How Do Young People Describe, Understand and Manage Experiences of Shame?

Chloe Taylor

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

May 2022

ABSTRACT

Background

Shame can have a detrimental impact on mental health and well-being in adulthood (Tangney & Dearing, 2002), yet research on childhood experiences have largely relied on quantitative measures (Mills, 2005) or retrospective accounts (Kutrovátz, 2017; Denham, 2007) rather than speaking directly with young people.

It remains unclear how young people describe shame and navigate shameful encounters, how they regulate the feeling, and the role others may play (Leeming & Boyle, 2013; Cradwick, 2020).

Aims

This study aimed to foreground young people's descriptions of shame and their developing regulation strategies, to support those working with this age group to better recognise common experiences of shame, and provide earlier help and support.

Methodology

Individual semi-structured interviews were conducted with twelve young people aged 14-15 years old in a general UK population. Results were analysed using reflexive thematic analysis (Braun & Clarke, 2021).

Analysis

Three main themes were generated. 'Shame is messy and difficult' discusses the experience of shame, alongside the complexities of naming it. The second theme 'dealing with shame' focuses on the strategies young people use. The final theme 'shame as relational' focuses on young people's experiences of how others impact on their shame, and regulation strategies.

Conclusions

The findings provide an insight into how 14-15 year olds describe, understand and manage shameful experiences, and illuminates the research benefits of

speaking directly to young people. Alongside descriptions of shame, young people also provide information on how others can support them, with feeling understood and belonging highlighted as key experiences for managing shame. Implications for this research are discussed, alongside recommendations for future research.

CONTENTS

LIST OF TABLES

Table 1: Participant Demographics

Table 2: An Overview of Themes and Subthemes

LIST OF FIGURES

Figure 1: A Visual Representation of the Scoping Review Process

Figure 2: Flow Chart of Recruitment

Figure 3: Example of Coding

Figure 4: Grouping Codes

Figure 5: Grouping Codes for Theme Development

Figure 6: First Draft: Theme Development Map

Figure 7: Second Draft: Theme Development Map

Figure 8: Final Thematic Map

ACKNOWLEDGEMENTS

I firstly want to say a huge thank you to the young people who contributed to this research. Your thoughtfulness and courage in sharing your experiences will go a long way to helping other young people (and the adults that work with them) in the future!

I would also like to thank my supervisor, Paula Corredor-Lopez, for her time, her support, and her patience over the course of this research project.

I am indefinitely grateful to the fierce and funny women doing this doctorate alongside me, who have provided an oasis of calm and care throughout the experience. I am indebted to you all and could not have gotten through without your support.

To my partner Liam, who is ever caring, thoughtful, and funny. Thank you for your constant pride and belief in me, for ensuring I maintained a work-life balance, for being ready to debate and discuss the big questions at a moment's notice, and for all the coffee, laughter and care you have supplied me with. I am so grateful.

Finally to my mum, Claire whom I owe so much to. My passion for supporting young people, my dedication and drive, and my compassion are all down to you. Thank you for your endless love and support.

1. INTRODUCTION

1.1. Overview

This chapter will first discuss the definitions of shame within the current literature, how shame can be considered (mal)adaptive, and the differences identified between guilt and shame. The main theoretical models of shame will then be discussed, before considering the developmental literature. Following this, the chapter will investigate the impact of shame and methods of self-regulation, consider how shame presents across genders, and how it is measured in research. The chapter concludes with a discussion on the current gaps in the research and the rationale for this thesis, which includes a scoping review of the current literature.

1.2. Terms

The term 'young people' is often used in literature as it carries associations of agency and partnership (Bragg, 2010), whilst 'adolescents' is the preferred term by young people themselves (Vaghi & Emmott, 2018). Therefore to capture the preferences of young people whilst also speaking to their agency and impact, 'young people' and 'adolescents' will be used interchangeably in this thesis.

The term 'shame' is used throughout this research as a descriptor or label for the experience seeking to be understood. This is in line with the research but is not assumed to be an unvarying or universal phenomenon.

In addition whilst 'shame management' and 'coping' are most commonly used in the research, they imply shame as problematic; therefore I have chosen to use Cradwick's (2000) term 'shame regulation' in my research to describe the management of shame experiences. This was chosen as it does not imply direction in intensity, valance and expression of shame, and allows for the discovery of a range of strategies, including positive and pro-social responses.

1.3. Defining Shame

When someone experiences shame, they are thought to become hyper-aware of the self, often viewing themselves as defective, usually in response to a perceived failure (Izard, 1977; Tangney & Dearing, 2002). This is based on their interpretation of an event, rather than as a result of the event itself (Lewis, 1995). Shame is therefore categorised within a group of 'self-conscious' emotions, alongside guilt, embarrassment, pride, envy and empathy (e.g. Nathanson, 1997; Scheff, 2003).

Shame is considered to be a universal experience (Ekman,1999), causing intensely uncomfortable feelings which leave an individual doing everything possible to avoid feeling this way (Elster, 1999). This results in a desire to disappear, withdraw, or hide the 'flawed self' (Tangney, 1995). The word shame itself derives from the Indo-European origin word 'skem', which means to cover or hide (Garfinkle, 2012). Typically a person experiencing shame will show physical signs such as lowering their head, slumping their shoulders, blushing, and averting their gaze (Tomkins, 1962; Schore, 2020). Individuals may also experience a brief inability to think clearly, known as 'cognitive shock' (Nathanson, 1987).

Shame leaves a person responding to intense discomfort and pain, and feeling exposed, powerless and inadequate, believing they are unworthy of acceptance or belonging (Brown, 2006). When a person is pervaded by feelings of inadequacy or worthlessness across a range of situations, impacting daily functioning, they are thought to experience 'shame proneness' (Tangney, 1990). This 'shame-proneness' is thought to contribute to poor mental and physical health (Lewis, 1987; Dickerson et al., 2004a; Dickerson et al., 2004b), and emotional dysregulation (Szentágotai-Tătar & Miu, 2016).

As research in the field of shame has expanded, sub-categories of shame have emerged, including internal, external, trait, state and anticipatory shame (Cradwick, 2020).

1.3.1. Internal Versus External Shame

Internal shame is a subjective feeling, focused on what one thinks and feels about themselves, leading to the idea one is flawed or undesirable to others (Gilbert, 2003). Comparatively, external shame focuses on what others think and feel about them, and so the act of being discovered is aversive rather than the action itself (Gilbert, 2003; Misailidi, 2020). One is likely only to feel shame when 'caught' by the disapproving society (Matos et al., 2015).

1.3.2. State Versus Trait Shame

State shame is defined as one's 'in the moment' shame feelings (Turner, 2014). Where one sees shame expand and pervade across a prolonged period, it is referred to as toxic, chronic, and/or trait shame (Bradshaw, 1988; Pattison, 2000; DeYoung, 2015; Partridge & Wiggins, 2008; Rohleder et al., 2008). Within research, clinical interest in one's susceptibility to shame means it has been referred to as a dispositional trait, rather than an emotional state (Leeming & Boyle, 2004).

1.4. Adaptive and Maladaptive Shame

Theorists in the field have begun to recognise the importance of highlighting shame's adaptive mechanisms, as only when shame is poorly regulated is it associated with negative outcomes (Czub, 2013; Elison et al., 2006; Miceli & Castelfranchi, 2018). For example, shame can drive one to seek repair and make amends (Wong & Tsai, 2007; De Hooge et al., 2018; Kaufman, 1974). The sections below consider the research on adaptive and maladaptive shame.

1.4.1. Adaptive Shame

Shame is not inherently pathological, playing a fundamental role in decision-making and behaviour (Lewis et al., 1992; Tangney et al., 2007). Only when shame regulation becomes maladaptive, impacting personal functioning, is shame considered problematic (Morrison, 2006; Scheff, 2000).

Brief shame experiences are considered essential to normal development (Schore, 2020); sharpening self-regulatory and interpersonal skills for behaviour, cognition or affective experience (Izard, 1977; Retzinger, 1995) and teaching us what is socially unacceptable or physically dangerous (Schore, 2020).

Where shame leads to self-condemnation for a behaviour, it can act as a powerful regulator (Tangney & Dearing, 2002). As socialisation requires mirroring another's experience and affect, it is hypothesised that shame acts as an innate regulatory system of emotional socialisation by inhibiting affects like excitement and joy, to transition an individual to a low-arousal state (Tomkins, 1962; Nathanson, 1994; Barrett 1995; Broucek 1982; Mills, 2005; Schore, 2020). In doing so, these feelings can help individuals identify the boundaries of socially-acceptable behaviour (Velotti et al., 2017).

Shame has also been linked to maintaining moral values and social rules, empathy towards others, and pro-social motivations or reparative actions (Gausel et al., 2016; Murphy & Kiffin-Petersen, 2017, De Hooge et al., 2010).

One can also experience anticipatory shame, defined as their "personal expectations of situation-specific shame" (Tibbetts, 1997, p235), thought to provide a powerful regulator of behaviour and decision-making (Elster, 1999).

1.4.2. <u>Maladaptive Shame</u>

Shame has been found to correlate with several psychopathologies and public health issues (Tangney & Dearing, 2002), such as depression (Kim et al., 2011), eating disorders (Woodward et al., 2019), non-suicidal self-injury (Mahtani et al., 2019), and prevention of treatment-seeking behaviour (Probst et al., 2015). Maladaptive shame has been identified as a feature of depression in as young as pre-school aged children (Luby et al., 2009) and shame-proneness has been recognised as a risk factor for anti-social behaviours in early adulthood (Stuewig et al., 2015).

The way one regulates emotions has important consequences for their well-being (Gross & John, 2003) and shame is considered a more difficult emotion to regulate (Elison et al., 2014), for example, trait shame has been linked with emotional suppression (Lanteigne et al., 2014). Where shame is pervasive and unrepaired, it is postulated to be physiologically toxic to the developing brain and can have long-term chronic consequences on self-esteem (Schore, 2020). Therefore it is proposed that shame itself is not maladaptive, but rather the strategies one uses to attempt to modulate the experience can become maladaptive, such as misuse of substances, anger, or social withdrawal (Velotti et al., 2017; Cradwick, 2020). A person may try to defend against the unpleasant emotion by finding any means of achieving a consistent emotional balance in the short-term (Swerdlow et al., 2020) and for many individuals, this can lead to maladaptive regulation strategies whereby a person attempts to modulate the intensity, timing, emotional valance, and expression of their shame affect (Gross, 2015; Taylor, 2015; Tamir, 2016).

Nathanson (1994, 1997) found four common defensive orientations which offer short term management of the situation but may be problematic for shame recovery in the long term; attacking others (restoring power by demeaning or shaming others), attacking self (turning anger inwards via self-criticism), withdrawing from others (hiding the flawed self), and avoiding feeling shame (looking to evade the feeling through alcohol or drug use, for example). If the negative affect is successfully reduced or relieved in the short-term as a result, then the maladaptive strategy is reinforced and replicated (Swerdlow et al., 2020). However, by distancing from, or avoiding feeling shame, the shame remains unacknowledged also known as 'bypassed shame' (Lewis, 1971).

Environmental influences can also activate maladaptive shame-regulation scripts (Schimmenti, 2012; Cradwick, 2020). As shame involves both the self and other, in reminding us that there can be a threat to our social bond and thus the self-other relationship (Retzinger, 2002), we internalise the moral ethics of a society (Turner, 2005). It is proposed by doing this, one can experience the threat of shame intellectually within our minds (Scheff, 2000; Lundgren, 2004), leading to shame anxieties (Wurmser, 1981).

1.5. Guilt and Shame

Shame is one of several 'self-conscious' emotions; driven by self-reflection and self-evaluation (Simonds et al., 2016). Shame and guilt can co-occur, particularly in children (Blum, 2008; Eisenberg, 2000; Ferguson et al., 1999; Gilbert & Irons, 2009). As both guilt and shame are considered essential human experiences (Clark, 2012), can both arise as a consequence of the same situation, and involve critique of the self (Simonds et al., 2016), researchers have sought to understand the differences between them.

Although both shame and guilt can be elicited from negative self-evaluations, have similar unpleasant feelings, and be situated in a social context (Miceli & Castelfranchi, 2018), within individualist cultures, both concepts are thought to be distinct from one another in how they are experienced, with different situational antecedents, underlying appraisals, and the consequential actions they evoke (Ferguson et al., 1991; Tangney, 1995).

Whilst guilt does involve negative self-evaluation, the basis of the emotional experience is focused on a particular behaviour, emotion or cognition (Lewis, 1971) and is evaluated against a moral standard, for example thinking "I did a terrible thing", indicating an evaluation of harmfulness and a concern with the responsibility for one's faults (Miceli & Castelfranchi, 2018). Shame, in contrast, sees negative self-evaluation involving the whole self, with identity evaluated against one's ideal self-standard, for example, "I am terrible" (Eisenberg, 2000; Tracy & Robins, 2004), indicating an evaluation of inadequacy and concern for the perceived gap between the negative self-evaluation and positive desired one (Micheli & Castelfranchi, 2018).

Excessive, unregulated shame is thought to be far more damaging to an individual than experiencing guilt (Schore, 2020). Individuals' scores on guilt-proneness measures, once separated from their relationship to shame, have been positively associated with empathy and constructive methods for dealing with associated feelings, and negatively associated with psychopathology symptoms through childhood to adulthood (Tangney, 1995).

It has been argued that guilt is only debilitating when fused with shame (Tangney, 1995; Bybee & Quiles, 1998).

Shame is therefore considered to be more unpleasant than guilt and more commonly associated with dejection-based emotions, such as helplessness and incompetence, creating a fear of rejection or exposing the entire self as defective, and leading to a desire to withdraw, avoid or disappear (Barrett et al., 1993; Tangney et al., 1996; De Hooge et al., 2018). The failure feels so all-encompassing that one feels less able to seek amends (Reimer, 1996). In comparison, guilt is conceptualised as multiple affective-cognitive hybrids and considered to be more adaptive than shame, with agitation-based emotions such as fear, worry and tension providing a desire to seek reparation (Elison, 2005; Tangney et al., 2011; Kaufman, 1974).

1.6. Theories of Shame

1.6.1 Evolutionary Theories

Evolutionary theories consider shame to be related to social rank and status judgements (Gilbert, 1997). As social support contributes to survival and well-being, embodied vulnerability is thought to maintain the social bonds necessary for survival (Uchino et al., 1996; Dolezal., 2017), similar to animals showing submission, a person may stop activity, avoid gaze, lower their head, and reduce their body size (Gilbert et al., 1994).

Humans are more likely to rely on higher social status being bestowed upon them, therefore creating a desire to attract others and stimulate positive affect (Gilbert & McGuire, 1998). Shame is considered a signal that a behaviour may impinge on social status (Gilbert, 1997; Elison, 2005), with self-evaluation and our perceptions of others' evaluations being closely intertwined (Gilbert, 2003).

1.6.1.1. Emotions theory. This branch of evolutionary theory suggests there are a small number of core emotions, including shame, which are considered innate and universally experienced by everyone to ensure survival of the species (Izard & Malatesta, 1987).

Each emotion is defined by unique and intricate neuromuscular, neurophysiological and phenomenological aspects (Tomkins, 1962). Shame functions to motivate behaviours and visual cues that communicate the person's submission to others, and protect the person's self-regard and perceived respect (Gilbert & McGuire, 1998).

1.6.2. <u>Cognitive Attributional Theories</u>

Cognitive theories posit that shame is a subjective experience developing alongside cognitive abilities and therefore is considered to be a 'complex cognitive-affective structure' rather than a fundamental emotion (Reimer, 1996). Individuals create rules and standards to evaluate success or failure against; where the cause of the failure is internal and global, then shame ensues (Lewis et al., 1992; Tracy & Robins, 2004).

Shame can be explained by three attributional domains: locus of control, specificity, and stability (Tangney & Dearing, 2002). Guilt and shame can be internally focused, but shame involves global and stable attributions. Younger people have a greater propensity for making global attributions and therefore may experience shame more commonly than guilt (Lewis et al., 1992).

Shame is theorised to be a moral emotion, arising from judgement of the whole self as flawed and unworthy following a moral transgression, with feared cognitions of being exposed as inadequate and judged negatively by others (De Hooge et al., 2007; Svensson et al., 2017). Shame can continue once leaving a feared social situation due to cognitive reappraisal and/or rumination (Brockman et al., 2017). With shame threatening a positive self-image, individuals undertake strategies that aim to restore the positive self-view (De Hooge et al., 2018).

1.6.3. <u>Psychoanalytic Theories and Attachment</u>

1.6.3.1. Psychoanalytic theories. Psychoanalysts are interested in the unconscious defences and latent content of shame, rather than physical signs (Rizzuto, 1991). Shame was first understood as emerging from a fear of exposure (Freud, 1896).

Initially related to guilt, shame was considered second-order and therefore overlooked until more recently (Nathanson, 1987). It is now thought guilt may in fact obscure shame (Lansky, 2005).

Psychoanalysts describe shame as a painful affective experience arising from conflict between the ego and the ego-ideal (Broucek, 1982) when one experiences a failure to live up to the expectations of the ego-ideal in terms of roles or standards (Piers & Singer, 1971). However, it has been argued that rather than fearing not meeting an ideal, shame may instead occur when one embodies an 'anti-ideal' (Lindsay-Hartz et al., 1995).

1.6.3.2. Attachment theories. Lewis (1980) first claimed shame as an 'attachment emotion', with primitive shaming experiences being recognised as emerging within the first 18 months of childhood (Broucek, 1982).

Shame is thought to arise from an interruption in caregiver-led dyadic attunement, with the infant disrupting regulation of affect usually through separation and/ or rejection (Gross & Hansen, 2000). This interruption can be repaired, and the 'interpersonal bridge' rebuilt through re-establishing mutual gaze and synchronisation of the infant and caregiver (Bowlby, 1969; Kaufman 1974; Schore, 2020).

Our attachment relationships are considered potent regulators (Carter, 1998), with one's attachment style considered central to the development of shame regulation scripts (Cradwick, 2020; Fonagy & Target, 2002) and vulnerability to psychopathology (Bradley & Lang, 2000). Perceived negative experiences of parenting were correlated with shame-proneness in emerging adulthood (Mintz et al., 2017). Secure attachment styles have been significantly negatively correlated with shame in adulthood, and fearful or preoccupied attachment styles positively correlated (Gross & Hansen, 2000).

1.6.4. <u>Social Constructionist Theories and Cultural Context</u>

Shame is understood differently across cultural contexts, with words and concepts constructed according to the language, society and culture (Parkinson et al., 2004). Therefore, whilst emotions may share labels and some similar features, they may hold different meanings and social implications (Leeming & Boyle, 2013), for example, responding with downcast eyes and withdrawal are associated in some cultures with being unpretentious, proper, and virtuous (Shweder, 2003).

Dominant models of self-conscious emotions have emerged from Western research, where ideas of self are generally stable and discrete from others, best applicable to Western cultural norms of individualism (Wong & Tsai, 2007). In collectivist cultures, the self is considered to be interdependent, with others' thoughts and feelings equally important to one's own (Wong & Tsai, 2007). It has been postulated that there could therefore be more overlap between guilt and shame within collectivist cultures, where people may not separate themselves from others' actions or social context (Wong & Tsai, 2007). In this environment shame may be adaptive, motivating self-improvement and complying with group expectations, and attempting to reduce or eradicate shame may lead to negative psychosocial consequences (Furukawa et al., 2012).

It has been found that individuals who are culturally socialised to be more interpersonally oriented are more likely to seek repair, whereas those attuned to power, status and competition in individualised cultures are more likely to withdraw from threatening interpersonal situations (Young et al., 2021).

1.7. The Developmental Literature on Shame

Self-conscious emotions are thought to emerge in toddlerhood, and throughout the cognitive maturation and social development of the young person, they continue to develop and differentiate (Muris et al., 2015). There is some evidence indicating that self-conscious emotions show considerable progression during development, being further refined during adolescence (Muris & Meesters, 2014).

Despite this, most research on guilt and shame has been conducted in adult populations, meaning research on the relationships between guilt, shame and psychopathology in young people continues to be limited in quantity (Muris & Meesters, 2014).

As definitions of shame are still being contested and refined, the paucity of research into developmental shame is thought to be impacted by this definitional ambiguity (Reimer, 1996). Theorists such as Piaget considered thoughts and feelings about the inner self impossible before middle childhood due to late developments in symbolic thinking, however, this has been disputed and empirical evidence now indicates emerging shame in infancy, alongside basic cognitive pre-requisites (Draghi-Lorenz et al., 2001; Muris & Meesters, 2014). To better understand how we may disrupt maladaptive shame patterns, a developmental approach to shame is considered vital to understanding the aetiology of shame development and regulation (Cradwick, 2020).

1.7.1. <u>Early Childhood</u>

Early childhood experiences and attachments are thought to be foundational in the development of (mal)adaptive shame and regulation scripts; with each individual holding multiple level general and specific scripts (Cradwick, 2020; Schimmenti, 2012). Schore (1998) explains vulnerability to psychological problems in later life result from an inability to regulate shame, rather than experiencing shame itself.

There are competing theories on when shame first emerges. Shame has been argued to be an innate affect present from birth (Tomkins, 1962; Tronick et al., 1978), with the still-face experiment providing evidence of a primitive shame response in 2.5-3 month olds. However cognitive-attributional theorists argue that one must have the ability to form stable self-representations, and evaluate their actions based on these internalised standards (Lewis et al., 1992; Lagattuta & Thompson, 2007; Bullock & Lütkenhaus, 1990). Psychoanalytic theorists agree that one must be capable of evaluating the self to an ideal.

A child will begin wandering from their primary caregiver at 14-16 months, returning with the expectation of being met with pleasure; where the child is met with an unexpected expression or rejection, particularly where there is a rapid change from positive to negative states, shame can result (Schore, 1998). The infant is thought to internalise their caregiver as rejecting and themselves as unworthy of support (Kaufman, 1989).

Behavioural markers of shame responses can be evidenced by the second year of life, such as through avoidance and averting gaze (Herring, 2018; Barrett et al., 1993). By three, children are capable of engaging in self-evaluation relating to success or failure on tasks; with shame expressed following failure on easy tasks, compared with hard tasks (Lewis et al., 1992). Whilst young children display differing responses to guilt- and shame-inducing situations, the ability to verbalise these differences in thought develops through middle childhood (Ferguson & Stegge, 1995).

1.7.2. Middle Childhood

It is thought children in middle childhood appraise the cause of failure and negative outcomes, responding in one of two ways; by persevering with a failing task whilst showing positive affect, or giving up and displaying negative affect and cognitions (Reimer, 1996). In addition, shame that is unrelated to guilt has been positively associated with anger and externalisation in elementary school-age children (Tangney et al., 1996).

Berti et al. (2000) sought to understand the effect of age on distinguishing shame and guilt in children aged five to ten and found all children could accurately distinguish between these emotions, with few overlaps, which supports previous research findings (Ferguson et al., 1991). Between eight and eleven years, children see shame involving ridicule, embarrassment or blushing (Ferguson et al. 1991) and between nine and twelve years old, young people become capable of making social comparisons (Moretti & Higgins, 1990), understanding shame to occur as a consequence of moral transgressions, social blunders and reflections on the self-concept (Ferguson et al., 1991).

Shame is considered a basic social emotion, due to its reliance on others and its potential to pervade all social interactions (Gruenewald et al., 2004; Scheff, 2000). It is therefore considered likely that an older child may consider others' evaluations of them to be more trait-like (Fischer et al., 1990). A negative judgement made at this age may therefore imply the need to change oneself rather than a specific behaviour (Ferguson et al., 1999).

1.7.3. Adolescent Shame

Adolescence is considered a crucial developmental period due to emerging cognitive abilities that increase an adolescent's capacity for self-reflection, and identity development, which both have potential to intertwine with shame (Reimer, 1996; Bennett, 2004).

During this identity development, adolescents begin distinguishing their sense of self from their caregivers and shame is theorised to occur when the adolescent shies away from this task, or if the caregiver's reaction threatens the attachment (Mills, 2005). In addition, adolescents are focused on achieving a sense of belonging, and seeking a social identity that can contribute to their self-concept (Tanti et al., 2011). In doing so, adolescents learn to view themselves from others' perspectives, imagining their choices are observable by an imagined audience (Elkind & Bowen, 1979). Adolescents are thought to risk shame-proneness due to their concern with social evaluation and heightened self-consciousness (Szentágotai-Tătar et al., 2015). Yet this is not only internal, as adolescents' perceptions are also formed by the real personal and social outcomes of forming relationships, where they risk rejection (Bell & Bromnick, 2003).

By adolescence, young people are better able to distinguish failures as related to themselves or external factors, and understand whether internal factors are controllable (Stipek & DeCotis, 1988). At 12-13 years old, young people can associate shame with effort and ability, rather than luck (Stipek & De Cotis, 1988). These factors can lead to shaming experiences being more closely linked with their self-concept and increase a teenager's vulnerability to negative attributions of the self (Reimer, 1996).

Adolescents are also more likely to experience shame-eliciting situations related to puberty and sexual maturation (Gilbert & Irons, 2009), for example, there are differences in gendered levels of self-esteem associated with pubertal changes; for males, self-esteem raises in response to physical changes whereas for females, self-esteem decreases with changes to body shape (Brooks-Gunn & Reiter, 1990). Despite these effects not being within adolescents' control, it appears shame can be provoked through observing the negative appraisals of others (Bennett, 2004). An adolescent's emerging sexuality can also lead to shame if they view their desires as socially unacceptable (Katchadourian, 1990) which can be exacerbated by societal taboos making 'normal' difficult to understand or discover.

How young people regulate shame is still being understood, and whether this differs with age. Shame-proneness has been associated with increased use of maladaptive regulation strategies in 13-17 year olds, and rumination has been found to increase through adolescence (Szentágotai-Tătar & Miu, 2016). Adolescent rumination is thought to increase, due to adolescents developing reasoning and metacognition, making shame more difficult to resolve (Keating, 1990). For example, underachievement is reportedly more commonplace in adolescence (Riggs, 1992), as a consequence of adolescents avoiding challenge due to associating failures with attributions that are internal, global and uncontrollable (Henderson & Dweck, 1990). The attribution made can lead to further failures in learning, inducing shame in some young people who feel helpless to amend their situation (Reimer, 1996).

There is still much to learn about the trajectory of shame through adolescence, the contexts associated with this feeling, the regulation processes, and whether a vulnerability in adolescence is predictive of future shame experiences (Bennett, 2004). For those who are identified as shame-prone in middle childhood, they are thirty times more likely to meet criteria for depression; with clinical levels of depression being predicted by shame alone in adolescents (Mills, 2005).

It is hoped that a better understanding of how shame is linked to developmental constructs, such as self-esteem and achievement motivation, will help support young people to learn new regulation strategies (Reimer, 1996). Orth et al. (2010) suggest that as adolescence is such a vital time for shame development, it may be of particular importance for interventions being aimed at reducing the impact of shame at this age.

1.8. Effects of Shame

Shame is powerful, leaving a person feeling trapped, isolated, and powerless (Brown, 2006). Shame can be felt physically and psychologically, and it has been argued that shame feels so intense and all-encompassing, that a person will often try to replace it with emotions that feel less intense, such as anger or sadness (Dearing & Tangney, 2011) or try to conceal its existence altogether (Bennett, 2004). Shame, but not guilt, for example, has been significantly positively associated with anxiety proneness and anxiety symptoms (Muris et al., 2015), with negative self-rumination thought to be an important maintaining factor (Joireman, 2004).

In response to shame, alongside physiological changes, such as lowering the head or eyes, slumped posture, tilting the head down, losing strength and energy, and decreasing facial muscle tone (Nathanson, 1994; Kemeny et al., 2004), people often feel confused and have lapses in the ability to speak (Lewis, 1971). In response to the painful experience of shame, people may evoke maladaptive regulation strategies to regain affective homeostasis (Elison et al., 2014; Swerdlow et al., 2020). These can include strategies such as social withdrawal, cycles of conflict and difficult interactions with others, attacking the self, addiction, and rage if left unacknowledged (Brown, 2006; Scheff, 2003; Schimmenti, 2012; Taylor, 2015).

'Humiliated fury' is recognised as a potential consequence of shame, where a person enacts destructive and violent behaviours to avoid painful shameful disablement (Scheff, 1995; Tangney et al., 1996; Ferguson et al., 2000; Thomaes et al., 2008).

Links have also been made between shame and bullying others (Ahmed & Braithwaite, 2004). For one experiencing shame, it also places them at greater difficulty of resisting abusive or oppressive shaming by others (Gilbert & Proctor, 2006; Seu, 2006); this is also true for collective shame, leaving people silenced and further marginalised (Munt, 2000).

Successfully dealing with the experience of shame plays a fundamental role in the development of self-concept (Izard, 1997) and therefore it is important to not only understand how shame manifests in an individual, but also explore how individuals learn to regulate their shame (Cradwick, 2020).

1.9. Managing Shame Through Self-Regulation

It has been argued that clinical interest has been focused on susceptibility to shame, rather than how one manages shameful experiences (Leeming & Boyle, 2014). Shame regulation is an emerging field and there is currently a lack of standardised terms to describe the experience of adjusting shame feelings, also known as shame coping and shame management (Campbell & Elison, 2005; Nyström & Mikkelsen, 2013; Schalkwijk et al., 2016; Cradwick, 2020). Nathanson (1994) was the first to map shame regulation mechanisms in adults. His 'Compass of Shame' theorised individuals either accept the negative message of shame (through attacking themselves or withdrawing) or deny shame's negative message (through attacking others or avoidance). General strategies for regulating shame in research suggest people either use 'moving-away' strategies, such as isolating, 'moving-towards' strategies, through seeking approval and pleasing others, or 'moving-against' shame through revenge, rage, or harm to self and others (Brown, 2010). It has been proposed that repeated avoidance strategies can lead to anxiety or depression, and repeated hostility responses can lead to aggression (Thompson & Berenbaum, 2006; Elison et al., 2014; Muris & Meester, 2014). For example, individuals who have experienced dissociation as a result of trauma and abuse, which is often associated with increased shame, report higher levels of attacking-self, avoidance and withdrawal strategies compared to healthy participants, and general mental health groups (Dyer et al., 2017).

Self-blame and blaming others are thought to be common responses to shaming experiences however research is often reliant on hypothetical scenarios rather than real-life experiences (Ahmed & Braithwaite, 2004; Elison et al., 2006), which can tend to emphasise negative experiences and see individuals inflate or distort their responses (Tangney et al., 2007).

Yet researchers argue that there has become too much reliance and focus on negative shame regulation, failing to encompass an understanding of the positive and pro-social response to shame (Harris et al., 2004; Silfver, 2007; Tangney et al., 2007; Leeming & Boyle, 2013). Studies looking at everyday shame recovery have highlighted the importance of recognising effective regulation strategies too, including connecting with others, normalising shame events, experiencing empathy and power, recognising social constructions and challenging a whole shameful identity, even replacing this experience with pride (Namka, 1995; Brown, 2006; Van Vilet, 2009; Munt, 2000). In addition, in contrast to previous research on withdrawal behaviours being strongly associated with shame, De Hooge et al. (2018) found that individuals often instead attempt social 'approach' behaviours first when faced with shame, and only when it is not possible to do so are other strategies tried.

There is variability recorded in the literature in how children regulate and respond to shame, including distancing processes such as withdrawal, hiding and avoidance, externalising processes such as anger and aggression, and approach processes such as seeking assistance, taking responsibility, positive confrontation, restoring relationships/ making amends, and soothing self (Cradwick, 2020). The stage of a young person's development will influence what strategies are possible to use when managing shame. For example, children as young as 3 months have been understood to use withdrawal strategies of gaze aversion and slumping of the head and shoulders (Moe et al., 2016), whereas 'attack-self' would require an understanding of the concept of 'self', which is thought to emerge after two years old (Bullock & Lütkenhaus, 1990). Problem-focused coping is thought to be used during childhood, moving to emotion-focused coping in adolescence (Compas et al., 1991).

Cradwick (2020) highlights that no publications in her review record how these effects impacted the experience of shame for young people.

Research has indicated that young people's shame-regulation scripts are not static and are amenable to change (Morrison, 2006; Schoenleber & Gratz, 2018), with adaptive coping strategies associated with emotional intelligence in young adults (Mikolajczak et al., 2008). Better understanding the developing patterns of young people's shame regulation would be useful for ascertaining ways of managing, and who may be more likely to experience shame-proneness or trait shame (Cradwick, 2020). Understanding individual variability in the development of regulation strategies, such as attachment and social and cultural influences, can help identify better support for young people who have experienced shame-eliciting or adverse early life experiences (Vagos et al., 2019).

1.10. Gender and Shame

Differences in the expression of shame have been seen as early as two years old (Barrett et al., 1993), with females typically expressing more shame than males (Else-Quest et al., 2012; Chaplin & Aldao, 2013). In the developmental literature, girls experience significantly higher trait shame (Okur & Corapci, 2016), are more likely to use regulation strategies of withdrawal or internalising criticism (Nyström & Mikkelsen, 2013), and use more adaptive coping strategies than boys (Jarc, 2004). In the adult literature, women report greater levels of shame and lower self-esteem than men (Velotti et al., 2017), leading to shame being stereotyped as a female emotion (Plant et al., 2000).

However, these gender differences in shame and shame-proneness are widely disputed (Ferguson et al., 2000; Mills 2005) and are not consistent across the literature (Vagos et al., 2018; Berti et al., 2000). A meta-analysis undertaken by Else-Quest et al. (2012) found gender differences were small, and their results fell closely in line with the gender similarities hypothesis, which maintains that males and females are more similar than different across all psychological variables (Hyde, 2005).

It has been postulated that emerging differences in gender may be a result of the measures used (Else-Quest et al., 2012) or in how shame is responded to (Muris & Meester, 2014). Young women and men with traditionally female gender roles have been found to be more shame-prone (Benetti-McQuoid & Bursik, 2005) suggesting socialisation may play a key role rather than innate biological differences. For example, typically feminine characteristics of caring about others are considered desirable in many cultures, and this socialisation is thought to contribute to female propensies towards internalising criticism and seeking amends, to ensure appeasement and preservation of relationships (Jarc, 2004; Cradwick, 2020). Developing socialised gender expectations that are positively reinforced may also result in boys becoming more reluctant to honestly report their emotional experiences (Jarc, 2004), or feeling pressure to conform to displays of 'typical masculinity' (Brody, 2000; Thomaes et al., 2008). It has also been argued that the experience of shame for boys may be neglected in research altogether (Herring, 2018).

1.11. Measuring Shame

A large proportion of the research literature focused on adolescents' experience of shame utilises quantitative self-report measures, including scenario-based assessments of the construct which are then categorised numerically, use of adjective checklists, or Likert scale questions (Tangney & Dearing, 2003; Harder, 1995; Shaughnessy, 2018; Sheehy et al., 2019).

Shame studies have received criticism for their utilisation of a wide variety of measures to assess the construct, which limits effective comparison, and better understanding of distinct and meaningful constructs across the literature (Sheehy et al., 2019; Eterović et al., 2019). In addition, tools used to measure self-conscious emotions including shame, largely miss capturing aggressive responses to shame which may heighten gendered differences in the literature (Herring, 2018).

Shame measures have been found to lack development studies, non-clinical samples, be indiscriminate or poorly rated, and both cross-cultural validity and measurement error are largely neglected (Lear et al., 2022). Based on the insufficient evidence of content validity and internal validity, no measures are currently recommended for use (Lear et al., 2022; Ashra et al., 2021).

Attempting to understand and differentiate between shame and guilt via experience-based measures, generally show poor distinction and requires high levels of ability and adequate understanding (Tangney & Dearing, 2002; Luyten et al., 2002; Lear et al., 2022). Experience and scenario-based measures are often only moderately correlated, leaving questions about whether the same construct is being measured, and whether the construct of shame is uni-dimensional (Luoma et al., 2017; Porter et al., 2019; Rizvi, 2010). Lear et al. (2022) suggest shame be explored as a multidimensional construct, or in reaction to specific cues and contexts.

Utilising qualitative methodologies to help better identify and understand the experience of shame in more depth, can in turn better identify how self-report measures can then be streamlined or their constructs improved.

1.12. Gaps In The Literature

Theories to date suggest shame does not occur solely in isolation, yet only a few theoretical papers have focused on interpersonal processes and social significance in adolescence, with research instead focusing on measurements of shame for the individual (Leeming & Boyle, 2013). We are yet to learn how adolescents negotiate shame and potentially shaming encounters with others, across varying contexts, and what role others play in recovery from shame (Leeming & Boyle, 2013; Mills, 2005; Cradwick, 2020).

Research to date has focused on defining and differentiating shame (Keltner & Buswell, 1997; Tangney & Dearing, 2003; Mills, 2005) and as shame has garnered interest in research, sub-categories have been developed to allow for a narrow focus.

It is important to understand how these sub-categories relate to one another within the broader shame experience for adolescents (Cradwick, 2020). In the adult literature, shame and guilt are defined as distinct emotions with differing and important consequences for the individual, however, the distinction appears to be less clear in children's descriptions (Reimer, 1996). It is important to understand how shame develops and is experienced by young people, to better understand what shifts occur in understanding and describing shame.

In addition, most research in children and adolescents has focused on developing quantitative measures on the construct of shame, and little is known about how young people make sense of the experience, create regulation scripts, and which strategies are used to regulate shame (Cradwick, 2020). Understanding the developmental aspects of shame is important to the context of a person's broader emotional regulation capacity (Sanchis-Sanchis et al., 2020).

To date, despite language offering insight into internal experiences (DeSocio, 2005), studies have neglected young people's first-person accounts of shame, relying on adult's retrospective accounts of childhood (Kuttrovátz, 2017; Denham, 2007). Little is known about young people's descriptions, understanding and shame regulation. Knowing more could allow further consideration of what language is most relevant to young people, and what may be useful in supporting those struggling to regulate their shame, leading to possibilities for preventative strategies and solutions for shame-prone young people.

1.13. Scoping Review

1.13.1. Objective

A scoping review was undertaken to understand how adolescents' first-person descriptions and perspectives on the experiences of shame are represented in the existing literature. This review included any reference to young people's views on what contributes to shame, how it is experienced and managed, and perceived consequences, to identify the gaps in the literature (Arksey & O'Malley., 2005).

1.13.2. <u>Methodology</u>

As this is an emerging field with high heterogeneity across publications (Cândea & Szentagotai-Tatar, 2018), a scoping methodology was selected to confirm the gaps and potential research aims (Munn et al., 2018). To ensure the methodology would achieve in-depth and broad results, an iterative and reflexive methodology set out by Arksey and O'Malley (2005) was utilised. I undertook the final scoping search across five databases on 4th March 2022.

1.13.2.1. Identifying the research question. Study population, concept, and context were considered (Peters et al., 2015). To ensure breadth, the research question posed was 'what is known from the existing literature about how adolescents directly describe shame and shame experiences?'

I began by identifying relevant search terms for adolescents, and the concept 'shame' by performing limited searches on several databases to identify keywords and index terms. Adding and removing terms were trialled until a consistent and optimum number of results were returned. The search strategy was validated by choosing two relevant papers in the area and identifying whether these were both returned in the search. No date range and no study context (such as qualitative methodologies) was included within my search string to ensure relevant papers were not missed.

The terms below were included as final search terms, and were searched together using the Boolean operators 'or' and 'and':

- Shame, shaming, shameful, ashamed
- Adolescen(*)[1], teen(*), young pe(*), minors, youth(*), "adolescent attitudes"[2]

---

[1] Inclusion of (*) indicates the use of truncation within the search strategy. This was to ensure variant spellings of the term were included.

[2] Inclusion of quotation marks ensures that the terms included within are only searched as one whole phrase.

1.13.2.2. Identifying relevant studies. Five electronic databases were searched including SCOPUS, Psychinfo, Academic Search Complete, CINHAL+, and Child Development and Adolescent Studies. A refinement of the search terms and strategy in each database was undertaken. To ensure the search strategy was comprehensive, reference lists of relevant papers were also searched to identify any additional papers, including published, unpublished and grey literature[3] (Peters et al.,2015), and a hand-searching of key journals was undertaken.

Once a saturation point was reached and no further papers could be identified, the papers were then manually reviewed via title, abstract, and full paper as required.

1.13.2.3. Study selection. As breadth was initially sought, a number of results were returned that did not address the research question. Therefore a strategy of inclusion and exclusion criterion was adopted to narrow down relevant papers.

1.13.2.3.1. Inclusion Criteria. Research papers including adolescents aged 10-19 years as defined by the World Health Organisation (2015), with methodologies seeking adolescents' descriptions of shame, shame experiences, or consequences were included.

1.13.2.3.2. Exclusion Criteria. A number of exclusion criterion were applied:
   a) Papers not directly involving adolescents (e.g. review studies, theoretical papers, carer/teacher views)
   b) Papers only reporting quantitative methodologies
   c) No reference made to shame beyond naming it
   d) Age of participants not included, or papers including young people under 10 or over 19 years
   e) Paper inaccessible or written in another language

Where exclusion criterion could not be clearly applied or relevance was unclear, papers were included for full paper review.

---

[3] Grey literature searches included Google Scholar and UEL repository.

1.13.2.4. Charting the data. In total, 1503 papers were returned. The results were charted in Microsoft Excel and included title, abstract, authors, dates, methodology, and key results. Following removal of duplicates, 1039 titles and abstracts were read, and inclusion/ exclusion criteria applied, see Figure 1. This left 254 papers for full text review, with 15 meeting full inclusion criteria.

Figure 1

A Visual Representation of the Scoping Review Process

```
┌──────────────────────────┐      ┌──────────────────────────┐
│ Records identified through│      │ Additional records        │
│ database searching:       │      │ identified through other  │
│ N = 1503                  │      │ sources: N = 5            │
└──────────────────────────┘      └──────────────────────────┘
              │                                 │
              ▼                                 ▼
         ┌────────────────────────────────────────┐
         │        Duplicates removed:             │
         │           N = 469                      │
         └────────────────────────────────────────┘
                        │
                        ▼
         ┌──────────────────────┐          ┌──────────────────────────────────┐
         │ Records screened     │ ───────▶ │ Records excluded, with reasons   │
         │ N = 1039             │          │           N = 1024               │
         └──────────────────────┘          │                                  │
                   │                        │ Theoretical/ review      N = 152 │
                   │                        │ (no participants)                │
                   │                        │                                  │
                   │                        │ Quantitative measures    N = 192 │
                   │                        │                                  │
                   │                        │ Shame not discussed      N = 151 │
                   │                        │ or not directly with YP          │
                   │                        │                                  │
                   │                        │ <10y or >19y             N = 459 │
                   │                        │                                  │
                   │                        │ Paper inaccessible       N = 25  │
                   │                        │                                  │
                   │                        │ Paper not available      N = 45  │
                   │                        │ in English                       │
                   ▼                        └──────────────────────────────────┘
         ┌──────────────────────┐
         │ Studies included     │
         │ N = 15               │
         └──────────────────────┘
```

1.13.3. Results

In total, 15 papers referred to, or focused on, adolescents' direct experiences of shame. Only one spoke to shame experiences within a general population (Simonds et al., 2016).

Seven papers spoke to either specific aspects or situations relating to shame (McKenzie et al., 2021; Miedema et al., 2020; Donahue et al., 2019; Oppenhaim-Shachar, 2019; Setty, 2019; Fallon, 2013; Jennifer & Cowie, 2012). Four papers spoke to clinical groups about shame (Abeyasekera & Marecek, 2019; Kranke et al., 2010; Conwell, 2005; Gardiner, 1999). Lastly three papers included single-case studies, where aspects of shame were discussed (Carroll, 2009; Marriott, 2007; Savarimuthu, 2002).

1.13.3.1. Shame in a general population. This study aimed to create and validate a shame-proneness scale, and included a semi-structured interview with 12 U.K. adolescents between 11-15 years as part of the study (Simonds et al., 2016). Seven of the participants were identified as White British, two as Black British, one as British Asian, one as British Caribbean, and as one South American. This interview looked to determine whether young people could distinguish between shame and guilt, and bring to mind shame-provoking situations. They looked to determine shame-related evaluations, negative affect and action tendencies for developing their questionnaire items. Interviews were coded to extract any data and three broad categories were established: distinctions made between guilt and shame, situations prompting shame, and evaluations, feelings and action tendencies that young people associated with shame.

They found five subcategories for shame versus guilt. Most commonly that shame and guilt co-occur, that guilt arose from what one does, and shame arose from being exposed, that shame lasted longer than guilt, and that shame is about the self and guilt is about what you have done.

Three subcategories of shame-provoking situations were identified; most commonly when aspects of performance, conduct or treatment of others led to the young person appearing undesirable, for example performing poorly on a test or being told off. Secondly when characteristics indicate something negative about one's appearance or social status, such as wearing the wrong clothes. Thirdly being subject to the actions of others, such as being ridiculed or bullied.

Lastly, they reported young people's shame-related thoughts, feelings and action tendencies. Six sub-categories of shame thoughts were identified; wanting to escape or disappear, feeling regret, making negative self-evaluations, perceiving/ anticipating negative judgements from others, self-disappointment or blame, and shame at the self, not the action. Shame feelings saw anger most frequently reported, with three types of anger identified: towards self, towards other and general anger. They also found feelings of worry/fear, sadness, internal unease/ pain, embarrassment, worthlessness, feeling stupid, weak/ powerless, lonely, regretful, disappointed and frustrated were all reported alongside shame. Lastly, they found four sub-categories for action tendencies reported including hiding, violence towards others, projecting a false self, expressing anger and crying/hurting self.

This study's strength is using a general population of young people to begin to explore shame's development in adolescence. However, the study does not report the specific ages of the young people and therefore may fail to understand potential developmental differences across the group. In addition, the purpose was to develop a scale for use with young people, and therefore it does not ascertain themes from its qualitative data and perhaps loses out on describing some of the nuances of these individuals' experiences as a result.

1.13.3.2. Shame related to specific experiences. Seven papers were identified in total. The first pertained to 40 adolescents' perspectives aged 16-19, on morality and shame related to sex work in Thailand (McKenzie et al., 2021). The second study conducted focus groups with 70 adolescents aged 12-17, across six countries within South Asia and West Africa to gather their views of early marriage, knowledge of sexual and reproductive health, and rights-related education, during which shame was discussed (Miedema et al., 2019). Ninety-eight adolescents aged 15-19, originating from West Africa took part in focus groups on barriers to utilisation of health care services, where shame was discussed as a barrier (Donahue et al., 2019). Thirty-four girls aged 16-18 living in Israel, completed semi-structured interviews on shame, stigma and respectability (Oppenhaim-Shachar, 2019).

Three of the studies were conducted in the U.K; 23 adolescents aged 14-18 spoke about their experiences of sexting[4] (Setty, 2019), 66 young people aged 10 and 11 spoke about peer bullying (Fallon, 2013) and 30 young women aged 13-19 spoke about accessing sexual health services (Jennifer & Cowie, 2012).

Young people reported that shame left people feeling vulnerable and powerless, and was characterised by avoiding eye contact, blushing or hesitating (Donahue et al., 2019; Jennifer & Cowie, 2012; Miedema et al., 2020). Shame led to delays or avoidance accessing help, with young people preferring to try problem solving themselves (Donahue et al., 2019; Jennifer & Cowie, 2012; Miedema et al., 2020). Shame left people feeling unable to change and stopped them being able to hear, or accept, healthier conceptualisations by others (Oppenhaim-Shachar, 2019).

Young people across the studies felt internalising others' judgements, fearing being gossiped about, or falling under a critical gaze, led to shame for the self or their society (McKenzie et al., 2021; Donahue et al., 2019; Oppenhaim-Shachar, 2019; Jennifer & Cowie, 2012; Fallon, 2013). Young people also spoke about making moral evaluations, such as individuals lacking virtue or contradicting religious or societal morality (McKenzie et al., 2021). They reported judgements made them uncomfortable and feared being chastised, yelled at, ignored or humiliated (Donahue et al., 2019; Fallon, 2013). Young people's fear of defamation, particularly with adults, led to a reluctance to talk, and where a topic is taboo, the young person may be regarded as a 'shameless person' or dishonourable for discussing it (Miedema et al., 2020). Young people felt their shame could be shaped by peers, teachers, health professionals and family views (Fallon, 2013; McKenzie et al., 2021; Jennifer & Cowie, 2012; Miedema et al., 2020) with some young people seeking to reposition themselves in the eyes of other to alleviate their anxiety (Jennifer & Cowie, 2012).

---

[4] Sexting means to send sexually explicit photos or messages via a mobile phone.

Defying social or cultural rules led to feeling shame, and young people worried about being shamed socially for their choices, by being ignored, bullied or experiencing disdain if they did not meet the approved standards of others (Jennifer & Cowie, 2012; Setty, 2019; Fallon, 2013). Young people also felt shame for hurting others, assisting in harm to others, or not intervening in harm coming to others (Fallon, 2013). Young people reported finding it difficult to communicate with family due to anticipated shame or as a consequence, fearing being misunderstood, embarrassed or reprimanded (Donahue et al., 2019; Jennifer & Cowie, 2012). Community views also caused young people to become dissuaded from speaking to others or accessing services, for fear of judgement, or a loss of respect, confidentiality and social standing in their communities (Miedema et al., 2020; Donahue et al., 2019). In one study, it was considered that one could bring shame not only on the family or community but as far as the reputation of Thailand as a whole (McKenzie et al., 2021).

Gender was discussed in some papers; McKenzie and colleagues (2021) found no differences, whereas two papers reported young women referred to shame more often, and young women's choices and actions were more often shamed by others (Miedema et al., 2020; Setty, 2019). Where young women felt they had little control over these views, they felt more burdened, incompetent and flawed which led them to feel more shame; having more control over aspects of their character and locating blame in society or structural barriers led to reporting less shame and stigma (Oppenhaim-Shachar, 2019; Setty, 2019). However, resistance was not reported to be enough if young people continue to be stigmatised and disrespected (Oppenhaim-Shachar, 2019).

Class was also considered to play a role in shame, and the authors highlight a need to understand complexities of class, gender, race and other social categories in shame (Miedema et al., 2020).

1.13.3.3. Shame in clinical populations. Four papers spoke to clinical groups about shame. One paper spoke to twenty-four 15-18 year old girls in Sri Lanka following a suicide attempt to think about embodied shame and gendered demeanours, which included conversation about shame (Abeyasekera & Marecek, 2019). The girls' experience of "læjja-baya" (shame and fear of a sullied reputation) was central to their subjective experience. They feared laughter and exclusion by others, and loss of reputation or opportunities. They experienced shame from judgements and public scolding. This led to trying to conceal the act to reduce or hide from their shame. They expressed anger, sadness and frustration related to shame and it was believed one could bring shame onto themselves and others. The girls experienced entanglement of their own shame with the feelings of their parents or community. The authors concluded that shame does not have simple linear explanations but is complex and nuanced, highlighting the need for work that extends to different groups and settings to better understand shame.

One of the papers spoke to young people in a general U.S.A. population and included three clinical participants from an eating disorder service, aged 15-18 years (Conwell, 2005) however their conclusions draw largely on this eating disorder population, and therefore I have included this in the clinical populations. They utilised a shame measure called Thurston Cradock Test of Shame (Thurston & Cradock O'Leary, 2009) and utilised grounded theory. They found in general young people experienced self-consciousness and concerns about their appearance, which was attributed to their developmental stage. They also reported a subtler theme of experiencing anger in situations where participants were not able to defend themselves. All other themes referenced speak specifically to the anorexia nervosa group, where they reported fearing unpredictable situations and failure. This study also estimated how many endings told by the young people fell into categories of 'maladaptive', 'neutral', 'adaptive' or 'unresolved', and found a higher percentage of neutral and adaptive responses in the general population.

The remaining two studies were undertaken in the U.S.A. The first spoke to forty 12-17 year olds about the stigma associated with taking psychiatric medication (Kranke et al., 2010), and the second spoke about the effects of shame with eleven participants aged 14-18 years, who were known to clinical services (Gardiner, 1999).

The first study (Kranke et al., 2010) found young people hid their diagnosis and medication use, feeling shame around being abnormal, or fearing they may be perceived as such. Young people's interactions with others fell on a continuum. At one end young people feared not being accepted, leading to them withdrawing and keeping a social distance. At the other end, young people relied on trusted friends who knew about their condition, or associated with people in similar circumstances which reduced feelings of isolation and loneliness. Negative family views, experiencing shame or stigma from peers and teachers, a lack of sympathy, or being teased or bullied were all related to shame. Where young people internalised these symptoms as a problem with them, shame was more likely to be experienced. Those who could name benefits, or experienced positive reinforcement from others, felt less shame.

The second study (Gardiner, 1999) was the first qualitative study to speak with adolescents and reported theorists may have overlooked key issues by not speaking directly to young people. Eight themes were yielded around shame; the first being 'adolescent phenomenology of shame and guilt', which found young people did not have clear language to describe shame but could easily recognise it and described it as painful. All recognised a difference between shame and guilt, but younger participants had more difficulty describing this difference initially. The second theme was *'the aetiology of shame'* speaking to fears of abandonment, powerlessness, confusion about the morality of self, and problematic images of self. Thirdly a theme of 't*he attempts of adolescents to deal with the experience of shame'* was described, which included hiding, developing a 'persona of protection', changing their mood or the activity. 'T*he connection of shame with other emotional states'* theme saw young people speak about embarrassment, shyness, anxiety, anger, depression, and vulnerability.

'*The effect of shame on accomplishing adolescent tasks*' talked about developing strategies to cope with conflict, the growth and development of cognitive abilities, dealing with power and authority, sexuality, developing a value system and an adequate sense of identity. Young people also spoke about '*the effect of shame on relationships*' which included with family, friends and peers, and a theme of '*the reciprocal effect of shame and the concept of God and morality*' where young people spoke about affective/cognitive images of God, connection with religious institutions, and acceptance/ moral corrective action. Lastly young people discussed '*healing the shame*' where they shared that it can be hard to do, and understanding what shame is, can be helpful in healing.

1.13.3.4. Single case studies. Three single case design studies are included which explore shame in their work, specifically providing an adolescent perspective.

The first study uses microanalysis to explore the suicide notes of two young men aged 15 and 19 in the U.S.A. (Carroll, 2009). These young men discussed the actions and reactions of significant others threatening their sense of self, resulting in intolerable shame. The young men also reported hiding their behaviour and pulling away from others, as they struggled with their sense of self and social place, most often constructing their sense of self from the perceptions of others. This construction left them feeling then humiliated by the perspectives of others.

The second study (Savarimuthu, 2002) reflected on treatment with a 15 year old girl in the U.S.A. experiencing shame. The young person shared feeling ashamed of creating additional problems for her mother, and worrying how her family would react. When sharing envy towards a friend, she spoke about shame, and in therapy this shame was represented with sadness, anger and resentment. The therapist notes that the young person presented criticisms as global facts about herself. She was also reported to twist in her chair and avert her gaze when talking about shame. At the end of the therapy, the young person shared that she had felt afraid to share her feelings out loud, but this had helped lead her to make positive self-judgements.

The final study (Marriott, 2007) spoke to a 14 year old boy in the U.K. about his shame feelings through clinical treatment. Whilst the paper largely conveys the therapist's experience and thoughts, she includes two quotes from the young person "do you think I am sick and evil", and "I have to live with that", which may speak to his concern about others' perceptions when speaking about shame.

1.13.4. Conclusion

From over 1000 papers identified, only 15 spoke to young people directly about their experiences of shame, and only one within a general population of young people (Simonds et al., 2016). The remaining fourteen studies provided rich and complex representations of young people's views internationally, which are invaluable to our understanding of what may influence and exacerbate shame experiences. However, focusing on specific shame-inducing experiences or clinical levels of shame, these studies may have missed common, subtle, or every day shaming experiences for young people. These studies focus largely on what influences shame experiences, such as the impact of family and communities, with less focus on what young people say about the internal and external shame experience, or exploration of regulation strategies.

1.14. Current study

1.14.1. Rationale

With shame impacting on mental health and well-being, there has been considerable discussion on how we may help people overcome feelings of shame (Gilbert & Irons, 2005; Lee et al., 2001) but this has not been a primary focus in the research (Deblinger et al., 2006; Gilbert & Proctor, 2006). It is hoped the current research study will provide a deeper understanding of early shame experiences for adolescents, which may contribute to mental health in later life.

By foregrounding young people's perspectives, it is hoped those working with young people can better understand the common experiences of shame in this age group, to provide earlier help and support in recognising and managing shame.

As a large portion of adolescent research has relied on quantitative measures of shame to capture the self-reported experiences of young people, the current study will look to deepen our understanding of adolescents' shame experiences and their impact for young people.

1.14.2. <u>Research Question</u>

The current research aims to better understand how adolescents within a general U.K. population describe their experiences of shame. The research will seek to better understand how young people in this age group talk about shame, how they appraise feelings of shame, and what impact they think this has on their behaviour and social choices. In addition, the research seeks to understand what situations adolescents identify as likely to evoke shame, what regulation strategies are described to manage, and what young people think impacts on their developing shame regulation scripts.

The questions therefore being explored through this research are:
1. How do young people, aged 14-15 years, describe and understand shame?
2. What regulation strategies do these adolescents employ when they experience shame?
3. How are their regulation strategies developed?

2. METHODOLOGY

A cross-sectional qualitative research design was conducted with twelve young people, aged 14-15 years, in the UK, to understand how they describe shameful experiences, what sense they make of these experiences, and what regulation strategies they use.

2.1. Methodological Considerations

2.1.1. Epistemological Position

As the theoretical stance adopted in qualitative research is borne out of one's epistemological perspectives (Kalu & Bwalya, 2017), it is important to state the epistemological position underpinning any empirical claims made (Holloway & Todres, 2003).

I[5] will take a critical realist approach to the research, as the ontological stance is neither objective nor constructionist, instead recognising that all observations are fallible, and both mine and each participant's world is constructed through our own experiences, contexts, and perceptions (Sturgiss & Clark, 2020).

This study aimed to linguistically capture the essential features or 'essences' of shame described through the multiple perspectives of young people (Holloway & Todres. 2003), considering how it may vary in different situations, and taking into consideration the personal, historical, and socio-political contexts that form a person's experience over their time (Harper, 2011). Conversation is used as a tool to observe a potential objective reality, through the subjective lenses of both researcher and participant (Howitt, 2010) and therefore any 'knowledge claim' is an approximation and context dependent, but can still offer possible insights that others may relate to, and deepen understanding (Holloway & Todres, 2003).

---

[5] First person was chosen for parts of the thesis, to reflect my position of discussing just one way of interpretating the work, which is influenced by my own context, perspective and experience.

It is hoped this research can offer a depth to the current developmental shame literature, attending to complexities within the unique context presented, rather than trying to generalise to an entire population (Creswell et al., 2007).

2.1.2. Method Selection

Reviewing the literature on shame, there has been a focus on establishing the emergence of shame and distinguishing it from guilt (Mills, 2005), with less focus on how shame is experienced. it is noted that by adolescence, most research focuses on specific aspects of shame, such as body image (Øen et al., 2018), rather than a more generalised understanding. For studies that do look at a generalised concept of shame, quantitative methodologies are often utilised. If one considers constructs as fallible, changing by context and social experience, then quantitative measures which attempt to objectively measure a phenomenon may not be sufficient to understand a person's experience, which is complex and ever-changing (Lashbrook, 2000). Therefore this research selected a qualitative phenomenological methodology for its exploratory power, to aide rich analysis of the young people's experiences, and provide deeper insight into a phenomenon that is difficult to quantify; focusing on discovery and development (Lieber, 2009; Willig, 2008).

The UN Convention on the Rights of the Child (UNICEF UK, 1989) highlights the participatory right of young people to express their views on issues that concern them. Given young people's voices are often marginalised in research (France, 2004), qualitative methodologies can also allow for adolescents to engage as active participants, ensuring they have a voice (Grover, 2004) and can generate "meanings to be heard" (Willig, 2008, p.15). Qualitative individual interviews were utilised in this study, aiming to gain a richer description of the qualities of shame experiences that the adolescents have lived through, and the attributions made (Creswell, 2014; Kalu & Bwalya, 2017).

2.2. Participants

2.2.1. <u>Sample Size</u>

Qualitative sample sizes are widely debated, as they must be large and varied enough to allow new, rich understanding of the phenomenon to unfold, but remain small enough so that deep analysis can be achieved (Sandelowski, 1995; Mason, 2010).

Saturation has been considered a 'gold standard' in qualitative inquiry, once no new data, themes, or codes are evident (Fusch & Ness, 2015). Yet it has been argued that 'saturation' is still a subjective construct, as greater data familiarity can lead to the potential for new codes and themes (Strauss & Corbin, 1998), and does not provide specific guidance for estimating optimum sample sizes (Guest et al., 2006).

A sample size of between six and twelve has been suggested as a guide for groups who are under-represented (Baker & Edwards, 2012; Guest et al., 2006) and were followed in the current research study.

2.2.2. <u>Age Range</u>

Whilst any developmental stage is important for providing a unique insight into young people's understanding of shame experiences, an adolescent age range was selected as it is a key time for transitions, identity formation and self-discovery, navigating peer relationships, and gaining independence; as well as a time when mental health difficulties can begin to emerge (Kinnunen et al., 2010; Bennett, 2004; Plancherel et al., 1998). These factors can be a source, or contributing factor, to possible magnification of shame (Sheer, 2020; see 1.7.3). Yet to date, remains underrepresented in research (France, 2004).

A general population were targeted, and broad aims were chosen, to allow young people to select the situations they wished to speak to. To ensure depth in the research findings, a narrow age range was therefore chosen for analysis.

As a result of the pandemic, large systemic change occurred to young people's lives, impacting on their experiences of schooling, their social circles, and their communities. As a result, many young people did not have the typical social experiences expected for their developmental age and stage, for example many young people began secondary school online. As shame has been highlighted as a social emotion (Scheff, 2000), and this research attempted to capture a normative experience of shame experiences in young people, to ensure relationships and schooling were established prior to the pandemic, a sample of mid-adolescents, aged 14-15 years old, were selected.

2.3. Methods

A cross-sectional design was employed, using a convenience sample of young people.

2.3.1. Consultation

Prior to research recruitment, young people aged 14-15 years old were invited to participate in a one-off consultation session as part of a careers workshop in collaboration with a local secondary school. This approach was selected to enhance the ecological validity of the study and to ensure a person-first approach to the research, where those most impacted by the outcomes were involved in the study development and design (Yardley et al., 2015).

Young people were split into four groups, each consisting of 10-15 young people, and asked to confer on either the poster design, young people's information sheets and consent forms, interview schedule, or to share examples of shaming experiences that could be used as a part of the interview design. This session ran for 45 minutes.

Young people were provided with a set of post-it notes and a pen, and asked to write down their feedback on the post-it notes and attach them to an A1 piece of paper. All data and equipment were collected in before the end of the session, and suggestions were incorporated ahead of recruitment.

2.3.1.1. Poster feedback. Young people were each provided with a copy of the poster and given time to look over the content before being asked to share their thoughts. The following prompts were provided:

- Is the information clear?
- Is there anything that makes you particularly interested or disinterested in the research?
- What do you think of the design? Does it look appealing? Is it engaging? Is it too young or old?

2.3.1.2. Information sheet and consent forms. Young people were each provided with a copy of the information sheet and consent form and given time to look over the content, before being asked to share their thoughts. The same prompts were given, as in section 2.3.1.1., with the addition:

- Are you left with any questions or worries about taking part?

2.3.1.3. Interview schedule. Young people were each provided with a copy of the interview schedule and given time to look over the content before being asked to share their thoughts. The following prompts were provided:

- Does this topic feel important to talk about?
- Is there anything you would want to talk about that hasn't been mentioned?
- What might make you feel more comfortable sharing something that feels like a big secret, is scary, or perhaps humiliating?
- Do you have any advice for the researcher on what they need to know before going to speak to other young people your age?

2.3.1.4. Shame examples. Anonymity and voluntary contributions were discussed with the young people. They were then asked if they felt comfortable, to provide anonymous examples of when they have felt ashamed of something, or that would feel shameful if it happened to someone their age. Young people were given sections of folded paper to write in, and access to a sealed container to post their ideas.

In addition, young people were asked to write down their views on whether there were differences between shame, guilt and embarrassment, and if so to try to describe these differences. This was to ascertain whether the age group could differentiate between these emotional states for interview.

2.3.2. Inclusion and Exclusion Criterion

2.3.2.1. Inclusion criteria. Young people aged between 14-15 years old at the time of the interview were eligible to take part. Individuals must reside within the United Kingdom, and their English be proficient for taking part in an interview and consenting to the study.

To speak to the diversity of young people, and of shame, no formal criteria around young people's identities were imposed or recorded, as this study sought to reflect the experiences of a general population. It was expected that young people's experiences could be diverse and their relationship with shame, their contact with mental health services, or their neurodiversity may differ, all of which had potential to add to a rich and nuanced discussion.

2.3.2.2. Exclusion criteria. Young people who took part in the consultation event and had access to the interview transcripts or the examples of shame created were excluded from taking part in the interviews. Some young people from the consultation event emailed to show interest in the study. Where this occurred, an opportunity to take part in supporting the dissemination of the research following study completion was offered.

No other formal exclusion criteria were applied.

2.3.3. Recruitment

Young people were recruited via two methods. Firstly, contact was made with a convenience sample of secondary school senior leadership teams via email. Through this method, a research poster (Appendix A) was sent with details of the study and posted through internal electronic school message boards. This poster requested young people contact the researcher directly to take part.

Secondly, the poster and supplementary recruitment posts (Appendix B) were also posted to social media websites, including Twitter, Instagram, Tik-Tok and Facebook groups such as 'Psychology Research'.

Once young people had responded via email and the inclusion/exclusion criteria had been established, information sheets which included the aims, methods, and researcher contact details, were distributed to the young people and their responsible adult (Appendix C-D), along with consent forms (Appendix E-F), sent as attachments to an email (Appendix G).

On return of these completed forms, a time and date convenient to the young person was established to meet online to conduct the interview. A separate time and date was offered to the young person's responsible adult beforehand, to corroborate verbal and written consent and answer any questions (see 2.3.4).

Recruitment was conducted over a three month period, from December 2021 to February 2022. In total, 35 young people reached out to take part, 28 were included and sent information and consent forms, and seven were excluded. Two declined to take part, and 14 forms were not returned before capacity was reached, giving a total of 12 participants. See figure 2 for details.

Figure 2

Flow Chart of Recruitment
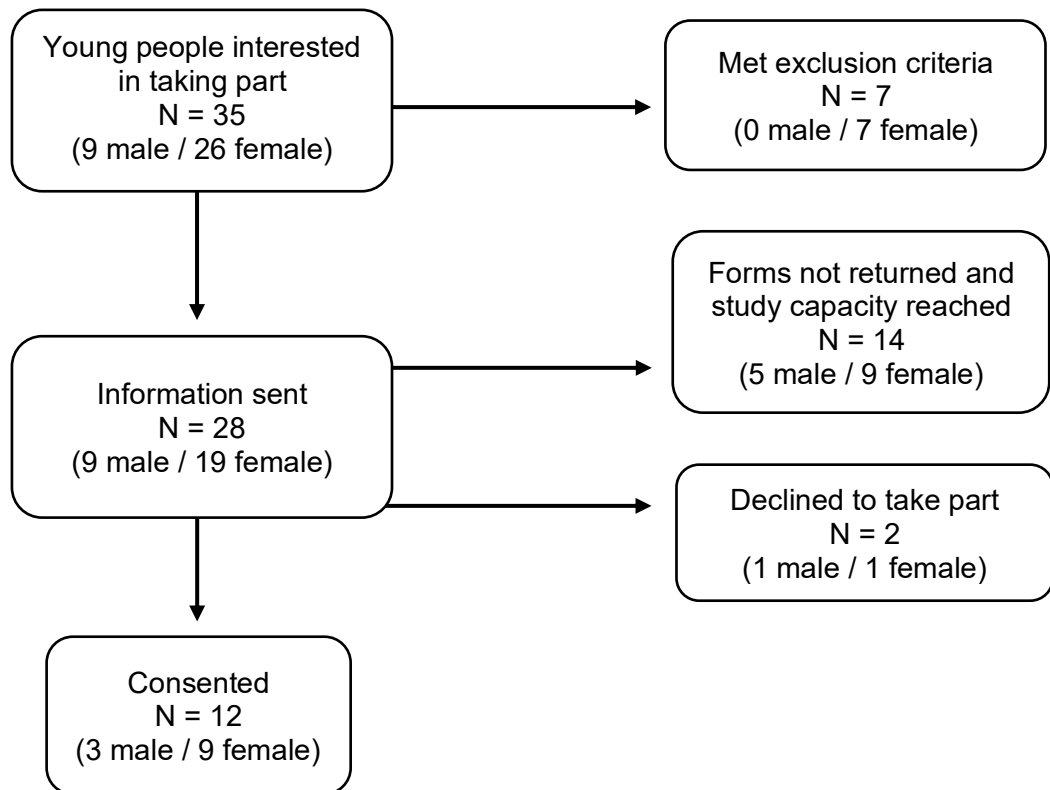
2.3.3.1. Demographic data. Demographic information including participant's age, self-identified gender, and self-identified ethnicity were collected, see table 1.

Table 1

Participant Demographics

Demographic Variables		N	%
Age	15	9	75
	14	3	25
Gender	Female	9	75
	Male	3	25
Ethnicity	Black British	4	33.3
	British Asian	4	33.3
	Black American	2	16.7
	Mixed British	1	8.3
	White British	1	8.3
Area of UK	London	9	75
	South East	1	8.3
	East Midlands	1	8.3
	Scotland	1	8.3

2.3.4. Consent

In line with the British Psychological Society's (2021) Code of Human Research Ethics, as young people eligible to take part in the study were under 16 years old, informed consent was required from young people, and from their responsible adult. Consent was initially collected via an electronic form, and then verified with individual phone or video calls to the young person and their responsible adult.

Contact with the responsible adult was offered via phone or video call. This meeting provided a space to answer any questions they may have, to think about setting up a confidential space for the young person, and ascertain if the young person had any additional needs requiring support during interview.

2.3.5. <u>Equipment</u>

All interviews with young people were conducted online using Microsoft Teams. This required an email address from the young person to be able to access the video link, but no additional software was required for participants.

In recognition of the value their contributions provided (Young Minds, 2020), young people were credited with a £5 Amazon voucher for their participation.

2.3.6. <u>Confidentiality</u>

Following consent, participants were assigned an individual code, ensuring all data remained confidential. Only I had access to any identifying data, ensuring all identifiable data was absent from transcripts, thesis extracts and any resulting publications.

In order to aide transcription, Microsoft Teams video-recording and transcription software was utilised at interview. These recordings were stored internally and securely on the Microsoft Teams platform, only accessible by the researcher and participant.

Aside from myself as researcher, only my supervisor and examiners were approved to access the anonymous transcripts, and only as necessary. Data was stored on an encrypted password-protected OneDrive file, and identifiable data was stored separately to anonymised data.

2.3.7. <u>Individual Interviews</u>

Individual interviews were undertaken with young people using a semi-structured interview schedule (Appendix H). Interviews lasted 40-70 minutes which included rapport-building, and young people were offered an opportunity to take breaks throughout (Kutrovátz, 2017). One interview was split into two parts due to scheduling conflicts, but was completed on the same day.

2.3.7.1. Individual interview as methodology. Two qualitative methods were considered; focus groups and individual interviews.

Traditional one-to-one interviews have been criticised for their impact on social desirability, and the unusual nature of a question/response set-up mimicking exam settings for young people, suggesting right and wrong responses (Kutrovátz, 2017). Despite this, research suggests young people still find individual interviews preferable for discussing sensitive topics (Punch, 2002). In comparison, focus groups can provide a rich and meaningful discussion through shared experiences (Nyumba et al., 2018). However, shame is a sensitive topic that can be associated with emotional secrecy (Macdonald & Morley, 2001) and risks social stigmatisation (Harrison et al., 2015) and therefore I considered whether individual interviews may provide a safer, more confidential opportunity to share shameful experiences (Punch, 2002).

A semi-structured interview guide was followed, allowing initial conversations to prompt responses that then generate further questions. This allowed me to follow individual responses and experiences, to answer the questions of 'how' and 'what' (Green & Thorogood, 2004) and gather a rich perspective on the topic and young people's experiences, through shared construction of meaning (Rich & Ginsburg, 1999; Bassett et al., 2008).

2.3.7.2. Interview setting. This research took place during the COVID-19 pandemic and interviewing young people face-to-face was not feasible. Young people were instead invited to interviews remotely via Microsoft Teams. The use of video interviewing can provide a cost-effective and convenient method, allowing young people to choose a convenient time and location for interview (Gray et al., 2020) and allowing the inclusion of a wider geographical demographic.

2.3.7.3. Post-interview. Young people and their responsible adults were provided with debrief sheets (Appendix I-J) containing ongoing support, contact details, and information on their right to withdraw. Young people were asked whether they gave consent to ongoing contact, and whether they wished to receive the results of the study, with the option to change their minds.

2.4. Transcription

A transcript of the conversation was produced via voice-recognition software embedded within the Microsoft Team software. A verbatim transcript is required as a minimum for analysis, and is considered the first step in data analysis as it is the act of representing spoken text as written discourse (Braun & Clarke, 2006). Accurate transcription is thought to be key to analysis (Widodo, 2014) and so following each interview, I reviewed each transcript alongside the video recording to ensure accuracy. I also anonymised the document ready for coding and following this, original recordings and transcripts were erased to maintain participants' confidentiality. Transcribing can provide an opportunity to critically analyse interview content and ensure the data connects to the research question of interest (Widodo, 2014), therefore I sought to transcribe throughout my recruitment process.

There is no one way to transcribe a conversation (Braun & Clarke, 2006), but it should be a rigorous 'orthographic' representation that retains the information needed to ensure it is 'true' to the original experience, with all verbal, and some non-verbal utterances. Grammatical errors and speech utterances were maintained, and as seen in Appendix K, non-verbal content was represented symbolically (Banister et al., 1994).

2.5. Data Analysis

To ensure the research design is coherent, the method of analysis should be selected to fit with the project purpose and theoretical assumptions (Willing, 2013). Alternative phenomenological approaches to analysis were considered, such as interpretive phenomenological analysis. A reflexive thematic analysis approach using guidance from Braun and Clarke (2021) was selected, as it is theoretically flexible, allowing clarification of meaning and movement back and forth across whole, and part, meanings, ensuring its applicability and suitability for a critical realist epistemology.

This approach allowed investigation and interpretation of themes across individual accounts of internal shame processes, as well as investigating broader contextual concerns that interact with, and shape, the individual's experience. Views were considered as having equal importance when developing themes, aiming to capture important ideas across the whole dataset (Braun & Clarke, 2006).

The data was analysed following the recommended six-phased guide (Braun & Clarke, 2021). Thematic analysis has been found to be robust, with good reliability and validity when developing themes in the early and late stages of data analysis (Miles & Huberman, 1994). To support this, I sought feedback from my supervisor as an independent reviewer on the overarching themes produced.

2.5.1. Familiarising Myself

Being involved in data collection and transcription, I came to the data with prior knowledge, however, given my split role as a clinician and researcher, I took time to reimmerse myself in the data and ensure I was familiar with the breadth and depth. This was achieved through 'repeated reading', of the transcribed data ahead of coding to begin searching for patterns and meaning. I then began to note ideas for coding, before beginning a formal process, revisiting and reviewing these throughout the analysis.

2.5.2. Generating Initial Codes

Initial codes were produced manually and systematically, by identifying a small segment of raw data that could be assessed in a meaningful way. I used brackets and highlighted these, noting these codes on the side of the page (Appendix L). Some peripheral data was kept around each data code to ensure context was not lost (Bryman, 2016). I took an inductive 'data driven' approach (Braun & Clarke, 2006) organising data into meaningful groups across the entire data set (Tuckett, 2005).

2.5.3. Theme Development

Through this stage of the research, I transferred codes between Microsoft Excel and physical post-it notes, to look flexibly at how codes might group together into potential organising themes (Appendix M). I then used visual thematic mind maps to explore grouping overarching themes and sub-themes (Appendix N).

2.5.4. Review

In this phase I spent time reviewing my theme development; refining and reworking my themes, looking for themes that did not fit or required re-categorising, and looking for any new themes I may have previously missed (Appendix N). This resulted in a final thematic map and codebook (Appendix O-P). This was then reviewed against the original transcripts to ensure all data was adequately captured, as themes should describe the bulk of the data (Joffe & Yardley, 2004).

2.5.5. Defining and Naming Themes

Once I had my thematic map, I looked to 'define and refine' the 'essence' of each theme's meaning, in line with my research into the area, to determine what the theme captures (Braun & Clarke, 2006).

2.5.6. Producing a Report

The last stage is detailed in chapter 3's analysis, where quotes from the young people offer meaning and context to the themes and subthemes produced. How these findings fit with the current literature and clinical practice are discussed in chapter 4.

As these findings were made possible as a result of my conversations with young people, I plan to disseminate the results to young people directly, in a way that makes sense to them and feels meaningful. To do so, I plan to collaborate with a group of young people (see 2.3.2.2), to think about how best to convey the results to young people.

2.6. Ethical Considerations

Ethical approval was applied for through the University of East London Ethics board (Appendix Q). A copy of the obtained approval can be found in Appendix R-S. However, Guillemin and Gillam (2004) highlight that the researcher must remain reflexive throughout the research process to ensure research is conducted in an ethical manner. As there were likely to be ethically important moments that happen throughout the research (Guillemin & Gillam, 2004) which require sensitive reflexivity, I drew upon my clinical skills to ensure I remained curious and responsive to my own position, the position of the participant, and their safety during the research process (see 4.2).

2.6.1. <u>Risk and Distress</u>

Risk management was considered as part of ethical approval (Appendix T), and throughout the research process. As participants could be recruited through social media, I decided to offer a space to their responsible adults, so they had an opportunity to explore any concerns, and establish a method of communication should any risk issues arise. I had a duty of care under the Children Act (1989) to ensure young people understood the limits to their confidentiality (Goredema-Braid, 2010) and used the start of the interview to remind young people of these limits, to help ensure their safety.

As shame can be difficult to talk about, the topic was displayed on the recruitment poster, and I gave young people an outline of the areas we would discuss at the beginning of the interview. Throughout the interview, young people were offered opportunities to take breaks and reminded that they could skip questions they did not wish to answer. Any risk implications arising in the research were considered with my supervisor, and both young people and their responsible adults were provided with a list of the support that was available as part of the debrief form (Appendix I-J).

2.6.2. <u>Self</u>

2.6.2.1. Relationship to the question. As a trainee clinical psychologist I have worked across clinical settings with young people and adults. This includes having worked within an Early Intervention Service for psychosis, where I worked with a range of adults, including young adults who had recently transitioned to adult services. Through these clinical experiences, and conversations with colleagues, I began to see that shame may be more readily identified and more openly discussed within adult services than it is in services for young people, despite only a small difference is chronological age. As I plan to seek future employment in services for young people, I therefore had a professional interest in exploring shame, which may impact the routes I took in data collection and analysis. This required ongoing sensitive reflexivity to maintain an awareness of possible biases, or privileging of my own agenda.

2.6.2.2. Position. It was important to hold in mind my dual position as a researcher and trainee clinical psychologist. This duality may mean a blurring of boundaries which risks leading young people to potentially share more than they feel comfortable with, creating feelings of regret or secondary shame (Owens, 2006). Alternatively, some young people may lack trust in the anonymity or confidentiality across these roles, which may limit responses. This was reflected on and negotiated through the research process, with young people in the focus group and the research supervisor.

In addition, I also hold my own relationship history with shame. Feedback in consultation with young people suggested where appropriate, sharing my own shame experiences could help to normalise conversations around shame, as part of the initial rapport building. Throughout the instigation and preparation stages of this research project, I also reflected on my own shame experiences and their place in this work; whilst the memory was clear and feelings still visceral, I do not carry the weight of these experiences forward in my adult life. This influenced my curiosity about why some children are more shame-prone than others.

2.6.2.3. Context. Shame can be difficult to discuss, often silencing people (Putnam & Lake, 2020). A number of considerations for methodology were explored; for example use of a 'secret box' similar to that seen in Punch (2002) was thought about, to provide an anonymous way for young people to share ideas that feel too hard to speak of. However this brought up ethical considerations around managing risk in the event something was disclosed anonymously without appropriate follow-up methods. Therefore a dialogue was considered most appropriate, whilst holding in mind what may not be touched upon, alongside the spoken content.

Social desirability can impact participants in any research, leading to participants providing answers they think I want to hear; strengthened by the power imbalance that exists between adolescent participants and adult researcher (Punch, 2002). In addition, it is the nature of shame to bring about feelings of exposure, wrong-doing, badness or inadequacy (Heller, 2003), which might be experienced strongly when talking about shameful experiences. It was important to ensure shame did not make the telling impossible (Owens, 2006), therefore space was made in the interview to address potential power imbalances and build rapport with young people, including them asking me questions (Eide & Kahn, 2008). Consideration in offering a free choice of participation and choice of research conditions can also help correct inherent power imbalances (Punch, 2002).

2.6.2.4. Power. Conducting research with young people highlights inherent power imbalances which exist between adults and young people (Punch, 2002), with young people living in an adult-centred society (Kutrovátz, 2017). As an adult seeking information from young people, power was integral to my ethical considerations throughout the project. This was emphasised when I received an email from a potential participant, where they referred to me as 'Ms Taylor' having previously called me 'Chloe'. To address potential power imbalances, I sought the experience and knowledge of young people directly, to help me to think about working with adolescents, and address areas I may have overlooked as an adult.

Throughout the interviews, I sought to regularly remind young people of their rights and that there were no right answers. I also shared my interest in their thoughts and ideas, addressed them as experts in the area, and reminded them of the opportunities I was afforded through them taking part.

3. ANALYSIS

The following chapter provides a detailed account of the themes and subthemes (for an overview, see Table 2) collated through my analysis, including the meaning and context which is provided through excerpts from the young people's transcripts. To enhance readability in this work I have made small adjustments to the text (Braun & Clarke, 2021). I have included square brackets where data has been modified to ensure anonymity, for example [text], and ellipses (…) indicate where I have omitted words.

Young people have been given pseudonyms to protect their identity, and 'Int' is used to represent the interviewer.

Following this chapter I will discuss the interpretations of my findings, how these relate to the existing literature, and provide clinical implications.

Table 2

An Overview of Themes and Subthemes

Themes	Subthemes
3.1. Shame is messy and difficult	3.1.1. Shame can be overwhelming 3.1.2. Still figuring shame out
3.2. Dealing with shame	3.2.1. Resolve it, or ignore it 3.2.2. Having time and space 3.2.3. Self-talk
3.3. Shame as relational	3.3.1. Feeling observed and judged 3.3.2. It can be hard to seek help 3.3.3. Feeling you are understood and that you belong soothes shame

3.1. Shame is Messy and Difficult

This theme encapsulates young people's experience making sense of shame. This theme is represented by two subthemes. The first, 'shame can be overwhelming', groups young people's examples of shame feeling overwhelming, hard to manage and uncomfortable, that they don't feel in control and feel it can represent who they are as a whole. The second subtheme 'still figuring shame out', encompasses how young people remembered learning about the term shame, including that for some, they are still building up their understanding, and differentiating guilt, shame and embarrassment. Within this subtheme, building up a moral code for shame is also discussed.

3.1.1. <u>Shame Can be Overwhelming</u>

Within this subtheme, young people spoke about shame being a difficult feeling to experience, often feeling intolerable and uncomfortable feelings in their body that they want to avoid, and that it is hard to shake the feeling.

> *"I would say in that situation it's just a feeling wherein when you are embarrassed you are like I can go through this, but if you are shamed you are like the world is over for me man."*
> *(Sophia)*

> *"You are knotted with the feeling of shame…you know your moods will change automatically because of that feeling of downhearted…it's painful, you don't know if you'll be understood."*
> *(Jessica)*

> *"I want to say my mind will be like, do that quickly, do it, but then my body will be shut down like a robot. I wouldn't know what to do, I'm panicking, I'm nervous."*
> *(Halima)*

> *"I don't really know, I guess I was just ashamed, I guess I didn't really want to have that about me, I wished I could kind of like get rid of it."*
> *(Anika)*

> *"…because you cannot shake the feeling you just learn to live with it…you won't be comfortable."*
> *(Luis)*

Young people identified a number of physical sensations as part of their shame; feeling tense, their heart and blood pumping fast, their heart sinking down to their stomach, their mouth going dry, hands going cold, feeling hot and sweaty, feeling sick, getting butterflies, that their nerves were failing, their thoughts racing, and losing their breath. They spoke about tackling many hard feelings alongside shame, including distress, hurt, sadness, anger, and anxiousness.

> *"…so you're feeling a lot of tension, a lot of shame and such a lack of sense of belonging, yeah, such mixed up feelings."*
>
> *(Clara)*

> *"It feels like so many emotions that are negative."*
>
> *(Freja)*

> *"I'd feel bad, and I'd be a bit like, I'd be a bit confused, and also like really annoyed."*
>
> *(Fatima)*

> *"The best word to use [for shame] is distress."*
>
> *(Alex)*

> *"I'd feel hurt…shame feels like major hurt I'd say."*
>
> *(Sophia)*

> *"…you just like are scared to do something, or you're just scared of what other people think about like normal things."*
>
> *(Fatima)*

> *"As an adult, I think you can brush it off a little, but as a child you will feel it. You will feel pain."*
>
> *(Farrah)*

In addition, young people spoke of feeling stuck or out of control, that shame can happen anywhere, and when experiencing shame that it can be hard to do anything, often leaving them silenced and feeling like there is nothing they can do.

> *"I think it can happen anywhere, especially in places where you know people, when they're in your neighbourhood, in school, in church."*
>
> *(Farrah)*

*"I would just look fairly upset and I would just kind of be there…
but I don't think I could really do much."*

(Anika)

*"Whereas shame is something you're ashamed of which sometimes
you can't control you get me… so you just have to sit down and just
wait for that situation to end you know."*

(Sophia)

*"Yes so your body's kind of frozen… shame feels like an
imaginary person holding you down …as if someone is handcuffing
you telling you to be quiet don't say anything at all."*

(Halima)

*"…because I just feel like quiet. I don't know I'm normally quiet
in class anyway, but like I'd just be really quiet, like I wouldn't
be able to speak."*

(Fatima)

Young people reflected on their attention being directed inwards when they feel
ashamed, and that their mind clouds and feels full of thoughts. Young people
thought about their decisions and the potential consequences, or regret they felt.

*"…the person probably expects you to express yourself, but
you may not be able to express yourself quite well because of
the particular attention that is inside you."*

(Clara)

*"…a lot of ideas or things will be running through your mind
so you will not be able to think straight for like seconds or minutes…
like I'll notice my mind would be very distant from that situation
because I'll start questioning a lot of things."*

(Noah)

*"…it will just like cloud in my mind, like oh why did I do that,
or what can I do and how could I have avoided that, and it's
just like all those questions in your mind just make you feel
shameful and guilty of what you've just done."*

(Alisha)

"I would feel as if the scenario keeps on going on and on in a loop."

(Halima)

Lastly, young people reflected on shame impacting on who they are. Young people felt shame for not meeting their own expectations, but also that shame left them feeling worse about themselves, or reflected their whole character. They spoke about feeling annoyed at themselves, and feeling incompetent or worthless.

"I would describe shame, it's a feeling whereby you feel like you're not good enough, you're not doing the right thing, you're not proud of who you are."

(Luis)

"I would say the disappointment that I feel when I have set the bar so high and I can't get there... maybe I'd think that I would try next time not to sort of count my chickens before they hatch."

(Freja)

"…but what is the problem within me that's what I would think… because the person would see as if I'm like really dumb and I wouldn't really know anything. Like if my teacher pointed out one thing I've done recently which is really like really not OK, then the person might see that I might do the same thing on and on and on. So they might not see me as someone who is quite intelligent that's what I'm like saying."

(Halima)

"I don't know what to do, and then the image you have tried so much to portray and tell, it's now like ruined."

(Noah)

"I would go over the situation, listen and look at what we did …. to like not to go to sleep feeling worthless."

(Sophia)

"It will make the other person think I'm a bad person as well, and it would give like, a bad like impression of me…it's just not a nice feeling to have someone thinking you're a bad person when you've done one bad thing."

(Alisha)

3.1.2. Still Figuring Shame Out

This subtheme was created to speak to the young people's learning journey. This includes their experience of coming to learn about the term shame, and how they are still building up their understanding. Around half of the young people had learned the word shame before experiencing it, and half had experienced shame first. In both, a number of young people spoke about the importance of having both for understanding their shame experiences. Noah explained:

> *"I've even experienced it before, but I could not say that that was shame, but the moment I had understood that this is shame and then you experience it, then you're like OK now I know. You relate with it."*

Whilst Jessica shared:

> *" When you're growing up you know some words are taught to you, not necessarily you knowing the meaning, but when you experience such a situation being attached to the name shame, you come to know that is what shame is."*

Whilst most shared that they had learned the term 'shame' from other people, including family, peers, or at school, Clara also talked about growing up feeling shame, whilst Alisha did not know how she came to know the term.

> *"…but you know it's something that you grow up, you know you meet yourself knowing, you cannot exactly remember when."*
>
> *(Clara)*

> *"I've actually not learned about shame, but I know what it is. I feel like I felt shame, ashamed, from a very young age. Like when you've done something wrong as kids but not necessarily learned like the term for shame."*
>
> *(Alisha)*

Despite learning the term, some young people spoke of shame still feeling difficult to understand. Fatima shared that she still does not feel she understands shame, whilst Anika felt her lack of understanding stopped her from seeking help and support.

"I probably wouldn't use a word instead because … I don't, I guess I didn't really understand that feeling."

(Fatima)

"I just thought that they were right, and it was kind of normal, so I didn't really do anything."

(Anika)

The young people felt they had learned, and continue to learn, to manage their shame through their experiences of it.

"I feel like I just learned that over time, just like not to make a problem out of it and just like, just leave it."

(Alisha)

"… because I realised it's not something that you can help, it's just something that's there and so it can't really be that bad if it's going to happen anyway."

(Anika)

Most of the young people struggled at points during the interview to describe the feeling of shame.

"Yeah, I can't even I can't even give a name to it, it seems so huge."

(Sophia)

"It's, it's hard to express how you feel, but let me try."

(Clara)

"Just kind of like erm [pause] I don't really know."

(Anika)

A majority of young people questioned whether shame was even the right word to be using, with some suggesting ones they felt were a better fit, including 'shy off' (Freja) and 'annoyed' (Luis).

"…in terms of you shy-off from doing things that you feel are appropriate for you because they do not fit on the grounds of others."

(Freja)

66

> *"I think there should be two different words, like one should be for like action, and another one would be like for your inner feelings."*
>
> <div align="right">(Halima)</div>

There was also differentiation in how young people spoke about shame, guilt and embarrassment, at times discussing these as separate entities, and at other times interchangeably. Each young person tried to describe the differences between emotions such as shame, guilt and embarrassment, with no clear consensus on their similarities and differences.

> *"I feel like it's the weight of the shame of yourself and the weight of the teacher's shame that means you just feel even more shame, ashamed, of yourself… first comes the guilt of why did I do that, and, what, how could I have avoided that, I feel like that always comes first, and then it just comes like the embarrassment of the situation like, why did I do that again."*
>
> <div align="right">(Alisha)</div>

> *"You can't compare shame with guilt or embarrassment. [pause] Embarrassment? No. Shame is very bad."*
>
> <div align="right">(Luis)</div>

> *"If you did something which was embarrassing … you might feel it a bit, but probably not as much as you did on the spot, erm but with guilt I guess that stays a bit longer because it's like it was actually something to be ashamed of. Oh! To be ashamed of."*
>
> <div align="right">(Fatima)</div>

When looking at descriptions of shame, embarrassment and guilt, around half of the content discussed shared the same descriptions, for example Halima gave the following two descriptions:

> *"Erm feeling guilt for me … I'd feel like what have I done, this is not good."*

> *"I felt quite ashamed, not ashamed more like embarrassed and ashamed, I was like wow, look, what have I done."*

Around half the content presented unique differences between emotions, for example Clara, when talking about shame said:

"…the person probably expects you to express yourself, you may not be able to express yourself quite well because of the particular attention that is inside you."

Clara later talked about guilt saying:

Int:
"How would other people know you were feeling guilty or remorseful, what would you look like?"

Clara:
"Probably through expressing yourself and telling them what you felt."

Finally young people's conversations suggested they are building up a moral code from their experiences of shame, to build a picture of what is expected from themselves and others, and when shame is likely to be experienced.

"Erm my [family member] like doesn't really like people to know that, because she thinks that my [family member] should be ashamed."

(Fatima)

"You know some situations you are not directly into them, so there's no need to feel shame about it."

(Jessica)

"…whether I'm with my friends or not, I'm not supposed to talk about them and also laugh at them."

(Freja)

3.2. Dealing with Shame

This theme was created to speak to how young people deal with their shame. They spoke to a range of strategies undertaken to manage their shame feelings, and therefore this theme has been split into three subthemes: Resolve it, or ignore it, having time and space, and self-talk.

3.2.1. Resolve It or Ignore It

Some of the young people spoke about wanting to show others how they feel, and react to the shame they felt. Noah illustrates this point when speaking about being shown up in front of others:

> "Maybe if I had the courage, I will try to stand up for myself maybe make my voice be heard…maybe I'll cry because it feels like very shameful maybe, and especially in front of your friends or something. It will be something that will mess up with me, because maybe even your friends would be laughing at the same time, and what I would want to do is maybe stand up for myself, like why are you doing this, or retaliate, or maybe even sit down instead when they tell me like to stand up."

A number of the young people felt others would notice how they were feeling from the way you look, sound or act.

> "They tell by your facial expression, like you don't look directly into their eyes... just trying to avoid them."
>
> (Alex)

> "They'll see that I'm really quiet…and they would actually get that hint straight away in their head, oh yeah you see that, you just made her feel ashamed so that's not good. Let's try and talk to her."
>
> (Halima)

> Luis:
> "Sometimes you can control the feeling, but at other times you can't, you, they'll notice yeah."
>
> Int:
> "Yeah and what sort of things would they notice for you?"
>
> Luis:
> "The face, the reaction, maybe the tonal variation in your tone."

> "I think my facial expressions will change…I think I would become a little grumpy and maybe you will start walking faster even without looking."
>
> (Farrah)

"Generally through my expression, you know when you feel shameful there is kind of the way you react, your reaction to it, your feeling, and they are portrayed all over."

(Clara)

Whilst others recognised that they hide their feelings and do not want others to know how they are feeling.

"I'd just stay quiet and just carry on I guess."

(Anika)

"You just kind of keep it from everybody."

(Fatima)

"Because I feel like if I do try and like just show my emotion it seems so embarrassing."

(Halima)

Young people spoke of wanting to move towards resolving the situation and try to make amends.

"…if you are courageous enough maybe you will say sorry or apologize, because maybe this can end up being your best friend later, or a very good friend, who can help you."

(Noah)

"I would say just the feeling of like wanting to pay back, because I was responsible for the broken item, I should also take part in making decisions that will sort of replace the item."

(Freja)

"I'd probably go and try to talk to that friend… like I said it kind of takes over my brain and I get really stressed and worried, so I feel like the sooner like the issue is resolved the better."

(Anika)

Whilst at other times they felt they might want to withdraw, hide away and avoid making the situation or their shame worse.

"I just feel like just putting an X on my face and just cancelling myself, or just pressing the delete button on my cell phone, just deleting me in that same spot."

(Halima)

*"I think it would be worse if like you made a big fuss about
It, or like you did anything about it, or just lead it to be a bigger
thing and it would make you feel more ashamed."*

<div align="right">

(Anika)

</div>

*"…and just trying to avoid them… you just need to hide…just
because I feel shame, afraid and unsettled."*

<div align="right">

(Alex)

</div>

*"You would feel like you don't want to see them, you don't
want to talk to them, you don't want to look to them"*

<div align="right">

(Luis)

</div>

*"You would wish you would run away from that situation just
for a moment until you know how to handle it in time."*

<div align="right">

(Jessica)

</div>

3.2.2. Having Time and Space

Young people spoke of taking time out and focusing away from the shame,
knowing it can take time for shame feelings to dissipate and engaging in tasks
you enjoy, can help alleviate their shame. In addition, in the moment keeping
calm could help shame fade.

*"OK I'll try to calm down probably, I'll try to bring my reaction
back to normality. First of all as I told you, for the other person
not to know that you are embarrassed …and to be able to cope
and probably move on. You know it takes time."*

<div align="right">

(Jessica)

</div>

*"Maybe doing something that I love in the moment, or
something I enjoy doing…and if someone is able to give me
space when I feel like I need it, I think that would be helpful."*

<div align="right">

(Freja)

</div>

*"I can listen to music, I can play video games, I can go watch
movies yeah, I can read…they help simply because you switch
your brain. You don't want to think about what you did, or what
makes you feel less proud of who you are. Then you decide to
concentrate on the factors that tend to make you who you are…
yeah be proud of who you are."*

<div align="right">

(Luis)

</div>

Some young people shared that taking time away allowed them space to reflect on shameful situations, which also helped to relieve their shame. Luis shares an example of his strategy:

> *"You just analyse and you see whether you did the right thing. If you never did the right thing, then you say next time I will do the right thing. If you did the right thing and they never appreciated what you did, then deep down in yourself you know you did the right thing. Then you can move on."*

> *"I feel like the questions that cloud your mind, like you don't think about the choices that you should make but then after, when it calms down, then you think about what you should have done or what you should do."*
>
> <div align="right">(Alisha)</div>

When asked at the end of the interview how he had found participating, Noah shared:

> *"It's so like, it's therapeutic, I'm more knowledgeable and also on reminiscing on some of these things and getting a better understanding of it, yeah it's sort of leaving me relieved, it's like I've shared something."*

3.2.3. Self-Talk

A subtheme of self-talk was created as during the interviews, young people engaged in positive self-talk and rationalised their shameful situations.

> *"I think you have just got to tell yourself…this isn't anything to be ashamed of."*
>
> <div align="right">(Fatima)</div>

> *"I'd think stop, like this happens to everyone else."*
>
> <div align="right">(Sophia)</div>

> *"If you are ashamed you may just be like, I don't care. Maybe somebody will be guilty after being shamed, but others may feel that it's OK, you continue shaming me and I'll continue with my life."*
>
> <div align="right">(Farrah)</div>

> *"Shame is more accepted, like people are even willing to embrace shame. We have understood that it's not something to be ashamed or shy about because there are very different reasons of why people can be shamed."*
>
> *(Noah)*

Others felt shame could sometimes prove useful as a driver to motivate them.

> *"…it's a process where I get to learn not to make the same Mistakes."*
>
> *(Freja)*

> *"You get motivated you know, I'm the only Black guy in this field so I have to perform right… it becomes like an encouragement you know… yeah you are proving yourself."*
>
> *(Luis)*

Some young people also spoke directly about the power of their mind, and its ability to change how they feel or what they do. Fatima shared her thinking on this:

> *"I feel like everything starts with a thought, and if you just change that thought, like you wouldn't start behaving the way you do. You wouldn't feel the same way because the feeling comes from what you're thinking."*

3.3. Shame as Relational

This theme was created to capture young people's discussions on shame's relationship to others in their life. This was broken down into three subthemes. The first, 'feeling observed and judged', focuses on young people's discussions around the impact of feeling judged or observed by others on their shame. The second subtheme, 'it can be hard to seek help', grouped the issues that get in the way of young people seeking help for their shame, which often related to how they would, or felt they might be perceived by others. The third subtheme, 'feeling you are understood and that you belong soothes shame' attempted to capture young people's view on what others can do to help alleviate their shame.

3.3.1. <u>Feeling Observed and Judged</u>

Within this subtheme, all young people felt that others could influence your shame, and spoke about the range of people they could feel ashamed by including teachers, peers, friends, and family members. Young people identified that all had a potential in influencing what they do as a result.

> *"Probably maybe with your friends you feel shame, in a situation whereby they just to be the need to be the one to stand out they will have to make you feel ashamed of yourself."*
>
> *(Alex)*

> *"Yes because now the teacher has shamed you in front of the whole class, and you want to do the same to her or him."*
>
> *(Farrah)*

Young people spoke about the shame of their flaws or wrong-doings being exposed to others, and how others react had the potential to increase their shame.

> *"I would feel bad because talking about another person behind their back and then them finding about it, is short of, even you know, maybe I'd even be ashamed."*
>
> *(Noah)*

> *"Probably the person who the item belongs to go… they go shouting to the class what I have done to them, saying that I'm a bad person, saying things that you probably don't deserve to be."*
>
> *(Jessica)*

The young people also spoke about feeling observed by others when they were ashamed, feeling centre of attention, or that all eyes were on them.

> *"…because everyone is now looking at you."*
>
> *(Alex)*

> *"…because all eyes are on you."*
>
> *(Farrah)*

"The fact that she's making me stand up instead of like just directly saying to the classroom, someone in this classroom has done that, or instead of just mentioning my name, and not even that just making me stand up."

(Halima)

"I want to not have the attention on me…like especially when it's in a bad way, then it makes you feel ashamed."

(Fatima)

Some felt the number of people witnessing their shame affected how they felt.

"…you are trying to express yourself that you're not the one, they come against you as a whole so you're feeling … such kind of a lack of sense of belonging."

(Clara)

Int:
"Is there anything about that situation that would make it more shameful for you?"

Halima:
"Just the fact that there's so many people that know about me."

Finally, being judged by others, or fear of being judged impacted on their shame.

"The person probably reacting with more shock emphasising that you've done wrong, or you're doing this, so you would be more shamed."

(Jessica)

"It's, no, it's major. People's reaction at the situation. I can't tell you why I'm into it, but I feel a massive reaction."

(Sophia)

Young people shared that being mocked, laughed at, or receiving criticism from others increased their shame.

"Yeah I never scored … so it went to extra time so the guys were just abusing me saying yeah you would have won if we had scored. It was really bad."

(Luis)

"…like it depends how people react to it, because like if they like laugh at it or like find it weird then you'd obviously feel like ashamed."

(Fatima)

"We had kind of a play together with my fellow students, and then they tried to bully me in a way and I had shyness, trying to avoided them, and I put shame on myself too."

(Alex)

"… the teacher is also on their side and you're like, OK why can't you try and tell the other students not to laugh at me because they will listen to you more, and try to tell them that it's not cool to laugh at people when they are wrong yeah, because you can be wrong since you are in school to learn."

(Noah)

Young people also talked about not meeting others' expectations, and feeling pressured or compared to others often left them more ashamed.

"…so when they expect highly of you, you'll be disappointed, and then I would be ashamed to even tell them what my results are."

(Jessica)

"I can't achieve the goal my parents want me to achieve which makes me feel so sad, because my parents didn't have the opportunity and I have the opportunity, and I can't do anything with that."

(Halima)

"…maybe you're already being told like this son or neighbour did the same exact test he passed very well… so it becomes like now, OK why are you comparing me and how can I tell you that I failed?"

(Noah)

3.3.2. It Can Be Hard To Seek Help

Young people shared several reasons that can get in the way of accessing support. This included that talking about shame required trust and courage.

*"I'd go to a friend first …I have one particular friend who I trust…
the fact that you have grown up together lived our life basically
together …like in a way I'm so used to the person however much
I'd do anything embarrassing, I wouldn't feel embarrassed in front
of them. It's all about the trust you put in them or something."*

(Sophia)

*"The trust between me and that person has been broken, and
maybe I'll never talk to that person again because I'll feel insecure
about telling her anything, because I know if I tell you something
the following day or the following hour they might go tell everyone."*

(Farrah)

Young people avoided sharing with others so that they did not experience the
difficult feelings or feel blamed, and that they wanted to avoid making things
worse.

*"…you don't know whether the other person will make you feel
worse than you are feeling now…if I sense that I'll be blamed
I won't talk."*

(Jessica)

*"I'm already going to feel like regret and sorrow for that thing
I've done wrong, so saying that you feel ashamed will make the
weight of the problem worse."*

(Alisha)

*"It's less drama I guess to avoid others, and I don't get in trouble
and it's just easier."*

(Anika)

*"Sometimes talking at the time doesn't help because it used
to expose what I felt."*

(Sophia)

3.3.3. Feeling You Are Understood and That You Belong Soothes Shame

Young people felt talking could help them become more comfortable with their
shame.

*"Like nowadays I'm quite free with it, at first, I didn't actually tell
anyone…I've come to understand that it's OK to talk to people,
that's one of the ways. It's quite a remedy."*

(Sophia)

Every young person talked about the importance of feeling understood when they were ashamed. This involved helping them gain understanding of shame by making time for them to reflect on their situation, talking could help them understand the situation, and helping them to rationalise their experience.

> "…we did like sessions on different things and one week we
> did shame, and we were just kind of talking about like the different
> things that were like shameful I guess, or we felt like you know
> more shameful of …. yeah, that was really helpful actually."
>
> *(Anika)*

> "…you just analyse whether you did the right thing. If you never
> did the right thing then you say next time I will do the right thing,
> if you did the right thing and they never appreciated what you did,
> then deep down in yourself you know you did the right thing then
> you move on."
>
> *(Luis)*

> "I feel like you should make the person recognise the problem,
> and like try not to say ashamed."
>
> *(Alisha)*

Young people also felt understood when others listened well, put themselves in the young people's shoes, and did not to dismiss them.

> "One thing she does is she just listens to me really calmly and
> she doesn't have any opinions… she does not have anything at
> all to say. She just nods her head and just keeps calm and tries to
> understand me instead of just rushing through and forcing me into
> saying every single bit of my opinion."
>
> *(Halima)*

> "Yeah, they'll get what you're feeling. They'll be like oh yeah, I
> know how it felt. It doesn't have to be like it happened to them,
> but they get it."
>
> *(Sophia)*

> "…they are not really getting to the core and listening to you,
> and until you do that situation will never change."
>
> *(Clara)*

> *" It's unhelpful when they blast you off…they tell you, no I don't care what happens to you. Go get someone else to come and sort your issue."*
>
> *(Luis)*

They wanted others to help them to resolve their shame though asking what they need, offering advice when the young people asked, and helping them face the situation.

> *"…because maybe the person you chose to talk to maybe went through such issues, so he'll just give you a way of how you should solve the issues."*
>
> *(Luis)*

> *"…she can relate more because she knows what I've been through and… knows what to do in that same position as well. So she just stays calm, listens to me, and tells me some suggestions if I need them."*
>
> *(Halima)*

Young people shared that feeling less alone helped them. In the moment, young people felt others could help by ignoring and distracting away from the situation, and by not making judgments, bullying, or mocking them.

> *"…when in a way, maybe meeting with other friends they will start sharing something different, making you forget what you had just passed through."*
>
> *(Alex)*

They also spoke to wanting to feel included by others, and suggested talking and sharing could help them feel like they belong.

> *"The fact that I've repeatedly opened up to many people, so at this point I'm comfortable, and when you tell people a certain part of your history and they react in a nice way it usually like helps you…yeah you feel like you belong among them or something."*
>
> *(Sophia)*

> *"We're just three friends but like it's still enough, and when
> you can just all rant about what's happened and you're just
> like really annoyed and they agree with you, you just get it all
> out your system."*
>
> <div align="right">(Fatima)</div>

A number of young people shared just knowing others are there is helpful, but they also found others could help them by being supportive, making them laugh and normalising their situation.

> *"Just letting you know it's going to be OK, like everyone feels
> shame and it's normal."*
>
> <div align="right">(Anika)</div>

> *"…maybe they will try to cheer me up from sad because
> in that moment you're feeling low."*
>
> <div align="right">(Farrah)</div>

> *"You know that complete reassurance that everything is OK,
> and everything could be handled over time probably would feel
> better. The feeling will not disappear quite suddenly but with
> time they will have helped a great deal during that particular time."*
>
> <div align="right">(Jessica)</div>

4. DISCUSSION

This thesis presents a unique insight into the experiences of shame for 14-15 year olds within a general UK population, aiming to answer the question 'how do young people describe, understand, and manage experiences of shame?'

In this chapter, the results are discussed in relation to the research aims, and their fit with the broader literature. Clinical implications of these findings are discussed, alongside researcher reflexivity, and study strengths and limitations. The chapter concludes with suggestions for future research.

4.1. Initial Research Aims and Results

Three superordinate themes and eight subthemes were generated, to address the following research questions:

1. How do young people, aged 14-15 years, describe and understand shame?
2. What regulation strategies do these adolescents employ when they experience shame?
3. How are their regulation strategies developed?

4.1.1. <u>How Do Young People Describe and Understand Shame?</u>

To answer the first research question, I will discuss the theme generated in 3.1. where young people describe shame as 'messy and difficult'. This theme includes two subthemes: 'Shame is overwhelming', and 'still figuring shame out'.

4.1.1.1. Shame is overwhelming. A novel finding of this study is understanding young people's first-person descriptions of the many physical sensations they felt internally, associated with shame.

These included feeling tense, increased heartbeat, butterflies or a heavy feeling in their stomach, dry mouth and loss of breath, feeling hot and sweating, and having cold hands. At the time of writing, no studies identified to date have spoken to the physical sensations that adolescents experience, instead describing adolescents' thoughts, or desired actions associated with shame (Simonds et al., 2016). This finding correlates with research on adult experiences of feeling hot, flushed or sweating, changed breathing, and increased heart rate and temperature (Turner, 2014; Wallbott & Scherer, 1989).

Young people described shame as difficult to experience, creating uncomfortable feelings and tolerating a lot of discomfort, including feeling physical pain, which they wanted to get rid of. This matches Brown's (2006) descriptions within an adult population, of a person feeling intense discomfort and pain. In addition, shame was described as difficult to shake, which has been described in previous adolescent research, finding shame lasted longer than other emotions, like guilt (Simonds et al., 2016). It has been argued that the intensity of these feelings in adolescence are adaptive, to allow them to notice, learn and develop socially (Hohnen et al., 2020).

Adolescents spoke of shame co-occurring alongside other feelings they associate with being 'bad' or 'negative', including sadness, hurt, anxiousness, irritation and anger. This co-occurrence of feelings mirrors other adolescent research on shame (Abeyasekera & Marecek, 2019; Savarimuthu, 2002). However, unlike previous research arguing this helps mask shame's intolerable nature (Dearing & Tangney, 2011), these feelings do not appear to replace the experience of shame, but are instead used alongside the word shame to express meaning in a way that feels relatable for young people.

Adolescents explained shame left them feeling stuck, with little control over what they can do. Research has found that where individuals felt they had little control, they felt more burdened, incompetent and flawed, leading to more shame, whereas shame lessened for those able to challenge or locate blame in social and structural barriers (Oppenhaim-Shachar, 2019; Setty, 2019).

These young people identified feeling a lack of control which may suggest adolescents could benefit from support to challenge and rationalise their situation, moving away from broad and internalised generalisations of failures (Tracy & Robins, 2004).

Young people also referenced feeling unable to speak, and believed this was influenced by their mind becoming clouded by thoughts, and internally focusing on their decisions and possible consequences. This finding appears to reflect the idea of cognitive shock within wider literature (Nathanson, 1987). This feeling was also reported as lasting beyond the shameful experience itself by some adolescents, which reflects the wider literature where despite leaving the feared social situation, shame continues through cognitive reappraisal and rumination (Lewis et al., 1992; Brockman et al., 2017). Research also evidences an increase in rumination during adolescence, as reasoning and metacognition develop (Szentágotai-Tătar & Miu, 2016; Keating, 1990). In the adult literature, self-rumination is thought to be an ineffective strategy that can contribute to shame-proneness alongside behavioural inhibition (Feldner et al., 2004) and therefore intervention targeting rumination in adolescence should be considered.

Young people felt concerned about how they are perceived, and by not meeting expectations, they fear others may judge their behaviour as a reflection of their whole character. This reflects the literature identifying shame perceptions leaving a person feeling defective, or that who they are is problematic (Tangney & Dearing, 2002; Brown, 2006; Mills, 2005). Concern that a situation may reflect on their whole character also falls in line with research suggesting younger people have a greater propensity for making global, stable attributions (Lewis et al., 1992; Tangney & Dearing, 2002).

Young people also spoke of feeling worthless or incompetent, similar to results seen in Simonds et al. (2016). This may be an early indication of shame proneness, when a person is impacted by feelings of inadequacy or worthlessness which impacts on their day to day functioning (Mills, 2005).

Future research may benefit from exploring this experience in more detail, to understand whether these feelings become pervasive, or are more indicative of a core construct in every day shame experiences, as it is this shame-proneness that is thought to contribute to poorer outcome in adulthood (Lewis, 1987; Dickerson et al., 2004(a); Dickerson et al., 2004(b); Szentágotai-Tătar & Miu, 2016).

4.1.1.2. Still figuring shame out. Many of the young people referenced learning the term shame from others, but some did not know where they had first learned about it. The adolescents were also split on whether they first heard the word, or whether they first experienced the feeling but felt regardless, both are necessary to understand shame. This fits with the cross-cultural research on language, culture and emotional expression, which suggests that emotion-eliciting events are involved in the conceptualisation of emotions, alongside learning the emotion word (Ogarkova et al., 2012). This complex process perhaps helps to explain young people's lack of clarity on where they first learned the term, as it embedded in the fabric of our conversations and experiences.

At times young people found it difficult to describe shame, or differentiate the experience from other self-conscious emotions, such as guilt or embarrassment. This was not a universal experience, with some young people giving clear definitions, yet there was no one unified consensus of the definition between young people. In the wider literature, Reimer (1996) suggested that it is important to gain understanding of the development and experience of shame over the course of adolescence, due to distinctions being less clear. The current research provides additional information for the literature that adolescents aged 14-15 years may find shame difficult to define clearly, and may use shame, guilt or embarrassment interchangeably when describing their experiences. This is an important finding for those working with adolescents, as young people may utilise other emotion-terms and descriptions when they attempt to communicate the experience of shame. When considering that maladaptive shame has been linked to negative outcomes in the long-term (Tangney & Dearing, 2002), it is important that those working with young people are always exploring shame when talking to young people about self-conscious emotions.

In addition, the cross-over between guilt and shame descriptions was also evident in the current research. The reason for this is still being understood in research, however a recent paper suggested that whilst both guilt and shame can share feelings of responsibility, one differing feature may be that shame leaves the individual's felt inadequacies and defectiveness being revealed to others (Miceli & Castelfranchi, 2018). In the current research, young people spoke to feeling inadequate or worthless. This alongside their definitional ambiguity between terms may shed light on an emerging understanding of these differences. This may lead to more cross over in explanations, but perhaps differentiates what regulation strategies are employed, discussed further in 4.1.3.

If young people find differentiating between self-conscious emotions difficult, one question is whether it is relevant to try distinguishing between these emotions before mid-adolescence? Researchers may be in danger of assuming that there is a shared understanding of what is being defined and measured in research (Fischer et al., 2015). This research study supports the idea that shame may be best explored as a multi-dimensional construct (Luoma et al., 2017; Porter et al., 2019; Rizvi, 2010), or in relation to specific cues and contexts (Lear et al., 2022). Future research may benefit from tracking self-conscious emotions as a whole over development, to define what impacts most on chronic shame experiences in adulthood. In doing so, one can understand whether it is necessary to differentiate between terms, or whether talking about these terms interchangeably can be as useful in affecting shame outcomes in adulthood.

Young people learning the term shame from others, or growing up feeling shame, helped them to begin developing a moral code of what is expected. This finding appears to support previous research into shame development, suggesting individuals create rules and standards to evaluate failures and successes against (Gausel et al., 2016; Murphy & Kiffin-Petersen, 2017, De Hooge et al., 2010), with shame occurring where the cause of the failure is internalised and global (Lewis et al., 1992; Tracy & Robins, 2004).

4.1.2. What Regulation Strategies Do These Adolescents Employ When They Experience Shame?

To answer the second research question, the theme 'dealing with shame' in 3.2. will be discussed, as this incorporates the regulation strategies young people employ when attempting to manage shame. Research suggests the innermost self is threatened during a shameful experience, leading individuals to attempt to defend against this by finding any way of achieving emotional balance in the short term (Swerdlow et al., 2020). Adolescents in this study spoke to utilising a range of strategies, which have been broken down into three subthemes shared below.

4.1.2.1. Resolve it or ignore it. Young people reported wanting others to know how they felt, or wanting to react to their shame feelings. This could be through a range of expressions, including crying, using their voice, retaliating or rebelling. Mapping this to the shame regulation strategies highlighted in Nathanson's (1994) Compass of Shame, one may theorise that young people are 'moving against' shame through revenge or rage, or looking to 'attack others'. However, these strategies may also reflect a positive sign of adolescents feeling some power and control, developing an effective regulation strategy (Munt, 2000) where they attempt to involve others in helping them manage the shame experience (De Hooge et al., 2018). Young people believed others could see their shame through their facial expressions, tone of voice, body language or actions may provide further evidence of this first-step social approach (De Hooge et al., 2018).

Some of the young people also spoke about seeking to resolve the situation to ease their shame. Research often fails to take account of adaptive regulation strategies, and this is therefore an important research finding. Young people seeking helpful approach-type solutions to their shame, may be indicative of them being driven to repair and make amends to ruptured interpersonal bridges as a result of their shame (Wong & Tsai, 2007; De Hooge et al., 2018; Kaufman, 1974; Cradwick, 2020).

Other young people wanted to hide their feelings, ignore the situation, withdraw from others, or disappear altogether. This finding fits with the wider research on shame in adults and adolescents, where shame leads individuals to be quiet, hide, want to disappear and withdraw (Simonds et al., 2016; Wallbott & Scherer, 1989; Izard, 1977; Nathanson, 1997). Thinking about Nathanson's (1994, 1997) model of four common defensive orientations, this group of young people appear to speak to 'withdrawing' strategies to avoid feeling shame. This is an important finding as Nathanson suggested such defensive orientations may be problematic for shame recovery in the long term, where the behaviour is reinforced by short-term relief (Swerdlow et al., 2020), and bypassing shame (Lewis, 1971).

4.1.2.2. Having time and space. Young people spoke about taking time out away from the shameful situation, taking care of themselves, and focusing on the people or activities they enjoyed could help them to feel proud again. This is in keeping with Jarc (2004) and De Hooge and colleagues' (2010, 2018) work which found that when shame threatens a positive self-image, individuals will undertake strategies that help restore their positive self-view.

Young people recognised it could take time for their feelings to dissipate, and having space away from the situation could be helpful, as was described in Jarc's (2004) case studies, but has otherwise not been described in the literature to date. Young people explained that space away allowed them time to clear their mind to then be able to resolve their shame feelings, which is a novel contribution to the literature. Young people also found keeping calm in the moment was effective in helping shame fade and this appears to be a novel finding in the research to date, and may indicate an effective regulation strategy to manage everyday shame.

4.1.2.3. Self-talk. Within this subtheme, conversations about shame having positive outcomes were grouped together. Some of the young people shared that shame could motivate them, help them to learn from their mistakes, others learned about the power of their mind and thoughts, and some spoke to witnessing others embrace shame. These highlight positive, pro-social strategies often neglected in research (Leeming & Boyle, 2013; Cradwick, 2020).

The results reflect the literature on everyday shame recovery, where individuals attempt to regulate through connection, normalising experiences, feeling power and empathy, and recognising social constructions that allow them to challenge the shameful identity (Namka, 1995; Brown, 2006; Van Vilet, 2009; Munt, 2000), and perhaps speak to the unique sensitivity and social growth seen in adolescence (Hohnen et al., 2020).

This finding also speaks to young people learning to view shame as something they can approach, or resolve, rather than just experiencing it as an overwhelming and incapacitating emotion. It reflects the variability found in the research detailing young people's developing regulation strategies; with young people also learning to approach their shame through soothing, positive confrontation, restoring relationships and making amends (Cradwick, 2020). As successfully dealing with shame can play a role in one's developing self-concept (Izard, 1997), further research to understand this variability in young people through developmental stages would be useful in understanding effective and preventative shame regulation strategies.

4.1.3. How Are Their Regulation Strategies Developed?

Within the subtheme 'still figuring shame out', young people shared that they continue to learn about managing shame through their experiences. Adolescents may benefit from adults creating opportunities for them to reconnect following a shaming experience, to offer guided support in learning what has worked for them, helping young people unpick their behaviour, to avoid them internalising the experience, or creating global representations.

In addition, young people identified that there was not one clear path to causing shame and rather than corresponding to specific situations, shame resulted from their interpretation of the event and awareness of themselves. This fits with literature that identifies shame as a self-conscious emotion (Izard, 1977; Lewis, 1995).

The adolescents felt that shame was more likely to happen with people you know, but could happen with those less familiar too, with family members, peers, teachers, and friends, all impacting on how they felt and what they chose to do. Young people appear to learn shame regulation strategies based on the situations they are faced with, and who they find supportive, similar to previous findings with adolescents (Kranke et al., 2010; Cradwick, 2020).

The third theme generated in 3.3. 'shame as relational', spoke to young people's descriptions of shame in relation to others, specifically feeling observed or judged, that it can be hard to seek help, and that belonging and feeling understood eased shame.

4.1.3.1. Feeling observed and judged. Young people shared feeling observed, having all eyes on them, and feeling centre of attention during shame experiences. Research has found adolescents' experience of feeling watched induces self-conscious emotions and activates socio-affective brain circuits, without requiring feedback to confirm this as truth (Somerville et al., 2013; Hohnen et al., 2020).

The young people found feeling judged, or exposed to others were most common shame-inducing experiences. This fits with the literature's description of shame as a moral emotion, fearing exposure of being inadequate, or being negatively judged (De Hooge et al., 2007; Svensson et al., 2017; Tangney et al., 2007). Previous research spoke to adolescent fears of laughter, judgment, and exclusion by others (Abeyasekera & Marecek, 2019). It has been suggested that adolescence is a critical time for sensitivity to social signals, with young people's peer evaluations affecting their feelings of social and personal worth, and peer rejection indicating unworthiness to the individual (Blakemore & Mills, 2014). It is therefore important to continue focusing targeted support towards adolescents' understanding of social interactions, and promoting their social inclusion.

Young people also felt shame when they did not meet expectations of themselves or others, suggesting comparison against standards or views that should be met. This fits with the literature suggesting young people can experience both internal shame, focusing on the subjective feeling of what one thinks and feels about themselves (Gilbert, 2003), and external shame, focusing on what they believe others think and feel about them (Gilbert, 2003; Misailidi, 2020). The finding also shares commonalities with Nathanson's (1994, 1997) 'attacking-self' defence mechanism, where individuals turn their anger inwards via self-criticism, found to be problematic for resolving shame in the long-term. Those working directly with young people should consider the impact of pressure and comparison, and how we may be contributing to their internalised self-ideals.

It is worth noting this research was undertaken with a majority of young people who represent the Global Majority[6]. Where young people spoke to feeling judged, mocked, or bullied by others, specific anecdotes spoke to experiencing discrimination from others which impacted upon, or directly causing them shame. A US study found that when one experiences discrimination it can often co-occur with self-blame (Blodorn et al., 2016). These feelings can occur from one instance, but risk becoming more salient with repeated exposure (Dunbar et al., 2022). As shame can make it more difficult to resist abusive or oppressive shaming by others (Gilbert & Proctor, 2006; Seu, 2006) and collective shame can create silencing and further marginalisation (Munt, 2000), it is important to determine the mental health impacts of discrimination, and ensure effective intervention is implemented in a timely manner for adolescents most impacted.

4.1.3.2. Hard to seek help. Young people reported that talking with others about shame requires trust and courage. Whilst this has been implied previously in research, this appears to be the first study to date to record this perspective.

---

[6] I have used the term 'Global Majority' (Campbell-Stephens, 2021) as a collective term, to attempt to speak to the White lens of academia. This term speaks to people of heritages often racialised as 'ethnic minorities' despite making up the global majority of the world population.

Young people also avoided sharing with others when fearing it may make the situation worse, where they risked being blamed, or wanted to avoid shame feelings altogether. This fits with the wider literature where shame has been shown to reproduce itself in an inner self-feeling trap (Lewis, 1971), or triple shame loop (Scheff, 2000), where one can be ashamed, feel ashamed of being ashamed, and feel ashamed of causing further shame in others. Young people may implement avoidance strategies where fear of judgement, the situation, or the feelings themselves, are interpreted as too difficult to resolve.

4.1.3.3. Feeling you are understood and that you belong soothes shame. The adolescents recognised that talking with others can be helpful for reducing shame, as they felt listened to, gained a better understanding of themselves and the situation, and inclusion left them feeling less alone. Achieving a sense of belonging and a social identity have been identified as key foci for adolescents (Tanti et al., 2011), helping them to develop their self-view from others' perspectives. Social inclusion and acceptance are more rewarding, and exclusion more painful in the adolescent years (Sebastian et al., 2010; Guyer et al., 2012), fitting with this research findings where the young people identified a sense of belonging with others, and acceptance as key drivers to reducing their shame.

Young people wanted to gain an understanding of their shame experiences in collaboration with others, seeking advice, and looking to others to normalise the experience which in turn helped them face their shame. Being dismissed, misunderstood, or not listened to could exacerbate their shame. In the adult literature, studies that have explored natural shame recovery highlight the importance of recognising shame, connecting with others and normalising shame events (Namka, 1995; Brown, 2006; Van Vliet, 2009; Munt, 2000). In doing so, individuals experience empathy, power, can better recognise social constructions, and challenge the whole shameful identity, to help reduce shame or replace it with pride.

4.2. Study Evaluation

Whilst qualitative research cannot be measured in the same unvarying way as quantitative methodologies (Guba & Lincoln, 2005), evaluating rigour against flexible and contextually-situated criteria to ensure sensitivity and validity is important (Ellingson, 2008; Golafshani, 2003). This study utilises the structure of eight key markers for good quality qualitative research (Tracy, 2010).

4.2.1. Worthy Topic

Rates of reported mental health difficulties continue to rise in the UK, with recent estimates indicating around one fifth of 11-16 year olds are likely to meet criteria for a mental health disorder (NHS, 2020). As shame has been associated with anxiety and depression in adolescence (Nikolić et al., 2022) and poor mental health in adulthood (Yakeley, 2018), it is important for those working with young people to recognise and understand how to best support adolescent shame. This study offers a novel first-person account of adolescents' experiences negotiating everyday shame, and the role others play in supporting them with regulation. Adding to the developmental literature on shame, on how young people describe and appraise the experience, and the impact this has on social choices and behaviours, as well as providing those working with this age range a better understanding, alongside key recommendations for support.

It has been suggested shame only becomes maladaptive or pathological as a result of poor regulation strategies and environmental influence (Schimmenti, 2012; Cradwick, 2020), therefore knowing what works for adolescents is key to effective support. This study provides insight into potential regulation strategies developing in mid-adolescence, and highlighting some important clinical implications that may be of benefit (see 4.3).

4.2.2. <u>Rich Rigor</u>

This study, including emersion in the literature, theoretical development, and execution, spanned a two year period to ensure appropriate effort, care and thoroughness (Tracy, 2010). In addition, I undertook a commitment to good quality thematic analysis by utilising reflexivity and supervision, to ensure effective critique and evaluation of adherence.

The study was open to all young people aged 14-15 years old, to ensure it represented a wide range of perspectives across gender, ethnicity and geographical location. A narrow age range allowed for in-depth understanding of one timepoint along a developmental trajectory that can be built upon in future research. A guide of around one hour, alongside the option of spacing this time out flexibly, ensured breadth and depth of experience on the topic could be discussed in a way that was accessible and acceptable to the young people. To ensure young people's voices were centred, open-ended questions were used, with direct questions only used for clarification, or to elicit more detail (Gibson et al., 2018). Asking open-ended questions that do not restrict adolescents within the bounds of a pre-existing theoretical base have also been found to offer the widest range of strategies and have the greatest construct validity (Cradwick, 2020).

A strength of this study was the attempt to re-address power by consulting with young people in the development of the research. This ensured that the research was accessible, relevant, and had ecological validity for the target population. The young people consulted were mainly young people of the global majority, reflecting those subsequently involved in the research project, which may speak to efficacy of involving and consulting with representatives of the target populations in research. As research has been found to overly represent Western, educated, industrialised, rich and democratic (WEIRD; Henrich et al., 2010) populations, this research also holds a strength in contributing to the amplification of voices and perspectives more under-represented in research.

One-to-one interviews were conducted to ensure young people could speak freely without judgement, decided in consultation with young people. Conducting the interviews online began readdressing power by allowing participants the freedom to set it up at a time and place suitable and comfortable for them, often occurring after school hours, and in familiar environments. Time was spent building rapport, focusing on strengths and agency. To ensure they understood the collaborative nature of the interview process, young people were explicitly encouraged to interrupt, ask questions, and could choose not to answer questions. They were also explicitly reminded of my interest in what they had to say, and that there were no right or wrong answers. Sessions ended by asking what might not have been spoken about and what might help future interviews. Lastly young people were reminded throughout of confidentiality and sensitivity in protecting their data, as well as their right to withdraw their data and timelines for this process.

To ensure the write-up and analysis was inclusive of all voices who participated in the research, the data was analysed in a systematic way, including a selection of all young people's quotes to ensure a polyphony of voices were heard. When analysing the data, care was taken to stay as close to individual's original language as possible, which involved reviewing transcripts produced, and going back and forth between the levels of analysis from raw data through to theme creation (Braun & Clarke, 2021).

4.2.3. <u>Sincerity</u>

Self-reflexivity and transparency provide two valuable means of achieving sincerity (Tracy, 2010). A reflective journal was completed alongside this research to remain mindful to the impact of my own lens, and record my critical reflections on choices made, and conversations (Braun & Clarke, 2021), to consider my research process and remain aware of potential assumptions.

4.2.3.1. Self-reflexivity. Conducting research with specific goals likely influenced the questions I asked and the interview process, including what I foregrounded. This research was influenced by my clinical role, to understand whether shame was an important topic of discussion in therapy, and was influenced by my values that young people have an important role in services and research, and are capable of providing valuable insight. This led me to value qualitative methodologies that can aide rich, person-centred experiences.

I considered inherent power imbalances and ethical dilemmas between adults and adolescents throughout my research (Coyne & Carter, 2018) and sought to address these where possible through collaboration with adolescents, seeking ethical approvals, and through contact with my supervisor. An example of this was discussing the role of gatekeepers, and how to provide enough safety, whilst also ensuring young people who want to participate have access. This resulted in recruiting via social media, as well as posters in schools.

Emerging myself in the process and data, I noticed experiencing aspects of transference of the shame experiences I was analysing (Andersen, 2012). Throughout analysis I often wondered whether I would do justice to the ideas young people were sharing and whether my data would be useful for adolescents. I considered whether the shame I was recording matched that of the young people I interviewed and how I would know we are speaking about the same 'shame' or a 'true shame'. However, if one seeks to find a 'true shame', one falls victim to the fallibility created by the barriers of language and context, which influences each individual's construct of shame (Roberts et al., 2014). Instead I made sure to privilege young people's descriptions and understandings, rather than starting from structured or clinical descriptions of shame. This allowed me to seek similarities across these descriptions, that could later be situated within the wider research literature to understand how this might relate to what is known and has been explored so far.

In addition, I sought to gather young people's understanding of other self-conscious emotions and develop insight into how they differentiate between these, to further contextualise shame (Sabini & Silver, 1997). This research therefore privileges understanding how young people make sense of the experience of shame, rather than seeking any universal truth.

Whilst gendered differences have been explored historically in academic literature relating to shame, within my analysis I did not find strong evidence relating to gender, nor did young people speak to differences in gendered experiences of shame. As views on gender and sex are also changing to become more inclusive and representative (Morgenroth & Ryan, 2021), I took the decision not to speak to this in my research.

I also considered how young people may come to the research with their own intentions which may differ to my own; for example one young person spoke about being interested in the brain and science during our time building rapport, whilst another spoke about wanting to make sense of their own experiences of shame and how these related to what they have been told by the adults around them. This may impact on what young people shared and where they focused their answers during the research.

Qualitative research interviews involve eliciting stories, meanings, and experiences not easily observed. Similar to therapeutic sessions this requires building rapport, openness and a shared understanding (Baxter & Babbie, 2003) to aide a rich understanding of the topic, and fuller insight (Haynes, 2006). My role as a dual researcher and clinician may have therefore provided unique value to the results.

4.2.3.2. Transparency. Individual interviews were selected over group interviews to ensure that adolescents felt more able to share difficult experiences, as shame often goes unacknowledged, or can leave individuals managing difficult feelings (Putnam & Lake, 2020). A number of shameful experiences may still have been too difficult for young people to share, potentially limiting the results reported.

To aide openness, anonymised shame experiences based on other young people's experiences were utilised in the process. Questions about personal shame-inducing experiences were placed near the end of the interview, to first allow for rapport building and normalising discussions around shame (Leeming & Boyle, 2013). Finally, focusing on regulation strategies and how others can support adolescents were left to the end (Coyne & Carter, 2018), to give young people a sense of agency and autonomy before finishing the interview.

The poster explicitly stated that I was seeking to speak to young people about their experiences of shame. In doing so, young people may have come prepared with what they wanted to say before the interview. This may impact what information was shared and privileged in the research. It is also worth noting that the results of this research are just one way of grouping and understanding the data, and cannot be pulled apart from my interpretations and analysis as researcher. On reflection, inclusion of a young person alongside as a co-researcher (Coyne & Carter, 2018) would have helped to ensure that data is not lost to analysis through an adult-only lens.

4.2.4. Credibility

To ensure credibility in the research (Tracy, 2010) I tried to provide equal weighting to my own interpretations, and the direct quotes of young people. I also attended to the context of non-verbal expressions to ensure that information is contextual, and not taken for granted (Altheide & Johnson, 1994). Young people were invited to portray visual descriptors where words failed them, to draw or write things down to help them make sense of experiences, and I sought clarification of explanations to reduce assumptions.

4.2.5. Resonance

To ensure resonance I have sought reflections on these results from those involved in services with young people, and layman adults unfamiliar with the topic or research, to ensure clarify and feasibility.

I aim to ensure the research remains relevant and meaningful to its target audience by involving young people in creating promotional materials for distributing results, using whatever methods speak most to them (Tracy, 2010), allowing further collaboration, validation and reflections on the results (Lindlof & Taylor, 2002).

Rather than providing concrete findings, I have sought to carefully understand how findings resonate with the wider literature, whilst being transparent with the limits of these generalisations. This aims to encourage readers to make choices based on their intuitive understanding of the scene across contexts.

4.2.6. Significant Contribution

This research builds on the current literature on developmental trajectories and shame, and seeks to empowers young people's voice and choice when it comes to shame regulation strategies and garnering the support of others. The findings seek to improve the practice of those working with young people to ensure shame is spoken about in a sensitive and supportive way.

Utilising a qualitative methodology has provided more nuanced exploration and understanding of shame in depth, exploring it as a multi-dimensional construct, and its relation to specific cues and contexts (Lear et al., 2022). This in turn can better identify how self-report measures or constructs can be streamlined and improved.

Finally, to ensure heuristic significance, clinical implications and directions for future research are discussed in sections 4.3 and 4.4.

4.2.7. Ethical

The sections above have attended to ethical considerations of this work; however it is also important to consider the ethical outcomes of the work for the lives of the people being studied (Christians, 2005). Disseminating the findings means respecting and valuing the contributions made, and ensuring it improves the lives of adolescents (Alderson & Morrow, 2011).

I plan to actively consult with young people to co-construct a plan for distributing the findings, to ensure they reach the intended audience, rather than just academic contexts. I aim to share my findings within local Child and Adolescent Mental Health Services and publish this work online via the platforms I used to recruit participants, to ensure it can be accessed by schools, carers and community services.

4.2.8. Meaningful Coherence

Working through the complexity and messiness that is human research, I sought to attend meaningfully and coherently to my initial research purpose, design and methodology throughout. By setting out the results in line with initial research questions, the discussion section embeds the findings within a meaningful framework, relating them to previous research, providing meaning for key stakeholders, and potential future research directions.

In conducting this research, I have learned the importance for young people to be able to speak about shame with others, how best to help them achieve understanding, and gain a sense of belonging. This will work best by involving the network surrounding the young person (Bronfenbrenner, 1992), to create local community interventions and support.

4.2.9. Limitations

Whilst this research highlights common views on shame across 12 young people in the UK, each person provided their own unique insights, and any recommendations and results should be cautiously applied to 14-15 year olds as a whole. It is recommended that the results of this research be explored in consultation with the young people they are being applied to, as age is only one way of categorising views and may not be sufficient alone in explaining and considering an individual's developmental progression (Bragg, 2010).

In addition, as a White Western clinician, the creation of my questions, and any understanding and interpretation of my results has been undertaken through this lens, and influenced by my own upbringing and culture.

This may mean certain information has been privileged, and my interpretations may not speak to the depth of experience for each individual. For example, shame narratives can be influenced by Western individualism where the ideas of the self are viewed as stable and discrete from others, in comparison to collectivist cultures where the self is interdependent and systemically contextualised (Wong & Tsai, 2007). Further, one must keep in mind that the findings are constructed through the adolescent's language, which is then filtered through my own language and understanding, which can dilute experiences. However despite this limitation, this research still provides a voice for the experiences of young people and attempts to re-address the unequal power held by adults (Arnstein, 2019).

Despite my ethical considerations and reflexivity, one must still reflect that an adult interviewing an adolescent in a traditional question-answer format may hinder the freedom of expression and some views may have been unobtainable (Kutrovátz, 2017). In addition, as research recruitment required adult consent , there will have been young people who were unable to be included, a common consequence of gatekeeping in young people's research (Homan, 2001). Considering shame can silence (Putnam & Lake, 2020) and individuals' choice to shy away from shameful experiences often reducing research participation (Tangney & Fischer, 1995), whilst I chose to be transparent in my promotion of the study to ensure fully-informed consent, this may have meant some young people who perhaps find shame difficult to talk about were missed from the recruitment pool.

This study focused on the breadth of shame as a topic and exploration was led by the conversations held during the consultation process and research interviews, meaning deeper understanding on focused topics that can create shame were not possible. For example, despite around 87% of 12-15 year olds reporting to hold a social media account in the UK (Dixon, 2022), social media did not arise as a result of my conversations with young people. This may be due to the time limitations imposed in research, or the effect of an adult researcher leading research with adolescents.

Social media is considered an integral part of adolescents' communication with peers and the outside world (Schmeichel et al., 2018) and previous research asking adolescents in the UK about their experiences of everyday interactions via social media, led to expressed concerns that a form of social disinhibition can occur online between young people, where social media is used to victimise others, or share private information (Throuvala et al., 2019). This is thought to occur due to a number of factors, such as adolescents having less awareness or visibility of the person on the receiving end of their actions, and there being a diffusion of responsibility and perceived peer pressure which can fuel such behaviours online; leaving young people concerned that private actions may arrive in the public domain and have the potential to create ensuing feelings of embarrassment and shame (Throuvala et al., 2019). As this topic was not raised by myself or the young people in my consultation or research interviews, it remains unclear how shaming, and being shamed online, may impact upon or influence adolescent experiences of shame. As young people grow and develop within a digital world, further work to explore this topic would be beneficial for expanding our knowledge of shame within an adolescent's wider social context.

Finally, this study only represents a one-time snapshot of views, largely focused on in the moment state shame feelings. This meant trait shame was less considered, and may benefit from its own focus in future research.

4.3. Implications

4.3.1. Research

It has been suggested that the paucity of knowledge on the development of shame and its possible consequences, was in part due to the definitional ambiguity between moral emotions in young people (Reimer, 1996; Muris & Meesters, 2014), yet a developmental approach to shame is considered vital for understanding how to disrupt maladaptive regulation patterns (Cradwick, 2020). Whilst the current research does evidence some difficulties for young people in separating out self-conscious emotions, this did not stop the production of useful and consequential findings.

It is important for researchers to continue engaging in research that can be potentially murky, and involving young people in conversations about how they make sense of and manage their emotional experiences, to better understand the antecedents and consequences of adaptive and maladaptive strategies.

Successfully dealing with shame has been shown to play a pivotal role in the development of a person's self-concept and well-being (Izard, 1997; Bennett, 2004; Orth et al., 2010; Schore, 2020) and research indicates that young people's regulation scripts are amenable to change (Morrison, 2006; Schoenleber & Gratz, 2018). The developmental snapshot provided by the research allows adults insight into what language may be most relevant for this age group when exploring shame, and offers direction from young people about how to best support and engage with them in a meaningful way. In establishing ideas for accessible and relevant preventative strategies and interventions for adolescents experiencing shame, research can have an impact on young people's developmental trajectories, emotional experience and well-being.

4.3.2. <u>Support Systems</u>

Young people reported shame can happen anywhere, and others influence both how you feel and what you do. Supporting young people to effectively regulate their shame will require a whole system approach, to create a complete nurturing environment.

4.3.2.1. Schools and communities. When supported successfully to manage their shame feelings, young people felt better able to accept and move forward from the experience. As shame is impacted socially and relationally (Brown et al., 2022), one role for clinicians is helping those around the young person, including peers, parents, schools and communities to understand shame. This should include what shame is, considering who is best placed to support the young person, how to help them keep calm and take time out, supporting reflective conversations to help them to feel understood, being specific with language about the situation to avoid the young person making global generalisations, and lastly how to help young people feel socially included.

Whilst young people reported their shame feelings as intense, and some thought this may be obvious to others, others recognised this might not always be so. It is therefore important that adults are thinking about shame, and helping young people to identify and name their shame in a supportive way, by bringing it into spaces they frequent. For example, providing sessions in schools to discuss and think about mental health and wellbeing with adolescents, such as through emotional literacy programmes, have shown successful outcomes for the individual, and on whole class interactions (Carroll & Hurry, 2018; Robertson, 2020). The Health Education curriculum's standards require all secondary school pupils to be taught about mental health, and advise curriculum teaching and learning should be provided as one of eight principles to support a whole-school approach to mental health and wellbeing (Public Health England, 2021). Through providing spaces to talk about shame, such as creating a personal, social, health and economic (PSHE) topic, it is expected that schools and adolescents can work together to gain a better understanding of this feeling and areas for improvements, promote resilience, and further develop young people's emotional literacy, in line with these standards.

However whole class interventions can often be limited by young people's fear of being stigmatised by others for sharing (Gilbert & Irons, 2009) and young people in this research also shared trying to avoid difficult shame feelings. Those working with young people may need to support the practice of tolerating discomfort, create scripts to help young people manage difficult situations, and work on establishing trusting spaces for group sessions. Any work should be done in a non-blaming way to avoid further shaming, and in collaboration with the young person. Adding shame as a specific topic to the curriculum could help verbalise experiences of stigmatisation, and normalise shame. A number of resources for building brave spaces for students have been created that may benefit schools (https://brenebrown.com/hubs/daring-classrooms-hub/).

One must remember that shame was not always reported to be 'a bad thing' by the adolescents, and these messages appeared to be influenced by seeing others embrace shame, learning they were not to blame, and learning ways to stop global internalisations of others' opinions. Young people also felt normalising shame was helpful for regulation. These findings perhaps suggest that young people are internalising the examples, experiences, and messages of others. Therefore it is important to increase opportunities for young people to be exposed to others positively managing and speaking about shame experiences. Adults working with young people should look to promote positive examples of their own shame regulation, normalising the feeling and rationalising their situation, which can help adolescents to better understand that shame is normal, and to think more about why they may be feeling that way.

As speaking about shame requires trust and courage, adults can look to support and encourage moments of bravery in young people, as well as modelling their own bravery. Proactively helping young people to identify who they are most comfortable speaking with, and creating a concrete plan for managing shame across contexts, will help young people to employ immediately useful strategies when they experience debilitating shame experiences, such as difficulties thinking and speaking. In addition, using the young persons' testimony from this research can help adults highlight the benefits of talking about shame and normalising shame experiences to other young people. In addition, knowing that managing expectations can cause young people to struggle with shame, it is important that we support young people in understanding how one manages when they feel unable to meet their own, or others' expectations.

Young people shared that it could take time for their shame feelings to disappear and that focusing away from shame and onto doing what they love can help. Spending time alone pursuing hobbies and interests has been proven beneficial to well-being in adolescence (Hipson et al., 2021; Vuletić & Krnjaić, 2019) and taking time out can reduce high arousal states (Nguyen et al., 2018). Supporting young people to give themselves permission to focus away from their shame and pursue their interests and passions would be most beneficial to regulation.

Those around the adolescent will be key stakeholders in scaffolding these opportunities, and so clinicians should look to educate these groups on the benefits for young people.

4.3.2.2. Peers and young people. Feeling mocked and judged by others, especially peers, left young people feeling shamed, or exacerbated shame feelings. It is important to educate adolescents on the impact of these behaviours, and support building empathy and kindness amongst peers. Programmes focused on anti-bullying, inclusion, and promoting difference may be beneficial.

Young people wanted to feel understood, and described wanting to talk and understand more about their shame, to make sense of their experiences. Prioritising the time and space for young people is key. Reflecting with the young person after a shameful event, and making space for discussions from different viewpoints can help young people feel better heard and understood, and less likely to tie their experience to their self-worth. The pull towards peer-focused social inclusion during adolescence (Hohnen et al., 2020) may suggest peer-targeted group interventions are best placed to create change and inclusion for adolescents. Those working with young people should consider creating spaces where peer-groups can converse about shame and what helps, so young people can feel listened to and experience empathy from others, which the young people in this research described as beneficial to shame regulation.

Young people felt a sense of belonging resolved shame feelings, and felt regulated when others included them, normalised how they felt, and helped them move past shameful moments using distraction and humour. Those working with young people should support peers to recognise shame, teach them how to look out for others, and help them to be inclusive in their peer groups, even when the individual is quiet, as young people reported others 'just being there' helps.

4.3.3. <u>Therapeutic Support</u>

Young people felt shame feelings could worsen or lessen based on how comfortable they felt with others, in the situation, how others reacted, and how comfortable they were sharing their feelings. When young people have expressed that shame can leave them unable to speak or express themselves effectively, having insight into their internal world and knowing what may impact on their shame, can help others understand the importance of showing acceptance and understanding. Clinicians can play a role in helping those around young people to recognise the importance of their role in shame.

Within this research, some young people spoke to the power of their mind, and how they felt it can have an impact on what they feel or do. This may be indicative of emerging cognitive abilities (Reimer, 1996) and as many therapeutic models require young people to access an inner dialogue, may suggest 14-15 years is a key age for targeting support in managing early shame experiences. However therapy may be likely to elicit shame more frequently (Dearing & Tangney, 2011) as young people reported difficulties in speaking about shameful experiences. It is important clinicians are supporting young people to build confidence and trust in speaking about their shame experiences, through actively and sensitively addressing shame as a topic in the therapy room.

With self-compassion found to negatively predict mental health problems (Kotera et al., 2022) and elements of compassion addressed in the research by adolescents, high-levels of shame may benefit from interventions that are compassion-focused, to support young people in learning how to move away from shame and self-criticism, and reconnect with their 'soothing system' (Craig et al., 2020).

4.4. Future Research Recommendations

This thesis provides a basis from which new research can utilise the same methods across different age ranges and developmental timepoints, to understand how young people's descriptions and understanding of shame develops over time. By learning more about shame in the developing young person, we can begin to learn more about when, if, and how shame moves between an external experience in the presence of others, to an internalised representation of the self as a whole, and how having appropriate language about the emotion can impact on our understanding of a situation. Future research may also benefit from exploring how this may link to adult experiences of adaptive and maladaptive shame, and trait shame.

As participants reflected on talking about shame requiring trust and courage, it may deepen understanding to consult with young people over an extended period of time, and collect data over several months, to see if descriptions and understanding change over time, and as the relationship builds. This would be beneficial to understanding the limitations of exploring shame in one-off research settings.

As shame is described as a hidden emotion, and young people shared experiencing difficulty speaking about shame, research would benefit from continuing to find novel ways to explore the unspoken elements of shame with young people, to ensure we can capture the whole phenomenology of shame.

Exploring shame within a clinical sample of young people may provide further understanding of how regulation strategies may differ, and what has the greatest impact in effective management and regulation of shame for adolescents. This can lead to exploration of targeted interventions to improve shame.

By representing the voices of young people, and a group largely made up of people of the global majority, a strength of this study was its representation of a population other than WEIRD populations (Henrich et al., 2010) often over-represented in research, despite only making up 5% of the global population (Arnett, 2016). As experiences of discrimination and marginalisation were represented in the findings, it would be important to continue reaching out to young people likely to be marginalised in wider society, to better understand these experiences and hear these voices.

Lastly, feeling understood and being included were reported as most important for shame regulation. Research focused on creating and evaluating psycho-education packages to help young people and their networks understand more about shame and effective support, would be beneficial.

4.5. Conclusion

This study illuminates that shame is an important topic to be discussing through adolescence. A novel finding in this study was adolescents reporting the physical sensations of shame. Young people shared a number of characteristics they related to shame feelings, that it can be difficult to talk about and to experience, can happen across contexts, and that each experience of shame builds upon young people's regulation scripts. Young people utilise a number of strategies to manage their shame, and identified that seeking support takes courage. Young people spoke about shame relationally and found feeling understood, having a better understanding of the situation, and feeling like you belong, were all useful in managing shameful experiences. Additionally space away from shame, and engaging in activities they love, allowed them to clear their mind and resolve shame feelings. Providing opportunities for young people to talk about shame outside of the shameful experience itself may be useful for building up their capacities to manage shame and their understanding. Supporting young people's communities in recognising and responding to shame will be important for young people's future shame regulation.

REFERENCES

Abeyasekera, A. L., & Marecek, J. (2019). Embodied shame and gendered demeanours in young women in Sri Lanka. *Feminism & Psychology*, *29*(2), 157-176. https://doi.org/10.1177/0959353518803976

Ahmed, E., & Braithwaite, V. (2004). "What, me ashamed?" Shame management and school bullying. *Journal of Research in Crime and Delinquency*, *41*(3), 269-294. https://doi.org/10.1177/0022427804266547

Alderson, P., & Morrow, V. (2011). *The ethics of research with children and young people: A practical handbook* (2nd ed.). SAGE Publications. https://doi.org/10.4135/9781446268377

Altheide, D.L., & Johnson, J.M. (1994). Criteria for assessing interpretive validity in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 485–499). SAGE Publications.

Andersen, L. L. (2012). Interaction, transference, and subjectivity: A psychoanalytic approach to fieldwork. *Journal of Research Practice, 8*(2), Article M3. https://www.proquest.com/scholarly-journals/interaction-transference-subjectivity/docview/2230978872/se-2

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology, 8*(1), 19-32. https://doi.org/10.1080/1364557032000119616

Arnett, J. J. (2016). The neglected 95%: Why American psychology needs to become less American. In A. E. Kazdin (Ed.), *Methodological issues and strategies in clinical research* (pp. 115–132). American Psychological Association. https://doi.org/10.1037/14805-008

Arnstein, S. R. (2019). A ladder of citizen participation. *Journal of the American Planning Association, 85*(1), 24-34. https://doi.org/10.1080/01944363.2018.1559388

Ashra, H., Barnes, C., Stupple, E., & Maratos, F. A. (2021). A systematic review of self-report measures of negative self-referential emotions developed for non-clinical child and adolescent samples. *Clinical Child and Family Psychology Review, 24*(2), 224-243. https://doi.org/10.1007/s10567-020-00339-9

Baker, S.E., & Edwards, R. (2012). *How many qualitative interviews is enough? Expert voices and early career reflections on sampling and cases in qualitative research.* National Centre for Research Methods Reviews. http://eprints.soton.ac.uk/id/eprint/336913

Banister, P., Burman, E., Parker, I., Taylor, B., & Tindall, C. (1994). *Qualitative methods in psychology: A research guide.* Open University Press.

Barrett, K. C. (1995). A functionalist approach to shame and guilt. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 25–63). Guilford Press.

Barrett, K. C., Zahn-Waxler, C., & Cole, P. M. (1993). Avoiders vs. amenders: Implications for the investigation of guilt and shame during toddlerhood? *Cognition & Emotion*, *7*(6), 481-505. https://doi.org/10.1080/02699939308409201

Bassett, R., Beagan, B. L., Ristovski-Slijepcevic, S., & Chapman, G. E. (2008). Tough teens: The methodological challenges of interviewing teenagers as research participants. *Journal of Adolescent Research, 23*(2), 119-131. https://doi.org/10.1177/0743558407310733

Baxter, L. A., & Babbie, E. R. (2003). *The basics of communication research.* Cengage Learning.

Bell, J. H., & Bromnick, R. D. (2003). The social reality of the imaginary audience: A grounded theory approach. *Adolescence, 38*(150), 205-219. https://pubmed.ncbi.nlm.nih.gov/14560876/

Benetti-McQuoid, J., & Bursik, K. (2005). Individual differences in experiences of and responses to guilt and shame: Examining the lenses of gender and gender role. *Sex Roles, 53*(1), 133-142. https://doi.org/10.1007/s11199-005-4287-4

Bennett, R. (2004). *Shame and psychopathology in adolescence* [Doctoral dissertation, University College London]. UCL Discovery. https://discovery.ucl.ac.uk/id/eprint/1446541

Berti, A. E., Garattoni, C., & Venturini, B. (2000). The understanding of sadness, guilt, and shame in 5-, 7-, and 9-year-old children. *Genetic, Social, and General Psychology Monographs, 126*(3), 293-318. https://psycnet.apa.org/record/2000-00495-002

Blakemore, S. J., & Mills, K. L. (2014). Is adolescence a sensitive period for sociocultural processing? *Annual Review of Psychology, 65*, 187-207. https://doi.org/10.1146/annurev-psych-010213-115202

Blodorn, A., Major, B., & Kaiser, C. (2016). Perceived discrimination and poor health: Accounting for self-blame complicates a well-established relationship. *Social Science & Medicine, 153,* 27-34. https://doi.org/10.1016/j.socscimed.2016.01.053

Blum, A. (2008). Shame and guilt, misconceptions and controversies: A critical review of the literature. *Traumatology, 14*(3), 91-102. https://doi.org/10.1177/1534765608321070

Bowlby, J. (1969). *Attachment and loss.* Basic Books.

Bradley, M.M., & Lang, P.J. (2000). Measuring emotion: Behavior, feeling, and physiology. In R. D. Lane & L. Nadel (Eds.), *Cognitive neuroscience of emotion* (pp. 242–276). Oxford University Press. https://psycnet.apa.org/record/2000-08961-010

Bradshaw, J. (1988). *Healing the shame that binds you.* Health Communications.

Bragg, S. (2010). *Consulting young people: A literature review* (2nd ed.). Creativity, Culture and Education. http://oro.open.ac.uk/30172/

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide.* SAGE Publications.

British Psychological Society. (2021). *Code of Human Research Ethics*. https://www.bps.org.uk/news-and-policy/bps-code-human-research-ethics

Brockman, R., Ciarrochi, J., Parker, P., & Kashdan, T. (2017). Emotion regulation strategies in daily life: Mindfulness, cognitive reappraisal and emotion suppression. *Cognitive Behaviour Therapy*, *46*(2), 91-113. https://doi.org/10.1080/16506073.2016.1218926

Brody, L. R. (2000). The socialization of gender differences in emotional expression: Display rules, infant temperament, and differentiation. *Gender and emotion: Social psychological perspectives*, *2*(11), 122-137. https://doi.org/10.1017/CBO9780511628191.003

Bronfenbrenner, U. (1992). Ecological systems theory. In R. Vasta (Ed.), *Six theories of child development: Revised formulations and current issues* (1st ed., pp. 187–249). Jessica Kingsley Publishers. https://psycnet.apa.org/record/1992-98662-005

Brooks-Gunn, J., & Reiter, E. O. (1990). The role of pubertal processes. In S. S. Feldman & G. R. Elliott (Eds.), *At the threshold: The developing adolescent* (pp. 16–53). Harvard University Press. https://psycnet.apa.org/record/1990-98975-001

Broucek, F. (1982). Shame and its relationship to early narcissistic developments. *International journal of psycho-analysis*, *63*, 369-378. https://pep-web.org/browse/document/ijp.063.0369a

Brown, B. (2006). Shame resilience theory: A grounded theory study on women and shame. *Families in Society*, *87*(1), 43-52. https://doi.org/10.1606/1044-3894.3483

Brown, B. (2010). *The gifts of imperfection: Let go of who you think you're supposed to be and embrace who you are*. Simon and Schuster.

Brown, A. C., Latham, C., Danquah, A. N., Dunlop, B. J., & Taylor, P. J. (2022). "Cover up your arms, you're triggering people": A mixed-methods investigation of shame in those who self-injure. *Psychology and Psychotherapy: Theory, Research and Practice*. Advance online publication. https://doi.org/10.1111/papt.12394

Bryman, A. (2016). *Social research methods*. (2nd ed.). Oxford University Press.

Bullock, M., & Lütkenhaus, P. (1990). Who am I? Self-understanding in toddlers. *Merrill-Palmer Quarterly,* 217-238. https://www.jstor.org/stable/23087232

Bybee, J., & Quiles, Z. N. (1998). Guilt and mental health. In J. Bybee (Ed.), *Guilt and children* (pp. 269-291). Academic Press. https://doi.org/10.1016/B978-012148610-5/50014-X

Campbell-Stephens, R. M. (2021). Introduction: Global majority decolonising narratives. In R.M. Campbell-Stephens (Ed.), *Educational leadership and the global majority* (pp. 1-21). Palgrave Macmillan. https://doi.org/10.1007/978-3-030-88282-2_1

Campbell, J. S., & Elison, J. (2005). Shame coping styles and psychopathic personality traits. *Journal of personality assessment*, *84*(1), 96-104. https://doi.org/10.1207/s15327752jpa8401_16

Cândea, D., & Szentágotai-Tătar, A. (2018). Shame-proneness, guilt-proneness and anxiety symptoms: A meta-analysis. *Journal of Anxiety Disorders, 58*, 78-106. https://doi.org/10.1016/j.janxdis.2018.07.005

Carroll, F. (2009). The Pitchfork Princess. Transforming the Torment of Shame. *Interamerican Journal of Psychology*, *43*(2), 260-267. http://www.redalyc.org/articulo.oa?id=28412891007

Carroll, C., & Hurry, J. (2018). Supporting pupils in school with social, emotional and mental health needs: a scoping review of the literature. *Emotional and Behavioural Difficulties, 23*(3), 310-325. https://doi.org/10.1080/13632752.2018.1452590

Carter, C. S. (1998). Neuroendocrine perspectives on social attachment and love. *Psychoneuroendocrinology*, *23*(8), 779-818. https://doi.org/10.1016/S0306-4530(98)00055-9

Chaplin, T. M., & Aldao, A. (2013). Gender differences in emotion expression in children: a meta-analytic review. *Psychological bulletin*, *139*(4), 735. https://doi.org/10.1037/a0030737

Children Act 1989, c. 41. https://www.legislation.gov.uk/ukpga/1989/41

Christians, C. G. (2005). Ethical theory in communications research. *Journalism Studies, 6*(1), 3-14. https://doi.org/10.1080/1461670052000328168

Clark, A. (2012). Working with guilt and shame. *Advances in psychiatric treatment*, *18*(2), 137-143. https://doi.org/10.1192/apt.bp.110.008326

Compas, B. E., Banez, G. A., Malcarne, V., & Worsham, N. (1991). Perceived control and coping with stress: A developmental perspective. *Journal of social Issues*, *47*(4), 23-34. https://doi.org/10.1111/j.1540-4560.1991.tb01832.x

Conwell, J. L. (2005). *A study of shame in anorexia nervosa* [Doctoral dissertation, George Fox University]. ProQuest. https://www.proquest.com/dissertations-theses/study-shame-anorexia-nervosa/docview/305041034/se-2?accountid=14511

Coyne, I., & Carter, B. (2018). *Being participatory: Researching with children and young people.* Springer Publishing. https://doi.org/10.1007/978-3-319-71228-4

Cradwick, E. (2020). *Shame regulation strategies used by children and adolescents: A systematic scoping and narrative review* [Masters thesis, University of Canterbury]. University of Canterbury Research Depository. http://dx.doi.org/10.26021/1091

Craig, C., Hiskey, S., & Spector, A. (2020). Compassion focused therapy: A systematic review of its effectiveness and acceptability in clinical populations. *Expert Review of Neurotherapeutics, 20*(4), 385-400. https://doi.org/10.1080/14737175.2020.1746184

Creswell, J. W. (2014). *A concise introduction to mixed methods research*. SAGE publications.

Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The*

Counselling Psychologist*, 35*(2), 236-264.
https://doi.org/10.1177/0011000006287390

Czub, T. (2013). Shame and emotional regulation in the process of identity
formation. *Psychologia Rozwojowa, 18*(1), 27-42.
https://www.ceeol.com/search/article-detail?id=64134

De Hooge, I. E., Breugelmans, S. M., Wagemans, F. M., & Zeelenberg, M.
(2018). The social side of shame: Approach versus withdrawal. *Cognition
and Emotion*, *32*(8), 1671-1677.
https://doi.org/10.1080/02699931.2017.1422696

De Hooge, I. E., Zeelenberg, M., & Breugelmans, S. M. (2007). Moral sentiments
and cooperation: Differential influences of shame and guilt. *Cognition and
Emotion*, *21*(5), 1025-1042. https://doi.org/10.1080/02699930600980874

De Hooge, I. E., Zeelenberg, M., & Breugelmans, S. M. (2010). Restore and
protect motivations following shame. *Cognition and Emotion*, *24*(1), 111-
127. https://doi.org/10.1080/02699930802584466

Dearing, R. L., & Tangney, J. P. (2011). *Shame in the therapy hour*. American
Psychological Association. https://doi.org/10.1037/12326-000

Deblinger, E., Mannarino, A. P., Cohen, J. A., & Steer, R. A. (2006). A follow-up
study of a multisite, randomized, controlled trial for children with sexual
abuse-related PTSD symptoms. *Journal of the American Academy of
Child & Adolescent Psychiatry*, *45*(12), 1474-1484.
https://doi.org/10.1097/01.chi.0000240839.56114.bb

Denham, S. A. (2007). Dealing with feelings: How children negotiate the worlds of
emotions and social relationships. *Cognition, Brain, Behavior, 11*(1), 1-48.
https://www.proquest.com/scholarly-journals/dealing-with-feelings-how-
children-negotiate/docview/201572983/se-2?accountid=17234

116

DeSocio, J. E. (2005). Accessing self-development through narrative approaches in child and adolescent psychotherapy. *Journal of Child and Adolescent Psychiatric Nursing, 18*(2), 53-61. https://doi.org/10.1111/j.1744-6171.2005.00012.x

DeYoung, C. G. (2015). Cybernetic big five theory. *Journal of Research in Personality, 56*, 33-58. https://doi.org/10.1016/j.jrp.2014.07.004

Dickerson, S. S., Gruenewald, T. L., & Kemeny, M. E. (2004a). When the social self is threatened: Shame, physiology, and health. *Journal of personality*, *72*(6), 1191-1216. https://doi.org/10.1111/j.1467-6494.2004.00295.x

Dickerson, S. S., Kemeny, M. E., Aziz, N., Kim, K. H., & Fahey, J. L. (2004b). Immunological effects of induced shame and guilt. *Psychosomatic medicine*, *66*(1), 124-131. https://doi.org/10.1097/01.PSY.0000097338.75454.29

Dixon, S. (2022). *Social media usage among children in the United Kingdom [Report].* Statistica. https://www.statista.com/statistics/415138/social-media-usage-among-children-uk/#:~:text=Youth%20accounts%20on%20the%20rise,2020%2C%20peaking%20at%2087%20percent.

Dolezal, L. (2017). Shame, vulnerability and belonging: Reconsidering Sartre's account of shame. *Human Studies*, *40*(3), 421-438. https://doi.org/10.1007/s10746-017-9427-7

Donahue, C., Robinson, J., Granato, S. A., Tirera, F., Billy, D. A., Koné, A., & Pfeiffer, J. (2019). Adolescent access to and utilisation of health services in two regions of Côte d'Ivoire: A qualitative study. *Global Public Health, 14*(9), 1302-1315. https://doi.org/10.1080/17441692.2019.1584229

Draghi-Lorenz, R., Reddy, V., & Costall, A. (2001). Rethinking the development of "nonbasic" emotions: A critical review of existing theories. *Developmental Review, 21*(3), 263-304. https://doi.org/10.1006/drev.2000.0524

Dunbar, A. S., HaRim Ahn, L., Coates, E. E., & Smith-Bynum, M. A. (2022). Observed dyadic racial socialization disrupts the association between frequent discriminatory experiences and emotional reactivity among Black adolescents. *Child Development, 93*(1), 39-57. https://doi.org/10.1111/cdev.13680

Dyer, K. F., Dorahy, M. J., Corry, M., Black, R., Matheson, L., Coles, H., ... & Middleton, W. (2017). Comparing shame in clinical and nonclinical populations: Preliminary findings. *Psychological Trauma: Theory, Research, Practice, and Policy*, *9*(2), 173. https://doi.org/10.1037/tra0000158

Eide, P., & Kahn, D. (2008). Ethical issues in the qualitative researcher-participant relationship. *Nursing Ethics*, *15*(2), 199-207. https://doi.org/10.1177/0969733007086018

Eisenberg, N. (2000). Emotion, regulation, and moral development. *Annual Review of Psychology*, *51*(1), 665-697. https://doi.org/10.1146/annurev.psych.51.1.665

Ekman, P. (1999). Basic emotions. In T. Dalgleish & M. J. Power (Eds.), *Handbook of cognition and emotion* (pp. 45–60). John Wiley & Sons Ltd. https://doi.org/10.1002/0470013494.ch3

Elison, J. (2005). Shame and guilt: A hundred years of apples and oranges. *New Ideas in Psychology*, *23*(1), 5-32. https://doi.org/10.1016/j.newideapsych.2005.07.001

Elison, J., Garofalo, C., & Velotti, P. (2014). Shame and aggression: Theoretical considerations. *Aggression and Violent Behavior*, *19*(4), 447-453. https://doi.org/10.1016/j.avb.2014.05.002

Elison, J., Lennon, R., & Pulos, S. (2006). Investigating the compass of shame: The development of the compass of shame scale. *Social Behavior and Personality: An International Journal*, *34*(3), 221-238. https://doi.org/10.2224/sbp.2006.34.3.221

Elkind, D., & Bowen, R. (1979). Imaginary audience behavior in children and adolescents. *Developmental Psychology*, *15*(1), 38. https://doi.org/10.1037/0012-1649.15.1.38

Ellingson, L. L. (2008). Changing realities and entrenched norms in dialysis: A case study of power, knowledge, and communication in health care delivery. In M. Dutta & H. Zoller (Eds.), *Emerging perspectives in health communication: Meaning, culture, and power* (pp. 293–312). Routledge.

Else-Quest, N. M., Higgins, A., Allison, C., & Morton, L. C. (2012). Gender differences in self-conscious emotional experience: a meta-analysis. *Psychological Bulletin*, *138*(5), 947. https://doi.org/10.1037/a0027930

Elster, J. (1999). *Alchemies of the mind: Rationality and the emotions*. Cambridge University Press. https://doi.org/10.1017/CBO9781139173308

Eterović, M., Medved, V., Bilić, V., Kozarić-Kovačić, D., & Žarković, N. (2020). Poor agreement between two commonly used measures of shame-and guilt-proneness. *Journal of Personality Assessment*, *102*(4), 499-507. https://doi.org/10.1080/00223891.2019.1585361

Fallon, D. (2013). They're gonna think it now: Narratives of shame in the sexual health experiences of young people. *Sociology*, *47*(2), 318-332. https://doi.org/10.1177/0038038512441281

Feldner, M. T., Zvolensky, M. J., & Leen-Feldner, E. W. (2004). A critical review of the empirical literature on coping and panic disorder. *Clinical Psychology Review*, *24*(2), 123-148. https://doi.org/10.1016/j.cpr.2004.02.001

Ferguson, T. J., Eyre, H. L., & Ashbaker, M. (2000). Unwanted identities: A key variable in shame–anger links and gender differences in shame. *Sex Roles*, *42*(3), 133-157. https://doi.org/10.1023/A:1007061505251

Ferguson, T. J., & Stegge, H. (1995). Emotional states and traits in children: The case of guilt and shame. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 174–197). Guilford Press.

Ferguson, T. J., Stegge, H., & Damhuis, I. (1991). Children's understanding of guilt and shame. *Child Development*, *62*(4), 827-839. https://doi.org/10.2307/1131180

Ferguson, T. J., Stegge, H., Miller, E. R., & Olsen, M. E. (1999). Guilt, shame, and symptoms in children. *Developmental Psychology*, *35*(2), 347. https://doi.org/10.1037/0012-1649.35.2.347

Fischer, K. W., Shaver, P. R., & Carnochan, P. (1990). How emotions develop and how they organise development. *Cognition and Emotion, 4*(2), 81-127. https://doi.org/10.1080/02699939008407142

Fischer, F., Torgerson, D., Durnová, A., & Orsini, M. (2015). Introduction to critical policy studies. In F. Fischer, D. Torgerson, A. Durnová & M. Orsini (Eds.), *Handbook of critical policy studies*. Edward Elgar Publishing. https://doi.org/10.4337/9781783472352.00005

Fonagy, P., & Target, M. (2002). Early intervention and the development of self-regulation. *Psychoanalytic Inquiry*, *22*(3), 307-335. https://doi.org/10.1080/07351692209348990

France, A. (2004). Young people. In C. Robinson, M. Kellett, S. Fraser, S. Ding & V. Lewis (Eds.). *Doing research with children and young people* (pp. 175-190). SAGE Publications. https://us.sagepub.com/en-us/nam/doing-research-with-children-and-young-people/book226262

Freud, S. (1896). *La etiologia de la histeria.* NoBooks Editorial.

Furukawa, E., Tangney, J., & Higashibara, F. (2012). Cross-cultural continuities and discontinuities in shame, guilt, and pride: A study of children residing in Japan, Korea and the USA. *Self and Identity, 11*(1), 90-113. https://doi.org/10.1080/15298868.2010.512748

Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report, 20*(9), 1408-1416. https://doi.org/10.46743/2160-3715/2015.2281

Gardiner, E. (1999). *A qualitative study of the effects of shame on adolescents* [Doctoral dissertation, Brigham Young University]. ProQuest. https://www.proquest.com/dissertations-theses/qualitative-study-effects-shame-on-adolescents/docview/304419494/se-2?accountid=14511

Garfinkle, E. (2012). Shame: The hidden resistance. *Canadian Journal of Psychoanalysis, 20*(1), 44-69.

Gausel, N., Vignoles, V. L., & Leach, C. W. (2016). Resolving the paradox of shame: Differentiating among specific appraisal-feeling combinations explains pro-social and self-defensive motivation. *Motivation and Emotion*, *40*(1), 118-139. https://doi.org/10.1007/s11031-015-9513-y

Gibson, M. A., Gurmu, E., Cobo, B., Rueda, M. M., & Scott, I. M. (2018). Indirect questioning method reveals hidden support for female genital cutting in South Central Ethiopia. *PloS One*, *13*(5), Article e0193985. https://doi.org/10.1371/journal.pone.0193985

Gilbert, P. (1997). The evolution of social attractiveness and its role in shame, humiliation, guilt and therapy. *British Journal of Medical Psychology*, *70*(2), 113-147. https://doi.org/10.1111/j.2044-8341.1997.tb01893.x

Gilbert, P. (2003). Evolution, social roles, and the differences in shame and guilt. *Social Research: An International Quarterly*, *70*(4), 1205-1230. https://doi.org/10.1353/sor.2003.0013

Gilbert, P., & Irons, C. (2005). Focused therapies and compassionate mind training for shame and self-attacking. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research and use in psychotherapy* (pp. 263–325). Routledge. https://doi.org/10.4324/9780203003459

Gilbert, P., & Irons, C. (2009). Shame, self-criticism, and self-compassion in adolescence. *Adolescent Emotional Development and the Emergence of Depressive Disorders*, *1*, 195-214. https://doi.org/10.1017/CBO9780511551963.011

Gilbert, P., & McGuire, M. T. (1998). Shame, status, and social roles: Psychobiology and evolution. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology, and culture* (pp. 99–125). Oxford University Press.

Gilbert, P., Pehl, J., & Allan, S. (1994). The phenomenology of shame and guilt: An empirical investigation. *British Journal of Medical Psychology, 67*, 23-36. https://doi.org/10.1111/j.2044-8341.1994.tb01768.x

Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy

approach. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice*, *13*(6), 353-379. https://doi.org/10.1002/cpp.507

Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, *8*(4), 597-607. https://doi.org/10.46743/2160-3715/2003.1870

Goredema-Braid, B. (2010). Ethical research with young people. *Research Ethics*, *6*(2), 48-52. https://doi.org/10.1177/174701611000600204

Gray, L. M., Wong-Wylie, G., Rempel, G. R., & Cook, K. (2020). Expanding qualitative research interviewing strategies: Zoom video communications. *The Qualitative Report*, *25*(5), 1292-1301. https://doi.org/10.46743/2160-3715/2020.4212

Green, J., & Thorogood, N. (2004). *Qualitative methods for health research.* SAGE Publications.

Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological Inquiry*, *26*(1), 1-26. https://doi.org/10.1080/1047840X.2014.940781

Gross, C. A., & Hansen, N. E. (2000). Clarifying the experience of shame: The role of attachment style, gender, and investment in relatedness. *Personality and Individual Differences, 28*(5), 897– 907. https://doi.org/10.1016/S0191-8869(99)00148-8

Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, *85*(2), 348. https://doi.org/10.1037/0022-3514.85.2.348

Grover, S. (2004). Why won't they listen to us? On giving power and voice to children participating in social research. *Childhood*, *11*(1), 81-93. https://doi.org/10.1177/0907568204040186

Gruenewald, T. L., Kemeny, M. E., Aziz, N., & Fahey, J. L. (2004). Acute threat to the social self: Shame, social self-esteem, and cortisol activity. *Psychosomatic Medicine*, *66*(6), 915-924. https://doi.org/10.1097/01.psy.0000143639.61693.ef

Guba, E. G., & Lincoln, Y. S. (2005). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 191-216). SAGE Publishers. https://doi.org/10.1177/1525822X05279903

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, *18*(1), 59-82. https://doi.org/10.1177/1077800403262360

Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and "ethically important moments" in research. *Qualitative Inquiry*, *10*(2), 261-280. https://doi.org/10.1177/1077800403262360

Guyer, A. E., Choate, V. R., Pine, D. S., & Nelson, E. E. (2012). Neural circuitry underlying affective response to peer feedback in adolescence. *Social Cognitive and Affective Neuroscience, 7*(1), 81-92. https://doi.org/10.1093/scan/nsr043

Harder, D. W. (1995). Shame and guilt assessment, and relationships of shame- and guilt-proneness to psychopathology. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 368–392). Guilford Press.

Harper, J.M. (2011). Regulating and coping with shame. In K. Balcar, M. Kuška & R. Trnka (Eds.), *Reconstructing emotional spaces.* Prague College of Psychosocial Studies.

Harris, N., Walgrave, L., & Braithwaite, J. (2004). Emotional dynamics in restorative conferences. *Theoretical Criminology, 8*(2), 191–210. https://doi.org/10.1177/1362480604042243

Harrison, S. L., Robertson, N., Apps, L. C., Steiner, M., Morgan, M. D., & Singh, S. J. (2015). "We are not worthy" understanding why patients decline pulmonary rehabilitation following an acute exacerbation of COPD. *Disability and Rehabilitation*, *37*(9), 750-756. https://doi.org/10.3109/09638288.2014.939770

Haynes, K. (2006). A therapeutic journey? Reflections on the impact of research on researcher and participant. *Qualitative Research in Organisations and Management, 1*(3), 204-221. https://doi.org/10.1108/17465640610718798

Heller, M. (2003). Globalization, the new economy, and the commodification of language and identity. *Journal of Sociolinguistics*, *7*(4), 473-492. https://doi.org/10.1111/j.1467-9841.2003.00238.x

Henderson, V. L., & Dweck, C. S. (1990). Motivation and achievement. In S. S. Feldman & G. R. Elliott (Eds.), *At the threshold: The developing adolescent* (pp. 308–329). Harvard University Press.

Henrich, J., Heine, S. J., & Norenzayan, A. (2010). Most people are not WEIRD. *Nature*, *466*(7302), 29-29. https://doi.org/10.1038/466029a

Herring, E. (2018). Does the way we measure shame create a gender difference. *Assessment and Development Matters*, *10*(1), 2-5.

Hipson, W. E., Coplan, R. J., Dufour, M., Wood, K. R., & Bowker, J. C. (2021). Time alone well spent? A person-centered analysis of adolescents' solitary

activities. *Social Development, 30*(4), 1114-1130. https://doi.org/10.1111/sode.12518

Hohnen, B., Gilmour, J., & Murphy, T. (2020). *The incredible teenage brain.* Jessica Kingsley Publishers.

Holloway, I., & Todres, L. (2003). The status of method: flexibility, consistency and coherence. *Qualitative Research*, *3*(3), 345-357. https://doi.org/10.1177/1468794103033004

Homan, R. (2001). The principle of assumed consent: The ethics of gatekeeping. *Journal of Philosophy of Education*, *35*(3), 329-343. https://doi.org/10.1111/1467-9752.00230

Howitt, D. (2010). *Introduction to qualitative methods in psychology* (2nd ed.). Pearson Education Limited.

Hyde, J. S. (2005). The gender similarities hypothesis. *American Psychologist*, *60*(6), 581. https://doi.org/10.1037/0003-066X.60.6.581

Izard, C. E. (1977). Differential emotions theory. In C.E. Izard (Ed.), *Human emotions* (pp. 43-66). Springer Publishing. https://doi.org/10.1007/978-1-4899-2209-0_3

Izard, C. E. (1997). Emotions and facial expressions: A perspective from differential emotions theory. In J. A. Russell & J. M. Fernández-Dols (Eds.), *The psychology of facial expression* (pp. 57–77). Cambridge University Press. https://doi.org/10.1017/CBO9780511659911.005

Izard, C. E., & Malatesta, C. Z. (1987). Perspectives on emotional development: I. Differential emotions theory of early emotional development. In J. D. Osofsky (Ed.), *Handbook of infant development* (2nd ed., pp. 494-554). Wiley-Interscience.

Jarc, J.M. (2004). "I'm pathetic": A transformation of children's shame experiences [Doctoral dissertation, Cleveland State University]. ProQuest. https://www.proquest.com/dissertations-theses/im-pathetic-transformation-childrens-shame/docview/305105238/se-2?accountid=14511

Jennifer, D., & Cowie, H. (2012). Listening to children's voices: moral emotional attributions in relation to primary school bullying. *Emotional and Behavioural Difficulties*, *17*(3-4), 229-241. https://doi.org/10.1080/13632752.2012.704314

Joffe, H., & Yardley, L (2004). Content and thematic analysis. In D. Marks & L. Yardley (Eds.). *Research methods for clinical and health psychology.* SAGE Publications. https://dx.doi.org/10.4135/9781849209793

Joireman, J. (2004). Empathy and the self-absorption paradox II: Self-rumination and self-reflection as mediators between shame, guilt, and empathy. *Self and Identity*, *3*(3), 225-238. https://doi.org/10.1080/13576500444000038

Kalu, F. A., & Bwalya, J. C. (2017). What makes qualitative research good research? An exploratory analysis of critical elements. *International Journal of Social Science Research*, *5*(2), 43-56. https://doi.org/10.5296/ijssr.v5i2.10711

Katchadourian, H. (1990). Sexuality. In S. S. Feldman and G. R. Elliott (Eds.), *At the threshold: The developing adolescent* (pp. 330–351). Harvard University Press.

Kaufman, G. (1974). The meaning of shame: Toward a self-affirming identity. *Journal of Counseling Psychology*, *21*(6), 568. https://doi.org/10.1037/h0037251

Kaufman, G. (1989). *The psychology of shame: Theory and treatment of shame-based disorders.* Springer Publishing.

Keating, D. P. (1990). Adolescent thinking. In S. S. Feldman & G. R. Elliott (Eds.), *At the threshold: The developing adolescent* (pp. 54–89). Harvard University Press.

Keltner, D., & Buswell, B. N. (1997). Embarrassment: Its distinct form and appeasement functions. *Psychological Bulletin*, *122*(3), 250. https://doi.org/10.1037/0033-2909.122.3.250

Kemeny, M. E., Gruenewald, T. L., & Dickerson, S. S. (2004). Shame as the emotional response to threat to the social self: Implications for behavior, physiology, and health. *Psychological Inquiry*, *15*(2), 153-160. https://www.jstor.org/stable/20447221

Kim, S., Thibodeau, R., & Jorgensen, R. S. (2011). Shame, guilt, and depressive symptoms: A meta-analytic review. *Psychological Bulletin*, *137*(1), 68. https://doi.org/10.1037/a0021466

Kinnunen, P., Laukkanen, E., Kiviniemi, V., & Kylmä, J. (2010). Associations between the coping self in adolescence and mental health in early adulthood. *Journal of Child and Adolescent Psychiatric Nursing*, *23*(2), 111-117. https://doi.org/10.1111/j.1744-6171.2010.00230.x

Kotera, Y., Andrzejewski, D., Dosedlova, J., Taylor, E., Edwards, A. M., & Blackmore, C. (2022). Mental health of Czech university psychology students: Negative mental health attitudes, mental health shame and self-compassion. *Healthcare 10*(4), 584-676. https://doi.org/10.3390/healthcare10030584

Kranke, D., Floersch, J., Townsend, L., & Munson, M. (2010). Stigma experience among adolescents taking psychiatric medication. *Children and Youth Services Review*, *32*(4), 496-505. https://doi.org/10.1016/j.childyouth.2009.11.002

Kutrovátz, K. (2017). Conducting qualitative interviews with children: Methodological and ethical challenges. *Corvinus Journal of Sociology and Social Policy*, *8*(2), 65-88. https://doi.org/10.14267/cjssp.2017.02.04

Lagattuta, K. H., & Thompson, R. A. (2007). The development of self-conscious emotions: Cognitive processes and social influences. In J. L. Tracy, R. W. Robins, & J. P. Tangney (Eds.), *The self-conscious emotions: Theory and research* (pp. 91–113). Guilford Press. https://doi.org/10.1037/e680352007-001

Lansky, M. R. (2005). Hidden shame. *Journal of the American Psychoanalytic Association*, *53*(3), 865-890. https://doi.org/10.1177/00030651050530031101

Lanteigne, D. M., Flynn, J. J., Eastabrook, J. M., & Hollenstein, T. (2014). Discordant patterns among emotional experience, arousal, and expression in adolescence: Relations with emotion regulation and internalizing problems. *Canadian Journal of Behavioural Science*, *46*(1), 29. https://doi.org/10.1037/a0029968

Lashbrook, J. T. (2000). Fitting in: Exploring the emotional dimension of adolescent peer pressure. *Adolescence*, *35*(140), 747.

Lear, M. K., Lee, E. B., Smith, S. M., & Luoma, J. B. (2022). A systematic review of self-report measures of generalized shame. *Journal of Clinical Psychology*. https://doi.org/10.1002/jclp.23311

Lee, D. A., Scragg, P., & Turner, S. (2001). The role of shame and guilt in traumatic events: A clinical model of shame-based and guilt-based PTSD. *British journal of medical psychology*, *74*(4), 451-466. https://doi.org/10.1348/000711201161109

Leeming, D., & Boyle, M. (2004). Shame as a social phenomenon: A critical analysis of the concept of dispositional shame. *Psychology and*

Psychotherapy: Theory, Research and Practice, 77(3), 375-396. https://doi.org/10.1348/1476083041839312

Leeming, D., & Boyle, M. (2013). Managing shame: An interpersonal perspective. *British Journal of Social Psychology*, *52*(1), 140-160. https://doi.org/10.1111/j.2044-8309.2011.02061.x

Lewis, H. B. (1971). Shame and guilt in neurosis. *Psychoanalytic Review*, *58*(3), 419-438.

Lewis, H. B. (1980). "Narcissistic personality" or "shame-prone" superego mode? *Comprehensive Psychotherapy, 1*, 59-80.

Lewis, H. B. (1987). The role of shame in depression over the life span. In H. B. Lewis (Ed.), *The role of shame in symptom formation* (pp. 29–50). Lawrence Erlbaum Associates, Inc.

Lewis, M. (1995). *Shame: The exposed self*. Simon and Schuster.

Lewis, M., Alessandri, S. M., & Sullivan, M. W. (1992). Differences in shame and pride as a function of children's gender and task difficulty. *Child Development*, *63*(3), 630-638. https://doi.org/10.2307/1131351

Lieber, E. (2009). Mixing qualitative and quantitative methods: Insights into design and analysis issues. *Journal of Ethnographic & Qualitative Research*, *3*(4), 218-227.

Lindlof, T. R., & Taylor, B. C. (2002). *Qualitative communication research methods*. Sage Publications. https://doi.org/10.21018/rjcpr.2015.3.164

Lindsay-Hartz, J., de Rivera, J., & Mascolo, M. F. (1995). Differentiating guilt and shame and their effects on motivation. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 274-300). Guilford Press.

Luby, J., Belden, A., Sullivan, J., Hayen, R., McCadney, A., & Spitznagel, E. (2009). Shame and guilt in preschool depression: Evidence for elevations in self-conscious emotions in depression as early as age 3. *Journal of Child Psychology and Psychiatry*, *50*(9), 1156-1166. https://doi.org/10.1111/j.1469-7610.2009.02077.x

Lundgren, D.C. (2004). Social feedback and self-appraisals: Current status of the mead-cooley hypothesis. *Symbolic Interaction 27*(2), 267-86. https://doi.org/10.1525/si.2004.27.2.267

Luoma, J., Guinther, P., Potter, J., & Cheslock, M. (2017). Experienced-based versus scenario-based assessments of shame and guilt and their relationship to alcohol consumption and problems. *Substance Use & Misuse*, *52*(13), 1692-1700. https://doi.org/10.1080/10826084.2017.1305416

Luyten, P., Fontaine, J. R., & Corveleyn, J. (2002). Does the test of self-conscious affect measure maladaptive aspects of guilt and adaptive aspects of shame? An empirical investigation. *Personality and Individual Differences, 33*(8), 1373-1387. https://doi.org/10.1016/S0191-8869(02)00197-6

Macdonald, J., & Morley, I. (2001). Shame and non-disclosure: A study of the emotional isolation of people referred for psychotherapy. *British Journal of Medical Psychology*, *74*(1), 1-21. https://doi.org/10.1348/000711201160731

Mahtani, S., Hasking, P., & Melvin, G. A. (2019). Shame and non-suicidal self-injury: Conceptualization and preliminary test of a novel developmental model among emerging adults. *Journal of Youth and Adolescence*, *48*(4), 753-770. https://doi.org/10.1007/s10964-018-0944-0

Marriott, S. (2007). Applying a psychodynamic treatment model to support an adolescent sentenced for murder to confront and manage feelings of

shame and remorse. *The Journal of Forensic Psychiatry & Psychology*, *18*(2), 248-260. https://doi.org/10.1080/14789940601116366

Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum for Qualitative Social Research*, *11*(3), 1-19. https://doi.org/10.17169/fqs-11.3.1428

Matos, M., Pinto-Gouveia, J., Gilbert, P., Duarte, C., & Figueiredo, C. (2015). The other as shamer scale 2: Development and validation of a short version of a measure of external shame. *Personality and Individual Differences*, *74*, 6-11. https://doi.org/10.1016/j.paid.2014.09.037

McKenzie, J., Reyes, J. J., Xiong, K. C., Corona, A., & Armsworthy, C. (2021). Virtue, shame, and choice: Perspectives of sex work among adolescents in variously globalized Thai communities. *Journal of Cross-Cultural Psychology*, *52*(6), 533-552. https://doi.org/10.1177/00220221211032393

Miceli, M., & Castelfranchi, C. (2018). Reconsidering the differences between shame and guilt. *Europe's Journal of Psychology*, *14*(3), 710. https://doi.org/10.5964/ejop.v14i3.1564

Miedema, E., Koster, W., Pouw, N., Meyer, P., & Sotirova, A. (2020). The struggle for public recognition: Understanding early marriage through the lens of honour and shame in six countries in South Asia and West Africa. *Progress in Development Studies*, *20*(4), 328-346. https://doi.org/10.1177/1464993420977790

Mikolajczak, M., & Luminet, O. (2008). Trait emotional intelligence and the cognitive appraisal of stressful events: An exploratory study. *Personality and Individual Differences*, *44*(7), 1445-1453. https://doi.org/10.1016/j.paid.2007.12.012

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. SAGE Publications.

Mills, R. S. L. (2005). Taking stock of the developmental literature on
shame. *Developmental Review, 25*(1), 26-63.
https://doi.org/10.1016/j.dr.2004.08.001

Mintz, G., Etengoff, C., & Grysman, A. (2017). The relation between childhood
parenting and emerging adults' experiences of shame and guilt. *Journal of
Child and Family Studies*, *26*(10), 2908-2920.
https://doi.org/10.1007/s10826-017-0778-5

Misailidi, P. (2020). Understanding internal and external shame in childhood: The
role of theory of mind. *European Journal of Developmental
Psychology*, *17*(1), 19-36. https://doi.org/10.1080/17405629.2018.1514296

Moe, V., Braarud, H. C., Wentzel-Larsen, T., Slinning, K., Vannebo, U. T.,
Guedeney, A., ... & Smith, L. (2016). Precursors of social emotional
functioning among full-term and preterm infants at 12 months: Early infant
withdrawal behavior and symptoms of maternal depression. *Infant
Behavior and Development*, *44*, 159-168.
https://doi.org/10.1016/j.infbeh.2016.06.012

Moretti, M. M., & Higgins, E. T. (1990). Relating self-discrepancy to self-esteem:
The contribution of discrepancy beyond actual-self ratings. *Journal of
Experimental Social Psychology*, *26*(2), 108-123.
https://doi.org/10.1016/0022-1031(90)90071-S

Morgenroth, T., & Ryan, M. K. (2021). The effects of gender trouble: An
integrative theoretical framework of the perpetuation and disruption of the
gender/sex binary. *Perspectives on Psychological Science, 16*(6), 1113-
1142. https://doi.org/10.1177/1745691620902442

Morrison, B. (2006). School bullying and restorative justice: Toward a theoretical
understanding of the role of respect, pride, and shame. *Journal of Social
Issues*, *62*(2), 371-392. https://doi.org/10.1111/j.1540-4560.2006.00455.x

Munn, Z., Peters, M. D., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Medical Research Methodology*, *18*(1), 1-7. https://doi.org/10.1186/s12874-018-0611-x

Munt, S. R. (2000). Shame/pride dichotomies in queer as folk. *Textual Practice*, *14*(3), 531-546. https://doi.org/10.1080/095023600750040694

Muris, P., & Meesters, C. (2014). Small or big in the eyes of the other: On the developmental psychopathology of self-conscious emotions as shame, guilt, and pride. *Clinical Child and Family Psychology Review, 17*(1), 19-40. https://doi.org/10.1007/s10567-013-0137-z

Muris, P., Meesters, C., Bouwman, L., & Notermans, S. (2015). Relations among behavioral inhibition, shame-and guilt-proneness, and anxiety disorders symptoms in non-clinical children. *Child Psychiatry & Human Development*, *46*(2), 209-216. https://doi.org/10.1007/s10578-014-0457-3

Murphy, S. A., & Kiffin-Petersen, S. (2017). The exposed self: A multilevel model of shame and ethical behavior. *Journal of Business Ethics*, *141*(4), 657-675. https://doi.org/10.1007/s10551-016-3185-8

Namka, L. (1995). Shame busting: Incorporating group social skills training, shame release and play therapy with a child who was sexually abused. *International Journal of Play Therapy*, *4*(1), 81. https://doi.org/10.1037/h0089068

Nathanson, D. L. (Ed.). (1987). *The many faces of shame.* The Guilford Press. https://psycnet.apa.org/record/1987-98141-000

Nathanson, D. L. (1994). *Shame and pride: Affect, sex, and the birth of the self.* W.W. Norton & Company.

Nathanson, D. L. (1997). Shame and the affect theory of Silvan Tomkins. In M. R. Lansky & A. P. Morrison (Eds.), *The widening scope of shame* (pp. 107–138). Analytic Press. https://doi.org/10.4324/9781315803388

National Health Service (2020). *Mental health of children and young people in England, 2020: Wave 1 follow up to the 2017 survey.* National Health Service Digital. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up/copyright

Nguyen, T. V. T., Ryan, R. M., & Deci, E. L. (2018). Solitude as an approach to affective self-regulation. *Personality and Social Psychology Bulletin, 44*(1), 92-106. https://doi.org/10.1177/0146167217733073

Nikolić, M., Hannigan, L. J., Krebs, G., Sterne, A., Gregory, A. M., & Eley, T. C. (2022). Aetiology of shame and its association with adolescent depression and anxiety: Results from a prospective twin and sibling study. *Journal of Child Psychology and Psychiatry*, *63*(1), 99-108. https://doi.org/10.1111/jcpp.13465

Nyström, M. B. T., & Mikkelsen, F. (2013). Psychopathy-related personality traits and shame management strategies in adolescents. *Journal of Interpersonal Violence*, *28*(3), 519-537. https://doi.org/10.1177/0886260512455512

Nyumba, T.O., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution*, *9*(1), 20-32. https://doi.org/10.1111/2041-210X.12860

Øen, G., Kvilhaugsvik, B., Eldal, K., & Halding, A. G. (2018). Adolescents' perspectives on everyday life with obesity: A qualitative

study. *International Journal of Qualitative Studies on Health and Well-being*, *13*(1), 147-581. https://doi.org/10.1080/17482631.2018.1479581

Ogarkova, A., Soriano, C., & Lehr, C. (2012). Naming feeling: Exploring the equivalence of emotion terms in five European languages. In P. Wilson (Ed.). *Dynamicity in emotion concepts.* Peter Lang. https://doi.org/10.1093/acprof:oso/9780199592746.003.0023

Okur, Z. E., & Corapci, F. (2016). Turkish children's expression of negative emotions: Intracultural variations related to socioeconomic status. *Infant and Child Development*, *25*(5), 440-458. https://doi.org/10.1002/icd.1945

Oppenhaim-Shachar, S. (2019). "How am I going to pass this audition?" Shame and respectability among Ethiopian adolescent girls: Dialogue with an invitation to expand occupational aspirations. *Gender and Education*, *31*(8), 1077-1092. https://doi.org/10.1080/09540253.2017.1406899

Orth, U., Robins, R. W., & Soto, C. J. (2010). Tracking the trajectory of shame, guilt, and pride across the life span. *Journal of Personality and Social Psychology*, *99*(6), 1061. https://doi.org/10.1037/a0021342

Owens, E. (2006). Conversational space and participant shame in interviewing. *Qualitative Inquiry*, *12*(6), 1160-1179. https://doi.org/10.1177/1077800406293236

Parkinson, B., Fischer, A.H., Manstead, A.S.R. (2004). *Emotion in social relations: Cultural, group, and interpersonal processes* (1st ed.). Psychology Press. https://doi.org/10.4324/9780203644966

Partridge, J. A., & Wiggins, M. S. (2008). Coping styles for trait shame and anxiety intensity and direction in competitive athletes. *Psychological Reports*, *103*(3), 703-712. https://doi.org/10.2466/pr0.103.3.703-712

Pattison, S. (2000). *Shame: Theory, therapy, theology*. Cambridge University Press. https://doi.org/10.1017/CBO9780511612411

Peters, M. D., Godfrey, C. M., Khalil, H., McInerney, P., Parker, D., & Soares, C. B. (2015). Guidance for conducting systematic scoping reviews. *JBI Evidence Implementation*, *13*(3), 141-146. https://doi.org/10.1097/XEB.0000000000000050

Piers, G. & Singer, M. (1971). *Shame and Guilt: A Psychoanalytic and Cultural Study.* W.W. Norton & Company.

Plancherel, B., Bolognini, M., & Halfon, O. (1998). Coping strategies in early and mid-adolescence. *European Psychologist*, *3*(3), 192-201. https://doi.org/10.1027/1016-9040.3.3.192

Plant, E. A., Hyde, J. S., Keltner, D., & Devine, P. G. (2000). The gender stereotyping of emotions. *Psychology of Women Quarterly*, *24*(1), 81-92. https://doi.org/10.1111/j.1471-6402.2000.tb01024.x

Porter, A. C., Zelkowitz, R. L., Gist, D. C., & Cole, D. A. (2019). Self-evaluation and depressive symptoms: A latent variable analysis of self-esteem, shame-proneness, and self-criticism. *Journal of Psychopathology and Behavioral Assessment*, *41*(2), 257-270. https://doi.org/10.1007/s10862-019-09734-1

Probst, C., Manthey, J., Martinez, A., & Rehm, J. (2015). Alcohol use disorder severity and reported reasons not to seek treatment: A cross-sectional study in European primary care practices. *Substance Abuse Treatment, Prevention, and Policy*, *10*(1), 1-10. https://doi.org/10.1186/s13011-015-0028-z

Public Health England. (2021). *Promoting children and young people's mental health and wellbeing: A whole school or college approach.* (GW-8973).

https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing

Punch, S. (2002). Research with children: The same or different from research with adults? *Childhood*, *9*(3), 321-341. https://doi.org/10.1177/0907568202009003005

Putnam, O., & Lake, K. (2020). I'm upset, not ashamed: An investigation into adolescent shame acknowledgement. *Columbia Undergraduate Science Journal*, *14*, 27-33.

Reimer, M. S. (1996). "Sinking into the ground": The development and consequences of shame in adolescence. *Developmental Review*, *16*(4), 321-363. https://doi.org/10.1006/drev.1996.0015

Retzinger, S. M. (1995). Identifying shame and anger in discourse. *American Behavioral Scientist*, *38*(8), 1104-1113. https://doi.org/10.1177/0002764295038008006

Retzinger, S. M. (2002). Alienation, labelling, and stigma: Integrating social and emotional aspects of mental illness. In P. Bernard, H. Kincaid, T.J. Scheff (Eds.), *Toward a sociological imagination: Bridging specialized fields* (pp. 227-60). University Press of America.

Rich, M., & Ginsburg, K. R. (1999). The reason and rhyme of qualitative research: Why, when, and how to use qualitative methods in the study of adolescent health. *Journal of Adolescent Health*, *25*(6), 371-378. https://doi.org/10.1016/S1054-139X(99)00068-3

Riggs, J. M. (1992). Self-handicapping and achievement. In A.K. Boggiano & T.S. Pittman (Eds.), *Achievement and motivation: A social-developmental perspective*, (pp. 244-267). Cambridge University Press.

Rizvi, S. L. (2010). Development and preliminary validation of a new measure to assess shame: The Shame Inventory. *Journal of Psychopathology and Behavioral Assessment*, *32*(3), 438-447. https://doi.org/10.1007/s10862-009-9172-y

Rizzuto, A. M. (1991). Shame in psychoanalysis: The function of unconscious fantasies. *International Journal of Psycho-Analysis*, *72*, 297-312.

Roberts, W., Strayer, J., & Denham, S. (2014). Empathy, anger, guilt: Emotions and prosocial behaviour. *Canadian Journal of Behavioural Science, 46*(4), 465-474. https://doi.org/10.1037/a0035057

Robertson, D. (2020). Miseducation: inequality, education and the working classes by Diane Reay (2017). *Critical and Radical Social Work, 8*(1), 137. https://doi.org/10.1332/204986019X15627420638872

Rohleder, N., Chen, E., Wolf, J. M., & Miller, G. E. (2008). The psychobiology of trait shame in young women: Extending the social self-preservation theory. *Health Psychology*, *27*(5), 523. https://doi.org/10.1037/0278-6133.27.5.523

Sabini, J., & Silver, M. (1997). In defense of shame: Shame in the context of guilt and embarrassment. *Journal for the Theory of Social Behaviour*, *27*(1), 1-15. https://doi.org/10.1111/1468-5914.00023

Sanchis-Sanchis, A., Grau, M. D., Moliner, A. R., & Morales-Murillo, C. P. (2020). Effects of age and gender in emotion regulation of children and adolescents. *Frontiers in Psychology*, *11*, 946. https://doi.org/10.3389/fpsyg.2020.00946

Sandelowski, M. (1995). Sample size in qualitative research. *Research in Nursing & Health*, *18*(2), 179-183. https://doi.org/10.1002/nur.4770180211

Savarimuthu, A. (2002). *Commitment to living: A microanalytic study of the emotion of shame and the perceived erosion of social bonds in two cases of adolescent suicide* [Doctoral dissertation, University of New Jersey]. ProQuest. https://www.proquest.com/openview/498e52000997adc76c498e320c1793cc/1?cbl=18750&diss=y&pq-origsite=gscholar

Schalkwijk, F., Stams, G. J., Dekker, J., Peen, J., & Elison, J. (2016). Measuring shame regulation: Validation of the compass of shame scale. *Social Behavior and Personality: An International Journal*, *44*(11), 1775-1791. https://doi.org/10.2224/sbp.2016.44.11.1775

Scheff, T. J. (1995). Self-defense against verbal assault: Shame, anger, and the social bond. *Family Process, 34*(3), 271-286. https://doi.org/10.1111/j.1545-5300.1995.00271.x

Scheff, T. J. (2000). Shame and the social bond: A sociological theory. *Sociological Theory, 18*(1), 84-99. https://doi.org/10.1111/0735-2751.00089

Scheff, T. J. (2003). Shame in self and society. *Symbolic Interaction*, *26*(2), 239-262. https://doi.org/10.1525/si.2003.26.2.239

Schimmenti, A. (2012). Unveiling the hidden self: Developmental trauma and pathological shame. *Psychodynamic Practice*, *18*(2), 195-211. https://doi.org/10.1080/14753634.2012.664873

Schmeichel, M., Hughes, H.E., & Kutner, M. (2018). Qualitative research on youths' social media use: A review of the literature. *Middle Grades Review, 4*(2), 1-15. https://scholarworks.uvm.edu/mgreview/vol4/iss2/4

Schoenleber, M., & Gratz, K. L. (2018). Self-acceptance group therapy: A transdiagnostic, cognitive-behavioral treatment for shame. *Cognitive and*

Behavioral Practice, *25*(1), 75-86.
https://doi.org/10.1016/j.cbpra.2017.05.002

Schore, A. N. (1998). Early shame experiences and infant brain development. In
P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior,*
psychopathology, and culture (pp. 57–77). Oxford University Press.

Schore, A. N. (2020). Forging connections in group psychotherapy through right
brain-to-right brain emotional communications. *International Journal of*
Group Psychotherapy, *70*(1), 29-88.
https://doi.org/10.1080/00207284.2019.1682460

Sebastian, C., Viding, E., Williams, K. D., & Blakemore, S. J. (2010). Social brain
development and the affective consequences of ostracism in adolescence.
Brain and cognition, 72(1), 134-145.
https://doi.org/10.1016/j.bandc.2009.06.008

Setty, E. (2019). A rights-based approach to youth sexting: Challenging risk,
shame, and the denial of rights to bodily and sexual expression within
youth digital sexual culture. *International Journal of Bullying*
Prevention, *1*(4), 298-311. https://doi.org/10.1007/s42380-019-00050-6

Seu, B. I. (2006). Shameful selves: Women's feelings of inadequacy and
constructed facades. *European Journal of Psychotherapy, Counselling*
and Health, 8(3), 285-303. https://doi.org/10.1080/13642530600878196

Shaughnessy, M. J. (2018). Integrative literature review on shame. *Nursing*
Science Quarterly, 31(1), 86-94.
https://doi.org/10.1177/0894318417741120

Sheehy, K., Noureen, A., Khaliq, A., Dhingra, K., Husain, N., Pontin, E. E., ... &
Taylor, P. J. (2019). An examination of the relationship between shame,
guilt and self-harm: A systematic review and meta-analysis. *Clinical*
Psychology Review, 73, 1-13. https://doi.org/10.1016/j.cpr.2019.101779

Sheer, J. (2020). *Uncovering adolescent shame in the therapeutic relationship* [Doctoral dissertation, Yeshiva University]. Wurzweiler School of Social Work. https://hdl.handle.net/20.500.12202/5806

Shweder, R. A. (2003). Toward a deep cultural psychology of shame. *Social Research: An International Quarterly*, *70*(4), 1100-1129. https://doi.org/10.1353/sor.2003.0035

Silfver, M. (2007). Coping with guilt and shame: A narrative approach. *Journal of Moral Education*, *36*(2), 169-183. https://doi.org/10.1080/03057240701325274

Simonds, L. M., John, M., Fife-Schaw, C., Willis, S., Taylor, H., Hand, H., ... & Winton, H. (2016). Development and validation of the adolescent shame-proneness scale. *Psychological Assessment*, *28*(5), 549. https://doi.org/10.1037/pas0000206

Somerville, L. H., Jones, R. M., Ruberry, E. J., Dyke, J. P., Glover, G., & Casey, B. J. (2013). The medial prefrontal cortex and the emergence of self-conscious emotion in adolescence. *Psychological Science, 24*(8), 1554-1562. https://doi.org/10.1177/0956797613475633

Stipek, D. J., & DeCotis, K. M. (1988). Children's understanding of the implications of causal attributions for emotional experiences. *Child Development*, *59*(6), 1601-1610. https://doi.org/10.2307/1130674

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). SAGE Publications.

Stuewig, J., Tangney, J. P., Kendall, S., Folk, J. B., Meyer, C. R., & Dearing, R. L. (2015). Children's proneness to shame and guilt predict risky and illegal behaviors in young adulthood. *Child Psychiatry & Human Development*, *46*(2), 217-227. https://doi.org/10.1007/s10578-014-0467-1

Sturgiss, E. A., & Clark, A. M. (2020). Using critical realism in primary care research: An overview of methods. *Family Practice*, *37*(1), 143-145. https://doi.org/10.1093/fampra/cmz084

Svensson, R., Pauwels, L. J., Weerman, F. M., & Bruinsma, G. J. (2017). Explaining individual changes in moral values and moral emotions among adolescent boys and girls: A fixed-effects analysis. *European Journal of Criminology*, *14*(3), 290-308. https://doi.org/10.1093/fampra/cmz084

Swerdlow, B. A., Pearlstein, J. G., Sandel, D. B., Mauss, I. B., & Johnson, S. L. (2020). Maladaptive behavior and affect regulation: A functionalist perspective. *Emotion*, *20*(1), 75. https://doi.org/10.1037/emo0000660

Szentágotai-Tătar, A., Chiș, A., Vulturar, R., Dobrean, A., Candea, D. M., & Miu, A. C. (2015). Shame and guilt-proneness in adolescents: Gene-environment interactions. *PloS One*, *10*(7), Article e0134716. https://doi.org/10.1371/journal.pone.0134716

Szentágotai-Tătar, A., & Miu, A. C. (2016). Individual differences in emotion regulation, childhood trauma and proneness to shame and guilt in adolescence. *PLoS One*, *11*(11), Article e0167299. https://doi.org/10.1371/journal.pone.0167299

Tamir, M. (2016). Why do people regulate their emotions? A taxonomy of motives in emotion regulation. *Personality and Social Psychology Review*, *20*(3), 199-222. https://doi.org/10.1177/1088868315586325

Tangney, J. P. (1990). Assessing individual differences in proneness to shame and guilt: Development of the self-conscious affect and attribution inventory. *Journal of Personality and Social Psychology, 59(1)*, 102-111. https://doi.org/10.1037/0022-3514.59.1.102

Tangney, J. P. (1995). Recent advances in the empirical study of shame and guilt. *American Behavioral Scientist*, *38*(8), 1132-1145. https://doi.org/10.1177/0002764295038008008

Tangney, J. P., & Dearing, R. L. (2002). Gender differences in morality. In R. F. Bornstein & J. M. Masling (Eds.), *The psychodynamics of gender and gender role* (pp. 251–269). American Psychological Association. https://doi.org/10.1037/10450-007

Tangney, J. P., & Dearing, R. L. (2003). *Shame and guilt*. Guilford Press.

Tangney, J. P., & Fischer, K. W. (Eds.). (1995). *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride.* Guilford Press.

Tangney, J. P., Miller, R. S., Flicker, L., & Barlow, D. H. (1996). Are shame, guilt, and embarrassment distinct emotions? *Journal of Personality and Social Psychology*, *70*(6), 1256. https://doi.org/10.1037/0022-3514.70.6.1256

Tangney, J. P., Stuewig, J., & Hafez, L. (2011). Shame, guilt, and remorse: Implications for offender populations. *Journal of Forensic Psychiatry & Psychology*, *22*(5), 706-723. https://doi.org/10.1080/14789949.2011.617541

Tangney, J. P., Stuewig, J., & Mashek, D. J. (2007). Moral emotions and moral behavior. *Annual Review of Psychology*, *58*, 345-372. https://doi.org/10.1146/annurev.psych.56.091103.070145

Tanti, C., Stukas, A. A., Halloran, M. J., & Foddy, M. (2011). Social identity change: Shifts in social identity during adolescence. *Journal of Adolescence*, *34*(3), 555-567. https://doi.org/10.1016/j.adolescence.2010.05.012

Taylor, T. F. (2015). The influence of shame on posttrauma disorders: Have we failed to see the obvious? *European Journal of Psychotraumatology*, *6*(1), 28-47. https://doi.org/10.3402/ejpt.v6.28847

Thomaes, S., Bushman, B. J., Stegge, H., & Olthof, T. (2008). Trumping shame by blasts of noise: Narcissism, self-esteem, shame, and aggression in young adolescents. *Child Development*, *79*(6), 1792-1801. https://doi.org/10.1111/j.1467-8624.2008.01226.x

Thompson, R. J., & Berenbaum, H. (2006). Shame reactions to everyday dilemmas are associated with depressive disorder. *Cognitive Therapy and Research*, *30*(4), 415-425. https://doi.org/10.1007/s10608-006-9056-3

Throuvala, M.A., Griffiths, M.D., Rennoldson, M., & Kuss, D.J. (2019). A 'control model' of social media engagement in adolescence: A grounded theory analysis. *International Journal of Environmental Research and Public Engagement, 16*(23), 46-96. https://doi.org/10.3390/ijerph16234696

Thurston, N. S., & Cradock O'Leary, J. (2009). *The Thurston-Cradock Test of Shame (TCTS).* Western Psychological Services. https://www.wpspublish.com/tcts-thurston-cradock-test-of-shame

Tibbetts, S. G. (1997). Shame and rational choice in offending decisions. *Criminal Justice and Behavior*, *24*(2), 234-255.

Tomkins, S. (1962). *Affect imagery consciousness.* Springer Publishing Company.

Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry*, *16*(10), 837-851. https://doi.org/10.1177/1077800410383121

Tracy, J. L., & Robins, R. W. (2004). Putting the self into self-conscious emotions: A theoretical model. *Psychological Inquiry*, *15*(2), 103-125. https://doi.org/10.1207/s15327965pli1502_01

Tronick, E., Als, H., Adamson, L., Wise, S., & Brazelton, T. B. (1978). The infant's response to entrapment between contradictory messages in face-to-face interaction. *Journal of the American Academy of Child Psychiatry*, *17*(1), 1-13. https://doi.org/10.1016/S0002-7138(09)62273-1

Tuckett, A. G. (2005). Applying thematic analysis theory to practice: A researcher's experience. *Contemporary Nurse*, *19*(1-2), 75-87. https://doi.org/10.5172/conu.19.1-2.75

Turner, L. (2005). From the local to the global: Bioethics and the concept of culture. *The Journal of Medicine and Philosophy*, *30*(3), 305-320. https://doi.org/10.1080/03605310590960193

Turner, J. E. (2014). Researching state shame with the experiential shame scale. *The Journal of Psychology*, *148*(5), 577-601. https://doi.org/10.1080/00223980.2013.818927

Uchino, B. N., Cacioppo, J. T., & Kiecolt-Glaser, J. K. (1996). The relationship between social support and physiological processes: A review with emphasis on underlying mechanisms and implications for health. *Psychological Bulletin*, *119*(3), 488. https://doi.org/10.1037/0033-2909.119.3.488

UNICEF UK. (1989). *The United Nations convention on the rights of the child.* https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_PRESS200910web.pdf?_ga=2.78590034.795419542.1582474737-1972578648.1582474737

Vaghi, F., & Emmott, E.H. (2018). *Teen views of adolescence: Findings from a one day workshop.* UCL Institute of Education. https://doi.org/10.31219/osf.io/uy8wh

Vagos, P., Ribeiro da Silva, D., Brazão, N., & Rijo, D. (2018). The Centrality of Event Scale in Portuguese adolescents: Validity evidence based on internal structure and on relations to other variables. *Assessment, 25*(4), 527–538. https://doi.org/10.1177/1073191116651137

Vagos, P., Ribeiro da Silva, D., Brazäo, N., Rijo, D., & Elison, J. (2019). Psychometric properties of the compass of shame scale: Testing for measurement invariance across community boys and boys in foster care and juvenile detentions facilities. *Child & Youth Care Forum, 48*, 93-110. https://doi.org/10.1007/s10566-018-9474-x

Van Vliet, K. J. (2009). The role of attributions in the process of overcoming shame: A qualitative analysis. *Psychology and Psychotherapy: Theory, Research and Practice*, *82*(2), 137-152. https://doi.org/10.1348/147608308X389391

Velotti, P., Garofalo, C., Bottazzi, F., & Caretti, V. (2017). Faces of shame: Implications for self-esteem, emotion regulation, aggression, and well-being. *The Journal of Psychology*, *151*(2), 171-184. https://doi.org/10.1080/00223980.2016.1248809

Vuletić, T., & Krnjaić, Z. (2019). Adolescents' Hobbies and Their Well-being. In *Proceedings of the XXIV scientific conference: Empirical studies in psychology* (pp. 88-90). University of Belgrade. https://www.researchgate.net/publication/336349110

Wallbott, H. G., & Scherer, K. R. (1989). Assessing emotion by questionnaire. In R. Plutchik & H. Kellerman (Eds.), *The measurement of emotions* (pp. 55-82). Academic Press. https://doi.org/10.1016/B978-0-12-558704-4.50009-8

World Health Organisation (2015). *Adolescent health.*
https://www.who.int/topics/adolescent_health/en/

Widodo, H. P. (2014). Methodological considerations in interview data
transcription. *International Journal of Innovation in English Language
Teaching and Research*, *3*(1), 101.

Willig, C. (2008). A phenomenological investigation of the experience of taking
part in extreme sports. *Journal of Health Psychology*, *13*(5), 690-702.
https://doi.org/10.1177/1359105307082459

Willing, C. (2013). *Introducing qualitative research in psychology.* McGraw-Hill
Education.

Wong, Y., & Tsai, J. (2007). Cultural models of shame and guilt. In R. Robins,
J.P. Tangney & J.L. Tracy (Eds.), *The self-conscious emotions* (pp. 209-
223). Guilford Publications.

Woodward, K., McIlwain, D., & Mond, J. (2019). Feelings about the self and body
in eating disturbances: The role of internalized shame, self-esteem,
externalized self-perceptions, and body shame. *Self and Identity*, *18*(2),
159-182. https://doi.org/10.1080/15298868.2017.1403373

Wurmser, L. (1981). *The mask of shame*. Johns Hopkins University Press.

Yakeley, J. (2018). Shame, culture and mental health. *Nordic Journal of
Psychiatry*, *72*(1), p20-22. https://doi.org/10.1080/08039488.2018.1525641

Yardley, L., Ainsworth, B., Arden-Close, E., & Muller, I. (2015). The person-based
approach to enhancing the acceptability and feasibility of
interventions. *Pilot and Feasibility Studies*, *1*(1), 1-7.
https://doi.org/10.1186/s40814-015-0033-z

Young, I. F., Razavi, P., Cohen, T. R., Yang, Q., Alabèrnia-Segura, M., &
Sullivan, D. (2021). A multidimensional approach to the relationship
between individualism-collectivism and guilt and shame. *Emotion*, *21*(1),
108-122. https://doi.org/10.1037/emo0000689

Young Minds (2020). *Rewarding participation.*
https://www.youngminds.org.uk/media/pbcpzfs1/rewarding-
participation.pdf

Ever felt shame?!
...time to educate the adults!

University of East London

Receive a £5.00 Amazon voucher for taking part!

This is me!

My name is Chloe. I am training to become a Clinical Psychologist.

I am looking to speak to young people (aged 14-15) to find out more about shame!

What is involved?

I will ask you to meet with me one time, just the two of us, for about an hour.

This will be online and I can arrange it at a time that suits you, like after school or at the weekend.

We will discuss experiences other young people have had that made them feel ashamed, and I will also ask you questions about when you have felt ashamed.

It is up to you whether you choose to take part. If you want to you will need your parent/carer's permission too.

If you have questions, or want more information, you are welcome to email me!

I want to take part!

Please email

'I am interested in your study'

to:

U1945536@UEL.AC.UK

Approved by UEL ethics
ID:1945536

150

APPENDIX B: Supplementary Recruitment Designs

14-15 years old?
Living in the UK?

Ever felt shame?!
...time to educate the adults!

University of East London

My name is Chloe.
I am training to become a Clinical Psychologist.

I am looking to speak to young people (aged 14-15) to find out more about shame!

This is me!

Receive a
£5.00
Amazon voucher for taking part!

What is involved?

I will ask you to meet with me one time, just the two of us, for about an hour.

This will be online and I can arrange it at a time that suits you, like after school or at the weekend.

We will discuss experiences other young people have had that made them feel ashamed, and I will also ask you questions about when you have felt ashamed.

It is up to you whether you choose to take part. If you want to you will need your parent/carer's permission too.

If you have questions, or want more information, you are welcome to email me!

I want to take part!
Please email
'I am interested in your study'
to:
U1945536@UEL.AC.UK

Approved by UEL ethics
ID:1945536

151

APPENDIX C: Information Sheet for Responsible Adult

UNIVERSITY OF EAST LONDON
Parent/Guardian Information Sheet

This sheet provides information on a study being undertaken with your young person. The study is being conducted as part of my Professional Doctorate in Clinical Psychology at the University of East London. Please take your time to read and consider the following information carefully, to decide whether you agree to your young person taking part in this research.

Your young person has also been given an information sheet about this research. In order to take part, both you and your young person will need to agree to them taking part.

Project Title

"How do adolescents describe, understand and manage experiences of shame?"

Who I am?

My name is Chloe Taylor. I am a doctoral level student studying on the clinical psychology training course within the School of Psychology at the University of East London. This research is being conducted to ensure I fulfil the course requirements.

What am I looking to study?

My research will be looking to better understand how adolescents describe shame, what sense they make of it, and how they manage this feeling. Previous research has shown that shame is a common emotion, experienced by all of us and usually leaves us feeling like we want to hide or disappear. However, whilst it is a normal and everyday experience for many, for some young people it can become overwhelming and lead to mental health difficulties.

I am hoping that by researching what shame looks like in a general population of young people, this will give us more information on how we can better identify, help and support other young people earlier who may be struggling to tell an adult that they are experiencing high levels of shame. I am therefore asking all interested 14-15 year olds to take part.

My research has been approved by the University of East London ethics committee who have deemed my research to be ethical.

What will the project involve?

Your young person will be invited to meet with me once privately for up to an hour online via a secure video messaging platform (Microsoft Teams). During this time, I will give them some scenarios that have made other young people feel ashamed, and then ask them to answer some questions about these. These questions will include asking them about times when they have experienced shame and what this felt like.

Where will the interviews happen?

This interview will take place over a secure video messaging platform (Microsoft Teams), at a time that suits you and them, to ensure minimal disruption to their learning and daily activities. The

interviews will be sound recorded and stored on the secure video messaging platform which only I will have access to, and will be permanently deleted as soon as possible (see below for further details).

Why am I being asked to agree to this research when it is only my young person who will be involved?

When young people (under 16 years) are asked to take part in research, a parent or legal guardian must also agree to this before they are able to take part. This is to ensure that the parent/ legal guardian can help their young person with making important decisions and can maintain responsibility for keeping their young person safe. This is why I am seeking your consent for your young person to take part.

Are two parent/guardian signatures required?

Only one parent or legal guardian needs to consent to your young person taking part, though where possible we would like everyone to agree. The person who holds parental responsibility will need to consent.

What happens to the information my young person shares with you?

Everything your young person and I discuss will remain confidential between myself and them. The only exception is if your young person shares something that makes me worry about their safety or the safety of others. If this were the case, then I would break confidentiality to share the information with only people who need to know, in order to keep them safe, for example it might be you I tell, or another trusted adult.

I will record your young person's interview on a password-protected device which will be stored on a secure and encrypted folder. This means no one else will be able to access this information. I will then type these interviews into a document and anonymise them which means removing any identifiable information such as names. These documents will be kept in a secure encrypted file. Your young person's anonymised data will be seen by my supervisors and the people who grade my thesis. Broad demographic information may appear in the work, but no identifying details will be included in any of the data or reports that I write.

On completion of the study, I will delete the original recording of your young person's interview and all their details. I will keep the anonymous transcripts for three years following completion, in keeping with data management procedures. As I will have left my university post at this point, these transcripts will be held with the supervisor of this study and stored on a secure drive. During this time the transcripts will be stored securely and only I and my supervisor will have sole access to them. All other personal and research data, including consent forms, will be securely destroyed.

My final research will be written and published on the University of East London's website which is publicly accessible. I also hope that I will be able to distribute the findings of this research within academic settings, such as conferences and journals, to help other professionals learn about the importance of understanding shame. Anonymised extracts of interviews may be used but, in all cases, all identifying information will be removed and no one will be able to identify your young person.

I will also look to write to your young person with a summary of my findings once the research is complete. To do so, I will need your permission on the consent form.

Is there any acknowledgement for taking part?

Your young person will receive a £5 Amazon voucher to thank them for their contributions. HMRC regulations require the legal guardian to provide details of their name, address and National Insurance Number to receive any monetary payment for research. If you wish for your child to receive this voucher, please tick to indicate that you have been informed of the requirement and agree on the consent form. I also hope that they will find participating in this research a fun and interesting opportunity.

Do they have to take part?

This study is voluntary and therefore both you and your young person are under no obligation to take part in this study. You also should not feel under pressure to agree to your young person taking part, this is your choice.

This study is being conducted separately from your young person's school which means if you should choose not to take part this will not affect your young person's support, schooling or care in any way.

What if they change their mind?

Both you and your young person are free to change your mind and can withdraw from the study. The only time this will not be possible is once the interview transcripts have been anonymised and are no longer identifiable. You can therefore withdraw until up to three weeks after the interview. After this, your data may be included in the final write up, although all identifying information will have been removed.

If you or your young person withdraws from the study, there is no need to give a reason and there will be no consequences for doing so.

How can I contact you if I want to ask more?

Please feel free to contact me to ask any questions. You can contact me on:

U1945536@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, you can contact my supervisor Dr. Paula Corredor-Lopez at School of Psychology, University of East London, Water Lane, London. E15 4LZ. Email: P.Corredor-lopez@uel.ac.uk

Or you can contact the Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London. E15 4LZ.

I have read the information above and I am happy for my young person to take part…

If you are happy to continue both you and your child will be asked to sign individual consent forms. Please hold on to this information sheet in case you want to look at it again in the future.

APPENDIX D: Information Sheet for Young Person

How do adolescents describe, understand and manage experiences of shame?

University of East London

Who are you and why do you need my help?

My name is Chloe and I am a Trainee Clinical Psychologist. This means I work with young people who struggle with their mental health, and managing difficult feelings.

I am doing this study because I am hoping to find out what it is like when young people experience shame. I am interested in what it feels like, what experiences are most likely to make you feel ashamed, and how you manage these tricky feelings when they come up.

I hope that by learning more from you, we can help adults better understand how to help other young people when they feel ashamed.

This is me!

If I take part, will you tell anyone what I say?

All the information you share with me is confidential which means I won't tell anyone else. The only time I would have to tell someone is if I was worried that you, or someone else, was in danger and I needed to help make you safe.

BUT

I do want to share all the important things you have to say!

I hope to share what you and other young people have to say with as many adults who are working with young people as I can. I will do this by sharing what I found out on websites, in presentations and writing reports. When I write up my research, I can make sure no-one will know it was you who spoke to me as I will make our conversation anonymous, which means taking out all the parts of our conversation that would identify you, like your name or where you live.

As a thank you, you will get a £5.00 Amazon voucher for your time!

How do I take part and what happens if I do?

It is up to you whether you choose to take part or not. If you do want to take part, I will ask you to check with your parent/ guardian too, to make sure they are happy for you to take part.

Once you have checked with them, you can email me on **U1945536@uel.ac.uk** with your consent form from you, and one from your parent/ guardian.

Then I will arrange a time for us to meet online via video (just the two of us) for up to one hour. This can either be after school has finished, or at the weekend.

We will discuss some examples of things that make other young people feel ashamed and then I will ask you some questions about times you have felt ashamed and describe what it felt like to be you.

I will record our conversation to help me to remember all the important things you said, but I won't share this with anyone else and will delete it when I have finished writing up what I found. It is private information for my ears only.

REMEMBER:

If there are any questions you don't want to answer on the day, that is OK, it is up to you!

If you need to take a break or you change your mind about taking part at any time, that is OK, it is up to you.

Just let me or another adult know. No one will be cross.

APPENDIX E: Consent Form for Responsible Adult

UNIVERSITY OF EAST LONDON

Consent to for Child to Participate in
"How do adolescents describe, understand and manage experiences of shame?"

Research part of: Professional Doctorate in Clinical Psychology
Researcher: Chloe Taylor

Please mark as appropriate:

	YES	NO
I have read the information leaflet dated 10.12.21 (version 2) relating to the research detailed above (which my young person has been asked to participate in), and I have been given a copy to keep.		
The purpose of the research has been explained to me, and I have had the opportunity to ask questions and discuss this information.		
I understand what is being asked of my young person by becoming involved in this research.		
My young person has been given an age-appropriate consent form and is willing to participate.		
I understand that the interview will be recorded and I give my consent to this.		
I understand that my child's involvement in this study and the data from this research, including recordings, will remain strictly confidential and stored securely. Only the researchers involved in the study will have access to the data.		
I understand that maintaining strict confidentiality is subject to the following limitations: If the researcher felt worried about the safety of your young person or the safety of someone else, then confidentiality would be broken and only the relevant information would be shared with the appropriate person/people.		
I understand that anonymized quotes will be used in publications.		
I understand that the final thesis will be publicly accessible online via the University of East London's Institutional Repository (ROAR).		
I understand the researcher may also seek to publish this finalised piece of work in academic settings, including in journals or at conferences. I am aware that this publication may include short, anonymised quotes from interviews but these will not include any identifying information.		
I understand that my child's participation in the study is completely voluntary, and that we are both free to withdraw at any point during the research. I understand this will not disadvantage myself or my child in any way and that I do not have to provide a reason for this decision.		
I understand that my data can be withdrawn up to the point of data analysis and that after this point (3 weeks) it may not be possible.		
Once the researcher leaves their university and the study is complete, I understand that the anonymised data will be shared with the supervisor of this study and stored on a secure drive for three years, and that all other personal and research data, including consent forms, will be securely destroyed.		
The researcher would like to offer your child an Amazon voucher as a token of appreciation for their participation. However, HMRC regulations require recipients to provide details of their name, address and National Insurance Number. If you wish for your child to receive this voucher, please tick to indicate that you have been informed of the requirement.		
I would like to receive a summary of the research findings once the study has been completed and am willing to provide contact details for this to be sent.		
I hereby freely and fully consent to for my child to participate in the study.		

Child's Name (BLOCK CAPITALS):
Today's Date:

Parent/Guardian's Name (BLOCK CAPITALS):
Parent/Guardian's Signature:

Investigator's Name (BLOCK CAPITALS):
Investigator's Signature:

APPENDIX F: Consent Form for Young Person

University of
East London

How do adolescents describe, understand and manage experiences of shame?

Please read each statement carefully and then tick **EITHER** the yes **OR** no:

	YES	NO
I understand what I have read about this study	☐	☐
I have had the opportunity to ask questions	☐	☐
I understand that I can stop at any time	☐	☐
I understand that it is OK to say that I no longer want to take part to the researcher at any time	☐	☐
I understand that my conversation with the researcher will be recorded	☐	☐
I understand that she will not use my name or anything that can identify me in her research	☐	☐
I understand that anything I say will not be shared directly with other people unless the researcher is worried that I am not safe	☐	☐
I want to take part in the study	☐	☐

Your Name: _____

Your Signature: _____

Researcher's name:

Date: _____

APPENDIX G: Email Sent with Initial Forms

Hi X,

So great to hear from you, and thank you for taking an interest in my study!

Two things to check before taking part:

- Are you between 14-15 years old?
- Do you live in the UK?

If yes, I have attached some more information above.

The first file called 'YP information sheet' has more details for you about the study. Take your time reading through and make sure you are happy with taking part.

Please also give the 'P:C Information Sheet' to your parent/carer to read through, so they have a good understanding of the study.

Once you have both read the information sheets, if you are still interested in taking part, and your parent/carer is happy for you to, then I will need you to sign the 'YP Consent Form' and ask your parent/carer to sign the 'P:C Consent Form'. I have made this electronically signable but if you have any trouble, do let me know!

Once I have these two consent forms back (one from you, and one from your parent/carer), then I will arrange a time to meet briefly with your parent/carer to say hello and answer any questions they might have, and I will also arrange a time with you so we can talk all about shame!

I hope that is all clear but if you have any questions at all, do just give me an email back! I love to hear from people.

Hope to hear back from you/speak to you soon!

Best wishes,
Chloe

APPENDIX H: Interview schedule

Introductions, check in, building rapport and confidentiality

Section 1: Describing shame

"I am interested in understanding what young people think about shame, and if they have ever felt it, how they manage it, or how they think they would manage situations that other young people have found shaming. Have you heard of the word 'shame' before?"

Prompts:

- How would you describe it?
- Do you remember when you first learnt about it?
- Do you think it's the best word to use?
- Are there any other words that you prefer to use?
- Does it feel different to guilt and to embarrassment?

Section 2: Scenarios

"I will now read out some examples other young people your age have come up with of situations where they have felt [shame – use their words]. You might feel the same way or you might feel differently about these situations"

Scenarios:

1. "I was sitting around with a group of friends at lunch time. Another friend walked past and the others started to laugh and make jokes about them. I joined in. They overheard."

2. "I had a secret that I had not told anyone. Someone must have found out, because the next day I walked in the room and loads of people were talking about me and my secret."

3. "I thought I was going to get a good mark in my test so I told all my family and friends about how it had gone. When I got my results, I found out I had failed."

4. "My teacher made me stand up and then shouted at me in front of my whole class."

5. "I broke something very valuable that did not belong to me."

Prompts:

- How does that situation make you feel?
    - *Can ask young people to draw the feeling if they cannot use words, or describe it as a colour*
- What would you call this feeling?
- How would someone know you feel this way?
- What does this feeling make you want to do?
- What led you to make that decision?
- Would anyone influence your decision on what to do?"

For each scenario ask:

"Is there anything about this scenario that would make it feel more [shameful] for you?"

Section 3: Personal shame

"For the next part remind young people that they can talk in as much or as little detail as they want and don't have to answer questions if they don't want to. Have you ever been in situations that made you feel [this way/shame]?"

- o If yes, then expand: (prompt) Can you tell me more about this?
- o If no: Why do you think you haven't? /What has helped?

Prompts may include:

- What do you notice when you think about that?
- Have you ever talked to anyone about this situation?
    - o Who did you choose to talk to?
    - o Was that helpful or unhelpful?
- Is there a particular place or person/people that makes you feel [shame]?
    - o Why do you think that is?
    - o What do you think about that?

Section 4: Regulation

"I am interested in what you have learned helps and what doesn't help this feeling. When you feel [ashamed], what do you do?"

Prompts:

- Why do you choose to do this?
- Where did you learn to do that?
- When you do that, what happens to the feeling?
    - Does it get better or worse?
- Do you talk to anyone when you are feeling [ashamed] about something? Why not? Who? Why them? Does that help? What would help you to talk?
- What other choices could you make when that feeling comes up? Name as many things as you can think of.
- Of all your ideas, what has been/would be most helpful to do?
- What has been/would be less helpful?
- Do other people ever do anything helpful/unhelpful?
    - Who helps most?

Section 5. Ending/Debrief

Ending, check in, debrief, also ask:

- *I wondered if you have anything you would like to ask me?*
- *I wanted to know if there is anything that I haven't asked today that you think is important for me to know?*

APPENDIX I: Debrief Form for Responsible Adult

UNIVERSITY OF EAST LONDON
Debriefing Sheet

Thank you for allowing your young person to participate in this research project; their contributions will be so valuable for understanding more on this topic.

I was interested in hearing about how your young person experiences shame, particularly how they know when they are feeling ashamed, and what they do to manage these feelings. The questions I asked were centred around these ideas. We talked about shame being difficult to talk about and how they might feel strong feelings like anger, worry or sadness after. I let them know that these feelings are normal, and to be expected, and let them know that they should speak to an adult they trust if these feelings don't leave after the interview.

If you find your young person is still struggling with feelings of shame, or if you are worried about your young person's mental health in general and would like to talk to someone, you should speak to your GP in the first instance.

Your young person can also contact ChildLine if they would like to talk to someone about how their feeling on 0800 1111.

I would like to remind you that their data will be securely stored and any information will be written up anonymously, with your young person's name and any identifying information removed.

If you or your young person changes their mind and you would like to withdraw from the study, you can do this within three weeks of the interview by emailing me using the contact details below. I will email back to confirm this has been done. After the three weeks, your young person's data will have been anonymised and will be included in the final write up. All identifiable data will be securely destroyed.

After writing up the research, if you have given me the prior permission, I will contact you to let you know what the overall themes and results of my findings were. I will also look to share these anonymised findings in academic journals and through academic presentations. No identifiable data will be included in this process.

If you have any questions or need to contact me (Chloe Taylor), please feel free to do so on the following address:
Email – U1945536@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact my research supervisor Doctor Paula Corredor-Lopez at the School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: p.corredor-lopez@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Email: t.lomas@uel.ac.uk)

Thank you again for allowing your young person to take part in this research, it is greatly appreciated.

APPENDIX J: Debrief Form for Young Person

University of East London

How do adolescents describe, understand and manage experiences of shame?

Hello!

Me again!

Just here to say a HUGE thank you.

Thank you for talking with me and for giving me all the insider knowledge about being a young person!

All your hard work will help other young people who may be struggling and need some help!

Sometimes people can feel grumpy or sad after talking about difficult things. That is OK - it is very normal and the feeling should pass.

You should speak to a grown up you trust if the feeling is too big or scary to manage on your own. I have given your parents lots of advice too, so they will know what to do to help!

If you don't know who to tallk to, you can also call Childline on 0800 1111 and they will listen.

I haven't told you parents the details of what we discussed. I have left it up to you to choose what to tell them.

In a year's time, once I have finished the research, I will send you and your parents an email telling you what the overall results were, pulling together themes from everyone's discussions.

Remember that I will take out any information that would identify you personally so that no one else knows what you said, including your parents!

Remember!

If you change your mind about being involved, that is fine, just try to let me know as quickly as posssible. You can either tell your parents, or you can email me directly. After three weeks I will have anonymised your data and so it will not be possible for me to delete it as I won't know what you said!
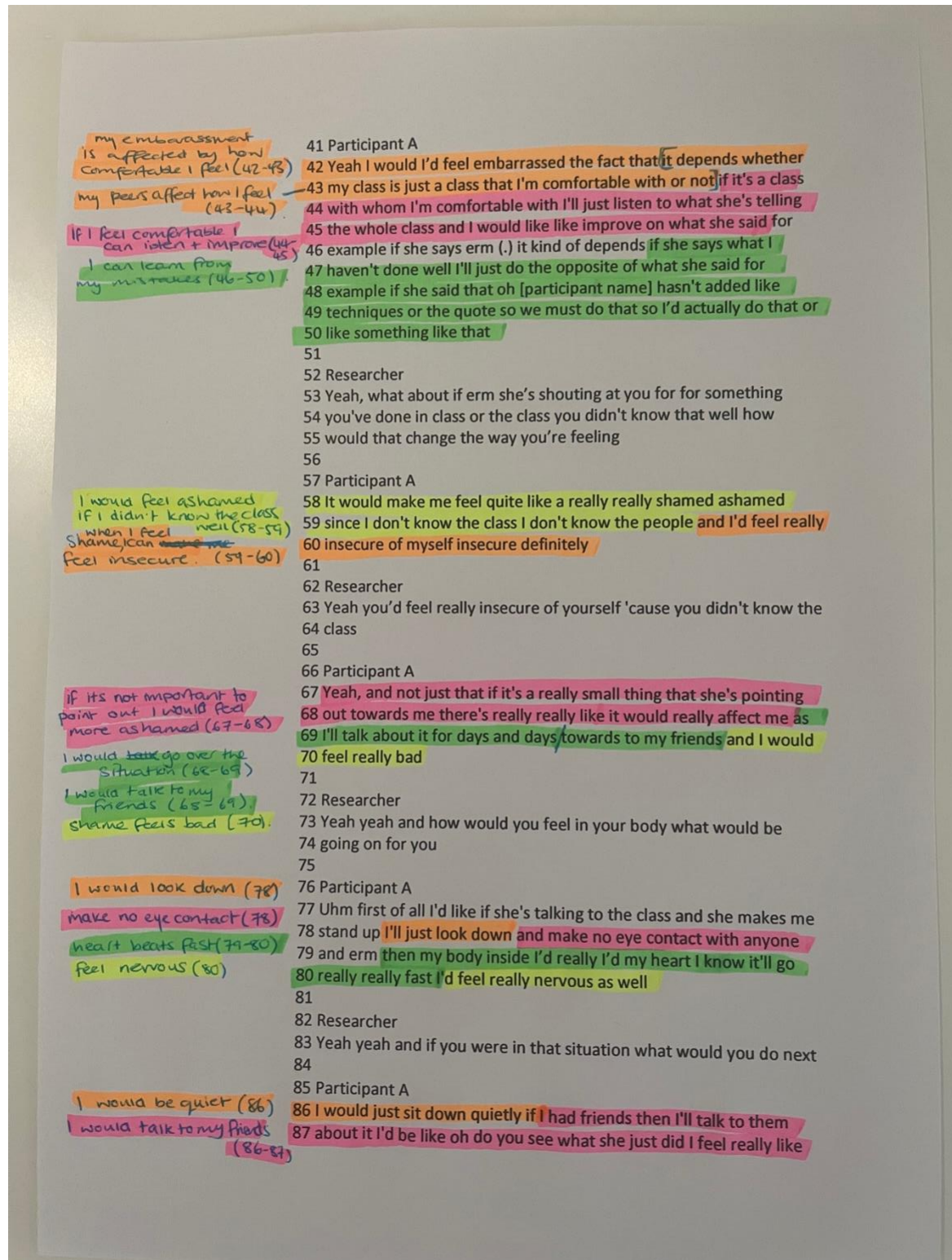
APPENDIX K: Transcript Conventions

Symbol	Meaning
(.)	Pause
[inaudible]	Inaudible piece of transcript
[gestures]	Non-verbal action by participant
< >	Brief interruption to conversation

APPENDIX L: Examples of Coding

Figure 3

Example of Coding

Handwritten margin notes (left side):

- my embarrassment is affected by how comfortable I feel (42-43)
- my peers affect how I feel (43-44).
- If I feel comfortable I can listen + improve (44-45)
- I can learn from my mistakes (46-50).
- I would feel ashamed if I didn't know the class well (58-59)
- when I feel shame, I can feel insecure. (59-60)
- if its not important to point out I would feel more ashamed (67-68)
- I would go over the situation (68-69)
- I would talk to my friends (65-69).
- shame feels bad (70).
- I would look down (78)
- make no eye contact (78)
- heart beats fast (79-80)
- feel nervous (80)
- I would be quiet (86)
- I would talk to my friends (86-87)

Transcript:

41 Participant A
42 Yeah I would I'd feel embarrassed the fact that it depends whether
43 my class is just a class that I'm comfortable with or not if it's a class
44 with whom I'm comfortable with I'll just listen to what she's telling
45 the whole class and I would like like improve on what she said for
46 example if she says erm (.) it kind of depends if she says what I
47 haven't done well I'll just do the opposite of what she said for
48 example if she said that oh [participant name] hasn't added like
49 techniques or the quote so we must do that so I'd actually do that or
50 like something like that
51
52 Researcher
53 Yeah, what about if erm she's shouting at you for for something
54 you've done in class or the class you didn't know that well how
55 would that change the way you're feeling
56
57 Participant A
58 It would make me feel quite like a really really shamed ashamed
59 since I don't know the class I don't know the people and I'd feel really
60 insecure of myself insecure definitely
61
62 Researcher
63 Yeah you'd feel really insecure of yourself 'cause you didn't know the
64 class
65
66 Participant A
67 Yeah, and not just that if it's a really small thing that she's pointing
68 out towards me there's really really like it would really affect me as
69 I'll talk about it for days and days towards to my friends and I would
70 feel really bad
71
72 Researcher
73 Yeah yeah and how would you feel in your body what would be
74 going on for you
75
76 Participant A
77 Uhm first of all I'd like if she's talking to the class and she makes me
78 stand up I'll just look down and make no eye contact with anyone
79 and erm then my body inside I'd really I'd my heart I know it'll go
80 really really fast I'd feel really nervous as well
81
82 Researcher
83 Yeah yeah and if you were in that situation what would you do next
84
85 Participant A
86 I would just sit down quietly if I had friends then I'll talk to them
87 about it I'd be like oh do you see what she just did I feel really like

165

APPENDIX M: Mapping Themes and Subthemes

Figure 4

Grouping Codes

BI	BJ	
it takes time	**I have learned how to manage shame from experience**	**it is har**
couldn't process what I felt at the time (C.)	I learned how to manage shame through experience (L)	it is diff
I felt OK over time with my shameful story (C)	I learned it was not my fault(E.)	shame i
opening up repeatedly has lessened my shame (C.)	I learned how to manage from experience (E.)	I distrac
forgetting about the situation happens naturally (C.)	I feel more comfortale talking about shameful situations now (C)	I would
it takes time to move on from the feeling(D)	I've learned that its OK to talk to people about shame (C)	blocking
J need time to think about what to do(D)	I learned how to manage from experience (C.)	at the ti
the feeling takes time to disappear(D)	I learned from experience how to manage(D)	
shame fades over time (E.)	I learned to rationalise the situation (E)	
taking time out lets the shameful scenario pass(F)	I came to understand the situation on my own(E.)	
it took time for shame to fade(G)	you learn to move on(H)	
shame comes on strong but takes time to fade(G)	learned how to manage from experience(H)	
	you learn to live with the bad feeling(H)	
	I learned how to manage from experience(J)	
	I learned how to manage shame through experience(K)	

Figure 5

Grouping Codes for Theme Development

166
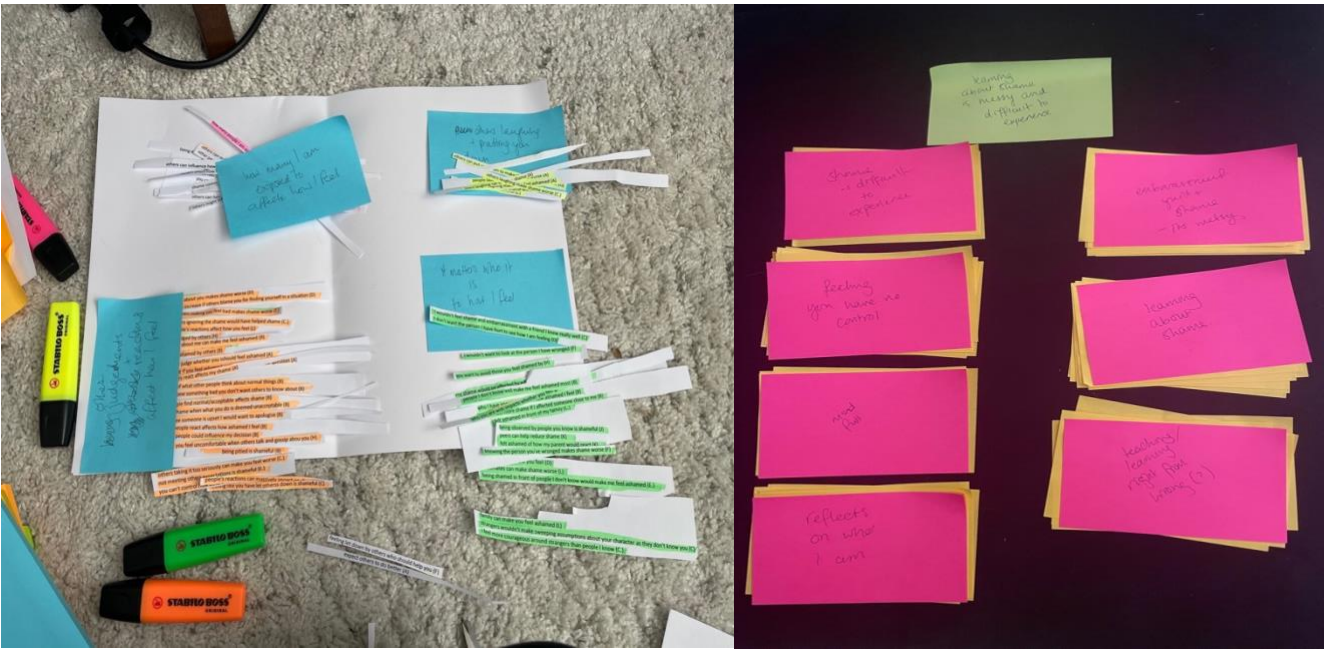
APPENDIX N: Thematic Maps for Theme Development

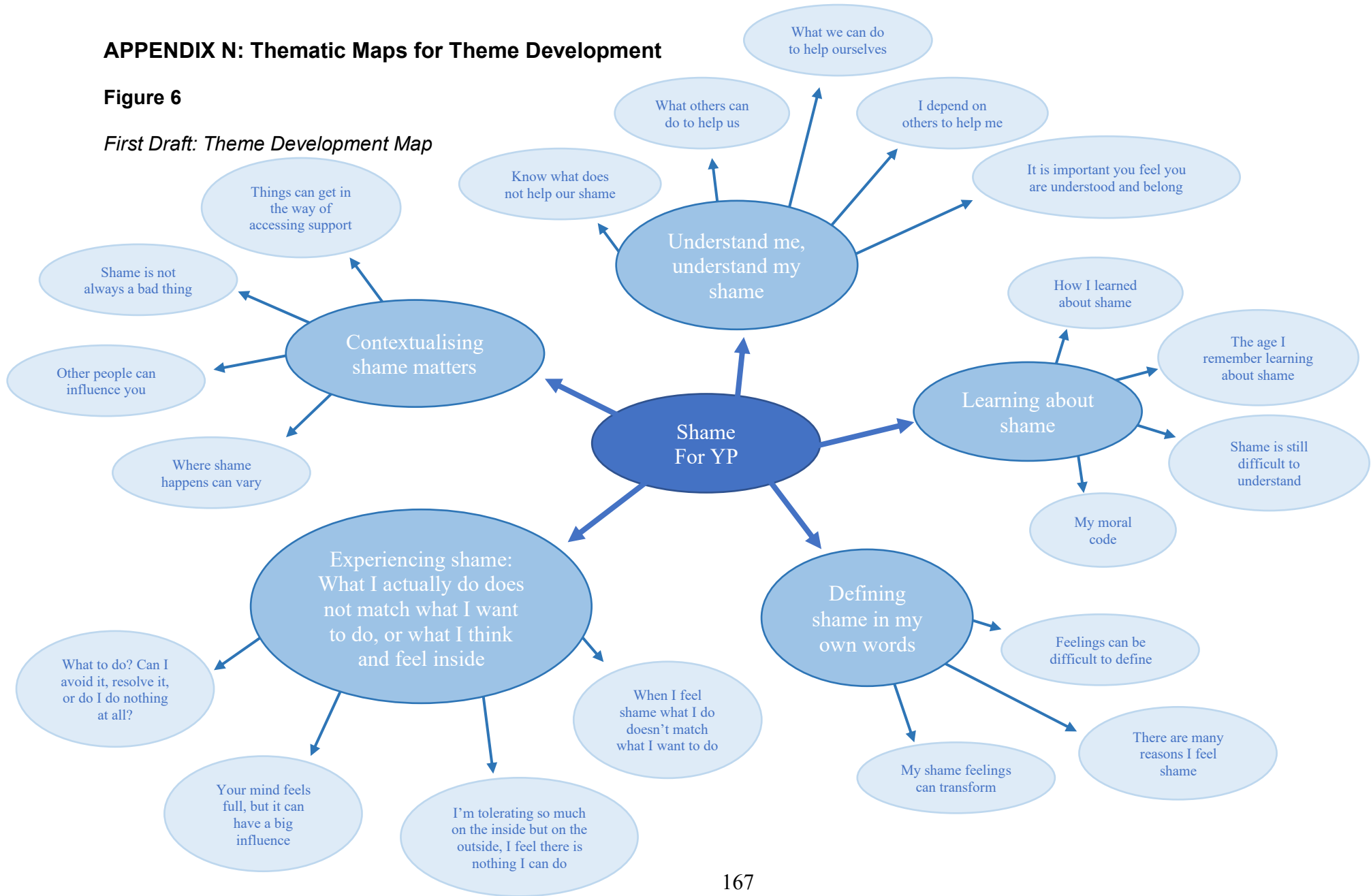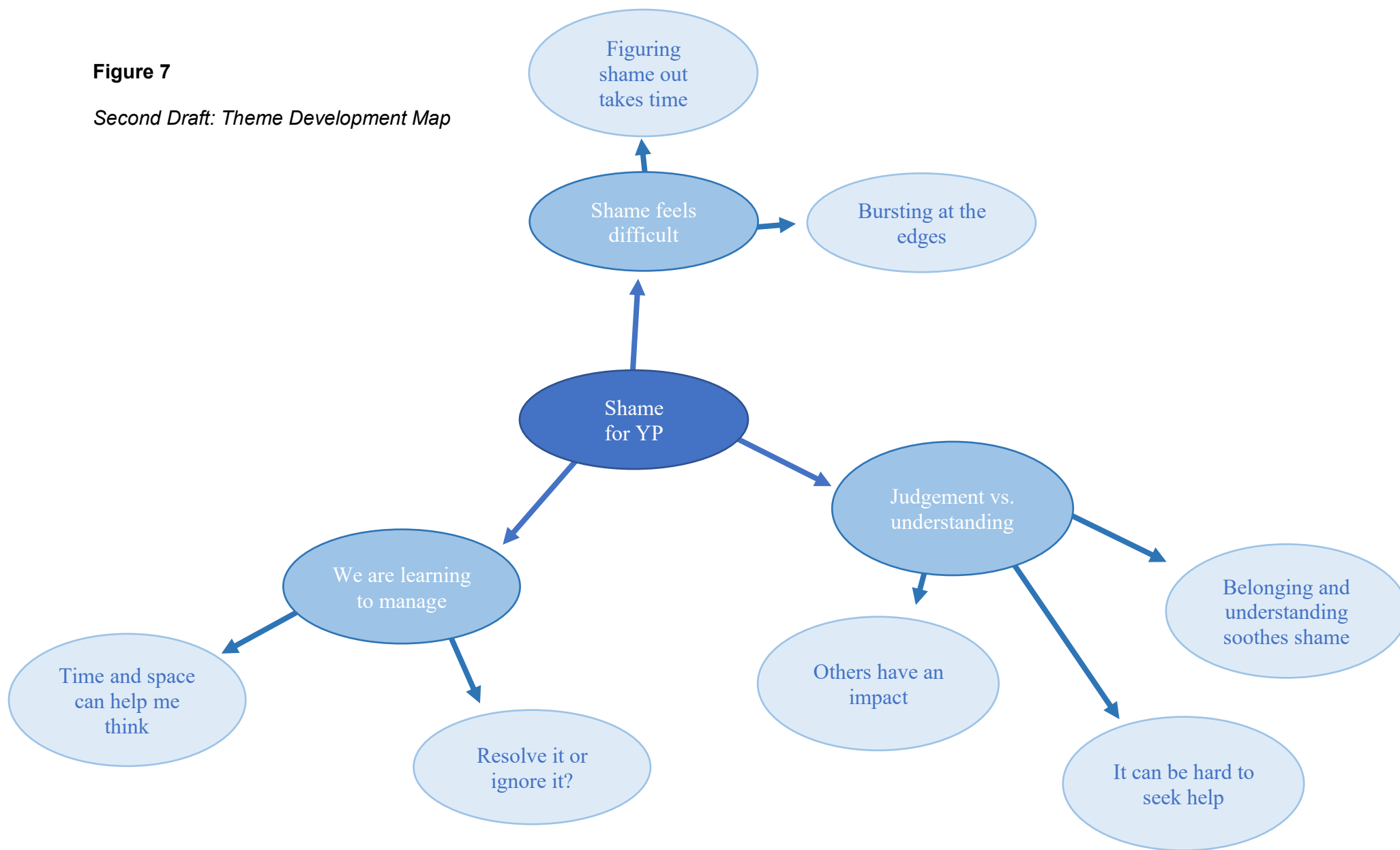**Figure 6**

First Draft: Theme Development Map

Figure 7

Second Draft: Theme Development Map

APPENDIX O: Final Thematic Map

Figure 8

Final Thematic Map

Dealing with shame
- Having time and space
- Self-talk
- Resolve it or ignore it

Shame is messy and difficult
- Still figuring shame out
- Shame can be overwhelming

Shame as relational
- It can be hard to seek help
- Feeling you are understood and that you belong soothes shame
- Feeling observed and judged
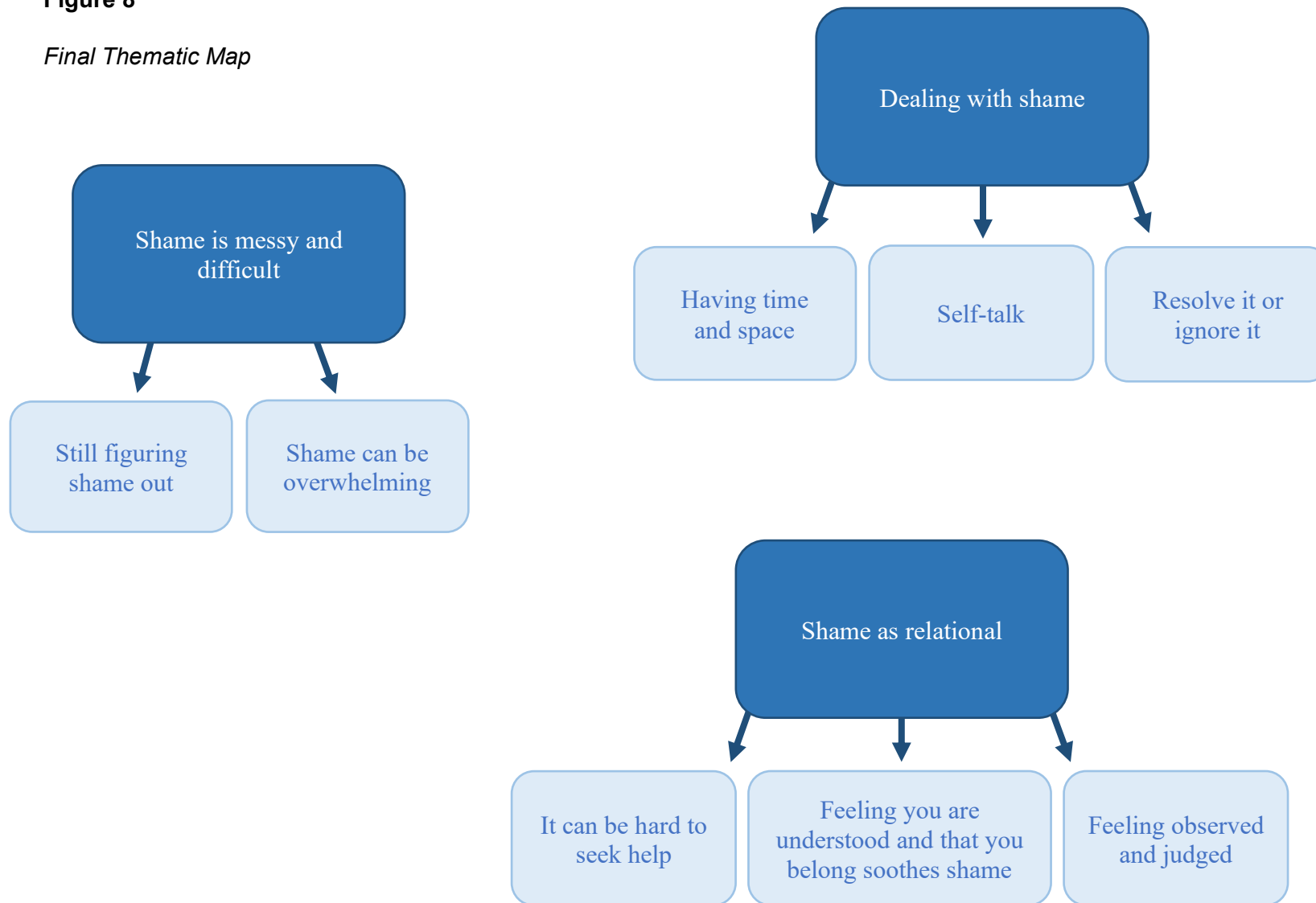
APPENDIX P: Codes, Subthemes and Themes

Theme	Subtheme	Code
Shame is messy and difficult	Shame can be overwhelming	Difficult to experience
		Feeling you have no control
		Mind feels full
		Reflects on who I am
	Still figuring shame out	Embarrassment, guilt and shame – it's messy
		Learning about shame
		Shame is still difficult to understand/describe
		Manage through experience
		Right from wrong (moral code)
Dealing with shame	Having time and space	Take time out/focus away
		Reflecting on the situation can help
		Shame feelings take time to dissipate
		Engaging in tasks I enjoy helps
		Keeping calm can help
	Self-talk	Positive self-talk
		Shame can motivate me
		My mind is powerful
	Resolve it or ignore it	I want to react/show how I feel
		Others will notice how I feel
		I hide my feelings
		I want to resolve it/make amends
		I want to avoid, withdraw or hide
		I don't want to make shame worse
Shame as relational	It can be hard to seek help	Requires trust and courage
		I avoid talking if I think I will be blamed
		Talking can bring up difficult feelings
		Talking can make the situation worse

	Feeling you are understood and that you belong soothes shame	Talking helps me feel more comfortable
		Feeling understood helps
		Time to reflect helps
		Understanding/rationalising my situation helps
		Others listening and understanding
		Advice when I ask can help me to face shame
		Feeling less alone/knowing others are there
		Feeling included by others
		Being supportive
	Feeling observed and judged	Who influences my shame and what I do
		Being exposed to others
		How others react can influence my shame
		I feel observed/all eyes are on me
		Feeling judged makes shame worse
		Being mocked, laughed at, or criticised can impact on shame
		Not meeting expectations increases my shame
		Feeling pressured or compared makes shame worse

APPENDIX Q: Ethics Application

UNIVERSITY OF EAST LONDON
SCHOOL OF PSYCHOLOGY

APPLICATION FOR RESEARCH ETHICS APPROVAL FOR RESEARCH INVOLVING HUMAN PARTICIPANTS (UPDATED OCTOBER 2019)

FOR BSC RESEARCH
FOR MSC/MA RESEARCH
FOR PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL PSYCHOLOGY

COMPLETING THE APPLICATION

BEFORE COMPLETING THIS APPLICATION PLEASE FAMILIARISE YOURSELF WITH THE BRITISH PSYCHOLOGICAL SOCIETY'S CODE OF ETHICS AND CONDUCT (2018) AND THE UEL CODE OF PRACTICE FOR RESEARCH ETHICS (2015-16). PLEASE TICK TO CONFIRM THAT YOU HAVE READ AND UNDERSTOOD THESE CODES:

X

EMAIL YOUR SUPERVISOR THE COMPLETED APPLICATION AND ALL ATTACHMENTS AS ONE WORD DOCUMENT. YOUR SUPERVISOR WILL THEN LOOK OVER YOUR APPLICATION.

WHEN YOUR APPLICATION DEMONSTRATES SOUND ETHICAL PROTOCOL, YOUR SUPERVISOR WILL SUBMIT IT FOR REVIEW. BY SUBMITTING THE APPLICATION, THE SUPERVISOR IS CONFIRMING THAT THEY HAVE REVIEWED ALL PARTS OF THIS APPLICATION, AND CONSIDER IT OF SUFFICIENT QUALITY FOR SUBMISSION TO THE SREC COMMITTEE FOR REVIEW. IT IS THE RESPONSIBILITY OF STUDENTS TO CHECK THAT THE SUPERVISOR HAS CHECKED THE APPLICATION AND SENT IT FOR REVIEW.

YOUR SUPERVISOR WILL LET YOU KNOW THE OUTCOME OF YOUR APPLICATION. RECRUITMENT AND DATA COLLECTION MUST NOT COMMENCE UNTIL YOUR ETHICS APPLICATION HAS BEEN APPROVED, ALONG WITH OTHER RESEARCH ETHICS APPROVALS THAT MAY BE NECESSARY (SEE SECTION 8).

PLEASE TICK TO CONFIRM THAT THE FOLLOWING APPENDICES HAVE BEEN COMPLETED. NOTE: TEMPLATES FOR THESE ARE INCLUDED AT THE END OF THE FORM.

THE PARTICIPANT INVITATION LETTER   X

THE PARTICIPANT CONSENT FORM   [X]

THE PARTICIPANT DEBRIEF LETTER   [X]

THE FOLLOWING ATTACHMENTS SHOULD BE INCLUDED IF APPROPRIATE. IN EACH CASE, PLEASE TICK TO EITHER CONFIRM THAT YOU HAVE INCLUDED THE RELEVANT ATTACHMENT, OR CONFIRM THAT IT IS NOT REQUIRED FOR THIS APPLICATION.

A PARTICIPANT ADVERT, I.E., ANY TEXT (E.G., EMAIL) OR DOCUMENT (E.G., POSTER) DESIGNED TO RECRUIT POTENTIAL PARTICIPANTS.
INCLUDED   OR   [X]

NOT REQUIRED (BECAUSE NO PARTICIPATION ADVERTS WILL BE USED)

A GENERAL RISK ASSESSMENT FOR [ ] OR RESEARCH CONDUCTED OFF CAMPUS (SEE SECTION 6).
INCLUDED   [X]

OR NOT REQUIRED (BECAUSE THE RESEARCH TAKES PLACE SOLELY ON CAMPUS OR ONLINE)   [ ]

A COUNTRY-SPECIFIC RISK ASSESSMENT FORM FOR RESEARCH CONDUCTED ABROAD (SEE SECTION 6).
INCLUDED   [ ]

OR NOT REQUIRED (BECAUSE THE RESEARCHER WILL BE BASED SOLELY IN THE UK)   [X]

A DISCLOSURE AND BARRING SERVICE (DBS) CERTIFICATE (SEE SECTION 7).
INCLUDED

OR NOT REQUIRED (BEC[X]E THE RESEARCH DOES NOT INVOLVE CHILDREN AGED 16 OR UNDER OR VULNERABLE ADULTS)   [ ]

ETHICAL CLEARANCE OR PERMISSION FROM AN EXTERNAL ORGANISATION (SEE SECTION 8).
INCLUDED   [X]

OR NOT REQUIRED (BECAUSE NO EXTERNAL ORGANISATIONS ARE INVOLVED IN THE RESEARCH)   [ ]

ORIGINAL AND/OR PRE-EXISTING QUESTIONNAIRE(S) AND TEST(S) YOU INTEND TO USE.
INCLUDED   [ ]

OR NOT REQUIRED (BECAUSE YOU ARE NOT USING PRE-EXISTING QUESTIONNAIRES OR TESTS)   [X]

INTERVIEW QUESTIONS FOR QUALITATIVE STUDIES.
INCLUDED $\boxed{\text{X}}$

OR NOT REQUIRED (BECAUSE YOU ARE NOT CONDUCTING QUALITATIVE INTERVIEWS) $\boxed{}$

VISUAL MATERIAL(S) YOU INTEND SHOWING PARTICIPANTS.
INCLUDED $\boxed{}$

OR NOT REQUIRED (BECAUSE YOU ARE NOT USING ANY VISUAL MATERIALS) $\boxed{\text{X}}$

YOUR DETAILS

YOUR NAME: CHLOE TAYLOR

YOUR SUPERVISOR'S NAME: DR. PAULA CORREDOR-LOPEZ

TITLE OF YOUR PROGRAMME: PROFESSIONAL DOCTORATE IN CLINICAL PSYCHOLOGY

UEL ASSIGNMENT SUBMISSION DATE (STATING BOTH THE INITIAL DATE AND THE RESIT DATE): MAY 2022

YOUR RESEARCH

PLEASE GIVE AS MUCH DETAIL AS NECESSARY FOR A REVIEWER TO BE ABLE TO FULLY UNDERSTAND THE NATURE AND DETAILS OF YOUR PROPOSED RESEARCH.

THE TITLE OF YOUR STUDY:
HOW DO YOUNG PEOPLE DESCRIBE, UNDERSTAND AND MANAGE EXPERIENCES OF SHAME?

YOUR RESEARCH QUESTION:
HOW DO SECONDARY SCHOOL AGE CHILDREN WITHIN AN INNER-CITY LONDON POPULATION DESCRIBE AND UNDERSTAND SHAME?

WHAT REGULATION STRATEGIES DO THESE ADOLESCENTS EMPLOY WHEN THEY EXPERIENCE SHAME?

HOW ARE THEIR REGULATION STRATEGIES DEVELOPED?

DESIGN OF THE RESEARCH:
A CROSS-SECTIONAL QUALITATIVE RESEARCH DESIGN IS PLANNED USING AN INDUCTIVE THEMATIC ANALYSIS APPROACH USING GUIDANCE FROM BRAUN AND CLARKE (2006).

PARTICIPANTS:
A SAMPLE OF YOUNG PEOPLE AGED 14-15 (IN YEAR 10) FROM AN INNER-CITY LONDON BOROUGH.

RECRUITMENT:
A PURPOSIVE SAMPLE OF 10-12 ADOLESCENTS WILL BE RECRUITED. THE RESEARCH WILL BE ADVERTISED THROUGH LOCAL SECONDARY SCHOOL CLASS GROUPS.

MEASURES, MATERIALS OR EQUIPMENT:
AUDIO RECORDING SOFTWARE, A PASSWORD PROTECTED COMPUTER AND ENCRYPTED ONE DRIVE ACCOUNT WILL BE REQUIRED FOR RECORDING INTERVIEWS AND TO DIGITALLY UPLOAD AND STORE CONTENT SECURELY AFTER EACH INTERVIEW.

PAPER RESOURCES MAY BE USED TO SUPPORT THE INTERVIEW PROCESS; THEY WILL NOT INCLUDE ANY IDENTIFIABLE INFORMATION. THESE RESOURCES WILL BE STORED IN A LOCKED CABINET AND WILL BE SHREDDED ONCE INTERVIEWS ARE COMPLETED.

TO CREDIT PARTICIPATION, A CERTIFICATE AND £5 VOUCHER WILL BE OFFERED.

DATA COLLECTION:
A GROUP OF YEAR 10 STUDENTS FROM [AREA NAME] SCHOOL WILL BE INVITED TO TAKE PART IN THE CO-CREATION OF SHAME EXAMPLES THAT WILL BE REFINED AND DEVELOPED TO USE IN THE SEMI-STRUCTURED INTERVIEWS, AND TO PILOT QUESTIONS FOR THE SEMI STRUCTURED INTERVIEW. NO PERSONAL DATA WILL BE COLLECTED OR STORED FOR THIS PART OF THE STUDY.

SEMI-STRUCTURED INTERVIEWS WILL LAST BETWEEN 45-60 MINUTES AND WILL TAKE PLACE AT 2 [AREA NAME] SCHOOLS, THE INTERVIEWS WILL TAKE PLACE IN THE SCHOOL SETTING AT A TIME CONVENIENT TO THE INDIVIDUAL.

IDENTIFYING INFORMATION WILL BE KEPT TO A MINIMUM AND ANY IDENTIFIERS WILL BE ALTERED IN TRANSCRIPTS, THESIS EXTRACTS AND ANY PUBLICATIONS TO ENSURE ANONYMITY. CONSENT FORMS WILL BE KEPT SECURELY AND SEPARATE FROM ANY ANONYMISED DATA, AND ONLY THE RESEARCHER WILL ACCESS IDENTIFIABLE INFORMATION.

DATA ANALYSIS:
TRANSCRIPTS WILL BE ANALYSED USING THEMATIC ANALYSIS WITH GUIDANCE FROM BRAUN AND CLARKE (2006).

CONFIDENTIALITY AND SECURITY

IT IS VITAL THAT DATA ARE HANDLED CAREFULLY, PARTICULARLY THE DETAILS ABOUT PARTICIPANTS. FOR INFORMATION IN THIS AREA, PLEASE SEE THE UEL GUIDANCE ON DATA PROTECTION, AND ALSO THE UK GOVERNMENT GUIDE TO DATA PROTECTION REGULATIONS.

WILL PARTICIPANTS DATA BE GATHERED ANONYMOUSLY?

EACH PARTICIPANT WILL BE GIVEN AN IDENTIFYING NUMBER RATHER THAN IDENTIFIED BY NAME, AND A CODE USED TO ANONYMISE THE CLASS AND SCHOOL.

IF NOT (E.G., IN QUALITATIVE INTERVIEWS), WHAT STEPS WILL YOU TAKE TO ENSURE THEIR ANONYMITY IN THE SUBSEQUENT STEPS (E.G., DATA ANALYSIS AND DISSEMINATION)?
ALL ASSOCIATED IDENTIFYING INFORMATION (SCHOOL, CLASS) WILL BE ALTERED IN TRANSCRIPTS, THESIS EXTRACTS AND ANY RESULTING PUBLICATIONS TO PROTECT INDIVIDUALS' ANONYMITY. ONLY THE RESEARCHER WILL HAVE ACCESS TO THE UN-ANONYMISED DATA PRIOR TO REMOVING IDENTIFIERS. ONLY THE RESEARCHER, SUPERVISOR AND EXAMINERS WILL HAVE ACCESS TO THE TRANSCRIPTS AND THEN ONLY IF NECESSARY. AUDIO RECORDINGS AND CONSENT FORMS WILL BE STORED IN A SEPARATE LOCATION FROM ANY ANONYMISED DATA. THE LIST OF NAMES AND CONTACT DETAILS OF PARTICIPANTS, IDENTIFIERS SUCH AS CLASS AND SCHOOL HELD PRIOR TO ANONYMISATION WILL BE DESTROYED AT THE END OF THE STUDY AND STORED FOR THE STUDY DURATION ONLY TO ENABLE ACCURATE AND CONSISTENT ANONYMISATION TO OCCUR THROUGHOUT THE STUDY. ANY QUOTES USED IN WRITE UP WILL BE ANONYMISED.

HOW WILL YOU ENSURE PARTICIPANTS DETAILS WILL BE KEPT CONFIDENTIAL?
CONSENT FORMS AND TRANSCRIPTS WILL BE SCANNED IN PDF FORMAT AND ELECTRONIC COPIES WILL BE STORED IN A SECURED ENCRYPTED FILE ON THE H:DRIVE SEPARATE FROM OTHER DATA. ORIGINALS WILL BE SHREDDED/DELETED. THE RESEARCHER WILL BE THE ONLY PERSON TO TRANSCRIBE ALL RECORDINGS. TRANSCRIPTS AND ANY SUBSEQUENT DATA ANALYSIS WILL BE ANONYMISED AND ANY IDENTIFIABLE DATA WILL BE REMOVED OR CHANGED. ONLY THE RESEARCHER, THESIS SUPERVISOR AND EXAMINERS WILL HAVE ACCESS TO THE TRANSCRIPTS.
TRANSCRIPTIONS AND THESIS DATA ANALYSIS WILL BE STORED IN A SEPARATE SECURED FILE LOCATION TO THE ORIGINAL RECORDINGS. THIS WILL BE MADE CLEAR TO PARTICIPANTS AS PART OF THE INFORMED CONSENT PROCEDURES. ANY UN-ANONYMISED DATA WILL BE DESTROYED ONCE THE STUDY HAS BEEN COMPLETED.
ANY PERSONALLY IDENTIFIABLE DATA WILL BE SECURELY STORED ONLY AS LONG AS IN ABSOLUTELY NECESSARY BEFORE BEING PERMANENTLY DELETED.
ONCE THE THESIS HAS BEEN EXAMINED AND PASSED, ALL STUDY DATA WILL BE DELETED WITH THE EXCEPTION OF ANONYMISED TRANSCRIPTS WHICH WILL BE RETAINED FOR THREE YEARS BY THE SUPERVISOR OF THE PROJECT.

HOW WILL THE DATA BE SECURELY STORED?
ANY PAPER DATA WILL BE KEPT IN A LOCKED CABINET. DIGITAL DATA WILL KEPT SECURED IN AN ENCRYPTED ONEDRIVE .DOCX FILE THAT IS PASSWORD PROTECTED AND ENCRYPTED.

WHO WILL HAVE ACCESS TO THE DATA?
THE FOLLOWING PEOPLE WILL HAVE DIRECT ACCESS TO THE DATA:

MYSELF AS THE RESEARCHER
MY THESIS SUPERVISOR

HOW LONG WILL DATA BE RETAINED FOR?
TWO YEARS AFTER COMPLETION OF THE RESEARCH. ANY PHYSICAL COPIES
WILL BE DIGITISED, AND PHYSICAL COPIES WILL BE DESTROYED.

INFORMING PARTICIPANTS

*PLEASE CONFIRM THAT YOUR INFORMATION LETTER INCLUDES THE FOLLOWING
DETAILS:*

YOUR RESEARCH TITLE: [X]

YOUR RESEARCH QUESTION: [X]

THE PURPOSE OF THE RESEARCH: [X]

THE EXACT NATURE OF THEIR PARTICIPATION. THIS INCLUDES LOCATION,
DURATION, AND THE TASKS ETC. INVOLVED:

THAT PARTICIPATION IS STRICTLY VOLUNTARY: [X]

WHAT ARE THE POTENTIAL RISKS TO TAKING PART: [X]

WHAT ARE THE POTENTIAL ADVANTAGES TO TAKING PART: [X]

Their right to withdraw participation (i.e., to withdraw involvement at any point, no questions
asked):

Their right to withdraw data (usually within a three-week window from the time of their
participation):

How long their data will be retained for: [X]

How their information will be kept confidential: [X]

How their data will be securely stored: [X]

What will happen to the results/analysis: [X]

Your UEL contact details: [X]

The UEL contact details of your supervisor: [X]

Please also confirm whether:

Are you engaging in deception? If so, what will participants be told about the nature of the
research, and how will you inform them about its real nature.

No

Will the data be gathered anonymously? If NO what steps will be taken to ensure confidentiality and protect the identity of participants?
No. Interviews will be conducted in a separate, private school-based room with researcher and individuals and confidentiality will be discussed. All names and associated identifying features will be altered in data transcripts, thesis extracts and any resulting publications to protect individuals' anonymity. The original recordings and consent forms will be stored in a separate location to any transcripts and other anonymised extracts. Files will be anonymised, password protected and stored securely for two years until deletion. The final report and any dissemination will only include non-identifiable data.

Will participants be paid or reimbursed? If so, this must be in the form of redeemable vouchers, not cash. If yes, why is it necessary and how much will it be worth?
Yes, participants will be reimbursed with a £5 voucher to acknowledge their time and contribution.

Risk Assessment

Please note: If you have serious concerns about the safety of a participant, or others, during the course of your research please see your supervisor as soon as possible. If there is any unexpected occurrence while you are collecting your data (e.g. a participant or the researcher injures themselves), please report this to your supervisor as soon as possible.

Are there any potential physical or psychological risks to participants related to taking part? If so, what are these, and how can they be minimised?
There are no physical risks to taking part. It is possible that young people may become distressed when engaging in this research as it involves thinking about difficult emotions and experiences they may have had. Participants will be reminded of their freedom to withdraw consent at any point during the interview, to terminate the interview or to take a break, and of their freedom not to participate in any element. As the participants are under 18, consent will also be sought from their parent/guardian too and the information on discontinuing with the research will be explained to them too. The participant information sheet and consent form will include information on the topics covered and the debrief form will provide contact details for withdrawing from the research at a later date and details of supporting organisations.

Are there any potential physical or psychological risks to you as a researcher? If so, what are these, and how can they be minimised?
No

Have appropriate support services been identified in the debrief letter? If so, what are these, and why are they relevant?
Yes. Information on accessing support for managing shame will be included in the debrief letter. This information is given in the form of a workshop which can be accessed immediately online via the local CAMHS services in the area, accessing their GP, Childline's number and [LOCAL INITIATIVE DESCRIBED].

Does the research take place outside the UEL campus? If so, where?
Yes. The research will take place at a secondary school.

If so, a 'general risk assessment form' must be completed. This is included below as appendix A. Note: if the research is on campus, or is online only (e.g., a Qualtrix survey), then a risk assessment form is not needed, and this appendix can be deleted. If a general risk assessment form is required for this research, please tick to confirm that this has been completed: ☒ X

Does the research take place outside the UK? If so, where?
No

If so, in addition to the 'general risk assessment form', a 'country-specific risk assessment form' must be also completed (available in the [Ethics folder in the Psychology Noticeboard](#)), and included as an appendix. [Please note: a country-specific risk assessment form is not needed if the research is online only (e.g., a Qualtrix survey), regardless of the location of the researcher or the participants.] If a 'country-specific risk assessment form' *is* needed, please tick to confirm that this has been included:

        However, please also note:

For assistance in completing the risk assessment, please use the [AIG Travel Guard](#) website to ascertain risk levels. Click on 'sign in' and then 'register here' using policy # 0015865161. Please also consult the [Foreign Office travel advice website](#) for further guidance.
For *on campus* students, once the ethics application has been approved by a reviewer, all risk assessments for research abroad must then be signed by the Head of School (who may escalate it up to the Vice Chancellor).
For *distance learning* students conducting research abroad in the country where they currently reside, a risk assessment must be also carried out. To minimise risk, it is recommended that such students only conduct data collection on-line. If the project is deemed low risk, then it is not necessary for the risk assessments to be signed by the Head of School. However, if not deemed low risk, it must be signed by the Head of School (or potentially the Vice Chancellor).
Undergraduate and M-level students are not explicitly prohibited from conducting research abroad. However, it is discouraged because of the inexperience of the students and the time constraints they have to complete their degree.

Disclosure and Barring Service (DBS) certificates

Does your research involve working with children (aged 16 or under) or vulnerable adults (*see below for definition)?

YES. You may notice my DBS (Appendix J) is older than 6 months but I have included this as it covers my current clinical role within the NHS for 3 years until September 2022.

If so, you will need a current DBS certificate (i.e., not older than six months), and to include this as an appendix. Please tick to confirm that you have included this: ☒ X

 Alternatively, if necessary for reasons of confidentiality, you may email a copy directly to the Chair of the School Research Ethics Committee. Please tick if you have done this instead: ☐

Also alternatively, if you have an Enhanced DBS clearance (one you pay a monthly fee to maintain) then the number of your Enhanced DBS clearance will suffice. Please tick if you have included this instead:

☐

If participants are under 16, you need 2 separate information letters, consent form, and debrief form (one for the participant, and one for their parent/guardian). Please tick to confirm that you have included these:

X

If participants are under 16, their information letters consent form, and debrief form need to be written in age-appropriate language. Please tick to confirm that you have done this

X

* You are required to have DBS clearance if your participant group involves (1) children and young people who are 16 years of age or under, and (2) 'vulnerable' people aged 16 and over with psychiatric illnesses, people who receive domestic care, elderly people (particularly those in nursing homes), people in palliative care, and people living in institutions and sheltered accommodation, and people who have been involved in the criminal justice system, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak to your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible. For more information about ethical research involving children click here.

Other permissions

Is HRA approval (through IRAS) for research involving the NHS required? Note: HRA/IRAS approval is required for research that involves patients or Service Users of the NHS, their relatives or carers as well as those in receipt of services provided under contract to the NHS.

NO   If yes, please note:

You DO NOT need to apply to the School of Psychology for ethical clearance if ethical approval is sought via HRA/IRAS (please see further details here).
However, the school *strongly discourages* BSc and MSc/MA students from designing research that requires HRA approval for research involving the NHS, as this can be a very demanding and lengthy process.
If you work for an NHS Trust and plan to recruit colleagues from the Trust, permission from an appropriate manager at the Trust must be sought, and HRA approval will probably be needed (and hence is likewise strongly discouraged). If the manager happens to not require HRA approval, their written letter of approval must be included as an appendix.
IRAS approval is not required for NHS staff even if they are recruited via the NHS (UEL ethical approval is acceptable). However, an application will still need to be submitted to the HRA in order to obtain R&D approval. This is in addition to a separate approval via the R&D department of the NHS Trust involved in the research.
IRAS approval is not required for research involving NHS employees when data collection will take place off NHS premises, and when NHS employees are not recruited directly

through NHS lines of communication. This means that NHS staff can participate in research without HRA approval when a student recruits via their own social or professional networks or through a professional body like the BPS, for example.

Will the research involve NHS employees who will not be directly recruited through the NHS, and where data from NHS employees will not be collected on NHS premises?

NO

If you work for an NHS Trust and plan to recruit colleagues from the Trust, will permission from an appropriate member of staff at the Trust be sought, and will HRA be sought, and a copy of this permission (e.g., an email from the Trust) attached to this application?

NO

Does the research involve other organisations (e.g. a school, charity, workplace, local authority, care home etc.)? If so, please give their details here.
YES

Details are:
[DETAILS HAVE BEEN REMOVED FOR CONFIDENTIALITY]

Furthermore, written permission is needed from such organisations if they are helping you with recruitment and/or data collection, if you are collecting data on their premises, or if you are using any material owned by the institution/organisation. If that is the case, please tick here to confirm that you have included this written permission as an appendix:

X

In addition, before the research commences, once your ethics application has been approved, please ensure that you provide the organisation with a copy of the final, approved ethics application. Please then prepare a version of the consent form for the organisation themselves to sign. You can adapt it by replacing words such as 'my' or 'I' with 'our organisation,' or with the title of the organisation. This organisational consent form must be signed before the research can commence.

Finally, please note that even if the organisation has their own ethics committee and review process, a School of Psychology SREC application and approval is still required. Ethics approval from SREC can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committee/s as may be necessary.

Declarations

Declaration by student: I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor.

Student's name (typed name acts as a signature): Chloe Taylor

Student's number: U1945536   Date: 15/02/2021

As a supervisor, by submitting this application, I confirm that I have reviewed all parts of this application, and I consider it of sufficient quality for submission to the SREC committee.

APPENDIX R: Ethical Approval

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants
BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Maria Castro

SUPERVISOR: Paula Corredor Lopez

STUDENT: Chloe Taylor

Course: Prof Doc in Clinical Psychology

DECISION OPTIONS:

1. **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/examination.

2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below)**:** In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below)**:** 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.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY
(Please indicate the decision according to one of the 3 options above)

2

Minor amendments required *(for reviewer)*:

-You state "These resources will be stored in a locked cabinet and will be shredded once interviews are completed" usually, anonymised transcripts will be kept for up to three years to allow dissemination of findings.
-A plan B for interviewing (online instead of face to face) should be included in the body of the application and made clear in all relevant appendices.
-Ensure appendices are signposted in the body of the application.
-In appendix B you state "***The information you give will not be shared further than being included in my research***." – please make clear that information will be completely anonymised.
-In appendices E and H, state that, if the young person and parents wish to, you will send to them a summary of themes -if teens can consent to take part, they should be able to decide whether to see summary.

Major amendments required *(for reviewer):*

Confirmation of making the above minor amendments *(for students)*:

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *(Typed name to act as signature): CHLOE TAYLOR*
Student number: U1945536

Date: 26.07.2021

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

ASSESSMENT OF RISK TO RESEACHER *(for reviewer)*

Has an adequate risk assessment been offered in the application form?

YES

Please request resubmission with an adequate risk assessment

If the proposed research could expose the <u>researcher</u> to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐   HIGH

☐ MEDIUM (Please approve but with appropriate recommendations)

☒ **x** LOW

Reviewer comments in relation to researcher risk (if any).

Reviewer *(Typed name to act as signature)*:   Maria Castro Romero

Date: 22nd July 2021

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

APPENDIX S: Amendment of Ethical Approval Form

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 the School Research 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** ☒
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** ☒
A copy of the approval of your initial ethics application.	**YES** ☒

Details

Name of applicant:	Chloe Taylor
Programme of study:	Professional Doctorate in Clinical Psychology
Title of research:	How do young people describe, understand and manage experiences of shame?
Name of supervisor:	Dr Paula Corredor-Lopez

Proposed amendment(s)

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	Rationale
Change to recruitment strategy	Expand recruitment to include recruitment through social media platforms, alongside recruiting through schools.
Proposed amendment	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 ☒	NO ☐

Student's signature

Student: (Typed name to act as signature)	Chloe Taylor
Date:	06/12/2021

Reviewer's decision

Amendment(s) approved:	YES ☒	NO ☐
Comments:	Please enter any further comments here	

Reviewer: (Typed name to act as signature)	**Trishna Patel**
Date:	**07/12/2021**

APPENDIX T: Risk Management Form

<table>
<tr>
<td colspan="2" rowspan="2"></td>
<td colspan="3"><h1>UEL Risk Assessment Form</h1></td>
</tr>
<tr>
</tr>
<tr>
<td>Name of Assessor:</td>
<td>Chloe Taylor</td>
<td colspan="2">Date of Assessment</td>
<td>06.12.2021</td>
</tr>
<tr>
<td>Activity title:</td>
<td>Conducting individual interviews for Professional Doctorate Thesis: How do young people describe, understand and manage experiences of shame?</td>
<td colspan="2">Location of activity:</td>
<td>School/Online</td>
</tr>
<tr>
<td>Signed off by Manager (Print Name)</td>
<td>Dr. Paula Corredor-Lopez</td>
<td colspan="2">Date and time (if applicable)</td>
<td>N/A</td>
</tr>
<tr>
<td colspan="5">Please describe the activity/event in as much detail as possible (include nature of activity, estimated number of participants, etc)
If the activity to be assessed is part of a fieldtrip or event please add an overview of this below:</td>
</tr>
<tr>
<td colspan="5">Approximately 10-12 adolescents (aged 14-15) will be interviewed individually, either in-person at their school or where this is not possible remotely via Microsoft Teams. They will be questioned on their experiences of shame and how they manage these experiences. Interviews will last between 45-60 minutes. Participants and their responsible adults will be provided with an information sheet outlining the study before they are interviewed and will provide written consent before being interviewed. Participants will be provided with a debrief form which will identify supportive organisations should participants experience any distress following interviews.</td>
</tr>
<tr>
<td colspan="5">Overview of FIELD TRIP or EVENT:</td>
</tr>
<tr>
<td colspan="5">A number of Year 10 students from one school will be invited to co-create examples of shaming scenarios relevant to their age group. This will be done over a 1 hour session in school and examples will be used within the semi-structured interviews.</td>
</tr>
</table>

Guide to risk ratings:

a) Likelihood of Risk	b) Hazard Severity	c) Risk Rating (a x b = c)
1 = Low (Unlikely)	1 = Slight (Minor / less than 3 days off work)	1-2 = Minor (No further action required)
2 = Moderate (Quite likely)	2= Serious (Over 3 days off work)	3-4 = Medium (May require further control measures)
3 = High (Very likely or certain)	3 = Major (Over 7 days off work, specified injury or death)	6/9 = High (Further control measures essential)

Hazards attached to the activity							
Hazards identified	Who is at risk?	Existing Controls	Likelihood	Severity	Residual Risk Rating (Likelihood x Severity)	Additional control measures required (if any)	Final risk rating
Participants may feel upset or distressed by interview questions	Participants	Participants will be reminded of their freedom to withdraw consent at any point during the interview, to terminate the interview or to take a break, and of their freedom not to participate in any element. As the participants are under 18, consent will also be sought from their parent/carer too and the information on discontinuing with the research will be explained to them too. The participant information sheet and consent form will include information on the topics covered and the debrief form will provide contact details for withdrawing from the research at a later date and details of supporting organisations.	1	1	1	N/A	1

The researcher may experience distress by hearing the accounts of the participants.	Researcher	The researcher will discuss any such experiences with the DoS. As a trainee clinical psychologist, the researcher has extensive experience in hearing and responding appropriately to distressing accounts of experiences.	1	1	1	N/A	1

	Review Date **23.04.2022**

A comprehensive guide to risk assessments and health and safety in general can be found in UEL's Health & Safety handbook at http://www.uel.ac.uk/hrservices/hs/handbook/ and a comprehensive guide to risk assessment is available on the Health & Safety Executive's web site at http://www.hse.gov.uk/risk/casestudies/index.htm. An example risk assessment is also included below.