SC 11 – Starting to feel ashamed</p> <p>SC 12 – Feeling like a disappointment to mum</p>	<p>SC 6 – Struggling to come to terms with sexuality</p> <p>LC 5 – self-acceptance makes feeling</p>	<p>PC 1 – different/ defective subject positioning</p> <p>SC 5 – being ridiculed for expressing desire</p> <p>SC 6 – disapproval for expressing desire</p>

Lc29, Lc 30,

So that shame of being what I was in a way. Ah yeah, it was. It was, umm, that made me unworthy of being loved, even from my own family. Because in a way, I felt like I didn't even deserve to be loved. Somehow.

Sc34, Sc35 Lc 25, Dc 9

and I carry so much shame, I'm still alone at the age of 43, I don't think I will ever have a relationship. I don't ever imagine marrying and having kids. I have a close (gay) friend who is a **** and has two children, and I really admire the way he conducts his life because there is no shame. He is a full man and I am just half a man.

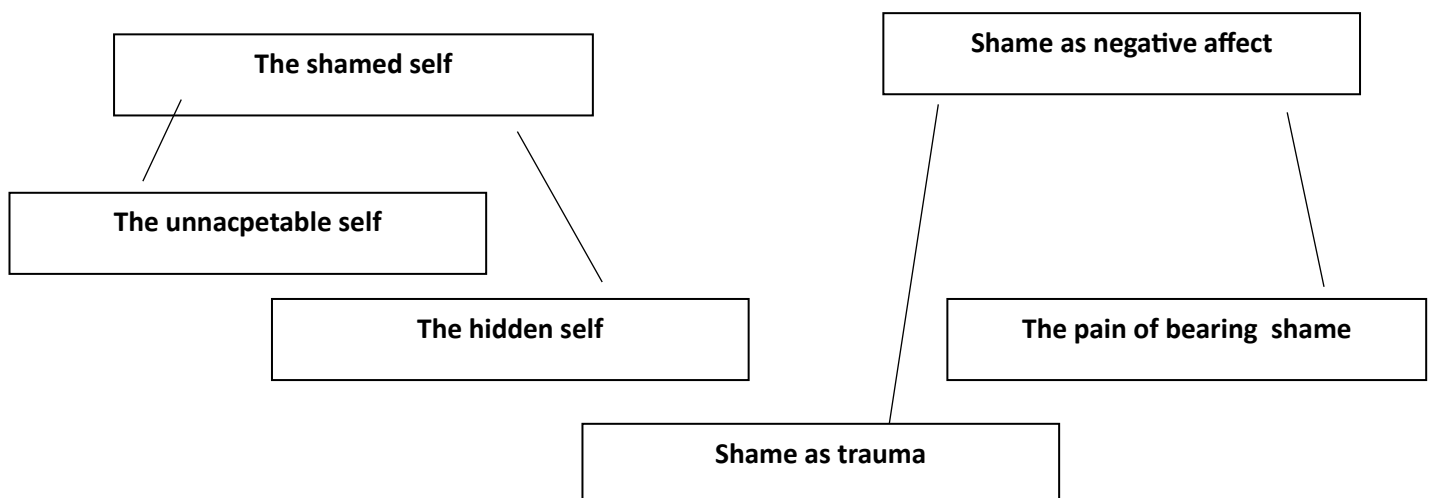
Appendix F.

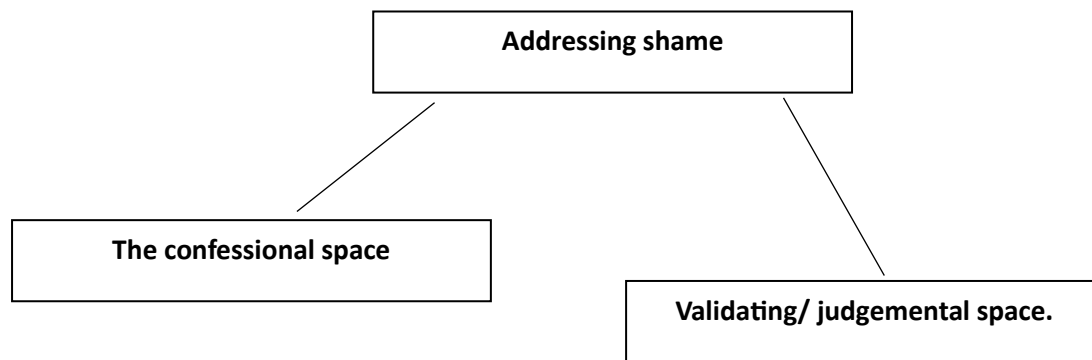
Constructions of Sexuality	Constructions of gay shame	Therapeutic experience
1 Becoming aware of difference	9 Shame constructed as foundational to modern western gay identity	31 The therapy space
2 Essentialist understanding of sexuality	10 Difference as threat	32 Chaos and containment
3 Developmental discourse and identity	11 Shame and subjectivity	33 Therapy as confessional booth
4 Experiences of love and desire	12 Heteronormativity	34 Constructing the object of shame
5 Gendered objects of desire	13 Masculinity and manhood	35 Constructing the object of therapy
6 Gender as a performance	14 Gender policing	36 Therapy as a cure
7 Dichotomous paradigm within sexuality	15 Heteronormativity and the co-constitution of heterosexist oppression and shaming	37 Being seen and validated in therapy
8 Social construction of western gay identity	16 Internalised homophobia	38 Being judged and shamed in therapy
	17 Gay positioned as defective subjectivity	39 Feeling unsafe in therapy
	18 The unacceptable self	40 The therapeutic relationship
	19 The unlovable self	41 Power and the therapeutic relationship
	20 The threat of sexuality being exposed	42 Shame as trauma
	21 Practices of shame avoidance (hiding)	43 Shame as disrupted attachment
	22 Practices of shame overcompensation (hypervigilance and validation seeking)	44 Shame and defenses
	23 The fragmented self	45 Shame hiding in therapy
	24 Hegemonic heteronormativity and power relations	46 The compassionate therapist
	25 Shame and desire	47 The judgemental therapist
	26 Unrequited love and shame	48 The power of vulnerability and acceptance
	27 Hidden spaces	49 Meaning making in therapy
	28 Safe and unsafe spaces	50 The search for authenticity and the true self
	29 Silence and outing	51 Exploring the roots of shame
	30 Bear the responsibility for shame	52 Separating rope strands and unravelling shame.

Appendix G.

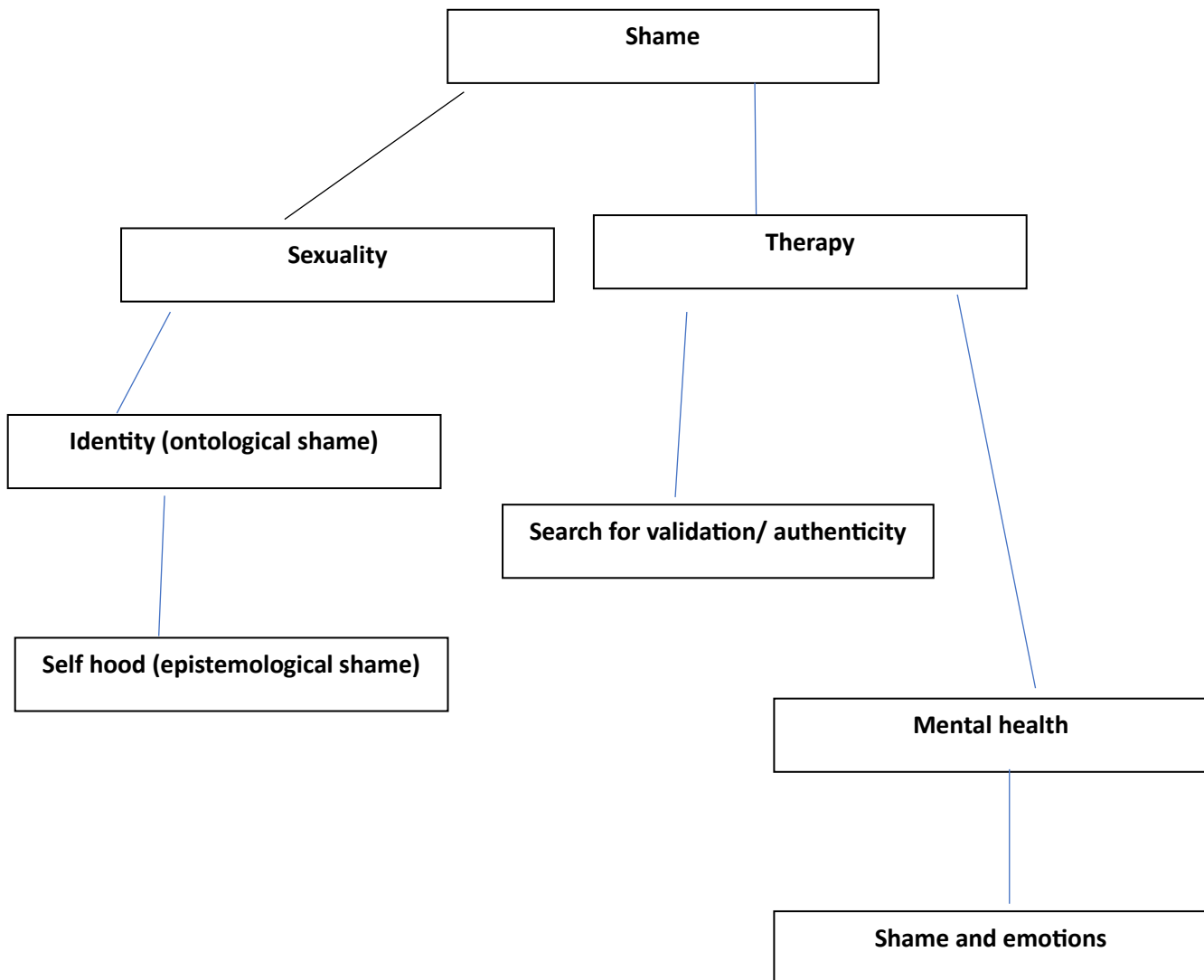
Preliminary themes and code clusters

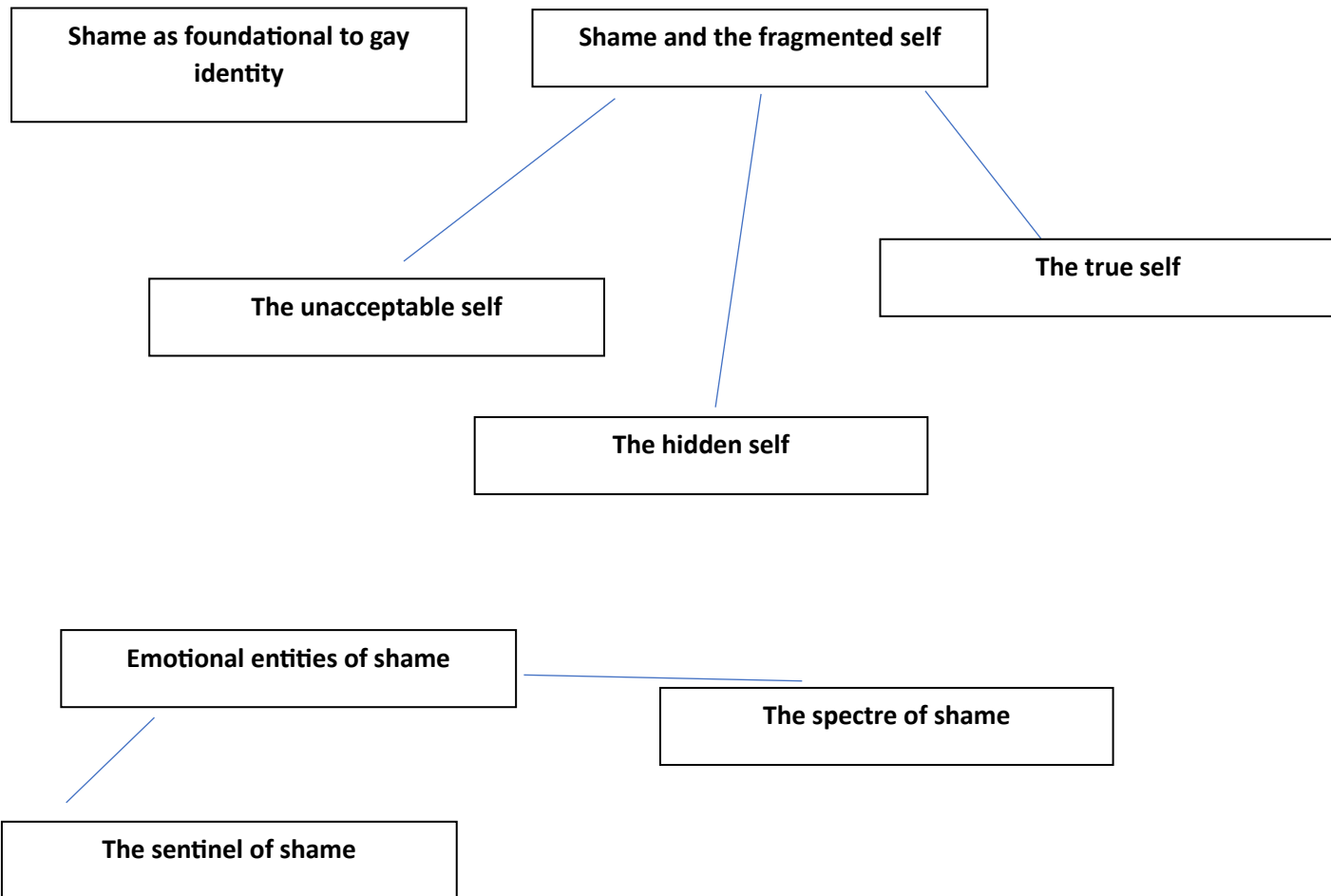
Theme	Code cluster
The shame and self	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 23 24 25 26 29 30 31 32 33 34 35 38 39 40 41 47 48 49 50 51 52
The hidden self	9 10 11 12 13 14 15 16 17 19 20 21 22 23 24 27 28 29 30 31 32 33 34 35 37 38 39 40 41 44 45 47 48 50 51 52
The unacceptable self	11 12 13 14 16 17 18 19 21 22 23 24 30 32 33 34 35 36 37 38 39 40 41 44 46 47 48 49 50 51 52
The grieving self	3 4 19 23 25 26 30 34 35 38 39
The trauma of shame	3 10 16 17 20 21 22 23 30 34 35 36 37 42 43 44 48 49 51 52
The responsibility to bear shame	3 10 11 12 15 16 20 21 23 30 31 40 41
The therapeutic space	31 32 33 34 35 36 37 38 39 40 41
The compassionate therapist	31 32 34 35 37 41 41 43 46 48 49 50
The judgemental therapist	31 33 34 38 39 40 41 47
Becoming visible	31 33 34 35 36 37 40 41 46 48 49 50 51
Shame as a relationally embedded phenomena.	1 3 4 8 9 10 11 12 13 15 17 20 21 22 24 25 26 27 28 29 31 32 33 34 37 38 40 41 43 46 47 49 51 52





Appendix H





Appendix I

School of Psychology Ethics Committee

NOTICE OF ETHICS REVIEW DECISION LETTER

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

Reviewer: Please complete sections in **blue** | **Student:** Please complete/read sections in **orange**

Details

Reviewer:	David Harper
Supervisor:	Sharon Cahill
Student:	Rene De Barr
Course:	Prof Doc Counselling
Title of proposed study:	Exploring how gay men talk about shame during therapeutic engagement: A social constructionist thematic analysis

Checklist

(Optional)

	YES	NO	N/A
Concerns regarding study aims (e.g., ethically/morally questionable, unsuitable topic area for level of study, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detailed account of participants, including inclusion and exclusion criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding participants/target sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detailed account of recruitment strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding recruitment strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All relevant study materials attached (e.g., freely available questionnaires, interview schedules, tests, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Study materials (e.g., questionnaires, tests, etc.) are appropriate for target sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear and detailed outline of data collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data collection appropriate for target sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If deception being used, rationale provided, and appropriate steps followed to communicate study aims at a later point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If data collection is not anonymous, appropriate steps taken at later stages to ensure participant anonymity (e.g., data analysis, dissemination, etc.) – anonymisation, pseudonymisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data storage (e.g., location, type of data, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data sharing (e.g., who will have access and how)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data retention (e.g., unspecified length of time, unclear why data will be retained/who will have access/where stored)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, General Risk Assessment form attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/psychological risks/burdens to participants have been sufficiently considered and appropriate attempts will be made to minimise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/psychological risks to the researcher have been sufficiently considered and appropriate attempts will be made to minimise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, Country-Specific Risk Assessment form attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, a DBS or equivalent certificate number/information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, permissions from recruiting organisations attached (e.g., school, charity organisation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All relevant information included in the participant information sheet (PIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information in the PIS is study specific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the PIS is appropriate for the target audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All issues specific to the study are covered in the consent form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the consent form is appropriate for the target audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All necessary information included in the participant debrief sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the debrief sheet is appropriate for the target audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study advertisement included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content of study advertisement is appropriate (e.g., researcher's personal contact details are not shared, appropriate language/visual material used, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Decision options

APPROVED	Ethics approval for the above-named research study has been granted from the date of approval (see end of this notice), to the date it is submitted for assessment.
APPROVED - BUT MINOR AMENDMENTS ARE	In this circumstance, the student must confirm with their supervisor that all minor amendments have been made before the research commences.

REQUIRED BEFORE THE RESEARCH COMMENCES	<p>Students are to do this by filling in the confirmation box at the end of this form once all amendments have been attended to and emailing a copy of this decision notice to the supervisor. The supervisor will then forward the student's confirmation to the School for its records.</p> <p>Minor amendments guidance: typically involve clarifying/amending information presented to participants (e.g., in the PIS, instructions), further detailing of how data will be securely handled/stored, and/or ensuring consistency in information presented across materials.</p>
NOT APPROVED - MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED	<p>In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.</p> <p>Major amendments guidance: typically insufficient information has been provided, insufficient consideration given to several key aspects, there are serious concerns regarding any aspect of the project, and/or serious concerns in the candidate's ability to ethically, safely and sensitively execute the study.</p>

Decision on the above-named proposed research study

Please indicate the decision:	APPROVED - MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES
--------------------------------------	--

Minor amendments

Please clearly detail the amendments the student is required to make

1. In case the examiners query the accuracy of your transcription of the interviews it would be wiser to retain a copy of password-protected audio files of the interviews until after the viva. The reference to deleting audio files should be amended where you refer to this on the Participant Informant Sheet (PIS) and also in the consent and debrief forms if you refer to it there.
2. It is possible that some potential participants might misunderstand the reason for the research and assume you think they should feel shame. In the 'purpose of the research' section of the PIS it might be worth including a sentence or two saying something like 'some gay men report feelings of shame about their sexuality and I would like to understand how this is addressed in therapy'
3. Similarly, some participants might have had therapists who implied they should feel shame or who handled the issue poorly in therapy and it might be worth considering including something about their perception of their therapist's attitude to sexuality in Q8 of the interview schedule.
4. The reference to withdrawal in the 'can I change my mind' section of the PIS is a little confusing. The end of the first paragraph says "If you withdraw, your data will not be

used as part of the research but then the second paragraph says something different. It would be better to say something like “you can withdraw at any point until three weeks after the data collection”. Similarly amend this aspect of the consent form.

5. Not an ethical issue per se but please check the PIS, consent form and debrief form for any typos – I spotted several in the PIS. Also avoid ‘orphaned’ headings where there is a heading right at the bottom of the page.

Major amendments

Please clearly detail the amendments the student is required to make

N/A

Assessment of risk to researcher

Has an adequate risk assessment been offered in the application form?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	If no, please request resubmission with an <u>adequate risk assessment</u> .	
If the proposed research could expose the <u>researcher</u> to any kind of emotional, physical or health and safety hazard, please rate the degree of risk:		
HIGH	Please do not approve a high-risk application. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not be approved on this basis. If unsure, please refer to the Chair of Ethics.	<input type="checkbox"/>
MEDIUM	Approve but include appropriate recommendations in the below box.	<input type="checkbox"/>

LOW	Approve and if necessary, include any recommendations in the below box.	<input checked="" type="checkbox"/>
Reviewer recommendations in relation to risk (if any):	Please insert any recommendations	

Reviewer's signature	
Reviewer: (Typed name to act as signature)	David Harper
Date:	17/01/2023
<i>This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Ethics Committee</i>	
<p style="text-align: center;">RESEARCHER PLEASE NOTE</p> <p>For the researcher and participants involved in the above-named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.</p> <p>For a copy of UEL's Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard.</p>	

Confirmation of minor amendments (Student to complete)	
I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data	
Student name: (Typed name to act as signature)	Rene de Barr
Student number:	u02050286
Date:	01/11/2023
<i>Please submit a copy of this decision letter to your supervisor with this box completed if minor amendments to your ethics application are required</i>	

School of Psychology Ethics Committee

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

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

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

How to complete and submit the request

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

Required documents

A copy of your previously approved ethics application with proposed amendment(s) added with track changes.	YES <input checked="" type="checkbox"/>
Copies of updated documents that may relate to your proposed amendment(s). For example, an updated recruitment notice, updated participant information sheet, updated consent form, etc.	YES <input checked="" type="checkbox"/>
A copy of the approval of your initial ethics application.	YES <input checked="" type="checkbox"/>

Details	
Name of applicant:	Rene De Barr
Programme of study:	Professional Doctorate in Counselling Psychology
Title of research:	Exploring how gay men talk about shame during therapeutic engagement: A social constructionsit thematic analysis.
Name of supervisor:	Dr Hannah Sela

Proposed amendment(s)	
Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below	
Proposed amendment	Rationale
Change of title - Exploring the dynamics of shame, sexuality and therapeutic engagement with gay men: A social constructionist reflexive thematic analysis.	New title better reflects the study's aim and analytical findings
	Rationale for proposed amendment
Proposed amendment	Rationale for proposed amendment
Proposed amendment	Rationale for proposed amendment

Confirmation		
Is your supervisor aware of your proposed amendment(s) and have they agreed to these changes?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

Student's signature	
Student: (Typed name to act as signature)	Rene De Barr
Date: 15/08/2024	

Reviewer's decision		
Amendment(s) approved:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Comments:		
Reviewer: (Typed name to act as signature)	Miles Thomas	
Date:	20/08/2024	

Appendix J



PARTICIPANT DEBRIEF SHEET

Exploring how gay men talk about shame and their sexuality whilst in therapy.

Thank you for participating in my research study exploring how gay men talk about their sexual identity and experiences of shame while in therapy. This document offers information that may be relevant in light of you having now taken part.

How will my data be managed?

The University of East London is the Data Controller for the personal information processed as part of this research project. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. More detailed information is available in the Participant Information Sheet, which you received when you agreed to take part in the research.

What will happen to the results of the research?

The research will be written up as a thesis and submitted for assessment. The thesis will be publicly available on UEL's online Repository. Findings will also be disseminated to a range of audiences (e.g., academics, clinicians, public, etc.) through journal articles, conference presentations, talks, magazine articles, blogs. In all material produced, your identity will remain anonymous, in that, it will not be possible to identify you personally and personally identifying information will either be removed or replaced.

You will be given the option to receive a summary of the research findings once the study has been completed for which relevant contact details will need to be provided.

What if I been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise distress or harm of any kind. Nevertheless, it is possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways, you may find the following resources/services helpful in relation to obtaining information and support:

Samaritans -

Tel: 116 123

Email: jo@samaritans.org

The above will allow participants to talk through their worries and concerns with someone who is qualified to provide emotional support.

Crisis Text Line Text: SHOUT 85258

Crisis Text Line is a service that anyone can text in to at times of need - ideal for those who don't feel comfortable talking to someone yet are looking for emotional support and coping mechanisms.

Stonewall Uk

Tel: 08003502020

Email: info@stonewall.org.uk

Stonewall is a leading LGBT+ rights charity that offers a range of different support services.

LGBT Foundation

Tel: 0345 3 30 30 30

Email: info@lgbt.foundation.

LGBT foundation provides a wide range of support services for lesbian, gay, bisexual and trans people.

Who can I contact if I have any questions/concerns?

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

[René de Barr. U2050286@uel.ac.uk]

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor Dr Sharon Cahill. School of Psychology, University of East

London, Water Lane, London E15 4LZ,

Email:s.cahill@uel.ac.uk

or

Chair of School Ethics Committee: Dr Trishna Patel, School of Psychology, University of East

London, Water Lane, London E15 4LZ.

(Email: t.patel@uel.ac.uk)

Thank you for taking part in my study

School of Psychology Ethics Committee

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

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5	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.
6	Recruitment and data collection are not to commence until your proposed amendment has been approved.

Required documents

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Copies of updated documents that may relate to your proposed amendment(s). For example, an updated recruitment notice, updated participant information sheet, updated consent form, etc.	YES <input checked="" type="checkbox"/>
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	Rationale for proposed amendment
Proposed amendment	Rationale for proposed amendment
Proposed amendment	Rationale for proposed amendment

Confirmation		
Is your supervisor aware of your proposed amendment(s) and have they agreed to these changes?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

Student's signature	
Student: (Typed name to act as signature)	Rene De Barr
Date: 15/08/2024	

Reviewer's decision		
Amendment(s) approved:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Comments:		
Reviewer: (Typed name to act as signature)	Miles Thomas	
Date:	20/08/2024	