

# **The Emergence of Shame in Counselling and Clinical Psychology Supervision: A Narrative Analysis**

**Mary Moran**

**u1227056**

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### **Abstract**

Theoretical research demonstrates that shame is inevitable in supervision as a consequence of exposing one's clinical errors and personal limitations whilst being evaluated. Despite this, shame in supervision has been inadequately addressed in the past. Previous research on the subject has also been mainly quantitative in nature. The present study employs a qualitative approach and a narrative research design in order to capture the experiences of the participants. This approach, which is more open and meaning-oriented than quantitative research, seemed best suited to investigating a concept that is both elusive and difficult to define. Semi-structured interviews with six qualified psychologists (four clinical psychologists and two counselling psychologists; five females, one male) were conducted to gather narrative data. Results of the analysis are presented individually to represent the distinctive features of participants' experiences and narratives. In addition, a content analysis identified three overarching themes common to all participants: unwanted identities, power dynamics and narcissistic vulnerabilities. Discussion focus on these themes all of which contribute to the emergence of shame. The analysis suggests that shame arises in interaction as a sudden, debilitating force when there is perceived or actual negative judgement of the self by others. The narratives highlight that the participants' stories remain unresolved, primarily as a consequence of the difficulty of speaking about shame. Implications for supervisory practice are discussed.

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## 1. Introduction

Shame is an *unpleasant* form of social self-consciousness, a form that foregrounds the vulnerability of self and the dangerousness of others

- Alba Montes Sánchez (2015), p. 196

From a social constructionist conceptualisation of the self, language and linguistic practices are thought to be the primary avenue through which we try to make sense of ourselves and others (Bruner, 1990; Ricoeur, 1984). As human beings, we use narrative to impose structure on our experiences (Sarbin, 1986). A narrative provides a platform for us 'to define ourselves, to clarify the continuity in our lives and to convey this to others' (Murray, 2003, p. 116). In this sense, narrative creates sequential links between past, present and future, making time inextricably connected to our sense of identity. In human consciousness, meaning is constituted by the connections between events (Crossley, 2000). Such meanings derive culturally through language and narratives that evolve over generations (Polkinghorne, 1988). From an early age, we are exposed to the connections between people, events and the world through stories (Langellier & Peterson, 2004; McAdams, 1993). At the heart of narrative psychology is the assumption that we are essentially interpretive beings with a capacity for self-reflection and that human experience and behaviour derives meaning through language.

Identity is evolving and bound by context (Polkinghorne, 1998). Individuals also construct their self-image according to a specific interpersonal context (Gergen, 1991; Van-Langenhove & Harré, 1993). By studying narratives, we can access both individual identity and the socio-cultural world of the teller (Lieblich, Tuval-Mashiach & Zilber, 1998). Some theorists suggest that narrators create identities in the way they position themselves and others in the narrative (Bucholtz & Hall, 2005), creating versions of themselves in interaction with others through strategic means that are meaningful and purposeful and may occur at a level outside consciousness rather than as a deliberate conscious act (Harré, Moghaddam, Cairnie, Rothbart & Sabat, 2009). Considering that narrator and listener bring their

own 'storied selves' (Rogers, 2004, p. 272) to each interpersonal interaction, I am cognisant of the fact that the present study addresses a very specific context with the following version of events being narrated for a particular purpose (Hunter, 2010). I primarily situate myself as a trainee counselling psychologist and accept that it is likely that my story will be influenced by my position and the specific context considered. A different context and listener would likely produce a different account but would also, I believe, have some continuity. I have tried to represent my participants' stories as accurately as possible by relying on my wisdom, skills and integrity. However, taking into consideration my own position as listener and researcher, I will use this opportunity to present some of my own experiences and assumptions, which inevitably shape the research. Following on from this, I will also include reflexive observations throughout this study.

As a child, the story of shame's entrance into the Garden of Eden had an enormous impact on me, since it was a foundational cultural narrative upon which many of my day-to-day experiences of religion were based. In the story of Adam and Eve in Genesis, the first man and woman, Adam and Eve, eat the forbidden fruit from the Tree of Knowledge. After doing so, Adam and Eve discover that they are naked and feel shame for the first time. Shame in early, influential Western cultural narratives is intrinsically linked with nakedness and exposure and as a result, concealment. Reflecting on this story as a child, I was struck by the weight of its implications but I also struggled with the difficulty of truly comprehending its significance. This combination of force and ambiguity mirrors the nature of shame in our daily lives: near ubiquitous yet usually unspoken and not fully understood. Shame, in its associations with the vulnerability and suffering of exposure, demands to be covered. However, in covering it up, we often fail to understand it or even speak about it.

A combination of the Irish Catholic culture in which I grew up and my own educational experiences as a young person led me to internalise a sense of shame. From an early age, I felt dissatisfaction in my educational experience and internalised a sense of inadequacy but I struggled to articulate this feeling, rarely identifying this sense of inadequacy as shame. My dissatisfaction with my

educational experiences led me to a longstanding interest in alternative approaches to learning and I was influenced by radical thinkers on education like John Paul Gatto and John Holt. More recently, through my counselling psychology training, I began to re-negotiate the meanings I ascribed to earlier personal experiences, gaining an understanding of the prominence of shame in my early social and educational experiences. This was both a personal and professional journey that allowed me to understand the nature and internalisation of shame. It became clear to me that all aspects of our educational experience as counselling psychology trainees could be impacted – and potentially hindered – by shame. My focus turned to supervision and my reading led me to understand that shame can lead to non-disclosure in supervision (Ladany, Corbett & Nutt, 1996), which can mislead the supervisor and lead to feedback that may be unhelpful or to stagnation in the growth of the trainee. Shame can cause disorganisation of thought processes (Sullivan, 1953), which affects clarity of thinking and can lead to errors in treating clients.

As in the story of Adam and Eve, shame is often made sense of through narrative. There are older stories that articulate the elusive phenomenon of shame but we can also tell, write and analyse new stories, examining these narratives in a way that will help us to be more open about the lived experience of shame. Narrative research therefore seems to be an appropriate way to undertake an exploration of this phenomenon in the context of counselling psychology training. There are parallels between the narrative form and the therapeutic process. Both involve reconstructing new meanings from past experiences, bringing to the surface the unacknowledged and making sense of it with new understandings. Providing new narrative accounts from a trainee perspective may suggest new ways of working in the supervisory space.



## **2. Relevant and Critical Literature Review**

This section will first look at the phenomenological and psychological aspects of shame, providing a general definition for the purposes of this study. Subsequently I will consider different conceptualisations of shame, including the affect model, the cognitive attributional model, social models, relational models, developmental models and the compassion-focused conceptualisation. Next I will consider the challenges faced in training, which create ideal conditions for the emergence of shame. I will then look at trainee characteristics, particularly narcissistic vulnerabilities developed in childhood which leave trainees more susceptible to shame. I will next try to identify the essential elements that characterise supervision and create the conditions for the occurrence for shame. I will consider the impact of shame on supervision and on the psychological wellbeing of the trainee. I will review the existing empirical research in the area of shame in supervision, highlighting the gaps in the research and the need for qualitative research in this area to contribute to the enhancement of counselling and clinical psychology training. My review of the literature leads to the formulation of my research question.

### **2.1 Defining shame: Phenomenology and psychology of shame**

Phenomenologically, shame involves intense feelings of inadequacy and resulting disruption in thought processes, leading to a lack of clear thinking and to ruminating self-criticism (Lewis, 1971). Morrison (1994) makes an analogy relating fog to shame: 'like fog, shame distorts vision and influences what is seen' (p. 19). Shame has been described in the literature as affecting one physically. It affects posture (head down, shoulders hunched, eyes averted), so discomforting that it induces a wish to disappear (to be invisible, to sink into the earth) (Morrison, 1994). The desire to hide is at the core of the shame experience with an overwhelming desire to pull away from the self's exposure to the observing other, in an attempt to relieve one's suffering (Blum, 2008). Shame can occur when a positive affect is interrupted, whether it be through the non-responsiveness of another or the sudden realisation by an individual that he or she is not as smart, competent, beautiful or creative as he

or she previously thought. This implies a sense of disappointment in oneself (Nathanson, 1992). Shame is both intrapersonal and interpersonal. Interpersonally, Nathanson (1987) describes shame as the emotion associated with the humiliating revelation of personal failure to another. In relation to the self, shame can result when we do not live up to our expectations. Therefore, even if a supervisor reacts positively to a supervisee's mistake, there will still exist a feeling of shame if it is a self-perceived mistake.

Berke (1987) states that shame arises from a sudden insight into what we want to keep hidden and confirms inferiority, dependency, fragility and a deep painful disparity between oneself and someone else. The definition that emerged from Brown's (2006) grounded theory study on women and shame was: 'An intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging' (p. 45). Drawing on Averill's (1998) social constructionist understanding of emotions as fuzzy categories, Leeming and Boyle (2013) suggest that people apply 'similar emotion labels to experiences which may share some features but not all and which may have different meanings and social implications' (p. 141). With this in mind, for the purposes of this study, shame will be referred to as a specific emotion belonging to a 'family' of related emotions including embarrassment, humiliation and guilt (Nathanson, 1997; Scheff, 2003). I will retain the idea that all these negative self-conscious emotions form an inter-related family. I accept that shame is not easily distinguished from similar emotional experiences and in referring to shame do not suggest that it is an unvarying phenomenon but instead a useful means to describe experiences that have, in previous research, being related to inferiority, vulnerability and exposure of the self (e.g., Brown, 2006; Lindsay-Hartz, deRivera & Mascolo, 1995; Morrisson, 1994).

## **2.2 Perspectives on shame**

Shame is viewed by some theorists as an affect that is innate, a primitive and physiological response, a response to rejection and the threat of social isolation (Martens, 2005). This deterministic view sees emotions as having adaptive functions, showing deference to others when it is functional to do so, thereby

increasing our chances of survival (Mills, 2005). However, conceptualising shame thus ignores the role of self-evaluation in shame, failing to take into account how individuals can react differently to similar stimuli (Blum, 2008). Most theorists agree that shame is a self-conscious emotion, indicating that it has a cognitive element too. This is not to detract from the significance of shame as an affect. Shame has a biological basis that we share with higher mammals but in human terms shame in adults is much more elaborate and complex (McDougall, 1908). Shame as a self-conscious emotion (e.g. Tangney & Fischer, 1995) related to other emotions such as humiliation, shyness, embarrassment and guilt (Crozier, 1998; Sánchez, 2015) has as its focus of awareness of the self as opposed to the situation or action that gives rise to the shame. Many influential theorists (Tomkins, 1963; Lewis, 1971; Tangney, Miller, Flicker & Barlow, 1996) view the self as both the subject and object of observation and disapproval, with shortcomings of the self being exposed before an internalised 'other'. This represents a dual role for the self, the self evaluates and is the object of evaluation (Crozier, 1998). The self becomes the helpless object of the other's ridicule, scorn or punishment.

The role of the self in shame is characterised differently by theorists. Some theoretical accounts emphasise the role of the individual's own self-assessment in his/her behaviour. Other accounts emphasise how the person perceives his/her behaviour through the eyes of another. Michael Lewis (1992, 2000) emphasises the individual's assessment of his/her behaviour. He introduced the *cognitive attribution model* of self-conscious emotions which defines shame as stemming from either internal or external events and from cultural norms that have been internalised by the individual. Shame occurs when a person judges their behaviour against an internal acquired standard, perceiving themselves as falling short of this standard. This is thought to impact core aspects of the self. Painful feelings of exposure, vulnerability, inferiority and inadequacy result.

Not all theorists assign such a dominant role to the intrapsychic in their conceptualisation of shame; for some the role of the other in shame dominates. It is thought that accounts of shame that emphasise self-evaluation of behaviour relative to personal standards cannot explain why shame arises when there is no

self-attribution for wrong doing (Crozier, 1998). While negative self-evaluation may be a *necessary* element of shame, it is unlikely that it is *sufficient* as a definition of shame (Andrews, 1998). Even though shame theories based on 'affect' as an innate response or theories based on a negative self-evaluation are significant, they fail to account for relational and social elements.

By emphasising the role of the other in shame, we can view shame experiences as responses to social threat or rejection (e.g. Crozier, 1998; Scheff, 2000). This perspective incorporates the idea of a power relationship in which one has a sense of being in an inferior position in relation to a critical, powerful other (Lewis, 1971; Gilbert, Pehl, & Allan, 1994). Theorists dispute who exactly the 'other' represents, an internalised other or an actual other, some proposing that 'others' do not have to exist in reality, they can be imaginary or simply symbolic such as the image of parents (Blum, 2008). Gilbert (1998) extends the role of 'others' in shame, making a distinction between external shame, which is associated with social anxiety and internal shame which involves the person being devalued in his or hers' own eyes, this distinction is referred to elsewhere in the literature as 'shame before one's self', involving loss of self-esteem and 'shame before the other', representing loss of esteem in the eyes of the 'other' (Castelfranchi & Poggi, 1990).

Offering an alternative perspective, another theorist drawing on Sartre's account of shame, argues that the other's perspective is not internalised but is rather 'constitutive of the kind of selfhood that has a capacity for shame' (Sánchez, 2015, p. 180). In other words, it requires an intersubjective self, a self that can become aware that who one is does not entirely depend on one's self but is also dependant on others, being with and being affected by them (Sánchez, 2015). Sánchez maintains that social self-consciousness arises from our ability to be relational, which he says is present in basic form from the start of life; very young children may only be able to experience it in direct interaction but once a self-concept is formed shame can be experienced in solitude. Sánchez proposes that we relate to ourselves from the perspective of engagement with others, adding that what is internalised are the norms and standards that we are exposed to in our social world. We also internalise our position within that world.

Considering the significance of the interpersonal context in shame and its link to relationships and connections, I feel that developmental models such as Attachment Theory, Object-Relations Theory and Gilbert's (partly developmental) Social Mentality Theory can also provide important insights into our understanding. These theoretical approaches play an important part in my personal approach to my work as a trainee Counselling Psychologist. The innate capacity to form close emotional attachments to caretakers is thought to be central to human experience (Bowlby, 1973). The function of the *attachment system* is to protect individuals from danger by ensuring that they stay close to those who can give them support and care; it also includes the ability to express distress and a capacity to be responsive to others offering care and support. Conversely, the *care giving system* functions to protect others in need and necessitates the ability to recognise and empathise with others' needs and provide appropriate caring responses (Bowlby, 1982). Referring to the significance of early childhood experiences, Kaufman (1989), drawing on Tomkins' (1963) affect theory, describes internalised shame as resulting from repeated shaming experiences in childhood, leading to a general sense of being inferior or unworthy. Because of these experiences the child develops a 'shame based identity', experiencing shame regularly in specific situations as well as engaging in generalised negative self-evaluation. Schore (1991) sees shame as resulting developmentally from failures in parental attunement in early child-parent interactions (Schore, 1991). If repeated experiences of misattunement occur where ties are not re-established with the child, internal working models or mental representations result in distorted perceptions of oneself and others (Kernberg, 1976). Similarly, some self-psychologists conceptualise shame as resulting from failures in parental mirroring, creating internal negative object relationships (e.g. Morrisson 1984) and a collapse in self-esteem or 'narcissistic wound' (Kohut, 1971).

Conversely, it is theorised that those raised by supportive, attuned caregivers are more able to relate to themselves in a compassionate, reassuring way. In effect, these developmental theories maintain that we learn to relate to others based on how others have related to us. On the other hand, Gilbert's (1989) Social Mentality Theory suggests that we relate to ourselves based on systems that evolve for social

relating ('social mentalities'). These internal systems are thought to orient us to enacting social roles, for instance, care-giving, competition and cooperation, and helps us to interpret the roles others are enacting, such as perceiving others as threatening versus friendly towards us. The social mentalities of care-seeking and care-giving are activated both in relations with others (e.g. distressed child, comforting mother) and in relations within the self (e.g. inner distress, compassionate thought and warmth directed inward) (Gilbert, 2005). These social mentalities of care-seeking and care-giving align with Bowlby's (1982) theories of the attachment and caregiving, respectively (Hermanto and Zuroff, 2015). Applying Social Mentality Theory, one can see that a person may feel distressed and act to self-soothe or seek support from caring others, creating a compassion-focused response, or alternatively a person may engage in self-attacking thoughts and feel criticised, evoking a shame-based response. Based on this theory, Gilbert developed Compassion-Focused Therapy with the aim of helping those with internal shame and self-criticism develop the skills and attributes of compassion towards themselves, thereby reducing or eliminating their feelings of shame.

To conclude, shame can exert a protective function in interpersonal settings (Hahn, 2001) warning us about potential threats to our social status (Scheff, 2000) and can be a means by which our loving relationships with others can be preserved (Lewis, 1988). In this sense, it can serve different social ends. However, shame can also be disabling, producing painful feelings that include anger, confusion, fear, rejection, judgement often leading to a desire to hide (e.g. Gilbert et al., 1994; Lindsay-Hartz, 1984). If the level of shame is intense enough it is likely to make it challenging to function socially resulting in withdrawal and interactional difficulties with others (Brown, 2006; Scheff, 2003). Shame is frequently evident in many psychiatric populations both as a contributory and secondary factor (Clark, 2012). In an overview of the clinical manifestations of shame, Clark (2012) maintains that shame has been linked to bodily disease and disability, depression, social phobias, addictions, offending behaviour (to protect the fragile self), and shame in carers of people with mental health problems. Pine (1995) suggests that shame is a universal experience. It is debateable whether shame is innate, but even if it is not present from birth, it is

learned early in development and evolves throughout childhood. What is common to all theories is that shame is an affect that is experienced early in life and continues throughout the lifespan (Alonso & Rutan, 1988).

### **2.3 Psychotherapy training**

Shame is a common feature in any context in which one has to learn new skills or knowledge. In a recent study by Allan, Eatough and Ungar (2016) on couple and family therapists, participants described their experiences of learning to use evidence-based practice and shame arose as a significant theme in this qualitative research. These were qualified therapists but the process of learning an additional skill still induced shame. For those who are still not qualified, there is likely an even greater vulnerability to shame since the entire field is relatively new. Skovholt & Rønnestad (2003) identify the many struggles that psychotherapy trainees experience while in training. They argue that trainees are unprepared for the ambiguity, the difficulties of absorbing complex material, the lack of motivation exhibited by clients and the expectation that they will perform adequately in practice. These elements may lead to feelings of inadequacy and helplessness. Such feelings, as discussed above, are frequently linked with shame.

Shame occurs typically in the context of an emotional relationship (Beuchler, 2008). In my training I have found my relationships with therapists, teachers, supervisors, clients and colleagues to be emotionally-charged relationships that involved ambivalence, ambiguity and insecurity about my own abilities while training. These people matter to me and I care what they think and feel about my personal and professional abilities. My training in counselling psychology has involved intense self-scrutiny alongside professional and personal assessment. This continuous self-examination and openness to the evaluation of others creates heightened self-awareness and a feeling of exposure. The awareness and exposure of the self are prerequisites for learning. However, I have found that such self-awareness and exposure also leads to heightened anxiety. My own experience of counselling psychology training is in line with Yourman's (2003) observation that the work trainee psychotherapists do requires considerable skill and emotional investment

and provides fertile ground for the occurrence of shame. Counselling psychology training, like psychotherapy training in general, challenges the trainee's competence, independence and sense of self (Yourman, 2003). This training process is likely to produce shame but in addition to this, the common characteristics of trainees are thought to play a role in the emergence of shame as well.

## **2.4 Trainee characteristics**

Individuals who choose to become therapists may have particular histories and relationship concerns that leave them narcissistically vulnerable and prone to shame (Miller, 1981). Miller (1981) observes that therapists develop a keen attunement to others' needs in childhood when they were unconsciously given or assumed responsibility for meeting the needs of a narcissistically disturbed parent. As a result, they may develop a high degree of empathy and emotional responsiveness (Sussman, 1992), which facilitates psychological work. On the other hand, it can leave them vulnerable to shame as a consequence of not having their own needs met as children, because their own needs were treated as unacceptable by caregivers and therefore shameful (Morrison, 1987). Failure of carers to meet the narcissistic needs of childhood is a common theme in motivations given for entering a career in psychotherapy (Sussman, 1992; Barnett, 2007). This research could be equally applicable to clinical and counselling psychologists. There is evidence to suggest that counselling psychology trainees are prone to narcissistic injury (Halewood & Tribe, 2003). The prevalence of this may be linked to the perceived quality of the parent-child relationship. Many counselling psychologists perceive their parents to have been unsupportive and found themselves instead supporting their parents (Halewood & Tribe, 2003). I find this to be highly significant research; it makes sense to me that people who dedicate themselves to the helping professions would have a stronger tendency to sacrifice their own needs for the needs of others. Looking at the parent-child relationship is important and relevant because it takes into account attachment and prioritises the crucial early interactions that contribute to our later representations of self and other.



However, conceptualising shame strictly in this way risks too narrow an interpretation, placing blame solely on primary caregivers, which is likely to be stigmatising and shame-inducing. Through the course of my study in counselling psychology, I have developed a greater appreciation for the role of socio-cultural factors in the emergence of shame. There is a great deal of pressure from society to be altruistic and perhaps some parents are more responsive to this pressure than others. In that sense, those in the caring professions' propensity towards looking after others' needs could be explained as a socio-cultural issue in addition to a familial one. In trying to alleviate shame, it is important for researchers to take into account both the personal and the socio-cultural context in order to understand shame. Acknowledging the role of both familial and broader socio-cultural factors has become increasingly important to me over the course of my research and fits with my relational stance.

If therapists are prone to excessive self-sacrifice, they are more likely to burn out and this has implications for the well-being of therapists and by extension their clients. If therapists are more likely to be shame-prone, then they may have greater self-care needs during times of high anxiety. The years of training are such a time and this highlights the imperative for more understanding of shame during the process of training.

## **2.5 Characteristics of supervision**

It has been suggested that the very structure of supervision can be a shaming experience for the trainee because of elements intrinsic to the process: evaluation, personal exposure, the imbalance of power between trainee and supervisor and the need to use the self as tool in the supervision process (Doherty, 2005). Alonso & Rutan (1988) identify some contributory causes of shame in supervision. They identify that shame arises from the confusion and ignorance experienced in the learning process (the 'learning regression'), which impinges on the sense of self and creates shame. The learning regression is stimulated by the very structure and form of the supervisory process. They are likely concerned with losing their supervisors admiration at the same time as needing their care and respect. They may also be

concerned about harming clients, fearing retaliatory action from supervisors and administrators of their training. They must 'be able and willing to tolerate confusion and ignorance for a time' (Alonso & Rutan, 1988, p. 557). There is a learning dilemma, flaws must be illuminated, 'dumb' questions asked in an effort to become 'expert'; 'this exposure leaves the trainee sensitive to the gap between the professional ego-ideal, in the form of the supervisor, and his or her own self image as a professional' (Alonso & Rutan, 1988, p. 577). The most sensitive supervisor can underestimate the harshness of the 'trainee super-ego'; students who are intellectually capable may struggle to grasp that intellectual logic does not always guarantee 'empathic resonance' necessary for such work (Alonso & Rutan, 1988, p. 577).

Shame can also be induced by the shaming behaviours of supervisors, counter-transference shame and the shame inherent in revealing something personal about oneself. Supervisees have a wish to be competent and independent but alongside this there is the fear of being found wanting in some respect (Hahn, 2001). These ambiguities and conflicting feelings relate to anxieties about making mistakes, revealing personal difficulties that would interfere with effective therapy and having one's work observed and evaluated by supervisors who have more knowledge and power than supervisees (Hahn & Molnor, 1991). The supervisee is aware that they need to reveal themselves in an open and honest way while being evaluated and there is the expectation that he or she should be able to do so more or less comfortably (Beuchler, 2008). It would appear that the supervisee, in order to improve as a therapist, must risk professional and personal disclosure. It is human nature to feel shame when the spotlight is thrown on our significant human limitations (Beuchler, 2008).

Anyone in counselling or clinical psychology training will have had previous experiences in educational institutions. Our learning institutions themselves may create shame-proneness in certain people. Experiences in education may include, for example, being compared to peers, pressure to achieve high grades and deliberate shaming from teachers. During my own prior education, I experienced situations such as these which were shame-inducing and I found that they deeply impacted me,

impeding my learning and growth as a person. Such experiences can potentially have positive results such as academic excellence but even in such cases, high achievement can be a reaction to shame. It seems to me that previous shame experiences in an educational context could be reawakened during the course of psychology training. I found myself grappling with the re-emergence of past insecurities related to the learning environment when I embarked on my own training in counselling psychology. I found that this added to the complex relational dynamics of my own supervisory relationships and it seems likely to be a factor in others' experiences even if it often goes unacknowledged or not understood.

The educational nature of supervision is likely to increase the probability of shame emerging and the literature suggests that specific aspects of supervision that contribute to the emergence of shame include the challenges of learning something new, the fear of not being good enough, the fear of losing the good will of the supervisor and the vulnerability intrinsic to being open in supervision. Even though these characteristics make supervision a particularly shame-inducing environment, the experience of shame is rarely addressed in psychotherapy supervision (Alonso & Rutan, 1988). Hahn (2000) believes that the reason for this stems from the difficulties therapists have in acknowledging and understanding the adverse experience of shame. However, it is important to recognise the adverse effects of shame since they can have very negative consequences on the supervisory experience.

## **2.6 Consequences of Shame**

Since shame is an emotion that provokes a desire to hide aspects of the self, it follows that supervision, with its element of evaluation, by its very nature will induce shame and self-doubt (Graff 2008). This can lead to non-disclosure (Yourman, 2003). Perhaps a certain degree of non-disclosure is self-protective. However, failure to disclose important information, which might lead the supervisor to decide on appropriate feedback, could lead to a lack of training and education. Supervisees may not be aware of the shame fuelling their reactions. Feelings of shame, when evoked, can lead to common reactions such as attack on self, attack on others, withdrawal, avoidance (Nathanson, 1992), with withdrawal being the prototypical

response to shame (Hahn, 2001). Shame is such a powerful experience that it tends to induce repression of ideas and it often has little cognitive content and can be hidden behind disgust, anger, depression, contempt and superiority (Graff, 2008). It is crucial that shame is recognised and worked through since the therapist's experience of shame can be critical, given its potential influence on the therapist's ability to function effectively in clinical contexts (Alonso & Rutan, 1988). If supervisees passively withdraw and prevent themselves from emotionally engaging because of shame then they might just follow instructions given by supervisors, while at the same time losing the curiosity to learn, resulting in stagnation (Ladmila, 1997). The therapist's feelings of shame can be complicated by the fact that supervisors themselves may be struggling with their own shame. They face many challenges in their desire to be competent as they balance the roles of teacher, mentor and evaluator (Alonso & Rutan, 1988).

## **2.7 Empirical research**

The literature reviewed so far has considered theoretical assumptions concerning shame. However, there is little empirical evidence in support of these assumptions and further empirical studies on the subject would greatly enhance our knowledge of this area. Only four empirical studies have been found discussing shame and shame-proneness in the process of supervision. Two studies have linked psychotherapy training non-disclosure to shame-related avoidance (Ladany et al., 1996; Yourman & Farber, 1996). The samples used in these studies were predominantly doctoral students in clinical and counselling psychology, primarily psychodynamic in orientation. The studies were done almost exclusively on pre-intern therapists. Shame *per se* was not being explored; they were specifically designed to look at the nature and extent of non-disclosure in supervision. The results were arrived at through self-report measures and researcher interpretations. To gain a fuller understanding of shame in supervision, we need further research on the many complex facets of shame in addition to studies on the specific issue of non-disclosure.

One such study was conducted by Doherty (2005), who investigated the role of internalised shame in psychotherapy trainees in supervision. Unlike the previous studies, which did not actually measure shame, he measured shame-proneness using a psychometric instrument with evidence of validity and reliability. He linked psychotherapy shame-proneness to overall less satisfactory experiences of supervision, less positive evaluation of their learning and less confidence in their work as clinicians. A recent study by Bilodeau, Savard and Lecomte (2012) has demonstrated a significant relationship between trainee shame-proneness and measures of rapport in the supervisor working alliance. They found that trainee shame-proneness is inversely related to alliance rapport strength, rapport being defined as the trainee's perception of support from the supervisor. The authors suggest that this could provide an explanation for the results of the Ladany et al. (1996) and the Yourman and Farber (1996) studies. In other words, the support trainees feel they receive from their supervisors may be important in increasing or lowering the negative impact of shame and promoting an environment conducive to learning. However, the disadvantage of Bilodeau et al.'s study was that the trainees had limited supervision experience (only five sessions). The sample used was on Masters level students involved in a career counselling course.

These existing studies are confined to measuring *levels* of shame-proneness in response to hypothetical events (scenario based assessments of shame), rather than investigating the experiences of shame in real life scenarios and specific situations. Much has been written in the literature about the difficulty of operationalising the unique individual phenomenological experience of shame (Strongman, 1973) and this presents problems for devising shame-scales in quantitative research. There are numerous manifestations of shame and they are not all represented on shame-scales since scenario based measures only assess shame behaviour (Andrews, 1998). Additionally, there is the problem of discriminating between shame and guilt in existing scales (Harder & Zalma, 1990). Current self-report measures on questionnaires that purport to measure dispositional shame may be inadequate for the task prescribed; they may not be specific enough to capture enduring shame feelings concerning the self and behaviour (Andrews, 1998). There is a concern as to

whether shame scales are measuring shame or related emotions, cognitions or behaviour (Andrews, 1998).

All the studies mentioned were quantitative in nature and there is a dearth of qualitative research on this topic. Qualitative research can provide a 'detailed and in-depth view' (Morrow, 2005, p. 211) and 'illustrate the multifaceted nature of human phenomena' (Morrow, 2005, p. 211). Given the complex nature of shame, qualitative research is needed to come to a more detailed understanding of its emergence. Shame is difficult to operationalise and this presents a difficulty for quantitative research, whereas qualitative research is particularly suited to studying phenomena that are 'not well known or understood' (Morrow, 2005, p. 211). Furthermore, the theories I have explored indicate that shame is both an intrapsychic and interpersonal phenomenon. There is a need for qualitative research that is context and person-specific, taking into account a diversity of experience. Research to date has tended to focus on dispositional shame rather than shame arising interpersonally. Whilst both are likely important aspects of shame, researching the different contexts in which shame emerges will broaden our thinking to incorporate aspects of shame that have been previously ignored. It is my hope that the present study will help to fill this gap in the research by taking a qualitative approach and focusing on one particular context: supervision.

The cultural context is also a factor in the originality of my research. The existing studies on shame took place in the United States and Canada and I have been unable to locate any empirical research done in the UK on counselling/clinical psychology trainees in the area of shame in supervision. In order to contextualise previous research in relation to my own study, it is worth noting some of the similarities and differences between British and American counselling psychology, since the cultural context may play a significant role in the emergence of shame in supervision.

Counselling psychology in the UK developed rapidly as a profession between 1982 and 1994, evolving from a section within the British Psychological Society (BPS) to a division, gaining full professional status for the first time in 1994 (Strawbridge & Woolfe, 2010). Brady-Amoon and Keefe-Cooperman (2017) summarise the BPS

definition of counselling psychology (2015) as 'inherently humanistic and reflexive, pluralistic, and interdisciplinary' (p. 48). There are a number of parallels between counselling psychology in the UK and the United States, since the US has the largest established independent profession (since 1946) in counselling psychology and has thus had an influence on the development of counselling psychology in other countries, including the UK. According to Pelling (2004), there are several areas of common ground between the US and UK (as well as in Canada, New Zealand and Australia). Firstly, both US and UK focus on prevention, client attributes and working with everyday living problems across the lifespan and psychological and psychiatric disorders. The US and UK both promote culture and diversity in practice and in qualitative and quantitative research and say that practice needs to be grounded in the science of psychology (scientist-practitioner).

Although counselling psychology in the US and the UK share humanistic roots, there may be differences across these geographical locations based on other historical influences in the development of counselling psychology in the US and UK, and the different social climates. Counselling psychology in the US has been influenced by vocational guidance concepts and psychometrics in contrast to the UK, where the existence of the National Health Service (NHS) has had an impact on counselling psychology (Pelling, 2004). The existence of the NHS system in the UK presents some particular challenges for British counselling psychologists that may not be present for their American counterparts. Brady-Amoon and Keefe-Cooperman (2017) claim that UK training models go beyond those of the US in striving, as the BPS puts it, 'to integrate the reflective practitioner and science practitioner identities' (BPS, 2015, p. 16). The empirical values of the scientist-practitioner model 'underpin but do not overwhelm the psychologist as reflective practitioner', hopefully allowing counselling psychology to remain true to its philosophical origins (Sims, 2010, p. 462). However, since the NHS is an organisation in which many counselling psychologists train and work, there is a pressure to adopt the medical model which lies at the core of this service. The emphasis on this 'illness' frame of reference often creates a 'clash of values' for counselling psychologists in such a setting (Orlans & Van Scoyoc, 2009, p. 18). Counselling psychologists apply a humanistic phenomenological model to

therapy and the field is concerned with a person's potential rather than placing emphasis on curing illness. Economic forces within the NHS also place pressure upon psychologists to justify their practice on the basis of evidence. The emphasis on evidence-based practice in this setting, encouraging short-term, solution-focused work using manualised treatments, has created tensions because of the humanistic value-base of the profession of counselling psychology. It is possible that the tensions between one's practice in the NHS and one's humanistic value-base may produce an unwanted identity for counselling psychologists, which could create susceptibility to shame.

There are also some differences between the British and American *educational* contexts that may have an effect on the emergence of shame in supervision. Kearnes and Daintry (2000), having worked with trainee therapists both in the UK and US, with one educated in Britain and the other in the US, make two interesting observations on their experiences. They remark on differing attitudes to being examined, with UK trainees fearful of being caught out and US trainees approaching examinations as an opportunity to demonstrate what they know. In this sense, it could be speculated that the latter approach might be more empowering and the former more likely to produce shame, since the individual may feel more threatened if they believe they will be exposed for what they don't know. These authors also highlight the fact that in many states in the US, at least a Master's degree is a requirement for entering psychotherapy training. It is often a requirement to have a Master's degree in counselling before entering a doctoral programme in counselling psychology in the US. Kearnes and Daintry (2000) maintain that since many of those entering psychotherapy training in the UK will not have been assessed since leaving school, a great deal of anxiety can be present when again faced with formal evaluation. This may make one feel incompetent. Many entering doctoral programmes in counselling psychology may have had a break from the educational environment to work or raise families. This may produce a similar result of anxiety in the face of renewed academic evaluation.

In addition to the previous studies on shame in supervision being conducted in an American context, they have also shared similar demographics in terms of



participants. These studies have involved predominantly Caucasian female participants, which may have a significant impact upon results. Even within the United States, participants will have unique experiences based on different worldviews and cultural backgrounds. The existing studies do not represent the diversity of experience of shame in supervision. The preponderance of female participants may also produce specific kinds of results. Women have traditionally been viewed as upholding the prosocial values of society and therefore have been vulnerable to shame when they deviate from these values. However, through the influence of the feminist movement, women in Western societies have progressively found status through achievement in employment and have therefore become more vulnerable to shame caused by lack of attainment in this regard (Greenwald & Harder, 1998). The struggle between these competing demands is likely to be more present in a profession like counselling or clinical psychology which places value on rank and individual achievement in employment yet also by its nature encourages altruism and prosocial behaviour. Falling short of either of these values can cause vulnerability to shame. Since women dominate the field of psychology, the tension between balancing these opposing tendencies is likely to be particularly prevalent due to the changing role of women in society over the past century. It is possible for qualitative research to explore these tensions in a more nuanced and detailed way than prior quantitative studies have done. Furthermore, although previous studies involved participants of different genders and cultural groups, the fact that these quantitative studies involved a majority of white female participants means that the different experiences of non-white, non-female participants may not have emerged from the results. Qualitative research on the subject affords the opportunity to explore the diversity of experience of shame in supervision in a way that quantitative research may fail to account for when participants are heavily weighted towards one demographic.

This emphasis on the individuality of the participant's lived experience of shame will distinguish my study from prior research. As counselling and clinical psychology, for the most part, involve working with clients' meanings, understandings and interpretations, the inclusion of the participants' perspective in shame research is

crucial. The qualitative exploration of how individuals understand and derive meaning from the process of the experience of shame in supervision can provide a more comprehensive understanding of shame in such a context and help inform supervisory practice. Existing studies that focus on dispositional shame (shame-proneness) fail to consider the quality and lived experience of shame and thus there is a paucity of research on how people make sense of their experience of this elusive emotion. There is still much to understand about how individuals construct meaning out of language from their experiences of shame. It is important that this gap in the literature is filled with good qualitative research so that we can further understand the way in which shame is constructed in an interactional way through language. I seek to understand how we make sense of shame through language and I feel that narrative research that emphasises the way that we construct the shame experience inter-relationally is the first step in providing both educators and trainees with the knowledge and tools to *speak* about shame in supervision. The more narrative research we have on the emergence of shame in supervision, the more likely we are to develop the skills to discuss something that is usually hidden from view. By speaking about shame openly, we can limit its negative impact on education. For this reason, my own research aims to take a step towards examining and opening up the discourse of shame so that we can improve the process of counselling and clinical psychology training.

## **2.8 Research Question**

The aim of this study is to expand our knowledge of shame in supervision. The main objective is to address the experiential features of shame in context, which have been neglected in previous positivist research. Narrative inquiry is considered an appropriate means to explore this phenomenon, given that narrative is a primary means to understanding experience and the construction of identity. My research question is: *How does shame emerge in the context of supervision?* This is a broad question and my particular concerns include how participants construct meaning from their narratives and the processes involved in that construction, and the impact of these meanings and narrative processes in terms of participants' identities and behaviours.

My participants included both clinical and counselling psychologist trainees. Both clinical and counselling psychology courses are demanding and the supervisory structure is the same for trainees on both courses. Therefore, I feel that although there may be differences between certain aspects of clinical and counselling psychology trainees' experiences overall, their experiences of supervision are likely to be very similar. My research questions and the results of my study are applicable to supervision for both clinical and counselling psychology trainees.

### **3. Methodology**

#### **3.1 My theoretical position**

There are numerous methodologies that are compatible with different epistemological positions and I have considered those relevant to my area of research. Since my area of research is the lived experience of shame, the study of language will help me to explore interpersonally this experienced reality. Language is the primary means through which people make sense of their emotional experiences but it also our primary means of communication and shame is a phenomenon that arises both intrapersonally and interpersonally. For these reasons, it seemed natural to me to select a language-focused methodology in order to study the experience of shame. Different qualitative methodologies that use language as a focus of inquiry were considered for suitability for this research project, namely Discourse Analysis, Interpretive Phenomenological Analysis (IPA) and Narrative Analysis. These approaches differ in the significance they attribute to subjectivity.

Discourse Analysis treats participants' verbal and written accounts as behaviours to be analysed for the functions they perform in particular situations. It adopts a social constructionist epistemology and therefore tells us little about how the person subjectively feels or thinks about the phenomena under investigation (Lyons & Coyle, 2007). According to Parker (1991) one of the main issues with many social constructionist approaches is that they omit the ability to be reflexive from their

accounts of human subjectivity. This has been referred to in the literature as 'the death of the subject' (Heartfield, 2002). According to Parker, it is the ability to be reflexive that creates 'the point of connection between the individual and the social' (Parker, 1991, p. 105). In contrast, IPA is phenomenological in orientation, which considers people's feelings and thoughts in regard to their experiences. In other words, it is very concerned with participant's subjective accounts.

Discourse Analysis questions whether there is a real connection between language and the inner self, thus bracketing off assumptions about the latter and so tells us little about how the participant feels or thinks about the phenomenon being studied. In contrast, phenomenologically inspired approaches like IPA have been criticised for producing an 'insider' view, romanticising the individual's experience, while neglecting a theoretical and methodological approach that appreciates the structural factors (discourse) of individual personal experience (Crossley, 2000).

I sought a theoretical and methodological approach that appreciates the importance of language in constructing a sense of 'self' and 'experience' while maintaining the personal nature of individual subjectivity. Crossley (2000) believes that narrative psychology enables the achievement of this objective. Narrative Psychology, like IPA attempts to 'retrieve the subject' by focusing specifically on the lived experience of the individual. In this sense, it operates with a realist epistemology (Crossley, 2000). However, unlike IPA, narrative analysis also concerns itself with language as a tool for the construction of reality, especially the reality of the experiencing self, and therefore is entirely consistent with a social constructionist approach. Consequently, my stand is that narratives can provide researchers with an avenue to discovering and understanding the lived experience of the person as well as providing a key to how these realities are narratively constructed. Therefore, narrative psychology would seem to be the best choice to explore my interests.

Regarding the nature of narrative (ontology), I believe there is a connection between what we say and what we experience, although we can never really know whether we have depicted what is 'out there' or 'in here' as it really is.

Consequently, I believe we cannot assume that one's story is an accurate representation of reality. The story of self is subjective but contains 'narrative truth' which can be closely connected, similar or largely diverging from historical fact (Spence, 1982; 1986). Nevertheless, this is not to agree with the idea that all stories are works of fiction which would imply total relativism (Lieblich et al., 1998). I agree with Crossley (2011) and Gergen (2009) that our subjective lives involve us in the world around us and consequently in the subjective lives of others. As a result, language *constitutes* thoughts or feelings, rather than representing them in a mirror like way. We come to self-knowledge and self-awareness in the context of our interactions and relations with others. By choosing which stories to tell and which not to reveal, we are actively constructing and maintaining our identities (Hiles & Čermák, 2008). Like Crossley I wish to take into account the importance of the discursive and linguistic elements in making sense of experience and structuring the self, but I also wish to maintain 'a sense of the essentially personal, coherent and 'real' nature of individual subjectivity' (Crossley, 2003, p. 289).

So rather than viewing the narrative as an accurate representation of the reality of how one thinks or feels (naïve realism) or a radical social constructionist view in which only social and interactional functions are performed, I take a middle position. This incorporates access not only to the individual's identity with its particular meanings but also to the social and cultural world of the storyteller. This calls to mind what Mishler (2004) calls a 'dual commitment' to, on the one hand ontological realism and on the other a constructionist epistemology. This approach endorses the idea that the expression of human experience within language is most amenable to constructionist analysis (Madill, 2000).

I have a social constructionist concern to look at the identities that people are constructing when using narratives to talk about shame in the context of supervision and at the same time, I am working with the critical realist assumption that these narratives bare a relation to the realities of difficult personal experience. It is simplistic to assume that each research project falls neatly under a single paradigm; it is helpful for the qualitative researcher to adopt the role of the *bricoleur*,

crossing paradigms with a sensitivity toward the nature of the question and emerging data (Levi-Strauss, 1966; Morrow, 2007).

My epistemological position as a researcher impacts my work as a practitioner in the sense that it makes me acutely aware of the co-construction of meaning between therapist and client. My position also makes me attentive to the implicit meanings in the language clients use and how clients use language to position themselves. My deeper understanding of the way we construct our identities through language and interaction has taught me that we can use the same set of historical facts to create new narratives. These narratives can provide liberating ways of transforming ourselves, allowing us to feel release from the restrictions of past experiences.

### **3.2 Functions of Narratives**

Ricoeur (1984) uses the term *emplotment* to describe the function of narratives. He explains how people try to temporarily order narrative sequences into meaningful plots in response to the disorganisation that exists in a constantly changing world. Others maintain that there is an inherent desire in the self to integrate disparate elements (McAdams 1993; 1997). Holstein and Gubrium (2000) and Mishler (1999) say that storytellers use artful means to *do* coherence. Participants are performing particular social and interactional tasks in the interview, varying according to different audiences and contexts (Gubrium & Holstein, 2009).

Since achieving temporal coherence in one's identity is linked with psychological well-being (McLeod, 1997), it is no surprise that at times in life when there is incoherence and disorder, particularly where there is a disparity between the ideal and real self, or conflicts between self and society, we seek organisation and coherence in the narratives we tell (Bruner, 1990). It seems to me that since the experience of shame can be very disruptive to the self and is often linked to a disparity between the real and ideal self that narrative can provide an opportunity to establish a level of coherence.

### **3.3 Reflexivity**

Working with my underlying paradigm entailed a moving away from a traditional writing style where the author is considered neutral to accommodate the crucial role of the researcher in what is produced (Sparks, 2002). Like most narrative researchers, I chose to reflexively consider my own role in the construction of the narrative realities of my participants, given that narrative reality is considered a relational achievement occurring within interactional and discursive contexts (Riessman, 2008). As narrative reality is fundamentally relational (Haverkamp, 2005), reflexive writing is particularly suited to the underlying principles of narrative inquiry. Being reflexive in terms of 'self-awareness and agency within that self-awareness' (Rennie, 2004, p.183) was a challenging task as it invited me to think about my own reactions to the research context and the data produced making possible certain insights and understandings. Such an endeavour has been likened to the way psychoanalytic psychotherapists use 'counter-transference' (a therapist's emotional response to the client's behaviour) so as to gain a better understanding of the client (Willig, 2013). Some reflexive observations will be interspersed throughout this report.

### **3.4 Dilemmas**

For my research, I reflected on choices that presented themselves in two areas. The first choice concerned methods of collecting narrative data. The second, and more challenging choice, concerned the analysis of data in narrative research.

I faced the dilemma over the most suitable way to obtain narratives on shame. I considered whether to choose written or spoken narratives. The former would allow me to obtain a larger quantity of data whilst face to face interviewing could provide empathic responses from the researcher that may help lead to richer data. In addition, written accounts may create a perception that a coherent story is desired, which may constrain the data. For the purposes of my study, I favoured face-to-face interviews since these provided an opportunity not only for me to probe participants' experiences but also opportunities for the participants to question my meanings as well. This is in keeping with my approach, which emphasises the significance of co-construction in meaning-making. However, as

Mishler (1986) notes there are several potential problems with interviewing, such as stemming the flow of the participants' talk, so that the narrative is fractured, and bias in selection of which parts of the interview are reported. Recognising these potential difficulties, I believed that being reflexive with the procedures and processes for collecting and analysing data was crucial.

A more challenging dilemma for me concerned my approach to analysing the data. The question for me was whether it was possible to integrate the study of structure and form into the same study, as I believe both are equally important in understanding our worlds. After much research, I found a way to move forward with this idea. Lieblich et al. (1998) provide a framework for incorporating both content and form in analyses and Gubrium and Holstein's (2000) 'analytic bracketing' provide a solution to allow alternative focus on the 'whats' and the 'hows' of narrative, which they say can give 'a contextually scenic and a contextually constructive picture of everyday language-in-use' (Gubrium & Holstein, 2000, p.500). They believe, like I do, that the two approaches complement each other and can be developed in tandem to help understand the complexity of certain phenomena.

### **3.5 Procedures**

I chose the semi-structured interview in my narrative project, opening the interview with an exploratory question on my research topic. The goal was to generate detailed accounts of participants' experiences of shame. Prompts and clarification were used to encourage elaboration on the topic. A limited structure was employed due to the time constraints and the agenda of my research interest. I attended to several ethical considerations prior to beginning my interviews. These included gaining free and informed consent, ensuring that information would remain confidential, making participants aware of their right to withdraw and making sure that I would provide adequate debriefing. There was to be no deception of participants. In the information sheet given to participants prior to interview, I informed them that the audio recordings and transcripts would be destroyed after three years.



After receiving ethical approval from my educational establishment, I began recruiting participants through e-mail, social media and word of mouth. This included using the BPS Directory of Chartered Psychologists to e-mail potential participants, posting an advertisement in the BPS e-newsletter and in Facebook groups, and word of mouth through my colleagues and classmates. After initially struggling to find trainee counselling psychologists, I had more luck when I broadened my search to include qualified counselling psychologists, clinical psychologists and psychotherapists. Once participants showed curiosity in the study, I send them an information sheet by e-mail so as to provide them the opportunity to think further about whether they wished to proceed. The letter gave them the option to meet at a time and place of their choosing. The information sheet detailed the purpose of the study, providing a general overview of shame and distinguishing it from the phenomenon of guilt according to the definitions generally agreed upon in the literature (see Appendix 5). The potential benefits and risks involved in participating were presented. Providing potential participants with time to reflect on their experiences was considered important as it is difficult for a person to recall a shameful event when asked (Lindsay-Hertz, 1984). Some participants declined to participate after consideration. A time was agreed by phone or e-mail to meet the participants that wished to proceed.

I interviewed three in their own homes and four were interviewed in therapy rooms at their place of work. Safety arrangements that were agreed upon as part of the ethical approval were adhered to. Prior to the interview a consent form was filled by the participant and general conversation was engaged in so as to develop a rapport and ease in their surroundings. Each interview was audio-recorded using two separate recording devices. The interview times varied from thirty-three minutes to approximately one hour. There was no absolute time limit set prior to the meeting but there was an estimated hour to an hour and a half suggested on the information sheet. All interviews ended when there was intuitive communication between myself and the participant that a natural conclusion to their narrative was reached. If in doubt I would ask an additional question or provide a prompt to see if they wished to continue. Sometimes this produced

additional valuable insights into the meanings of their stories. A strategy I used to enhance self-reflection was to write my thoughts and reactions down in a journal before and after each interview. This assisted in emerging self-understandings in relation to the material collected, allowing me to lay certain assumptions aside if I felt they would distort my interpretations or incorporate them into the analysis if they provided additional insight into the participants' worldview. No notes were taken during the interview. After the interview, I engaged in conversation with each participant to continue the process of rapport already established, after which each was provided with a debriefing sheet which provided information about different organisations they could contact if they felt any distress (see Appendix 9).

### **3.6 Participants**

I interviewed six participants, one male, five female. Three (John, Emily, Mia) aged between 25-30 were clinical psychologists who had just successfully completed training; one (Helen) was an experienced clinical psychologist, nearly ten years post-qualification, in the age range 30-35. Two participants (Sian, Adele) were counselling psychologists in the age range 50-55. Adele had four years' post-qualification experience, while Sian was more recently qualified. Four of the participants were white British, one was German (Adele) and the male participant was white Irish. I originally sought eight participants in counselling psychology training. Despite repeated efforts I was unsuccessful in obtaining participants who fit this criterion. Upon discussion with my supervisor, we agreed that it might be beneficial to find participants who had completed training since they might be more reflective about their experiences. I then changed my search to those who had completed training and also invited clinical psychologists and psychotherapists to take part. This was an attempt to widen the criteria for potential participants. As I searched for more participants I was in the process of transcribing and starting my analysis, it became evident that the data collected was varied and tapped into experiences in depth and seemed suitable for the purposes of the enquiry. Since the goal of qualitative research is to gather rich and descriptive data that illustrates the phenomenon of interest intensely (Patton, 2002; Polkinghorne, 2005), I was

satisfied that I had a sufficient selection, whilst acknowledging that additional research can always add richness and complexity to the analysis (Morrow, 2005).

### **3.7 Validity in narrative interviewing**

According to Polkinghorne (2007), the validity issue in narrative interviewing relates to how well the storied texts represent the actual meaning experienced by the participants. In the data gathering process, as a strategy to enhance representing participants' realities fairly, I adopted the stance of the naïve enquirer, regularly asking for clarification with regard to participants' own particular meanings. This is considered important, particularly when the interviewer is very familiar with the phenomenon under investigation (Morrow, 2005). Since I was familiar with the literature on shame, I did not wish to influence participants' perspectives on their experiences by imposing my narrative of shame.

My relatively unstructured, open, flexible approach to interviewing created the possibility for an extended narration. I tried not to suppress the narrative impulse, thus encouraging participants to find their own diverse ways to construct meaning from their experience. Although liberating at times, this generated anxiety as participants went down *their* own pathways. There were times in my interviews when I felt pressured to focus on issues related to the theoretical and substantive areas of my studies, which sometimes led to my changing the topic with redirecting questions, thus interrupting the narrative flow.

Due to the emotionally charged atmosphere in interviews, my questions were often awkwardly phrased. However, the wording of the interviewers' questions are less important than their 'emotional attentiveness and engagement and the degree of reciprocity in the conversation' (Riessman, 2008, p. 24). In the interviews, I engaged in attentive listening. Such an approach is considered important since focused listening leaves time for reflection to allow participants to report intricate layers of meaning (Polkinghorne, 2007). As a counselling psychologist trainee and an open, nurturing person, I felt that I was well placed to develop a respectful and collaborative relationship, helping to facilitate participant openness. This was

important considering that participants may be reluctant to explore their feelings with somebody unfamiliar to them (Polkinghorne, 2007).

The role of the therapist and researcher are similar in the fact that there is a power imbalance between therapist/researcher and client/participant. In both the researcher and therapist roles, there is an emphasis on empathy and attentive listening. One major difference is that as an integrative therapist, I would make interpretations and therapeutic interventions, which I did not do as a researcher. However, given the power positioning that is inherent in the research context, the onus was on me to be cognisant of the intimate nature of the relationship between myself as a researcher and the participant. I tried to carry out my research with respect and high regard for my participants. Relationships with the participants are of crucial importance to effective data collection (e.g. Fine, 1992). Although the researcher/interviewer has an inherently more powerful position in the interview context, I did have complex feelings towards the power I held in this situation. I was aware of the fact that all of the participants were more experienced practitioners than me, which left me feeling in some respects less powerful than these participants. I also felt that while others spoke of their shame, I experienced shame contagion and struggled with not being able to speak about this. This created a sense of powerlessness that seemed to parallel the scenarios participants spoke of in the throes of their shame experiences.

### **3.8 Narrative analysis**

The interviews were transcribed verbatim, first handwritten and then typed. I found it helpful to do my first layer of analysis on the hand-written transcripts, as this was a method of working with which I was accustomed. This gave a more personal meaning to the process with greater immediacy. The full transcription included significant pauses, laughter, sighs, interruption, encouraging prompts, significant changes in tone of voice, ellipses for short pauses and notes on the length of significant pauses.

I adopted the position of the 'story analyst', a term introduced by Smith and Sparks (2009) which they define as a researcher who 'steps back from the story generated

and employs analytical procedures, strategies and techniques in order to abstractly scrutinize, explain, and think about its features (p. 281). My work as a story analyst was primarily informed by the ideas of Lieblich et al. (1998) whilst also drawing on techniques and ideas outlined by other narrative theorists, e.g. Riessman (2008); Emerson and Frosh (2004); Langdridge (2007), Holstein and Gubrium (2000); Gubrium and Holstein (2009).

The analysis was guided predominantly by Lieblich et al.'s (1998) framework since it allowed me to analyse the equally important aspects of content and form, providing a fuller understanding of the narratives. Analysing form as well as content is important as it is argued that deeper layers of the narrator's identity are manifested this way, since it is harder to manipulate or influence the formal aspect of a story than its contents (Lieblich et al., 1998). Lieblich et al.'s framework uses four interpretive perspectives based on the recognition of two underlying dimensions: holistic/categorical (unit of analysis in the whole story vs. themes/categories that comprise the story) and content/form (the story itself vs. how it is told). The categorical approach was employed in order to research the phenomenon of shame shared by a group of people; the holistic approach was used to study the person as a whole, looking at their development to the current position. The second dimension I concentrated on was content and form. I looked at the explicit (what happened, who participated) and implicit content (the meaning conveyed in the study, the traits and motives displayed, the nature of images used). In turn, I focused on the form (the structure of the plot, how the events were sequenced, the style, choice of phrases or metaphors, etc.). The complex nature of the felt meanings of a person's experiences can be conveyed more easily in figurative language such as metaphors (Polkinghorne, 2007) so it is important to analyse this aspect of the narratives. From a psychological perspective analysing closely 'what' is being told and 'how' its told is necessary but often overlooked. These two elements of the story are interrelated and inter-penetrating parts (Hiles & Čermák, 2008).

Analysis was carried out by applying a number of interpretative perspectives to each narrative. Even though these were distinct processes, they had considerable

overlap and were often carried out simultaneously in an intuitive but informed fashion. Generally speaking, narrative research does not require replicability as a criterion for its evaluation (Lieblich et al., 1998). As recommended by Lieblich et al. (1998), I relied on my own personal wisdom and integrity, including my analytic skills to provide trustworthy accounts. My intuitive processes were used to aid comprehension while in turn I examined the basis for intuiting. I continuously tested my intuition against the narrative material to justify my decisions. Ongoing self-awareness and self-discipline was required in the cyclical activity of examining text against interpretation and vice versa. I viewed the narratives in a holistic way since, like most narrative researchers, I did not wish to fragment the data.

Given these guidelines I read the transcripts repeatedly making broad analytic observations beside the relevant segment of text. Eventually as my readings became more focused I honed in on the thematic *content* of each narrative, exploring what story was being told, who were the main protagonists, identifying turning points, looking for contradictions, disharmony, themes occurring repeatedly, shifts in content and new beginnings. Each reading generated for me a new air of curiosity, intrigue, mystery and challenge; producing fresh ideas and novel ways to interpret and understand the words spoken. At times this was frustrating, sometimes creating feelings of annoyance, other times warmth and understanding, the personalities and stories taking on a life of their own.

Alongside this and closely connected I became tuned into the *holistic form* of the story being told, looking to see the direction it took, whether it is progressive, regressive or steady, keeping in mind that every story is characterised by its plot (Gergen & Gergen, 1988). I also paid attention to how cohesive the story was, never losing sight of the fact that the storyteller was creating meaning in the story as a whole. I attended to the *tone* of the text, the language used, the delivery, whether an optimistic or pessimistic tone was evoked in the telling and if this tone changed at any stage. By paying attention to the *rhetorical function* of the narrative, in terms of its explicit or implicit motivation to seek agreement, excuse, justify, criticize, entertain the particular tone could be identified. Tone is thought to provide

significant insights into the expressed meanings of the storyteller (Langdridge, 2007).

Another stage of the analysis involved identifying major themes. This was achieved through selective reading of the text with the aim of identifying the main themes directly without breaking down the text too much in the process, which could lose a sense of the often-coherent narrative presented. This thematic analysis is similar to the content analysis achieved by Riessman (1993). The process involved seeking out regularities in the text, looking for key phrases, meaningful sentences and ideas emerging within the narrative pertaining to my research question as well as writing notes in the margins. I kept in mind my own views on the topic as I engaged in this process. I organised these ideas into sub-categories or clusters of meaning on a separate sheet of paper, including line numbers for ease of referring to the text. Through a repeated cyclical process over time, returning frequently to the text and tapes I decided on distinct themes, collapsing overlapping themes into one category, dividing some themes into sub-themes as I refined the different categories and examined the relationships between them. To enhance the validation process, my analyses were reflexively discussed with my supervisor and learned colleagues.

A separate but overlapping analysis was made on the *formal* aspects of the narrative. This involved choosing a category for analysis and then carefully exploring plot devices and linguistic features that were used to create style and emphasis in the re-telling of the story. These included such features as metaphors, symbolism, intensifiers (e.g. very), minimisers (e.g. a bit), mental verbs (e.g. I thought), direct speech, repetitions, disruption in chronological progression, extra linguistic components, (such as sighing, pauses, past/present tenses), (See Lieblich et al., 1998, p. 156).

Another feature of my critical narrative analysis was asking questions that might shed light on the *social and psychological functions* of the narrative. This was to provide insight into the identity or particular self given life in the narrative based on the assumption that through the stories we tell our identities are constructed. This

phase of the analysis was inevitably closely related to the tone and function of the narrative (Langdridge, 2007). It takes into account how the person positions themselves and others in the retelling, how much power is allocated to the protagonist or to others spoken of, who has agency, whose interests are served, who wins, who loses. Micro-analysis of both form and content was necessary. This critical narrative analysis approach is characterised as psychosocial, embracing a 'focus on the act of constructing processes through which individual subjects attempt to account for their lives' (Emerson & Frosh, 2004, p. 7).

Included in my analysis is a consideration of the *broader social and cultural* narratives may have been influenced or shaped by these wider perspectives. It is thought that we use the narratives already existing in our culture in social interaction (Murray, 1999). This suggests the importance of understanding the meaning of talk in relation to the wider context of other discourses (Langdridge, 2007). Bakhtin (1986) argues that talk is always in response to other talk even if spoken in the secrecy of our own minds, in other words it is dialogic. In working with these narratives materials, I paid constant attention to the dialogic, listening to the three voices put forward by Bakhtin (1981), namely, the voice of the narrator, the theoretical framework which provided the concepts and tools for interpretation and reflexivity in relation to the decision-making process of drawing conclusions from the material. I tried to be and remain sensitive to the voice and meanings of the narrator as I engaged in sensitive and meticulous readings and interpretations not losing sight of the act that the work is interpretative and an interpretation is always 'personal, partial and dynamic' (Lieblich et al., 1998).

I used different coloured highlighters to signify meaning-bearing phrases or sentences, linguistic devices, imagery and content describing positioning of self and other. I found this helped me to maintain an overall holistic approach whilst engaging in selective readings of the text. As content and form cannot easily be separated (Lieblich et al., 1998) and both serve to influence each other this method proved an effective means for immersion in the text with both intent and openness.



For examples of my process, see Appendix 11 and Appendix 12. The following table provides a summary of the overlapping steps in my narrative analysis.

Holistic content (i.e. core narrative)
Holistic form (i.e. narrative structure/plot, narrative cohesion, tone)
Categorical content (i.e. thematic analysis)
Categorical form (e.g. linguistic features, plot devices, style, speech patterns)
Critical narrative analysis (rhetorical function, social and psychological functions, positioning, broader social and cultural narratives)

Fig. 1 Interpretive perspectives employed in the analysis

### 3.9 Validity in analysing narratives

An important aspect in considering validity is the question of representation, that is whose reality is represented in the research; the goal in qualitative research being to achieve *fairness* (Guba & Lincoln, 1989) seeing participants as the authorities about their lives rather than researchers (Morrow, 2005). To achieve *plausibility or fairness* I have tried to provide sufficient justification to the reader for the interpretations I have made grounding them in the assembled texts, the purpose of such interpretations being to deepen the reader's understanding of the meaning conveyed in the story (Polkinghorne, 2007).

Sustained engagement and personal involvement in the texts was essential in order to gain a deeper understanding of the meanings conveyed by the participants. Clearly such passionate involvement can bring enmeshment with possibility of distortion, but then detachment can distort too (Stiles, 1993). As a way of

addressing the ethical concern of potential over involvement, I found it helpful to draw on Sciarra's (1999) idea of 'analytic space' which involved taking a step back from the data and the emotions evoked, questioning what these emotions were telling me about the world of the participants, my own world and the possible similarities or differences between these. To enhance validity, I consulted with peers, supervisors and a literary scholar who acted both as mirrors reflecting my response to the research process and as devil's advocates proposing alternative interpretations than I had come up with. This type of critical and sustained discussion is recommended by Rossman and Rallis (2013).

## **4. Analysis**

### **4.1 Presentation of results**

First an in-depth reading of each participant's story will be presented to highlight distinctive elements in their experiences and narratives. Analysing the narratives individually will help to preserve the integrity of their stories. Secondly, I will present the common themes that emerged across all the stories told. The justification for this approach was to illuminate both the diverse and similar features in participants' experiences of shame.

In quoting from the transcripts, I have elected to omit any verbal prompts I gave that overlapped with participants' speech, for example 'mm-hm', 'right', 'okay'. I chose to do this for readability and in order to retain the wholeness of participants' stories and prioritise their voices. I have protected participants' identities by using pseudonyms throughout and altering some identifying features.

It is distinctly possible that at some level my own experiences of shame impacted on the dynamic interaction in the room, adding to the complex web of charged feelings present. I realised through my own experiences of shame that previous familial and educational experiences could be reawakened in supervision. As I was aware of this expectation prior to interviewing participants, I attempted to avoid focusing directly on these areas to limit my own bias. I did not ask specific questions

about either. In this sense my prior experience affected my interviewing style. However, despite my avoiding the topics, participants volunteered information about familial experiences and occasionally mentioned prior educational experiences. It is inevitable that I would be influenced by my own experiences but I stayed as close to their narratives as possible in my analysis.

## **4.2 Analysis A**

### **4.2.1 John's narrative**

John begins his story by relating an incident in which he fears he may have harmed his client by ending a session early, a view that is in direct conflict with what he sees as his professional role as a psychologist in helping others with their difficulties. He questions his level of competence and fears 'punitive' (L20) action from his supervisor. He experiences a mixture of guilt and shame in the re-telling of this event to his supervisor and is consciously aware that he presents it to her in 'a natural manner' (L44), trying to hide his shame from view. His shame is relieved when his supervisor normalises his experience and he feels validated.

In the second incident related he experiences a strong sense of shame when he is placed in the position of having to deal with a counterview from his supervisor. This relates to his personal identity as a gay man. He opens a topic of conversation on the psychodynamic formulation of homosexuality. He is shocked when his supervisor informs him that the British Institute of Psychoanalysis only allowed homosexual analyst trainees relatively recently. He feels threatened and is afraid that his supervisor might view him as having 'a pathological character structure [...] to deem me unsuitable or unable to act within my role' (L268-269). He wonders if his competence will be in question in the eyes of the other and fears it might trigger 'a cascade of interpretations' (L122) on him and his work if he reveals he is gay. The image he uses here elicits a feeling of being out of control, under threat with possible fear of retaliation. Such imagery is an effective means to persuade the listener to have sympathetic feelings toward his predicament. The 'other' is cast as an authority figure who has the power to hurt if he so wills.

He is filled with inner conflict that revolves around a desire to disclose his sexuality and be accepted and a fear that if he does he will be condemned. He also vehemently asserts his right to his feelings and to personal privacy. For instance, 'As I said, I didn't really feel like I had to do that' (L142). I privately wonder about the defensive nature of his emphatic conviction and repetition of this right to non-disclosure but remain quiet as I do not wish to enter the therapeutic realm and I also wish to provide him with the space to shine a light on his own inner world, reaching his own felt meanings without interruption. By not imposing my narrative on him, he was able to arrive at his own conclusion for his motivations when he recognised that 'I don't know if that was just a way of avoiding the shame that I might have experienced if I were to [...] reveal that aspect of myself to my supervisor' (L142-144). In terms of validity, it is important that the participants' meanings and not mine are represented. I held this in mind during the analysis of his narrative so as not to impose my own meanings on him. John engages in rational debate, playing 'devil's advocate' (L151) (possibly an unconscious reference to concealed aggression) to the perceived views of his supervisor. He recognises this is a narrative device to assert himself without 'nailing [his] colours to the mast' (L183), that is without revealing his identity. It gives him a sense of personal agency in reclaiming the sense of control he feels he has lost whilst maintaining his inner sense of self.

As he continues to make sense of his experiences he questions this motivation and begins to wonder if his reticence to reveal himself was a way to avoid the shame being exacerbated. I wonder if John was feeling shame about shame. It is not unusual to feel ashamed of something one does not see as shameful due to pressure from others (Fitzgerald, 2012).

Throughout the narrative John is capable of standing back and evaluating the situation, commenting on meaning and communicating the core of his story as coherently as possible. He engages in debate with himself, questioning why he was so conflicted in this situation. He feels prompted to reflect on his own 'level of comfort' (L172) with his sexuality. Interestingly, he refers to this as 'that area of my life' (L172-173); this indirect language is possibly evidence of this discomfort. John

felt that 'something had been taken' (L159-160) from him even though he had not self-disclosed. I wonder if this has something to do with a loss of identity. He was struggling to construct a workable plot which can be an indicator of narrative incoherence, the consequences of which can be identity loss (Charmaz, 1991).

Perhaps his engagement in 'theoretical' debate (L116) to assuage his intense feelings is the use of a 'false self' to protect the 'real self' from being intruded on. In their analysis of Hochschild's work on identity Holstein & Gubrium say that 'the true self needs the help of false selves to shield it from the onslaught of the social' (Holstein & Gubrium, 2000 p. 48). He seems to have felt shame and defensive anger because his 'real self' was threatened by the possible views or potential actions of a significant other in authority. However, the experiences are internal to him. The fear is that his professional identity may be impinged on by his personal identity. An unwanted identity could potentially be foisted on him; he resists this in his mind through a process of internal monologue. Dismissing the perceived views of his supervisor as 'antiquated' (L435) and 'discriminatory' (L435), he feels outraged not just because of the potential stigma he faces at a professional level but also on a subjective or 'human' level. Despite rejecting this unwanted narrative, he is still conflicted. He is angry with himself for not being assertive enough, he searches for further reasons as to why he is unsettled by his response. He reflects on aspects of his own personality saying he has always been sensitive to being evaluated by others with a pervasive desire to be seen in a positive light. This suggests an outer directed self, relying on others affirmations for one's sense of self-worth. He adds that this is likely to have left him more susceptible to shame. He expresses his fear that I might judge him also: 'even bringing it up to this interview made me feel "Oh do I want to talk about this" or [...] or maybe even fearing judgement from this space' (L129-130). This indicates the difficulty of speaking about shame and speaks to the relational nature of shame. Perhaps his desire to disclose is an implicit communication of his desire for acceptance. My urge was to reassure him as his assertion felt like a plea but I resisted, aware of the fact that this was not a therapeutic encounter. I responded by saying 'A lot of mixed feelings' (L133) to be

empathic and help to contain his discomfort, which allowed him to further explore his experiences.

John engages in reflection-in-action when he considers whether his battling back with his supervisor was a way to instil shame in him for his 'antiquated ideas' (L460-461). He uses a telling unconscious metaphor to speak of the stigmatised identity that he feels is being inflicted on him and reasserts his devaluation of the other's view to sustain his own sense of worth and personal view of himself:

I should take what he says with a grain of salt maybe [...] because I was acutely aware of how ehm, ah, ehm not painful but how his point of view could be sort of eh [...] difficult to swallow, maybe (L461-463)

John views himself as 'boundaried' (L330) in his professional role and 'sensitive' in his work (L329-330). He wants to 'be seen as resilient' and 'emotionally unaffected' (L328-329), not wishing to be seen as 'too sensitive' to the role (L333). He tempers his altruistic self as a means of self-protection, not willing to sacrifice his own needs totally for others. At this point he wonders if such an attitude 'comes across callous' (L336). Perhaps John has adjusted to his professional role in a healthy way that 'allows some flow of self into the role but minimises the stress the role puts on the self' (Hochschild, 1983, p. 188).

Despite being challenging, this was an opportunity for John to engage in a sustained process of making sense of his experiences. He is somewhat disturbed at how his story lacks coherence and even though he thought it was clear in his mind, he is surprised at how 'fraught with difficulties' his narration is (L470). He recognises that his narrative is ongoing. Contrasting his positive experiences of relating his feelings to peers and receiving reassurance helps us to understand the difficulty and complexity of trying to achieve the same safety and freedom to be more yourself in supervision. This context is more sociable and there is less chance of being judged, due to the more 'equal playing field' (L342).

He has a sense of vulnerability as a gay man in the context of the history of his profession, although his inner convictions and sense of self buffer him to an extent against a prevailing discourse that he does not agree with. Like a post-modern

novel, his story lacks resolution to ambiguities. There is ongoing tension with no linear progression. He is still considering alternative versions of his truth.

#### **4.2.2 Emily's narrative**

On her first placement Emily is 'flabbergasted' (L182) when her supervisor aggressively insists that she must change her mid-placement review form before she will sign it. She had given honest feedback concerning how she felt her expectations had not been met on the placement. She feels victimised and is left reeling from her supervisor's reaction. The imagery she uses effectively conveys the aggressive and belittling nature of the response, for example 'the violence of it' (L162) and 'the really attacking nature of it' (L162-163). She describes her supervisor calling her 'an ignorant little so and so' (L22) and says that it's 'quite a shameful thing to be told you are ignorant' (L25).

She becomes angry and confused, questioning whether she is in the wrong or not, and feels powerless to defend herself against the onslaught of such criticism. She is left in a state of ambiguity, wondering if her expectations in supervision are right or acceptable. She catastrophises the possible consequences, fearing her reputation may be ruined. The pessimistic tone is highlighted in the image used, expressing her fear that there will be 'a black mark against [her] name going forward in the trust' (L207). It may be that Emily experienced being humiliated by her supervisor initially, as the essence of humiliation is another trying to downgrade your status, something you feel is unjustified. The intense anger Emily feels indicates 'humiliated fury' or 'helpless anger' (Lewis, 1971) as expressed when she says 'I was really, really angry' (L38-39) and 'I was fuming...' (L77). Feelings of humiliation often transition quickly into shame when the other's negative evaluation infiltrates our own, a process that can be very fleeting and can impact our autonomy (Sánchez, 2015).

Emily experiences a lack of agency in the situation and complies with her supervisor's demands. This is not a decision that she is comfortable with. Despite this setback, she views this experience as a turning point for her, stating 'I think it's probably made me, ahh, more in a funny kind of way a bit more resilient to people

being a bit negative' (L62-63). The independence she reached was rooted in a sense of fear and victimisation so in a sense her increased resilience is a greater triumph.

Emily's narrative is persuasive in garnering the listener's support. The supervisor is portrayed as the aggressor, leaving her 'feeling quite powerless' (L30) with no option but to submit in the face of attack. She tries to save face by asserting that the supervisor is not to be trusted, saying that she 'wasn't the only trainee to have problems with that particular supervisor' (L83-84). She balances her assertion that she is a 'proponent of the quiet life' (L84) with her realistic fear that her supervisor is a 'loud, demonstrative person' (L91), which made it hard to have a reasonable conversation with her. This narrative device of persuading her audience to consider how wrong and unjust the 'other' was is likely *strategic* (Riessman, 2008) as it assists her in regaining a sense of perspective and agency, allowing her to regain her self-worth and making her narrative more coherent. She continues to distance herself from this supervisor by contemplating how she will be as a supervisor in future, being adamant that she would never act in this way.

She draws on aspects of her own personality as a means of making sense of her actions and feelings. Since she considers herself scared of aggression, she finds anger from others 'hard to stomach' (L214). This is a visceral metaphor that aptly describes the anxiety she feels in the face of aggression. She draws on these characteristics as an explanation for her sensitivity to being judged and to being predisposed to shame. She says shame is likely in supervision, for someone like her, somebody who is not 'thicker skinned' (L373). She achieves some coherence in her narrative by linking past and present. There is an ongoing conflict between her desire for safety and a desire for independence and power. She feels that she was too sensitive and needed to 'toughen up a bit' (L377). She equates resilience with being able to tolerate others' anger, and weakness with lack of assertion. There has been a progression towards increased resilience and assertiveness, a triumph of her inner longing to be braver.

Later in her training Emily is hit by another setback. She relates to her supervisor, someone she respects and likes, her difficulty in comprehending how the parents of



a child with whom she has been working were failing to impose the necessary boundaries for their child. Her supervisor tries to help her understand that her background as a middle-class woman could be impeding her work with this family. Emily is conflicted; she feels the supervisor 'hit the nail on the head a little bit' (L268-269), an image that is striking in conveying the impact of being exposed. She was clearly deeply affected by what her supervisor said, saying 'that's quite a shameful feeling [...] that I was judging them...' (L269-270). There is a broader context at play here which seeks to threaten her professional identity: she feels stigmatised by being 'white middle class' (L276). There is a sense of injustice for being blamed for something she cannot alter and a reluctance to reveal the strength of her inner feelings.

She contrasts the two experiences of shame in supervision. In the first she could experience anger because she viewed the other as being at fault. She sees anger as 'a self-righteous righting [...] emotion' (L423), perhaps suggesting the suppression of shame. She relates this latter experience as pertaining more to 'personal stuff' (L444); it was much more about 'a feeling of inadequacy' (L434). In such cases, she admits to self-blame as a typical response for her, which it could be speculated is anger turned inward. She cannot reject someone who is trying to teach her in an open-minded way about diversity and difference. For the trainee, it is thought that 'the dual nature of being taught and judged simultaneously creates difficulty in making the supervision safe' (Geben et al., 1994).

Emily's second story raises issues about the wider socio-cultural factors at play when shame is experienced in supervision. Emily utilises the discourse of class dynamics raised by the shame experience in order to re-position herself in relation to her supervisor:

she was...ehm...(pause) I don't know...again making massive judgements but she was, I would say higher class than me, [...] and I don't think that she would have got that, it's awkward for me to talk to her about that (L336-337).

Here she implies that her supervisor may be guilty of the same fault that she has levelled at Emily. Later Emily draws on her broader professional experiences of shame when she mentioned that

lectures about race and culture and difference have caused huge amounts of shame amongst a lot of us because of the way they are done in terms of assuming what our prejudices are and all the rest of it (L396-398)

Similar past experience seems to have led her to be more predisposed to feel shame about this issue, relating her personal feeling of shame to the wider socio-cultural context.

Emily says that if her supervisor had managed the situation differently, she would not have felt so bad, although she also says that her supervisor was right to challenge her. By adopting this balanced narrative, Emily establishes herself as someone with perspective while also pleading with her audience to consider how 'the other' might have done better. This is an attempt to save face and assuage her sense of blame and shame arising from feelings of inadequacy.

There is a fatalistic tone in having to accept that she cannot change her background and class. There is a partial resolution offered in her narrative when she says she can accept the underlying shame and still function professionally; however, she realises that shame is an uneasy presence that can be unearthed when there are reminders or incidents that again trigger these feelings. It is an unfinished narrative which she is in the process of working through.

#### **4.2.3 Mia's narrative**

Mia presents a client issue in supervision that she considers important to her understanding of the case and she feels her supervisor responded with disinterest and dismissal. Her client wrote a letter expressing sentimental feelings towards her a few sessions towards the end of therapy. She had already discussed with her supervisor ways to manage her clients' romantic feelings towards her. She felt she needed to share the letter but she is not fully aware of her motivation as to why, apart from wishing to gain an understanding of this in the context of the formulation.

The dismissive response by her supervisor produces inner conflict and she is left questioning the acceptability of her own needs and wants:

I guess I felt...ehm...ashamed that I wanted that or I needed that or that maybe I was looking for that and I guess the message I got that maybe that wasn't okay (L25-27)

She felt judged based on what she described as 'very implicit, more nonverbal cues' (L86). When asked to describe the feeling produced, she spoke of 'there is a sense of rejection [...] but also this sense of shame' (L31-32). Her use of the present tense here lends a sense of immediacy to the retelling and indicates that these feelings still linger. Goffman (1967) in his detailed theoretical analyses of interactional ritual highlights the potentially shaming nature of any social interaction. Rejection is a risk we take in our interactions and is likely experienced more intensely if we are rejected by someone we value. A sense of rejection can be 'subtle', 'perhaps only a missed beat in the rhythm of conversation' (Scheff, 1988, p.396).

Her sense of powerlessness is portrayed by the use of metaphors in describing the physical impact of her response to feeling shame, 'punched in the stomach' (L39). This image conjures up a sense of something inflicted by the 'other'. She feels a sense of disapproval as she engages in an inner monologue of self-doubt and criticism: 'I shouldn't have brought this', 'She thinks it's...sort of...stupid em...[...] perhaps it's a reflection of my inexperience' [...] 'I wonder what she thinks about this' ...and the not knowing [...] an experience that is disapproving in some way...or that I was wasting her time' (L42-44). She begins to view herself the way she thinks others would. Mia shows curiosity about her own reaction and speculates about whether the sense of judgement might have been coming from herself and not the supervisor, in other words, was she projecting her own critical self onto the supervisor. Regardless of the origin of the judgement it is important for her to acknowledge the subjective nature of her experience.

Her behaviour in response to the supervisor's disinterest was to accommodate her unsaid wishes not to discuss the letter, holding onto her sense of a shamed identity privately, wondering if her needs were 'appropriate' (L45). She interprets her submissive behaviour as a strategic means to achieve less vulnerability and thereby

distance herself somewhat from the shame. Goffman (1967) writes about the skilled, almost unconscious work we perform in everyday interaction in an effort to save face and identity claims, thereby escaping positions of shame and embarrassment. Mia comments that she noticed herself feeling 'even ashamed' (L69) to share her experience with a colleague. This indicates that she was feeling shame about shame which is likely to have intensified her experience and discouraged demonstrations of vulnerability.

Upon later reflection, she is able to reconstruct her experience, shifting some of the blame to the supervisor whom she realises was often dismissive previously. In addition, she tries to comprehend it at another level, suggesting that her supervisor was perhaps 'detaching' from her since her supervision was coming to an end. There is an implied suggestion of loss and perhaps at some level she feels that the supervisor's disinterest in reading the letter represents a withholding of the love and validation she seeks.

Her story is very much one in process. She poses a rhetorical question, 'why...why did I experience her being dismissing as so shameful' (L127) concluding that 'I guess I'm still trying to work that out' (L127-128). She spoke about alternative perspectives on her experience but still has not chosen a preferred narrative. Perhaps these interpretations can co-exist as plausible options: multiple ways of viewing a situation, changing and being revised on an ongoing basis.

The second incident she describes relates to working with a woman in an in-patient ward. She was threatening to take pills whilst Mia was escorting her to her regular therapy session, despite negotiating with this woman about not taking the pills, she did anyway and Mia called the nursing staff for help. She was met initially by a 'critical response' (L147) from a member of the team and her use of direct speech is effective in creating the critical tone experienced: 'why didn't you get help earlier?' (L147-148). Mia felt that she had been 'unprepared' for the crisis and had 'not managed well' (L150). She recognises the elements that created the shame she experienced, which were that the comment made matched what she felt: that she

had 'done something wrong' (L179). In this instance, she is clear that she is being judged by self *and* other.

Of course, this experience took place outside the supervisory space. However, she met immediately with her supervisor and felt overwhelmed by shame in re-telling the sequence of events. She felt the urge to 'curl in' on herself and 'hide' (L167), a description of her inner state of shame in terms of physical action. Contrary to her previous experience, she receives an empathic response leaving her feeling validated, thus allowing the 'shame to subside' (L161).

The need to be heard, understood and not feel blamed is at the core of her script. In response to my question about what she would have liked to have happened in the first incident, she replies:

I guess non-verbal communication, that she cared about what I was saying [...] or heard what I was bringing [...] give me the space if that's what I wanted [...] a willingness and a curiosity. (L292-297)

By praising the 'nurturing' (L251) response of one supervisor there is an implied criticism of the other, who is withholding. By positioning herself now as someone whose needs were not adequately met in supervision, she is able to lessen the sense of blame she felt. She has learned that mistakes are inevitable despite one's best intentions. She has also learned the importance of stepping outside her role as psychologist to be more flexible and also to see such experiences of shame as a 'flag' (312) to understand more about what she might need from supervision.

#### **4.2.4 Sian's narrative**

Sian relates two experiences of shame in her training, one early on and the other towards the end of training. She decides to tell the most recent experience first, in which intense shame arises when she is questioned as to whether she had tried to ascertain the full extent of the suicidality of her client. She sets the scene of the two main characters. She introduces her supervisor as a 'very nice woman' (L36-37), someone she felt she was going to have a good relationship with and she paints a picture of herself as someone who has gained confidence over the years of training and felt she knew what she was doing: 'a bit grown up (laughs) as a therapist' (L41).

She is devastated at the idea that she may have harmed another by her naivety. She vividly recreates the scenario that arose immersing herself in her retrospective portrayal of the plot, her emotional turmoil laid bare for her audience, inviting them to empathise with her plight. Her professional identity receives a serious blow and her sense of competency is crushed: 'I had lost all that, in that interaction' (L108). She feels she 'should' have known better in her final year; a word that is repeated many times in the narrative indicating high expectations for herself. She withdraws into her head, freezes, and goes speechless in the moment and she berates herself for appearing even more 'unprofessional' (L105) by crying in session. Her instinct was 'never to go back [...] I'll give it all [...] because I clearly wasn't up to it' (L629-630).

Her earlier optimism that she was going to have a warm, positive relationship with this woman was altered so that she now felt she 'had sort of destroyed something somehow' (L627-628). This experience fits with the affect theory that shame results from the interruption of a positive affect (Tomkins, 1963). In the aftermath of the incident, she feels that her position has changed. She no longer feels an equal footing, which she had done prior to the experience. She believes that her supervisor looked at her differently from then on, but is cognizant of the fact that this might be 'in [her] head' (L439) and that she may have been acting differently. Nevertheless, she is unable to escape the feeling of subservience she experiences in its wake and has 'a sinking feeling' (L391) every time she meets her afterwards. She is subsequently loath to share anything personal with her supervisor and there is a sense of loss that the development of the relationship was disrupted.

Over time there is a gradual repositioning of herself in relation to this supervisor. She repeatedly refers to her belief that she had made the right choice at the time with her client. She compares her unfavourably with another supervisor who Sian feels on a more equal footing with. At another point, she counterbalances this assertion by saying this supervisor did relate to her in a kind way concerning the incident but that 'nothing about it felt kind' (L330-331) accepting that she had 'evaluated' (L524) herself. This demonstrates her ability to stand back and assess her narrative revising and modifying it as she contemplates her own and others'

differing perspectives. This also demonstrates Gilbert's (1998) contention that interruption of positive affect alone is insufficient in causing shame; most likely shame involves the loss of positive affect associated with devaluations of the self.

Even before we meet the other supervisor in the telling of the second event, the scene has been set. She has already been referred to as 'nasty' (L87), 'awful' (L150) and 'very good at humiliating' (L9-10) her. At different points in relating the first incident, I wondered about the reasons for this, which are likely below the level of consciousness but nevertheless a strategic device in effective storytelling: this interlacing of stories is a way to help her make sense of contradictions and ambiguities in her narrative in an effort to integrate disparate elements of her experience (McAdams, 1993). The first incident Sian related is not reconciled in her mind. The tension remains, it lacks resolution, still a 'very painful, shaming moment' (L137). I wonder if perhaps she is conflicted by her ambivalent feelings in the first event spoken of and draws on the simplicity of the second one to alleviate the tension diverting attention away from a deeper more threatening psychic reality.

Another possibility is to heighten the contrast between the second story that is easier to relate because of the self-righteous anger she feels. Perhaps the answer is simpler and exists in the literal response to my invitation as to whether she would like to relate this second incident: 'I can do...I will do...actually as I think it's linked to my *whole* experience of supervision' (L153). This suggests that it will intrude into any other story concerning supervision.

The second incident Sian relates, which occurred earlier in her training, involves an experience of shame when she reveals in group supervision, that she is coming off antidepressants and receives a critical response from her supervisor. The supervisor challenges Sian, questioning whether she is fit to practice. Sian speaks of being regularly humiliated by this supervisor and this incident occurred in front of a group, which Sian feels was inappropriate. It seems that Sian again felt humiliated by her supervisor and that this transitioned into shame when it related to her more personal issues. She positions herself as a victim who is unjustly treated and she maps the supervisory relationship onto the maternal relationship to emphasise her

supervisor's failings: 'somebody who should have been the mother hen...side-stepping and using it as something to lord a bit of power over people to feel better about yourself...how awful' (L512-514). Sian has an ideal image of a supervisor as a 'mother hen' (L512), an exaggerated but potent image of a wholesome and nurturing figure. This contrasts starkly with what she views as the reality of her supervisor, who abused her power for her own satisfaction and did not put the feelings of her trainee first.

Elsewhere, Sian also uses parent-child analogy to express the negative aspect of being childlike as a trainee. She describes the process of training as 'very infantilising' (L157). There is a tension between desiring a nurturing parental 'mother hen' (L512) figure in a supervisor but feeling unduly infantilised as a trainee. She further expresses the nature of training as like a 'rollercoaster' (L485). It is a process in which you must 'cling on' (L527) and you are 'up to your neck in it' (L557-558), phrases that strongly relate a feeling of being out of control. Sian also frequently uses the idea of the 'Johari Window' (L135) in her narrative to explain her expectations of professional development where she seeks to gain insight into those aspects of herself that are out of her awareness. Her entire narrative is motivated by a desire for further enlightenment. Her search for meaning has helped her become more aware of her own high demands of herself, her self-critical tendencies and her tendency to over-react to what others consider minor events.

Sian looks to her past and to her own personal characteristics to interpret why she felt so 'devastated' (L633) by the first experience related. There is a strong pessimistic tone when she recounts her childhood experience as being bereft of emotional support, realising from an early age that she was on her own in life. Her present narrative is reminiscent of these early feelings when she expresses how she 'floundered' (L290) on her own. Sian uses a powerful image of 'bleakness' (L462) to describe the inner sense of shame that she grew accustomed to, feeling alone, unsupported and at fault.



She draws on the broader social context to explain her weakened position as a woman, how she grew up at a time where 'women were very subservient' (L616) and in an 'era of not feeling any personal power' (L618) learning to keep quiet when young, since 'girls didn't speak that sort of thing' (L624). She also describes coming from a family whose attitude was 'post-war get on with it, people don't have feelings' (L455-456). However, there is optimism in her narrative as she learns to triumph over adversity: '[I] took it on and I learned from it' (L501-502). The progression in the narrative is marked when she sees her present self as someone who is able to be a 'bit more forgiving' of herself (L450-451). She has been able to gain strength from external relationships, finding a partner who allows her to have her faults. She values her experiences as learning opportunities and is open to the fact that she might find herself in such situations again. She now feels she would be able to 'process it in a much more healthy way' (L661-662).

#### **4.2.5 Helen's narrative**

The incident in which Helen experiences shame occurs in the final year of training. She is in a new placement, feeling relaxed and excited about new learning opportunities. The confidence she has gained over the years of training receives a serious setback when she encounters what she considers a personal and professional attack from her supervisor. Her supervisor suggests that Helen may not be suited to this career based on how she managed a therapeutic session. She had experienced a 'spine-chilling [...] horrible feeling' (L29-30) with a male client and was left feeling 'powerless' (L30) and like the 'power dynamic had completely shifted' (L30-31); it felt like the client was in control of her. She feels shamed by her supervisor's response, castigating herself as a 'bad therapist' and personally flawed, 'damaged' (L48; L99). Helen may have absorbed her client's shame through a process of projective identification, unconsciously recreating a parallel process in supervision. If this is the case it is likely her supervisor was experiencing strong countertransference feelings of shame. Perhaps the supervisor failed to recognise this instead identifying with these projections. However, even if this was the case there also existed an important historical relationship in Helen's life in which she had a difficult relationship with an authority figure. This compounded the situation

in supervision as well as in the therapeutic relationship. Helen recognised this. Supervision can re-evolve difficult childhood memories that are embedded in the trainee's psyche seeking resolution, which can interrupt the supervisory relationship (Kearns & Daintry, 2000).

Her interpretation of events has altered over time. She re-defines her position in which she was shamed by reattributing blame to her supervisor, whom she views in hindsight as a perpetrator acting irresponsibly and herself as the victim of the abuse of power by an authority figure. Anger has taken over as the stronger emotion, likely assisted by taking an affirmative stance of self-righteousness regarding the situation which could be seen as a defensive measure against debilitating shame. She invokes the listener's sympathy by portraying herself as the powerless person who was preyed on by a powerful judging other. She uses effective imagery to convey her sense of powerlessness in relation to her supervisor at the time. Just as her confidence was increasing, her supervisor, as she sees it, 'cuts all that back down again' (L196-197), she feels 'slated' for her openness (L217), feeling she offered her opinion only to have her supervisor 'batter it down' (L139), 'cutting [her] down at the most vulnerable time of [her] life' (L290). The violence of her language may suggest Helen's feeling of a loss of a secure sense of self in the face of a dominant other. She describes her general experience of being put down by 'narcissistic' personalities (L423-425; L516-521; L569), those she feels lack empathy since they place their views ahead of others, feeling like 'muck on the bottom' of a shoe (L570). This is a striking metaphor to create the sense of oppression she feels when trampled on, treated as an inferior, with an implicit hope for understanding and support from her audience.

She attempts to distance herself from her supervisor by describing her own supervisory approach as the antithesis to her previous supervisor. She says that she assists her trainees, like a benign parent, to 'blossom and bloom' (L195), bringing herself to the same level as her trainees. This is in stark contrast to her supervisor's 'her way or no way' and 'non-emotional' (L420-421) approach. Helen sees the parent/child relationship as analogous to the supervisor/trainee one. Since the incident in question, Helen became a mother and she views this as a turning point

in her life and work. Reflecting on the incident, she positions herself as a child in her interaction with her previous supervisor where she felt 'mistreated' (L276) and not 'nurtured' (L281) considering this an 'irresponsible' approach (L283).

In addition to the parent/child analogies, Helen expresses her feelings over the emergence of shame in this incident in gendered terms. She describes her supervisor as 'quite masculine though [...] in her attitude and [...] presence' (L241-242). She compares the 'masculine' attitude of her previous supervisor with later supervisors that she has had. She describes these later supervisors as less threatening and in her view more feminine:

They seemed like they were petite females, very petite, closed and I get the impression from them that they were quite anxious [...] so I didn't feel anxious with them (laughing nervously) [...] so I didn't...yeah it didn't really affect the subsequent superv...(tails off) Obviously I was wary, thinking I wonder what these people are going to be like [...] but then just meeting them, their body language was very [...] petite female 'I'm going to close myself off to you', they were quite quiet with me, that didn't scare me (L209-215)

Helen repeatedly describes herself as a 'young blonde female trainee' (L564) and as 'blocked off' (L174), aligning herself with these supervisors who are more nurturing and, as she frequently stresses, 'petite', depicting physical smallness as closely related to anxiety, vulnerability and a non-threatening personality. Young, blonde, female, weak and vulnerable are qualities pitted against narcissistic, powerful and masculine qualities. It is likely that the repetitive use of the word narcissism or narcissistic indicates her preoccupation with this trait. Despite her more positive response to the nurturing, more feminine supervisors, Helen also frequently feels stigmatised by others in her profession who see her as young and inexperienced despite her being in a senior position now. She speaks of herself as the victim of prejudice, further emphasising the lack of power she experiences specifically related to her feminine identity.

Helen often portrays her femininity as standing in contrast to threatening, masculine behaviour in both her personal and professional life. Helen describes her father as a highly significant character in her own development. He was a dominant

individual and, as she sees it, he is the key to her difficult relationship with dominant men. Helen relates feeling 'ashamed' (L297) of her childhood relationship with her father who was 'quite dominating' (L75) and she relates this to her experience with her client with whom she felt there was a 'shifting power dynamic' (L74-75). Even though Helen felt she was putting her 'heart on the line' (L308) to her supervisor, she felt this loss of power in the face of a dominant other, as she had with her father and her client, once again with her supervisor: 'I couldn't say that to her [...] I couldn't say "I feel like this with you as well"' (L303-304). Her supervisor is figured as 'masculine' (L241), or at one point as a 'powerful woman' (L334) who contrasts sharply with Helen's lack of power.

Helen uses direct speech to summarise what she feels people who criticise her are thinking: 'what do you know, you're young, you're female, you're blonde' (L563). Rather than emphasising that she is a *trainee*, Helen emphasises her youth, gender and appearance as the sources of others' judgement in her professional life. She uses self-affirmations as a 'defence' (L581) to reassure herself and attempt to regain power in her professional life. For instance, when she feels 'like this worthless young...young...feeble person' (again emphasising her youth and specifically *female* feebleness), she reassures herself: 'No I'm not, I'm a professional person, I've got nearly ten years [...] of postqualification experience' (L573-574). There is a progressive nature to Helen's narrative in that she now feels more empowered compared to her younger self who was helpless and insecure. She has gained strength from her achievements and motherhood and has not allowed prejudice to hold her back from rising in her profession. She seems to view motherhood, in particular, as a formative experience that allows her to see the benefits of femininity in her profession. Motherhood seems to have affirmed her endorsement of nurturing, supportive approaches in the professional sphere, allowing Helen to view what she sees as feminine behaviours as positive rather than weak. There does remain an underlying tension: she seems to be under threat of regressing under certain circumstances and therefore it is a tenuous progressive narrative, not completely secure, not finalised. It could be speculated that her drive for personal achievement is a defensive response. Personal achievement is thought

by some to be a reaction formation to shame, providing rich terrain for concealing shame (Graff, 2008). There is an implicit recognition of the difficulties of ever escaping the past and she still perceives herself internally as that small, weak, vulnerable girl underneath the veneer of professionalism. There is, as yet, no definite narrative that can override the underlying emotional vulnerability.

#### **4.2.6 Adele's narrative**

Adele's story begins by relating an intensely shameful experience in supervision when she is required to make a phone call to another professional in a senior position, whilst being observed by her supervisor. This command was sudden and unexpected and resulted from her prior avoidance of completing this task despite being requested by her supervisor to do so.

She describes her supervisor as 'like a silent authority' (L14), someone to be admired and feared. Adele felt 'out of [her] depth' (L21) in a new setting dealing with complex clients and pressured to perform according to the expectations of her supervisor. She describes the experience as:

the scariest moment it felt and of course I was then watching myself, how I was speaking to this person, how inept I felt [...] and was [...] and it was just absolutely horrendous and I don't know how I got through it (L53-56)

Adele locates herself outside herself, 'watching' (L54) and monitoring her behaviour as if from the outside, implying her strong sense of self-exposure and her keen awareness and fear of how the other is perceiving her during the experience. Adele graphically portrays the incident, using effective language to convey her distress leaving the listener in no doubt as to the disabling nature of shame. For instance, she repeats the phrase 'absolutely horrendous' (L57-58), demonstrating her heightened response in the situation and she uses the simile 'like you're on fire' (L70) to convey the burning nature of shame, followed by the simile 'it was just like ehm, someone had switched the light on a hundred times higher' (L74-75). The latter simile evokes the sense of exposure of the inner self and lends an immediacy to the re-telling that places us at the scene, evoking empathy for her predicament. She uses adjectives to show the strength of will necessary to survive the event, for

example, 'forcing and pushing myself through it' (L68). Later in the narrative she speaks of it as a 'like a trauma memory' (L218-219), once more emphasising how powerful it was.

Adele relates a different incident in which she experienced shame in a supervisory relationship that involved less trust and openness than the first incident. She postulates that it was easier to be angry in this second scenario because she could characterise the supervisor as a 'bully' (L340) and so her anger pushed the shame away. She contrasts this with the first incident in which she had been open and trusting with her supervisor, leaving her in a weaker position in which the supervisor could hurt her 'at that deep level' (L342).

Over time she has engaged in a process of reflection and narrative editing (Holstein & Gubrium, 2000) which modified and revised her story of the first shame incident. She has been able to step outside her narrative, metaphorically speaking, and perform her own narrative analysis. She has replaced her narrative of self-blame with a preferred narrative in which the sense of blame is shifted towards her supervisor: 'I now think it's not just me (Mary: Right), there is something about her as well' (L97-98). At one point, she describes this supervisor as 'not quite human' (L104). Devaluing her former supervisor assists in Adele's reconstruction of her preferred narrative. She draws a comparison between her present supervisor and this formidable earlier presence; both she values and respects highly but she notes how the latest supervisor can be both warm and challenging without seeming an authoritative, scary figure. By redefining her position in the relationship, she reaffirms her experience and her innocent role in it. She now sees that her vulnerabilities were, to an extent, exploited.

Beyond the personality of her previous supervisor, Adele also views the power imbalance between supervisor and trainee as an important aspect of the emergence of shame in this incident, although in her view, this was less to do with the formal evaluation and more to do with the insecurity of herself as trainee in terms of knowledge and experience required to operate professionally – the fear of being revealed as inadequate in some way:

I was just waiting to be shown up or to, you know...I was probably just waiting to mess up (Mary: Right) or to be proved to be completely incapable [...] you think you haven't really got what it takes [...] I was sometimes trying to cover it up as well (L500-513)

When I asked why she thought her experience was so intense, Adele draws on her past and the shame arising from being exposed by her siblings to repeated humiliations which she infers has left her 'more easily triggered' (L307-308) to experiencing shame. Retzinger (1991) argues that shame frequently occurs in family systems when there is little communication between family members of uncomfortable emotions. Adele's experiences of humiliation may have transitioned into shame as she appropriated the negative evaluations of others at some level. If our consistent experience in relationship has created a weakened sense of self the experience of shame is more painful (Kearns & Daintry, 2000). She also speaks of her tendency to overlook others' negative actions to 'protect' them, which she believes she learned as a child taking on responsibility for others' negative behaviours as a coping strategy. She links this past learned behaviour to the way she feels she 'protected' (L278) the supervisor in her mind. I wonder if this idealisation is a defence against possible aggression towards others. In a social sense this can be conceptualised as a form of appeasement to protect social bonds.

Adele also draws on the broader cultural context, identifying a 'cultural clash' in terms of perfectionistic standards:

we always have to do everything 100% and 3 times as much before we really think we've really done it (L542-543)

She attributes her high expectations of herself as resulting from a desire to prevent others 'pick fault' and therefore a coping mechanism to 'avoid the experience of shame' (L309; L311). She is comfortable with her own 'evaluation criteria', asserting that 'I don't want anything less [...] especially in this kind of job' (L538; L538-539). She accepts that not everyone is like her in this respect, thus establishing her individuality. This gives us insight into her shame experience as she says that her supervisor's expectations did not accord with her own 'self-concept' (L522), even though she felt her supervisor's expectations were too high, we can speculate that her own were even higher and consequently there was a big gap between her ideal

self and her actual self at that point, one that she was later able to rectify by gaining the necessary 'competencies' (L523).

Adele can now consider the possibility that her supervisor was likely unaware of her distress and was merely motivated by her desire to help her achieve more confidence. Since empathy is considered lacking in those experiencing shame (e.g. Nathanson, 1992), this consideration of the perspective of the other is a significant development in her understanding. Nevertheless, she is adamant that 'that level of shame [...] is simply not conducive to learning' (L243). She reconstructs hypothetically how the situation might have been handled to lessen the intensity of shame by adopting a more collaborative, nurturing approach. This narrative device gives her personal agency as this counterview establishes a stronger identity for her and re-positions her in relation to her supervisor as someone who is more reassuring and thoughtful. At all stages of the narrative she tries to ensure that she offers a balanced view rather than an extreme perspective. This gives us an idea of her as a reasonable person who is thoughtful and reflective. She has progressed in the fact that she is now more confident as a practitioner and as a reflective supervisor. There is a sense of resilience at the core of her narrative. She realises that her experiences growing up are still unresolved, still a 'point of vulnerability' (L42) and that she 'could probably do with some more work on that' (L420) but also an implicit idea that these former experiences are maybe too powerful to fully resolve.

#### **4.2.7 Reflections on my reaction to participants' accounts**

As participants relived their experiences, the interviews became highly charged emotionally. There was frequently a strong sense of shame in the room which created a palpable tension throughout the sustained process of meaning making. As they related their experiences of shame, I found that a parallel process of the relational dynamics from their narratives was often recreated in the interview room. In my mind, I often found myself taking sides, oscillating between empathiser and judge as I absorbed the powerful projections. Sometimes I felt aligned with the supervisor whose voice was only present from the perspective of the participant. In



this sense, perhaps I was compensating for the lack of empathy demonstrated towards supervisors in some of the stories. Other times I felt aligned with the participants' suffering, wishing to release them from their anguish by reassuring them they were not at fault. Qualitative research can produce therapeutic 'consequences' (Stuhlmiller, 2001) but it was vital for me to not treat this as a therapeutic interaction. Nevertheless, this remained an ongoing tension and demanded a lot of restraint when participants were struggling with intense conflicting emotions and thoughts. I sometimes felt a sense of powerlessness and inadequacy in my role as researcher which mirrored the shame experiences that participants were speaking of.

### **4.3 Analysis B**

My analysis of the individual narratives allowed three major themes to emerge: unwanted identities, power dynamics and narcissistic vulnerabilities. These intertwined issues arose across all narratives and the following discussion will examine the significance of the themes for our understanding of shame in supervision.

#### **4.3.1 Unwanted identities: The role of self and other**

Shame did not arise autonomously; it emerged in interaction with another, the supervisor. It was in response to perceived or actual negative criticism from the supervisor concerning their behaviour or aspects of the self. A vivid example of the sudden exposure of one's flaws in front of somebody important occurs in Adele's narrative, in which she says:

Yeah (nervous smiling and laughing), my [...] head, my face, it was just like ehm, someone had switched the light on a hundred times higher than you could possibly ever switch the light on and everything that was bad [...] or at fault about me was there on show [...] to the person who mattered...my supervisor [...] Yeah...it's like kind of someone looks into your worst...part or something [...] or into completely this exposure, exposing [...] your at-

faultness [...] that is how I felt [...] (laughing) really I'm laughing now which is kind of avoiding probably the pain in the memory of it... (L74-81)

Adele experienced a feeling of extreme exposure with her own flaws centralised under the gaze of the supervisor, something which she acknowledges still causes pain. Interestingly, in most cases the participants did not feel that they had done wrong prior to the incident related. It was clear that it wasn't their behaviour per se that was key to the creation of shame. Rather, it was the way in which they experienced the supervisor's perception of their behaviour that was crucial. This fits with Sabini and Silver's (1997) views on shame. Some of the trainees questioned the origin of the sense of judgement they experienced. There existed some lack of clarity as to whether this arose from within themselves or from the supervisor. Mia reflected on the situation:

I experienced it as her judging me...ehm...but it was very implicit, more non-verbal cues [...] so...ehm...I guess one wonders if it's...if it's just...if it is true judgement or disapproving signs that I was picking up from her or if it was also how I was feeling about the situation (L86-88)

This provokes the question of whether there was a more general sense of an internalised critical other in operation, referred to as 'a consciousness of exposure to the censoring gaze of another' (Sánchez 2015, p.187).

In my narrative study, there seemed to be a fear concerning the self being seen as undesirable in some respect by their supervisors. For shame to occur all participants perceived that their supervisor was ascribing to them a characteristic that they did not wish to be seen to have. These unwanted identities pertained to an unwanted professional identity as a trainee or to a personal identity (sexuality, social background or appearance) that could be viewed as having the potential to impinge on their professional identity. For example, many participants experienced the unwanted identity of an incompetent professional:

Helen: I was actually criticising my therapeutic ability' (L164-165)

Adele: I felt everyone can see and hear [...] how awkward I feel, how incompetent I am, how inept ehm, and they can see how much I suffer (L56-57)

John: I questioned my own, ehm, competence as well (L20)

Sian: I had already I suppose [...] in the supervision session, showed myself to be unprofessional [...] that incompetence [...] I had lost it all in that...in that interaction (L104-108)

Once they entertained the negative view of the other, whether real or implicit, shame emerged. Somehow, the supervisor's view, as it appeared to the trainee, infiltrated their own perspective. It replaced their own belief about their behaviour, at least for a period, resulting in self-criticism and a sense of helplessness:

Helen: I felt completely helpless and awful and it's my fault (L59)

Mia: that sense of not doing the right thing [...] sort of doubting [...] my competency...my needs in supervision [...] and if they are appropriate (L64-65)

Shame that resulted from comments related to personal identity expanded to more generalised fear of stigmatised identities arising from the broader social context. This created a sense of vulnerability and powerlessness that was very much related to the possible impact on their emerging professional identity.

John's narrative highlighted this tension between personal and professional identities when he questioned whether his supervisor might judge him based on a prevailing narrative of homosexuality as being pathological in certain psychological spheres:

I wonder if he's judging me as being pathological, if I was to make a disclosure [...] would he judge me as being pathological or having [...] a pathological character structure then it could lead him to deem me unsuitable or unable [...] to act within my role (L266-269)

Sharing John's cultural background, I would speculate that is likely that John may have encountered repeated experiences of stigma growing up in a religious and social culture that may have been unaccepting of his sexuality and he is therefore more likely to be sensitive to perceived or actual criticism of issues related to his sexual identity. If one conceptualises shame as a social phenomenon, this is likely to leave him vulnerable to experiences of shame. My speculation here is rooted in my own experience of a similar socio-cultural background and first-hand experience of the typical attitudes which John may have encountered. However, my speculation needs to be tempered by the fact that I am more likely to make such assumptions

due to my own experience. It is also important to note that I grew up in an earlier era than John, when attitudes to homosexuality were less tolerant, which may incline me to make this speculation.

John's stigmatised identity increased his feelings of vulnerability in the professional context but his outrage at injustice over the judgement of a personal identity demonstrated a level of resistance to shame: 'I'm not just going to sit back and agree with what my supervisor is saying [...] and it's offensive to me to some extent' (L187-189). In general, when the shame experience pertained to personal identity, participants were more likely to speak of resistance, refusing to endorse the other's view, with a strong desire to distance themselves from an unwanted identity. Like John, Emily felt ashamed when her supervisor suggested that she may be hindered in her understanding of her client's perspective because of her background:

I think it's probably a learning point, [...] ehm, something about how I must come across as a person, white middle class, to clients and that she had made that judgement about me on no information whatsoever [...] so I think that was...I don't know, I don't know if shame was quite right, maybe it is...more...I don't (sighs) know, being ashamed for who I am and the background I have [...] and, and does that mean that I can't possibly understand somebody else's problems and that is the core of what we do, so then you are left thinking 'should I be in the job', you know...kind of...those questions. (L275-281)

Emily experienced feelings of inadequacy leading to her questioning her suitability for her professional role. There is a broader context at play here which seeks to threaten her professional identity: she feels stigmatised because of her social background. Emily exhibits a sense of injustice about being blamed for something she cannot alter and a reluctance to reveal the strength of her inner feelings to her supervisor. In a similar way to John's narrative, Emily's revealed her sense of resistance when it pertained to her personal identity. As trainees, the participants' professional identities were in flux, whereas their personal identities were more fully-formed. This offers an explanation for the higher resistance to shame regarding personal identities. However, the shame remained present as both John and Emily felt that these stigmatised personal identities could impinge on their professional identities. When shame was understood in the broader social and

cultural practices, their sense of self was undermined and they were left feeling more susceptible to shame. This experience was likely more intense due to the lack of individual control in changing who one is. As Emily states 'you can't help where you come from' (L394).

#### **4.3.2 Powerlessness: 'naturally in a position of lower authority'**

The trainee-supervisory relationship played a crucial part in the experience of shame and was intimately related to power dynamics. Even though being formally evaluated was considered important, it did not seem to be the most crucial element in creating shame, it merely intensified the experience. As Adele said:

even if they had not needed to evaluate me I would have still have felt like that (laughing) [...] because they were the supervisor [...] and I was the trainee. (L146-148)

Helen often refers to the power dynamic between trainee and supervisor in her narrative: 'I was naturally in a position of lower authority [...] less confident in myself' (L141-142); 'Undermined by this powerful woman' (L334). John felt that his supervisor's authoritative position exacerbated the shame in his experience:

I think that him being in that power position of being manager, above me, making these claims, making these interpretations probably made the experience, emotional experiences I was having the response that was coming, much more acute [...] ehm much stronger (L271-273)

By its very nature, a power differential exists as part of such a relationship. The trainee is automatically in a weaker position to a more powerful other, both in terms of professional position and having greater knowledge and skills. It is not surprising that shame might result in such a dynamic if shame experiences are understood as arising from a sense of an inferior position to a critical, powerful other (Gilbert et al., 1994; Lewis, 1971).

This relationship contrasts with the relationship trainees have with peers, in which there is not such a disparity in power. John compared peer supervision to the supervisory-trainee one saying the former is on a more 'equal playing field' (L342), where trainees are feeling 'similarly incompetent' (L366), a space he felt he could be more himself using aspects of his personality such as wit to allay difficult

feelings. He sees the environment of his peers as more 'social' (L408), having more 'rapport' (L396) and feels that it is more likely you will receive the reassurance and comfort you need to lessen feelings of shame even though the word shame would not be used in such communication. Discussion with peers seems to be helpful to trainees but it also reinforces the dichotomy between 'powerless' trainees and 'powerful' supervisors. Dealing with the aftermath of shame exclusively through discussion with peers is an indirect way of addressing the shame and therefore seems to have little effect on re-establishing the shamed trainee's sense of actual power and control over their situation. The trainee cannot regain a sense of personal power in the 'social' environment of peers, because this is not where they lost their power. Discussion with peers helps to *discharge* feelings of shame but not to *address* them in the context in which they emerged. It can reinforce an idea of trainees as 'similarly incompetent'. It has little effect on the improvement of the supervisory relationship, perhaps even doing further damage to this relationship by having a polarising effect.

The inadequacy of addressing shame outside of the supervisory space thus points towards the importance of the supervisor recognising the presence of shame in that space. Trainees tend to put supervisors on a pedestal of 'competency'. Perhaps demystifying supervisors would be helpful in this regard. Encouraging trainees to view supervisors not so much bastions of competency but as simply professionals at a later career stage would help to break down this enormous disparity between 'peer' and 'supervisor' ('us' and 'them'). Perhaps this could be achieved through supervisors sharing stories of their own uncertainties and missteps during supervision.

Trainees have a tendency to equate competence with power. When they are perceived to be performing well in their training, they gain confidence as well as a sense that they are 'equalising' with their supervisor. Upon receiving a set-back (the experience that causes shame), the trainees' new-found confidence was put in jeopardy and they experienced a sense of powerlessness. They questioned their abilities and perceived a weakening of their position in relation to the supervisor. Sian gave an example of this:

I had felt the relationship had been quite...the power in the relationship perhaps had been a bit more level and that perhaps...ehm...I was a bit more capable than I was, or so [...] I suppose my confidence really took a knock (L77-80)

It was clear that the experience had a greater impact when it occurred in the context of a valued relationship with a supervisor who they liked and respected. This was mostly to do with the fact that the trainee felt able to be more open and vulnerable with the other and therefore caring more about obtaining the good opinion of this person. A good example of this is narrated by Adele:

'it was more open, I was more open...with this person...'cos she was so [...] understanding... I was probably more vulnerable [...] to being hurt by her [...] or shamed by her [...] you know if you are more open someone can do more damage [...] be able to hurt me at that deep level [...] at her mercy' (L186-195)

She stresses the importance of how different it is to be shamed by 'someone you want to please [...] whose good opinion you feel you depend on' (L324-325). This she claims gave her supervisor her power: 'I felt that [...] she was in a very powerful position' (L326-327). She contrasts this with her experience with another supervisor who had 'the power of [...] the bully' (L340) which was 'annoying' (L341) and produced some shame but not of the intense nature that occurred with this other woman who 'has access to your inside' (L341) and therefore more power to inflict shame.

It is important to respect and value a supervisor's opinions, since the supervisor acts as a role model for professional conduct. An openness and respect for the supervisor's opinion is important if the trainee is to learn effectively. It is necessary to accept the limitations of our knowledge as trainees, and acknowledge the need for help from others with more experience and wisdom. However, the vulnerability that this openness and respect for the supervisor's opinions creates gives the supervisor the capacity to inflict greater shame upon the trainee. Consequently it is important for supervisors to be aware of the increased capacity they have to create shame in such a dynamic.

The only cases brought up in the transcripts in which the supervisors were able to alleviate the trainee's shame were exceptions to the general rule (i.e. a supervisor causing the trainee shame). Mia felt shamed by another member of staff at her placement and brought this issue to her supervisor. She describes being met with a 'collaborative response' (282) that was 'nurturing' (L251) and 'compassionate' (256), which made her feel like her supervisor 'wasn't higher level holding all the knowledge [...] we were equals' (L268-269). Mia seems to have been able to receive this empathic response because the supervisor was supporting her in managing the shame from an external incident and not one created within the supervisory space. Adele spoke of two different supervisors, one who supervised her during training and the other who supervised her when she was qualified. The supervisor during Adele's training was 'always from above' (L365-366) whereas the later supervisor conveyed 'a sense of peerness' (L347-348) and came down to her 'level' (L346). However, it is notable that Adele's 'level' at this point was as a qualified counselling psychologist. Although she describes both supervisors as challenging in their approach and says she has felt shame in both relationships, she feels that she was contained and less fearful with the later supervisor as opposed to the supervisor from her days as a trainee. The only examples from my research in which participants spoke of *not* feeling a great disparity in power were in the cases when they were either not a trainee or the supervisor was not the cause of their shame. This reinforces the idea that the trainee-supervisor relationship is a breeding ground for shame due to the nature of the trainee's position as significantly less powerful in the relationship.

Although the power dynamic in the relationship between supervisor and trainee contributed to the participants' shame, the experience of shame itself created further feelings of powerlessness. This often manifested in a physical way: they felt disabled and under attack. In all the narratives' the participants spoke of being taken unawares and flooded with emotion. Mia described feeling as if she had been 'punched in the stomach' (L39), likening her experience to being physically overcome, while Emily described it as that 'that horrible [...] shrivelling...I've done something wrong feeling' (L29). With the evocative word 'shrivelling', she equates



physical shrinking with her shrinking sense of power. Sian referred to the 'crushing sort of shame' (L375-376) she experienced, emphasising the feeling of being overwhelmed and utterly powerless. The burning nature of shame widely spoken of in the literature was often evident. Helen said 'I got bright red [...] and burning' (L151). Her feeling of being physically exposed for her weakness by blushing, alongside the image of the physical incapacitation of burning, imply a state of vulnerability and powerlessness. These feelings of exposure and weakness made participants want to conceal themselves in some way. Mia said 'I literally remember at the time that I wanted to curl in on myself, (laughs) like hide, I guess' (L167) and Sian said 'I could have put my head on the table and stayed for a week. It was awful' (L524-525). To counteract shame at the time of experiencing it is almost impossible, due to the overwhelming nature of the feeling. The trainee is *disempowered* in a very real sense by the immediate experience of shame, unable to offset the effects and therefore unable to do anything to facilitate change.

A trainee's initial position as less powerful than the supervisor is reinforced and multiplied after the emergence of shame. Following on from the disabling nature of the immediate experience of shame, many participants responded to shame with submissive behaviours:

Mia: I backed off [...] I sort of backtracked a bit (L510)

Emily: I didn't address it, didn't face it (L41-42)

Sian: I suppose I did think that she was looking at me differently[...] maybe you react differently [...] I felt subservient [...] in the relationship [...] (L601-604)

Submissive behaviour is often considered central to the expression of a shamed identity (Gilbert et al., 1994; Gilbert 1997). This reaction was not surprising, considering that expressions of anger or assertiveness are curtailed when there is a power imbalance (Gilbert & Maguire, 1998). Consequently, their responses can be viewed as a reflection of their perceived power *relative* to their supervisor. Trainees do not want to jeopardise their evolving identity. It is thought that the usual response to intrusion into one's privacy, when one fears that they may have exposed personal characteristics that may portray more about the self than is

desired, is to recoil as a way to re-establish a more comfortable interpersonal space free from the threat of further exposure and rejection (Hahn, 2001). In this way, their responses make sense from an adaptive viewpoint where shame alerted them to their vulnerability in an interpersonal setting. Retreating into a submissive role can be viewed as a safety measure, whilst adaptive in the moment, could potentially have far-reaching consequences for the trainee, as the relationship with the supervisor becomes fractured. Shame is relegated to an underground place where it is likely to fester, creating anxiety and possible unknown effects on client work and on student wellbeing.

Without exception, after the event in which the person felt shamed or ashamed during supervision, the relationship with the supervisor was jeopardised and did not return to the position achieved prior to the incident. I wonder how difficult it might be to regain a sense of power in the relationship once one feels lowered in the eyes of the other, particularly when that other has the freedom to make choices that could change your life. Sian said that she had 'lost [her] sense of level playing field' (L600) with her supervisor, experiencing 'a sinking feeling' (L391) every time she saw her. They all expressed feeling wary in the relationship, placing themselves in a less vulnerable position by being less personal. After the incidents, participants did not feel free to reveal themselves or their insecurities anymore:

Sian: I would be more professional with her or perhaps I wouldn't tell her stuff [...] because I didn't want to go through that again' (L131-132).

Helen: the subsequent supervisions were very cold and to the point and over very quickly...it didn't feel like I could open up anymore (L170-171)

Non-disclosure is frequently linked with shame in the literature but it is important to note that in this study trainees were willing to be open *before* they experienced shame in supervision despite the obvious risks involved. They only closed down as a protective measure *after* their experiences.

Trainees may not be able to identify shame as they experience it. There are many conflicting feelings (fear, anger, judgement, confusion, desire to hide). Shame tends to be perceived in retrospect, through reflection. Perhaps we need shame to be a more readily-available category of experience in the consciousness but also in the

*vocabulary* of trainees and supervisors. Recognising, acknowledging and accepting shame is more important than a vain attempt to 'get rid' of shame from supervision. We must recognise that it is inevitable, seemingly occurring as an involuntary response. If knowledge is power, then I might speculate that the more understanding that trainees have of shame, the more they will be able to gain a sense of control over their responses to the experience. Although there is an inherent sense of powerlessness in being in training, it is important that shame does not overwhelm trainees to the extent that they feel entirely undermined and helpless. This will help trainees retain a sense of optimism over their future and their developing abilities.

It cannot be ignored that there also exists a power differential in the researcher-participant relationship. Whilst conducting the interviews I was very cognisant of the need for ensuring respect for and well-being of my participants. This open empathic approach assisted in creating a sense of trust and openness. Nevertheless, it is likely due to their 'inferior' position in relation to me that they may have felt more vulnerable and this may have constrained what they revealed. Additionally, I was a professional in training and it is likely that they might have had ambivalent feelings about this. They may have hoped for and expected an empathetic listener because of the nature of the work we do. But also since the participants were also professionals they might have been anxious to portray a certain image to me and their potential audience, their readers. I wonder if they might have been reluctant to express stronger emotions and controversial opinions in case it reflected badly on them as professionals. I may have invoked difficult feelings in them because of my position and the possibility of re-igniting the flame of shame in the re-telling. Indeed, John vocalised his concern: 'even bringing it up to this interview made me feel 'Oh do I want to talk about this or [...] or maybe even fearing judgement from this space' (L129-130). This dynamic may have impacted the processes of interviewing and analysis. At times, it inhibited me from asking more probing questions about their experiences during interviews, since I was very concerned about not exacerbating their feelings of shame. During analysis, I often felt protective of their stories and anxious to present them in a favourable light. I

frequently considered whether the interpretations I was making would create shame for them if they read them. This may have resulted in my aligning myself with the participants in the analysis at times.

In this study, over time and through a process of re-appraising the situation, several trainees re-positioned themselves in relation to their supervisors. The anger that they had initially turned inward in the form of self-criticism eventually led to outward expressions of anger. Anger replaced shame and they developed a sense of righteous indignation and sometimes subtly or explicitly devaluing their supervisors:

Adele: I think now, with, with many years [...] and having seen other people who have had similar feelings about her [...] I now think it's not just me [...] there is something about her as well [...] all the therapists and the clients were scared of her [...] because of this authority [...] but I think there is, something where she is not quite human (L96-104)

Helen: as a supervisor now [...] now I've come to that stage in my life [...] I realise how inappropriate she was, before I was blaming myself [...] now I'm blaming her [...] I've shifted that and yes I admit it's always a two-way process [...] when there is a relationship dynamic going on but I'm putting more responsibility on her [...] because she was the responsible person in that supervisory relationship [...] and I wouldn't dream of doing that to my students...I think that's why I'm a bit more angry now because I'm protective of my students (L262-270)

Theorists have long recognised that shame often fuels anger. Lewis (1992) spoke about how outwardly-directed anger redirects attention from the self onto another target. Power and agency can be reclaimed by outward expressions of anger which can alleviate the sense of helplessness and passivity that shame induces (Miller, 1985). It can defend against feelings of helplessness that can flood awareness when previously hidden parts of the self that are viewed as 'faulty' are exposed (Kearns & Daintry, 2000). Kitayama, Markus and Matsumoto (1995) provide a possible explanation for the link between shame and defensive reactions. They maintain that in individualistic cultures where the independent self is valued, exhibiting shame can be interpreted as a sign of weakness. In this sense, defending against shame with anger makes sense. This can be seen as an adaptive strategy as defences can alleviate psychic pain and restore psychic equilibrium and self-esteem.

However, if defences are used habitually and inflexibly they can prevent us from gaining insight into what troubles us stopping us from developing an understanding with both our internal and external reality (Lemma, 2003).

Even though the participants seemed to regain a sense of power in relation to the other this did not seem to allow them to relinquish the lingering effects of shame (unresolved shame) as it was evident they all struggled with shame being re-ignited in the retelling. This was evidenced by speech disruption such as hesitations, stammering, speech 'static' (like 'umm', 'well' 'I guess' etc.), long pauses, lowered or averted gaze, disparity between what was being said and such expressions as smiling and laughing, sometimes a drop in volume resulting in inaudibility. John spoke of his difficulty articulating his experiences while Sian spoke of varying levels of shame being experienced throughout the interview admitting that it was most intense when speaking of difficult childhood experiences. Lewis (1971) classified these changes in a person's manner as shame markers. Indeed, in all interviews I myself experienced, to varying degrees, countertransference responses (anxiety, facial burning, desire to relieve and reassure, thought disruption, desire to run away, feeling small and insignificant, anger), which at times created a sense of confusion impacting on my ability to follow their narratives or to pose coherent questions.

Hochschild (1983) maintains that emotions act as 'signal functions' alerting us to our inner world assisting us in interpreting and understanding experience. Interestingly Mia refers to her experience of shame as being a 'flag' (L312) to understanding what she needs from supervision. Like any emotion, it needs to be experienced instead of avoided if one is to escape the fear of re-experiencing it at future times of vulnerability. Perhaps the power of shame comes from being hidden away. As Talbot (1995) says: 'Unexplored shame begets passivity and hiding' and needs 'active uncovering' or 'unearthing' to 'yield fruit' (p.339).

#### **4.3.3 Narcissistic vulnerabilities: Professional and personal**

The theme of vulnerability arises consistently throughout all the narratives and it is inextricably linked to the theme of power. Part of the vulnerability is related to

needing to be open, exposing their errors and inadequacies whilst being observed and evaluated. The overall rigours of the course were drawn on to give an idea of the vulnerability of the trainee. Sian said: 'everywhere you looked you were being evaluated [...] that would definitely have added to what happened [...] shame was probably what was acting out the most' (L519-520). As trainees they were feeling insecure and lacking in competence whilst expected to act professionally. Helen said 'as a trainee [...] I was feeling very vulnerable (L32-33). Sian used a powerful metaphor to illustrate the vulnerability of needing to be open in supervision: 'in order to have a supervision I feel like I have to lay myself bare and always be open to being stabbed with a knife' (L146-147). Helen expressed how openness can leave one exposed to negative judgement: 'I felt criticised [...] for being so open cause some people think if you are so open, you have so many problems you shouldn't be here' (L97-98).

The fact that the participants were enacting a role that they were unprepared for was likely to leave them more vulnerable to shame as they were waiting to be exposed as lacking or unsuited to this role. Reflecting this, Adele said:

I was just waiting to be shown up or to, you know...I was probably just waiting to mess up [...] or to be proved to be completely incapable [...] you think you haven't really got what it takes [...] so you are always worried that something will show you up [...] I had already felt that I was actually out of my depth [...] it was actually a huge jump for me [...] maybe I was sometimes trying to cover it up as well [...] so that wouldn't worry my supervisor (L500-514)

Kearns and Daintry (2000) speak about the 'regressive pull' in the supervisory relationship which they conceptualise as 'the misfit of the internalised experience of feeling small and incompetent with an introjected belief that supervision is about behaving only as a "grown up"' (p. 30).

As can be imagined, trying to appear professional, with all the inherent ambiguities that implies, is an unenviable challenge. The desire to appear resilient was paramount to maintaining their sense of professional identity. Helen said that she thought you 'had to be quite strong [...] and withstand supervision [...] I'm obviously not strong enough' (L162-166). John said: 'I probably just don't want to come across

as weak. I probably, I want to be seen as resilient' (L327-328). Emily, felt that if she had been 'a bit thicker skinned' (L373) she might not have 'experienced shame so readily' (L374). She maintained that she needed to 'toughen up' (L377). John says he probably would not have been so affected if he had more of an 'I don't care what people think of me attitude' (L282). Perhaps it wasn't the shame per se that was the problem but the thought that they had to hold this feeling inside without resolution. The option existed to inform their supervisors that they were feeling incompetent or inadequate but this is a lot to ask when a trainee is trying to impress and attempting to avoid mistakes; they may feel condemned if they reveal such inadequacies (Hahn, 2001). Conflicting impulses existed, creating ambivalence. If they reveal, they may be judged, but also possibly relieved. If they conceal, they experience intensified emotion but a sense of relief that they are safer.

Some participants (Adele, Emily, Helen) believed that their supervisors were likely not even aware of their distressing predicament:

Emily: I don't think I could have said to her how bad it made me feel [...] She would be surprised to know I'm still talking about it now (L297-299)

Adele: Maybe she had no idea what was going on for me (231)

Some struggled to contain their emotions in an effort to appear resilient and professional. Some participants bemoaned the fact that they were less contained than they would have liked:

Mia: I was quite stressed that... I didn't have as much control as I would have liked, normally over my emotional response in this situation (L285-287).

Helen: This is my fault. Look, I'm getting anxious, I can't even handle a [...] supervision session [...] I'm turning into a right wreck [...] I thought that was wrong to...to be distressed (L158-160)

This implied a fear of appearing overly sensitive to the role. The desire to appear in control seems to have hindered the participants from expressing their inner turmoil as it might indicate weakness and result in a possible judgement of being seen as not equipped to fit the role they were training for. In some situations, it is argued that a person may wish to hide 'pangs of shame' as a display of shame might signal

to the other that one 'sees oneself as in the wrong, in inferior position, fearful, or emotionally disturbed' (Gilbert, 1998, p.23). This situation in which their evolving professional self is at stake is likely to produce such concerns. In this sense, attempts to conceal shame may be understood as a way to save face and protect the identity that one is striving to achieve.

All the participants spoke about their desire for but the lack of a space in supervision to reflect on what had happened. Adele stated: 'it wasn't considered, it wasn't [...] talked about [...] it wasn't processed' (L222-223). Interestingly she said that even though she wanted this dialogue, she also did not really want it as it would have unleashed the shame again: '...I think the last thing I would have wanted [...] would have been to talk about it' (L224-225). It is likely difficult to discuss negative feelings in the here and now with the person whose action is seen as the cause of those feelings. In addition, as Zaslav (1995) said 'it is challenging to notice or articulate often in a mental state that includes disruptive imagery, cognitive disorganization and emotional dysregulation' (p. 156).

However, participants felt that a safe, open environment is vital, one in which there is freedom to expose their errors without judgement. Mia talked about wanting her supervisor to have 'a willingness and a curiosity' (L297) towards the problems she brought to supervision. Emily said 'it's important for me to say I need help with something, without feeling you're going to be judged (L137-138) whilst Sian said 'I wanted to be able to be wrong or...be open [...] to reflect what I don't see (L413-415). Reflecting on her own experience as a supervisor now, Adele stressed the importance of an 'environment [...] where people can share things' (L449-450) and explained that 'in a pressed setting it's really difficult...to do that, to have that open sharing' (L450-451).

Conceiving the relationship as analogous to the parent-child one, as some participants did (Sian, Helen) and others implied (Adele, Mia, Emily) one may speculate that the supervisor may represent a parental-like figure or idealised other whose disapproval, or failure to empathise, implicit or otherwise, would inevitably create a huge impact emotionally leaving the ego vulnerable. Sian spoke of the



‘terrible parental experience’ (L511); she viewed her supervisor as ‘somebody who should have been the mother-hen [...] side-stepping [...] something to lord a bit of power over people to feel better about yourself’ (L512-514). Helen likened her negative experience to ‘mistreating a child’ (L275); she felt she ‘wasn’t being nurtured’ (L281) considering this ‘very, very irresponsible’ (L283), especially as she had ‘put her heart on the line’ (L308). Disruptions in the supervisor-trainee relationship can hurt the narcissistic vulnerabilities of the trainee, particularly since the trainee often feels open and vulnerable. When a trainee’s sense of self is fragile, which is understandable given the demands of such a course, there may be a need for a time for the trainee to idealise their supervisor. Dissuading supervisees from an idealised transference can be shaming and distancing (Brightman, 1984). Skovholt & Rønnestad (2003) suggest that counsellors/therapists go through normal transitions over many years that is analogous to the parent/child one: idealisation of the parent as a child through criticism, devaluation of the parent as an adolescent to hopefully a more balanced, realistic acceptance of the humanness of the parent as an adult. Many of the participants in this study moved to devaluation of their supervisor, but still had not reached the acceptance stage. However, some had entertained the idea of stepping into their supervisor’s shoes whilst in contrast others predicted that they might never be able to see the other as ‘vulnerable’. Perhaps if disillusion occurs too soon or too abruptly before the student is resilient enough, it may be more difficult to recover from the pain of such a disruption. This could partly explain why participants struggled to overcome their experiences.

The emergence of shame was associated with debilitating anxiety adding to the pre-existing feelings of vulnerability. Sian said ‘My voice was gone [...] I could hardly speak [...] It was just wobbling’ (L52-53). Helen described the bodily reaction ‘heartbeat was high [...] had to try and calm myself down [...] few days afterwards [...] still on edge’. Sian speaks of her reaction, likening it to shock: ‘I don’t think I uttered another word for the whole of the session [...] I must have looked horror-struck or something’ (L64-66); ‘I couldn’t cope with it, you know...the freeze...flight or freeze thing’ (L94).

There existed a strong desire to be relieved of their suffering; John said 'I was hoping my supervisor would help squash the feeling' (L53-54). Such high levels of anxiety implied an anticipation of danger and heightened the trainee's sense of vulnerability. Such results could be explained theoretically by viewing shame as occurring when disintegrative anxiety results at moments of vital empathic failure (Morrison, 1986). Like all affects shame can be adaptive, constituting a civilising force if experienced within the limits that are manageable by the ego; however, at times of ego vulnerability, shame is corrosive (Alonso & Rutan, 1988).

The financial and personal commitment necessary for trainees is likely to create a greater pressure to succeed in this role thereby making the idea of failure a very threatening possibility. Mia said: 'I was so distressed that I thought I will definitely ever be going to be a psychologist...that this would sort of compromise my whole career' (L155-157). It is thought that the likelihood of a person responding with shame to failures in a role is dependent on the importance to the person of the successful fulfilling of that role (Harré, 1990). In this case, it is hardly surprising that the trainees experienced intense fear of being found wanting or falling short professionally.

There is likely a strong cultural aspect to this perspective. Western cultures are less tolerant of displays of vulnerability than for example Japanese society, which is more accepting of shame (Okano, 1994). There is a wider narrative in Western societies in which exposing one's vulnerability leaves a person open to attack. This idea appears in the literature but it is also prevalent in popular culture. For instance, the American television series *Mr Robot* (Season 2, Episode 4) recently explored the issue: Mr Robot proclaims that nobody wants to be weak but it is necessary to expose the vulnerability to treat it but if you *do* you expose yourself as being weak, you are open to exploitation. Like Mr Robot, Adele reflected on how you give power to others by 'showing your weakest [...] places' (L398-399) and talks about how not being 'on guard' (L313) created more vulnerability and more likelihood of shame occurring. She pondered rhetorically 'why it should be shame when you share vulnerability...because, you know, what's to be ashamed of' (L403-404). This presents a view of relationships as a battlefield where displays of

weakness to the enemy may lead to reprisals or failure. This interpretation is based on socio-cultural influences. Alternatively, perhaps this can be understood from an object relations perspective. This perspective states that if one's weaknesses are exposed by self or other there is a fear of the loss of the object. From an object relations standpoint, shame arising from the loss of the object demonstrates one's basic unlovableness (Blatt, 1974). This would be likely to arouse considerable distress, thereby giving strong motivation to resist such an outcome.

Another possible reason for perceived overaction is that some trainees experienced shame about shame. Mia stated that she had considered talking to a friend about her experience but she noticed herself 'feeling even ashamed to do that' (L69) because she thought she might be making 'too much of a big deal' about the situation. Sian said:

I'm not sure people...how people could understand, how you could be affected [...] in that way [...] I would be a little bit worried [...] that [...] that response is completely out of proportion (L678-681)

Perhaps if the acknowledgement of shame to another, particularly a significant other, represents weakness then an individual might feel shame about their shame with a corresponding intensification of feelings.

Some participants were not fully aware of their personal vulnerabilities or had not acknowledged them to themselves. This seems to have left them more susceptible to shame.

Sian: I thought I was open [...] to that sort of criticism [...] (slight chuckle) but...I wasn't ready for it [...] personally and now I hope I would be (L658-660).

John: I suppose it made me wonder why, why did I feel shame in that moment [...] what did that hint at, ah, maybe think about maybe in what other circumstances would that feeling arise for me (thoughtful) [...] my own level of comfort, I suppose, with that area of my life, which is (laughing nervously) maybe it tapped into something there as well (L170-173).

This complements Brown's (2006) results where participants were more likely to experience shame around an issue where personal vulnerability was not acknowledged.

Despite the fact that the emergence of shame was context specific, all participants drew on aspects of themselves or their prior experiences growing up as an important element in leaving them vulnerable to experiences of shame or increasing the intensity of shame felt. For example, John and Emily expressed the desire to be liked as predisposing them to shame:

John: I have always been very sensitive to being evaluated and graded, that's probably another [...] aspect of my personality which I have, which is quite strong or has an influence...I do have a tendency to want to do well [...] to be judged in a positive light by others [...] sensitive to the evaluations of others...probably a bit predisposing to feel a bit of shame and concern and worry (L273-278)

Emily: 'People pleasing [...] very obedient [...] kind of conscientious [...] always been like that...I don't like confrontations [...] arguments [...] take the easy route, not make life hard (L222-231).

John and Emily's concerns about the opinions and approval of others may reflect the workings of the 'outer-directed' or 'conformist' self that Riesman (1950) speaks about. In an outer-directed society there exists a 'heightening of awareness of the self in relation to others' (p. 49). Within this system, the person seeks security in an acute need for the approval and direction from others, often compromising their individuality in the process. In such circumstances, exhibiting aggression or overly assertive behaviours are likely to be discouraged as such displays may threaten harmonious interpersonal relations.

Perfectionism has been associated with negative affects such as guilt and shame, with perfectionists demanding excessively high standards of themselves resulting in self-criticism when they fail to achieve them (e.g. Flett, Helitt & Dick, 1989). It is thought that many therapists are likely to struggle with perfectionism, having introjected their parents' expectations of them developing an unrealistically high ego ideal or a tendency towards perfectionism (Miller, 1981). A drive towards achieving perfectionistic standards may be a drive to avoid criticism. In fact, Adele reflects on this theme when she narrates about how her early experiences of being exposed and humiliated by her siblings has 'shaped' (L307) her and how she learned thus to avoid shame by doing things well 'so that people can't actually pick fault' (L309). Again, this indicates the key role of the other in shame. Nathanson (1992)

argues that rather than avoid situations to avoid shame some people try to achieve high standards to compensate for feelings of inferiority.

Sian believes that her early experiences of feeling unprotected growing up have left her more susceptible to shame, having created a fundamental insecurity as an adult at difficult times:

there was a...being...the inward shame...being on your own [...] bleakness, being your fault, [...] nobody else [...] and the lack of support, you know of any felt support, yes, they were very familiar  
[...] you know, I could cope... I could cope cerebrally... you know I could say 'I'm going to do this, that and the other' [...] and rationalise things away, [...] and that was how I coped, there really wasn't any emotional strength to cope with anything...I wasn't really taught any [...] and I wasn't shown any...so anything...any support of that nature I have done for myself (L464-478)

Drawing on attachment theory we can understand that our primary attachment figures provide a 'secure base' from which we can safely explore the world knowing we can return to a place of refuge when needed (Bowlby, 1988). Without such a base, we feel anxious. If our basic emotional needs are neglected they become a source of shame and they are hidden from view. This results in an enduring legacy which can impact on subsequent relationships and the way we manage shame (Hahn, 2001). Sian extends her description of her experience to the broader context of the era during which she grew up:

I was born in the 60s and women were very subservient and that whole thing that people are talking about, Jimmy Saville sort of 1970s thing...when I talk to friends my age we know you didn't feel safe...you didn't feel safe from men like that [...] and, ehm, so that was a sort of era of not feeling any personal power (L615-618)

The limitations in Sian's earlier development were intensified by the general lack of power women experienced culturally at that time. Her sense of a lack of 'personal power' in the wider world coupled with the 'lack of support' in her personal life left her particularly vulnerable to shame.

It was felt in general that one's own prior experiences that helped shape their present selves was intimately related to their present functioning and was a somewhat stable element in their lives threatening to destabilise their sense of self

in certain circumstances. Some commented on this intrusive force and unresolved processes despite positive efforts to gain greater insight into their own and others motivations. As Helen said: 'Even the amount of therapy and reflection you do, you still go back to your vulnerable (stuttering) places' (L579-580). Adele refers in her narrative to still having 'points of vulnerability' (L402) based on her childhood experiences saying: 'these emotions are so powerful [...] after all this time, with all the knowledge you have [...] experience you have developed since then (smiling)...so I think I could probably do with some more work on that' (L418-420). Ignoring the existing psychic realities of a person and placing over-emphasis on situation and context may be problematic.

## 5. Discussion

### 5.1 Themes

This discussion will be divided into three separate sections. The first section will be a discussion of the main themes of the analysis. The second section discusses the limitations of the study. The third section deals with implications and recommendations for practice. The dominant themes across all narratives were unwanted identities, power dynamics and narcissistic vulnerabilities. The following is a discussion of these interlocking themes.

My findings suggest that the process of the emergence of shame was as much a social one as a psychological one, with participants drawing on both inner processes, personal characteristics and mainstream social and cultural discourses to interpret their experiences. The importance of inner processes was evident when several participants experienced feeling ashamed about being ashamed. This phenomenon was described by Lewis (1971) who referred to it as the *feeling trap*. This feeling trap created a sense of isolation. Both Mia and Sian specifically described shame about shame.

However, it was clear from my data that the role of the other in the emergence of shame was paramount; shame arose through interaction with the supervisor as the

trainee perceived that an adverse view of them could exist in the mind of the other. This is consistent with Crozier's (1998) view that shame entails a shift to an outsider perspective on the self where there is a change in belief as to how one is seen, seeing oneself as you think others are seeing you. This interactional view of meaning-making, which lies at the heart of a narrative approach is in keeping with a social interactionist perspective on emotional experiences (Denzin, 1985).

Even though participants predominantly felt they had done nothing wrong prior to the incident that resulted in shame, once they recognised and endorsed the perceived or actual judgement from their supervisor, many rapidly made negative self-appraisals. In effect, external negative evaluation was insufficient alone for shame to arise, they needed to endorse this evaluation of inadequacy or unworthiness. These results complement the work of other researchers such as Deonna *et al.*, (2011). Their responses usually related to their seeming lack of competence as a professional being generalised to global aspects of the self as damaged or flawed. Some reflected on whether this sense of judgement arose internally, suggesting the presence of an internalized critical other (Gilbert *et al.*, 1994; Lewis, 1971). My study indicated that participants' own evaluations of themselves and their perceptions of others' evaluations were closely interwoven, which echoes the findings of Gilbert (2003). From this perspective, the processes that occur in shame can be considered to occur both between and within interactants. For many there was a sense of ambiguity about what was in the mind of the other and some had a sense of the shame being deserved. Even though self-blame is often linked in research with the experience of shame, cognitive attribution models do not always consider the vital role played by the 'other' in triggering this internal causal attribution. My analysis suggests that the significance of interactional relations is paramount and this aspect has been under-examined in previous discussions on shame when the researcher presented a purely intra-psychic view.

However, self-blame was not universally present. This is in keeping with the views of Gilbert (1998; 2004) and Leary (2004), among others, that shame can arise without self-blame. In some instances, anger arose rather than self-blame and

although participants did not explicitly demonstrate their anger, it helped to modulate against the full onslaught of an intense shame response. Recourse to anger was possible when they could locate the cause of blame in the other as it was obvious, from their perspective, that the other was in the wrong. In such cases the existing relationship with their supervisor was not based on trust. In cases where the trainee felt that they *could* trust their supervisor, the shame they experienced was much more intense, producing an attack on the self as it appeared that anger was not an option. In both contexts, a sense of helplessness or powerlessness resulted. Many theorists postulate about the affinity between anger and shame with shame often fuelling anger (e.g. Lewis, 1971). In two of my narratives (Emily and John), they located blame in the other and felt anger and shame but it seemed in these cases that anger actually fuelled shame rather than the other way around.

Whether participants blamed themselves or others for their predicament, shame was characterised by an 'unwanted identity' (Ferguson et al., 2000). Participants felt that they had fallen short of their supervisors' expectations. There appeared to be a discrepancy between their self-ideals and the perceived ideals of their supervisors. Exposing the 'dreaded' flaw in the self was at the core of their experiences. This dreaded flaw involved different characteristics related to their supervisor's perceptions of their personal and professional competencies, dependency needs, sexuality or social background. These results are consistent with the view that intense experiences of shame arise from one's dismay concerning the thought of *being* one's unwanted or 'dreaded self', an anti-ideal self-image (e.g. Lindsay-Hartz et al., 1995; Markus & Nurius, 1986) whether that arises from imagining one's own view or another's view of the self (Crozier, 1998). My study suggests that when participants felt that they were receiving an unwanted personal identity, such as one related to their class, sexuality or appearance, they were likely to exhibit more resistance, particularly since they perceived that this unwanted personal identity could impinge on their professional identity. When they felt that they were being categorised by an unwanted professional identity, they exhibited less resistance, demonstrating the lack of robustness of the professional self, which is still in flux during training.



When faced with an unwanted identity many felt reduced to an inferior position relative to their supervisor. Many trainees reacted with subservience when faced with what they experienced as a threatening interaction in the face of a dominant other. In this sense the power differential inherent in the situational context was highly significant in the emergence of shame. There may be obvious value in accepting quietly a shamed identity and avoiding blaming others (or at least concealing one's anger if blame is present) when there is a fear of potential adverse consequences. Such expressions of shame enable appeasement or the avoidance of conflict (e.g. Gilbert, 1997) and help maintain dominance hierarchies (Gilbert & Maguire, 1998). Many participants were taken unaware and flooded with intense emotions in the shame experience. Similar responses were found by Brown (2006) in her grounded theory research on shame. The intensity of their emotional responses may have been determined by the *force* with which they needed to stake an identity claim (Parkinson, 1995).

Clearly their evolving professional identity was of great importance to them, considering the personal and financial commitment training in this profession entails. McAdams (1993) argues that the conflicting desires for power (agency and independence) and love (connection and dependence) come to the fore during times when our identities are 'in crisis'. Many of the experiences narrated occurred towards the end of training and it seems that such a time may indeed be a crisis point for professional identity. Whereas one might expect that the trainee is more confident at this stage, it seems that there is now more at 'stake' and the student is supposed to be able to master tasks at a higher level. In addition, some spoke of the increasing complexity of client presentation at this stage of training. Consequently, supervisor experiences that are non-confirming are perhaps even more powerful at this stage than for the novice (Skovholt & Rønnestad, 2003). The desire for autonomy experienced by the student later in training alongside their continued dependence may have contributed to the intense reactions and ambivalent feelings reported by the trainees.

In order to protect their burgeoning professional identities, my participants strongly desired to appear resilient. This presented considerable challenges when trying to

deal with the overwhelming feelings of confusion and helplessness that arose. Their strong desire to appear in control motivated them to conceal their suffering and was in opposition to the simultaneous desire to reveal and be relieved. Such competing impulses intensified their shame. In many cases, they feigned composure so well that their supervisors were unaware of their distress. The reluctance to speak shame (Brown, 2006) is likely related to cultural norms in Western societies, in which revealing one's vulnerabilities is often seen as a sign of weakness. Concealing shame in an effort to hide vulnerabilities and appear resilient can be viewed as a face-saving strategy, a form of impression management (Goffman, 1967). If the counselling/clinical psychologist does not feel comfortable exposing their vulnerabilities, it is possible that this could be conveyed subliminally to clients. This might prevent clients from communicating their own distress, thereby interfering with the potential treatment outcome. Fostering an educational and professional culture in which vulnerabilities are accepted within training and afterwards may help to counter this.

The participants had mostly resisted opportunities to share their stories with others on previous occasions, probably due to the suffering they had endured, which two participants described as being like a 'trauma' (Sian, Adele). The result of such resistance was largely unformulated, somewhat fragmented experiences. In this sense, they had been deprived of narrative understanding, an important medium for making sense of experiences that impacted their lives and identities. By using this research as an opportunity to voice their experiences, they were taking an important step in de-stigmatising the shame with which they were burdened. Many of the participants reconstructed their experiences over time, creating alternative plots for themselves, which allowed them to free themselves, at least partially, from the restrictions of their past experiences. By using the same set of facts, they created alternative frameworks which rendered their experiences differently significant, without needing to deny the existence of 'historical' facts. Most reclaimed some power and agency by a repositioning of self in relation to other, reattributing blame to the supervisor. Subtle devaluations of the actions of the supervisor allowed them to gain a more equitable position in the interaction, at

least in their minds. This relates to Kleres' comments on the way in which we often narrate shameful situations by 'diluting the self's agency' in order to re-position ourselves as a 'non-agentive experiencer' (Kleres, 2010, p.192). This provided a narrative of hope and counteracted, to a degree, debilitating feelings of shame.

Telling their stories also allowed participants to unearth connections between their experiences in supervision and other contributing factors to shame. Consistent with a narrative view, which points to a degree of coherence and unity in peoples' lives over time, several participants drew on their experiences growing up to help them to make sense of their intense reactions. These included experiences of humiliation with siblings, feeling unprotected with lack of emotional support, feeling disempowered in a parental relationship, prevailing predispositions toward perfectionism, the fear of negative evaluations and the desire to be liked and fear of confrontation with others. Other research has stressed the importance of early relationships, (Rønnestad & Skovholt, 2003) but the narrative approach in my study provided an opportunity for trainees to explore these influences and their meanings in more detail than would normally be possible.

The narrative approach also allowed participants to draw on socio-cultural and political discourses. Participants Helen and John drew on the discourse of gendered power dynamics to explain their feelings of weakness in the professional environment. John drew on the discourse of sexuality whilst discussing issues of the historical institutional barriers towards gay practitioners. Sian drew on a feminist discourse to explain her lack of personal power growing up when 'women were very subservient' (L616), relating this to her present understanding of herself. My study highlights how the interaction of the power dynamics of the pedagogical environment with broader social and political power dynamics can be an important contributing factor in the emergence of shame.

Some would suggest that our attempts to achieve coherence through narrative are at best problematic and at worst an illusion, helping to keep the chaos at bay and lessening uncertainty (Rimmon-Kenan, 2002). Such attempts at coherence could be seen as defensive responses that hold back unconscious fantasies and impulses

(Day Schlater, 2003; Parker 2003). Even if a narrative to some extent acts as an illusory defence against chaos and uncertainty, it is possible that such an illusion is vital to maintain for the achievement of a sense of order, a sense of control of our destiny. Although the participants' narratives were liberating, the underlying feelings that created narcissistic vulnerability to shame remained in an intrapsychic sense, waiting to be reawakened in certain relational circumstances, an uneasy presence at the core of the self. Three participants commented on the endurance of these underlying factors. The fact that the past was still influencing the present speaks to how it continues to impact their feelings and shape their actions, presumably on a conscious and unconscious level.

My results show a sense of progression over time in certain narratives. Sian had gained strength from becoming more self-compassionate and less self-critical, feeling that she would be able to process similar experiences better in the future. Emily had become more resilient to others' criticisms and better able to stand up for what she believed. Helen had found strength through motherhood and success in her career. It was clear that this was a journey for all participants and that their difficult experiences with shame were still in the process of working through. This was an ongoing narrative. Unlike works of fiction, in which loose ends can be tied together for a sense of completion, their stories were ongoing with uncertain endings. In this sense our stories lack the formal order of literary stories.

To conclude, the unique stories told may help others at some level to establish effective counter narratives to experiences of shame. This corresponds to Smith and Sparks' (2008) suggestion that different stories or tales associated with narrative research can expand cultural narrative resources, providing stories that may resonate with people. Such cultural narratives would expand the limited supply of existing narratives, thus assisting people in having access to a story that *fits* their personal experience. This will inevitably help with 'speaking shame' (Brown, 2006). Since shame is recognised as a universal private struggle, sharing narratives can help bridge the gap between the social and psychological. However, a cautionary note should be added; although available established narratives may be useful for some as a way to understand their lived experience, for others if there is not a good

fit between available narratives and the person's lived experience, a psychological crisis can result (McLeod, 1997), which can exacerbate existing isolation and distress. It is important that counselling psychologists and other clinical practitioners do not impose a master narrative on those experiencing shame but rather allow them to find their own unique, acceptable narrative in their own time and in their own way.

## **5.2 Limitations**

My study, although providing diverse, unique accounts cannot be seen to have captured the full range of experiences of feeling ashamed or being shamed in supervision. All participants struggled with articulating their experiences. This might mean that there are things left unsaid in the narratives, leading to possible limitations in our understanding of the construction of shame. Some of their experiences of shame may have been unconscious and therefore in-articulate. Others may have been conscious but constrained by the various contextual factors discussed in the Analysis section. If their narratives are left unfinished, my analysis is correspondingly still evolving and representative of their narratives at this particular point in time.

I struggled to gain participants to volunteer for this project, which is likely to have indicated a reluctance for trainees to speak about shame. There may be different reasons for this reluctance. On one hand, there may have been people for whom their experiences of shame were not significant enough to feel a need to come forward to discuss the incident. On the other hand, there may also have been people for whom the experience of shame was too debilitating and possibly even unacknowledged, making them less likely to volunteer to discuss their experience. It is likely that my participants represent a middle ground of those who had a significant and difficult experience of shame in supervision that was acknowledged and not too painful to discuss. Therefore, it is probable that my study has not been able to take into account the most debilitating experiences of shame in supervision and this could be an area for future inquiry.

Although my participants came from three different cultures, providing subtly different aspects to their experiences, these cultures were similar in that they were all European. Different experiences may be related in cultural groups that are more dissimilar. In addition, my analysis was confined to a particular identity group, white European, which may not have allowed sufficient attention to differences that might have existed in a different social group. It should also be noticed that the participants were studying on similar but distinctly different courses – counselling psychology and clinical psychology. As therapy is a requirement for the former and not the latter, and more clinical psychologists volunteered to participate, perhaps there was a greater need to have an opportunity to tell their story. Also, some participants were highly experienced and others had recently completed their training. The more recent accounts created more ‘live’ material whilst the more retrospective ones had more opportunity to process and make sense of their experiences. Although this provided diverse narratives perhaps different themes might come to the fore if the participants were in training.

Unfavourable social comparison has been found to be highly related to shame (Gilbert et al., 1996) and this is likely to present as a greater issue in group supervision. The dynamics in group supervision are very different to individual supervision. One participant spoke of the shame she experienced when her supervisor humiliated her in front of others. Being observed by others is likely to intensify one’s experience of shame and the element of competition that is inevitable in groups may create different experiences than one-to-one as the dynamics are more complex. This is another potential area to consider for future research.

As discussed in Methodology I chose the interview design as it provided an opportunity to explore participants’ experiences. It is possible that the use of written anonymised narratives might have allowed greater time for reflection and consequently more detailed reports as well as greater likelihood of disclosure of more difficult situations. Perhaps participants might have felt freer to participate in such a situation. Different options could be considered for future research, such as a more participant-led method of data collection like a diary. This might facilitate

the sharing of intimate and personal information, difficult to obtain in a face to face interview (Willig, 2013).

Another limitation of the study was that five of the six participants were female, there may be important differences in how men and women respond to shame. Males and females have different identity concerns with male identity revolving around competency, strength, control, power: failure in these areas might induce considerable shame (Ferguson et al., 2000). This is important since competency, control and power were shown to arise as significant themes in the context of clinical supervision. Based on traditional roles, men may use more powerful emotions such as anger to exert control when feeling helpless under the influence of shame (Ferguson et al., 2000, drawing on Manstead & Fischer, 1996). They may also feel more of a need to re-establish dominance or agency when experiencing a sense of subordination to another. This was evident for the male participant in this study. John engaged in 'rational debate' (L150) as a strategic means to retain a degree of power and not relinquish total control of the situation. He held his ground despite inner conflict. This need to 'battle back' (L430) may have been more likely since his supervisor was also male. Given the discourse that women have greater motivation to maintain interpersonal bonds, they may have had less recourse to the use of assertive behaviour. Future research could look at potential gender differences.

I provided a general definition of shame in my letter to participants. The rationale behind this was that the literature had pointed out the common conflation of guilt and shame and I wanted to be sure that participants understood the nature of the concept being explored. Had I not given this definition, I felt that it would have been very difficult to extrapolate conclusions from the data. Since my study was not centred on defining shame, it was necessary to have a starting point to look more specifically at the emergence of shame. However, it is possible that giving a definition constrained how participants spoke about shame. If this is the case, I may have missed more unusual aspects of this elusive phenomenon. My analysis suggested that emotions such as anger and humiliation were strongly associated

with shame, overlapping in most of the narratives. Given these close associations, it may be problematic to discuss shame in isolation.

Narrative provided rich, varied and individualistic details of experiences, but due to the scope of the project, much of this data could not be used. In this respect, the project was confined by my research question, thus restricting a full commentary of the data provided. Although the findings of this study preclude generalisations, they provide important considerations for future research and in supporting the future development of personal and professional clinicians. These will be explored in the following section.

### **5.3 Implications for practice**

In the immediacy of its emergence, shame was internally debilitating, impacting emotionally, physically, cognitively and socially. It disrupted thinking, reduced empathy and impacted social bonds. Prior to their shame experiences, the participants remained open both personally and professionally, eager to learn, to be understood and to be nurtured. Subsequent to their experiences of shame, there was a break in the supervisory relationship. Participants no longer felt safe, trust was eroded and previous openness withdrawn.

Most spoke of becoming more functional and adopting a more formal approach with the supervisor with whom they experienced shame. Personal disclosure was compromised, emotional vulnerability was avoided. Such defensive interpersonal strategies seemed to permit a sense of protection and a way to avoid further psychic suffering, allowing the trainee to save face in the short term. However, these defensive interpersonal strategies are likely to impede learning in the long term. If a trainee shuts down emotionally it is likely to impact on the reflective process which could potentially impact on our understanding of ourselves and the psychological processes ongoing in our work. This is likely to influence how we interact with clients. Ladany, Klinger and Kulp (2011) maintain that unacknowledged difficult feelings associated with shame 'will likely have unknown



effects on clients' (p. 307). Identifying shame and working through it is crucial given the impact on clinical work and personal suffering. However, from participants' accounts, this is no easy task.

Part of the difficulty was the fact that in many cases their supervisors were not aware of their distress as the trainees concealed it through a veneer of acting professional. Since trainees try to conceal their shame, it is vital for supervisors to become acquainted with and alert to the phenomenological signs of shame. This is often visible in facial changes, eyes averted even briefly, changes in skin colour, hunched forward and change in voice tone. Paying attention to these warning signs can help the supervisor become aware of a break in the relationship. As trainees may be in denial of their own shame (Lewis, 1971), it is important to recognise disguised shame in the form of hostility, boredom, grandiosity or compulsive self-reliance (Talbot, 1995); anger, envy contempt, depression (Kearns & Daintry, 2000). Other signs that may become evident could be arriving late for supervision, not bringing tapes, or not being properly prepared.

Clues to what was needed for shame to subside or be less threatening were found in the longings expressed by the participants. They felt that openness and freedom from judgement were highly desirable qualities in the trainee-supervisor relationship. Curiosity and a willingness to explore concerns was often highlighted as was a desire to have their distress allayed. These responses were thought necessary as a way to mutually engage in understanding the process that was occurring in the relationship. However, addressing the shame experience at the time it is experienced appears to be a very challenging task given the fact that it emerges as an unbidden, unexpected, highly-charged emotional response, causing temporary cognitive impairment and occurring at inter and intrapersonal levels. It was clear that it would have been too challenging to address this response as it occurred. Nevertheless, it seems vital for the wellbeing of the trainee that the rupture in the supervisory relationship resulting from the shame experience is faced with boldness and sensitivity by both supervisor and trainee. In this regard, it would be helpful for the trainee to have the benefit of time to recover from their immediate experience to enable them to process it more effectively at a later stage.

Some emotional distance could assist the trainee and supervisor to observe and explore the shame-inducing event from a more objective perspective with less cognitive impairment due to overwhelming emotions. This is likely to strengthen the supervisory relationship and inevitably enhance learning, which is likely to exert positive influence on the trainees' relationships with their clients. It seems to me that the supervisor is best placed to initiate such a discussion given the imbalance of power in the relationship. It could be speculated that gaining the courage necessary to face difficult dilemmas or conflict in the supervisory relationship could assist trainees in their future work to be more capable of empathically challenging their clients to promote mental wellbeing.

My research echoes some of the suggestions made by theorists in the field of psychology. Mollon (1989) described the supervisory task of creating a space for reverie where not knowing is tolerated. Malsberger and Buie (1969) argue that curiosity can only thrive in an environment of safety, in part by supporting and gratifying the supervisee, whilst Talbot (1995) asserts that curiosity is necessary for an exploration of shameful material or shameful parts of the self. Weakness and vulnerability should never be a source of shame but rather an opportunity for new learning, growth and creativity.

The narratives showed that trainees had other experiences of shame in which the supervisor was able to equalise the relationship, coming down to their level and normalising the experience of shame. In two of the narratives, this involved disclosure of a supervisor's past experience of shame. This mutuality in the trainee-supervisor relationship was lacking in the participants' negative experiences of shame. Therefore, it seems clear from my findings that in future, it would be advisable to focus on the normalisation of shame through encouraging mutuality and openness about the experience of shame in the supervisory setting. My findings imply that when a supervisor provided an empathic response to a trainee's shame, this could restore the trainee's connection with the supervisor and allow them to regain a sense of power in the relationship. This is in line with Brown's (2006) observation that in general, empathic responses to shame can have a restorative effect on relationships. My participants desired this empathic response,

wishing that they could reduce their anxiety through reflection and open dialogue with their supervisor. As professional and personal perfectionistic standards were identified by many trainees an empathic response could also help trainees move away from the trap of their own harsh judgements, thus gaining a sense of freedom from their high expectations of themselves. Based on my results it seems to me that fostering an acceptance of not knowing would be helpful. Learning to tolerate confusion and uncertainty as well as seeing mistakes as opportunities for new ways of learning are likely to reduce the emergence of shame and benefit the educational advancement of trainees.

One of the major findings of my study is the prominence of socio-cultural factors in contributing to the emergence of shame in supervision. John's sexuality, Helen's gender and appearance, Emily's race and class and Sian's previous depression were perceived as areas of judgement from their supervisors. They felt that their supervisors considered these to be issues that would hinder their competency as professionals. To my knowledge, the importance of personal identities related to larger socio-cultural factors has not yet been discussed extensively in the literature. It may be helpful in future for supervisors to be aware of the impact that discussion of certain aspects of personal identity can have on trainees. Although it is necessary to discuss such issues openly, it will be more conducive to learning to handle them sensitively.

There are obvious limitations to these recommendations as they address the interpersonal context of the supervisor and supervisee. However as already stated, people who enter the therapeutic profession are often narcissistically vulnerable and prone to shame and many of the participants identified a certain predisposition to shame. The requirement of therapy during counselling psychology training is obviously a means to address such personal issues as it provides an opportunity to resolve painful affects and associated memories thus aiding the healing process.

Without doubt, the demands on a supervisor are multiple. They have to balance the teaching requirements of the trainees and their real need for support whilst modelling for them how to behave with their client. They need not to be too

gratifying or too abstinent as well as providing the optimal level of anxiety for learning (Alonso & Rutan, 1988). Like the trainee, the supervisor also goes through stages of development during which they are prone to certain vulnerabilities and strengths related to these stages and also grapple with their own shame (Alonso, 1985).

It is essential that both supervisor and trainee work together to become more proactive in finding the means to speak about shame. Perhaps being more explicit at the supervisory contract stage about the prevalence of shame when learning something new might help to break the barrier that inhibits dealing with the presence of this emotion. Additionally, being explicit and transparent about the power differential and the impact this could have may also help in breaking the wall of silence on shame.

Many of the participants spoke about the difficulty of speaking about shame or even fully understanding it. In such circumstances, they were more likely to internalise it, thus intensifying the experience. Based on these results I concur with Brown (2006) that learning to 'speak shame' can help us to increase our emotional and social understanding of this emotion. Many participants found release of shame tension by sharing their experiences. It appeared that a sense of mutuality was crucial to alleviating distress associated with shame, whether that was through a supervisor or a peer helping to normalise the situation. Learning to engage in open dialogue about shame experiences is crucial to alleviating the powerlessness that accompanies such experiences. In this way, the narrative approach used in this study was beneficial in assisting participants in finding ways to express their experiences and may also have given them permission to reconstruct their experiences.

The significance of my results extends beyond the supervisory space. It emerged from the transcripts that there was a high likelihood of shame arising in all aspects of clinical and counselling psychology training. The process of learning something new involves exposure to scrutiny. Aspects of training that involve evaluation such as essays, roleplay, presentations and research involve the potential to trigger

shame. Shame needs to be spoken of not just in supervision but in all aspects of training. Providing reading material to students on shame to expand their knowledge of the phenomenology, pervasiveness and inevitability of shame would be a good starting point. This would also help to provide students with a language to externalise a feeling that is often concealed from view, even from ourselves. It would be helpful for trainees to have the language to distinguish between shame, guilt, embarrassment and humiliation. In order to further break the taboo on shame and make it more visible, it might be helpful to incorporate lectures on shame into the curriculum. Integrating group discussion on shame into course structures could also be helpful. This could lead to more mutual support and connection, which increases shame resilience.

As evolving practitioners, we are in the process of continually learning. As long as we are still learning, shame will continue to be a presence in supervision even after qualification. My research has shown that the lingering effects of shame felt as trainees in supervision are still present in qualified professionals. Although my research largely involves the emergence of shame in trainees, it may be equally useful to disseminate my findings amongst more experienced professionals, as they will be at a more advanced stage of professional development and perhaps be in a better position to absorb and use the knowledge created. This may help more experienced professionals, many of whom will be supervisors, educators or both, to cultivate an environment that facilitates conversations about shame.

Furthermore, if we can make shame and its negative impact more explicit at the level of training, this would likely create a ripple effect in the relationships we form with future supervisors, students, clients and colleagues that could alter the way we respond to shame. This could foster more honest, trusting relationships and more open dialogue in the profession at large. We may be able to alleviate the sense of powerlessness that accompanies shame. It is important to acknowledge that the process of making shame more explicit will in itself cause further shame. However, it is hoped that through a gradual acceptance of the presence of this potentially destabilising emotion, trainees will become more insightful and enlightened practitioners. As professionals, we have a responsibility to explore a phenomenon

that is likely to impact both our own wellbeing and potentially our relationships with our clients.

This can be achieved through the dissemination of information on shame and it is hoped that the findings of this study can contribute to this. In order to impact the profession in the most effective way possible, it would be important to communicate the findings of my research to both trainees and experienced professionals. It is hoped that by disseminating my research through presentations at conferences and through publications, it will reach a professional audience, including supervisors and educators in the field. In future, it would also be beneficial to provide psycho-education in universities on shame, which would be particularly effective in reaching those at the level of training.

#### **5.4 Reflections on my epistemological position**

As discussed earlier, I did not want to privilege the social over personal experience or vice versa in my research. Inspired by Crossley, I expressed a social constructionist concern for looking at the kinds of selves and identity that people construct when using certain narratives and at the same time a realist assumption that these narratives also 'reflect' the realities of distressing personal experiences. The question is, did my analysis allow for sufficient understanding of the lived nature of the participants' personal experiences? Or did I fall into the flaws of post-modernism and discourse analysis highlighted in my Methodology section? Did I lose sight of the subjective by emphasising the larger linguistic and cultural narratives that constitute experience? I feel that there were times I may have focused on one at the expense of the other. This was an ongoing tension to negotiate.

As an integrative practitioner, I currently incorporate both elements, since I work psychoanalytically while exploring different narrative ways of knowing. Therefore, my epistemological position is currently the one that makes most sense to me in terms of both practice and research. Perhaps balancing these two seemingly opposing forces in my report may have compromised the level of coherence, clarity and depth of analysis that could be achieved more easily if I had conducted two

separate analyses. However, on one hand I felt that it might have been reductionist to do a strict analysis of the discourses. On the other hand, if I concentrated too much on the inner experience, this would have missed out on the possibilities for liberating and transforming existing ways of thinking and being inherent in a social constructionist position. Rather than doing a thorough analysis of *one* aspect of the narratives, I judged it preferable to have a less thorough analysis of *many* aspects of the narratives. Each on their own are limited ways of viewing the complexity of human experience and I would rather integrate them than have a thorough analysis of them each separately. This was not easy but I still feel that it was more phenomenologically faithful to the human experience. Ultimately, I must leave it up to the reader to judge whether this has been a successful endeavour.

### 5.5 Conclusion

My findings suggest that given the power dynamics, developing identities and narcissistic vulnerabilities at play in the process of learning in supervision, shame will inevitably arise. The process of learning can produce shame but shame negatively impacts the process of learning. Experiences of shame can prove debilitating and distressing for trainees and it is desirable that the supervisory environment be positive and enriching rather than negative and closed-off. My study has shown that shame is characterised by the wish to hide one's limitations and therefore can lead to trainees closing themselves off to supervisors. If there is non-disclosure in supervision, this impacts on the feedback that the supervisee receives and is therefore likely to hinder their education. Considering these consequences of shame, my study holds particular relevance for the improvement of training.

My study shows that shame emerges in supervision primarily as a relational and interdependent phenomenon. Embracing an intersubjective stance in counselling and clinical psychology supervision that provides a sense of safety and support can help facilitate the exploration of shame experiences. This will assist trainees in developing resilience and ultimately produce more mature and competent practitioners. I agree with Sánchez (2013) that the power to shame is a 'default power' we all have over each other in varying degrees in social relations. However,

shame can thrive in the context of non-mutual relationships (dominance-subordinate relationships) and by moving towards mutuality, we are moving away from power-over dynamics that produce and perpetuate shame and humiliation (Hartling, Rosen, Walker & Jordan, 2000). If all connections and disconnections between human beings are constructed within specific social contexts (Miller & Stiver, 1997) then the supervisory space can be seen as a place where relationships can be fostered or severed. After all, 'Supervision is not psychotherapy but effective supervision can be therapeutic' (Hahn, 2001, p. 280).



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## Appendix 1

### Registration letter



Mary Moran  
6A Woodberry Grove  
London N12 0DR

2 July 2014

Student number: 1227056

Dear Mary,

**Registration as a Candidate for the University's Research Degree**

I am pleased to inform you that the Research Degrees Subcommittee on behalf of the University Quality and Standards Committee has registered you for the degree of Professional Doctorate.

**Title of Professional Doctorate:** Professional Doctorate in Counselling Psychology

**Director of Studies:** Dr Edith Steffen

**Supervisor/s:** Dr Lara Frumkin

**Registered Thesis Title:** A qualitative study of the emergence of shame in counselling psychology supervision

**Expected completion:** According to your actual date of registration, which is **1 October 2013**, your registration period is as follows:

**Minimum 33 months, maximum 60 months, according to a part time mode of study.**

Your thesis is therefore due to be submitted between:

1 July 2016 – 1 October 2018
------------------------------

I wish all the best with your intended research degree programme. Please contact me if you have any further queries.

Yours sincerely,

A handwritten signature in black ink that reads 'James J. Walsh'.

Dr James J Walsh  
School Research Degrees Leader  
Direct line: 020 8223 4471  
Email: j.j.walsh@uel.ac.uk

Cc: Edith Steffen, Lara Frumkin

## Appendix 2

### Change of supervisor letter

#### SCHOOL OF PSYCHOLOGY

[uel.ac.uk/psychology](http://uel.ac.uk/psychology)

Acting Dean: Professor Rachel Muirvey, BA MA DCG PhD FCG FHEA



Date: 08/02/2016

Student number: u1227056

Dear Mary,

#### Notification of a Change in the Approved Arrangements for Supervision

I am pleased to inform you that the Research Degree Subcommittee on behalf of the University's Quality and Standards Committee has approved the change in the arrangements for your supervision. Your supervision arrangements are confirmed as follows:

**Director of Studies:** Dr Haneyeh Belyani

**Second Supervisor:** Dr Lara Frumkin

Your registration period remains unchanged. Please contact me if you have any further queries with regards to this matter.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Kenneth Gannon'.

Dr Kenneth Gannon  
School Research Degrees Leader  
Direct line: 020 8223 4576  
Email: [k.n.gannon@uel.ac.uk](mailto:k.n.gannon@uel.ac.uk)

**Appendix 3**  
**Ethical practice checklist**

<b>ETHICAL PRACTICE CHECKLIST (BSc/MSc/MA)</b>
--

**SUPERVISOR:** Dr Edith Steffen

**ASSESSOR:** Lynne Dawkins

**STUDENT:** Mary Moran

**DATE (sent to assessor):** 17/07/2014

**Proposed research topic:** A qualitative study of the emergence of shame in counselling psychology supervision

**Course:** Professional doctorate in counselling psychology

- |  |     |
|--|-----|
| 1. Will free and informed consent of participants be obtained?   | YES |
| 2. If there is any deception is it justified?  | N/A |
| 3. Will information obtained remain confidential?  | YES |
| 4. Will participants be made aware of their right to withdraw at any time?   | YES |
| 5. Will participants be adequately debriefed?  | YES |
| 6. If this study involves observation does it respect participants' privacy?   | NA  |
| 7. If the proposal involves participants whose free and informed consent may be in question (e.g. for reasons of age, mental or emotional incapacity), are they treated ethically? | NA  |

8. Is procedure that might cause distress to participants ethical? YES
9. If there are inducements to take part in the project is this ethical? NA
10. If there are any other ethical issues involved, are they a problem? NA

**APPROVED**

YES	YES, PENDING MINOR CONDITIONS	NO
-----	----------------------------------	----

**MINOR CONDITIONS:****REASONS FOR NON APPROVAL:**

Assessor initials: LED

Date: 21/7/14

<b>RESEARCHER RISK ASSESSMENT CHECKLIST (BSc/MSc/MA)</b>
--

**SUPERVISOR:** Dr Edith Steffen**ASSESSOR:** Lynne Dawkins



**STUDENT:** Mary Moran

**DATE (sent to assessor):** 17/07/2014

**Proposed research topic:** A qualitative study of the emergence of shame in counselling psychology supervision

**Course:** Professional doctorate in counselling psychology

Would the proposed project expose the researcher to any of the following kinds of hazard?

1      Emotional                      NO

2.      Physical                          NO

3.      Other                              NO

(e.g. health & safety issues)

If you've answered YES to any of the above please estimate the chance of the researcher being harmed as:                      HIGH / MED / LOW

**APPROVED**

YES	YES, PENDING MINOR CONDITIONS	NO
-----	-------------------------------	----

**MINOR CONDITIONS:**

**REASONS FOR NON APPROVAL:**

Assessor initials: LED

Date: 21/7/14

**Appendix 4**  
**Request for amendment to ethics application**

**UNIVERSITY OF EAST LONDON**  
**School of Psychology**

**REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION**

**FOR BSc, MSc/MA & 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 impacts on ethical protocol. If you are not sure about whether your proposed amendment warrants approval consult your supervisor or contact Dr Mark Finn (Chair of the School Research Ethics Committee).

**HOW TO COMPLETE & SUBMIT THE REQUEST**

1. Complete the request form electronically and accurately.
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 Mark Finn at [m.finn@uel.ac.uk](mailto:m.finn@uel.ac.uk)
5. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.
6. Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

### **REQUIRED DOCUMENTS**

1. A copy of your previously approved ethics application with proposed amendments(s) added as tracked changes.
2. Copies of updated documents that may relate to your proposed amendment(s).  
For example an updated recruitment notice, updated participant information letter, updated consent form etc.
3. A copy of the approval of your initial ethics application.

Name of applicant:	Mary Moran
Programme of study:	Professional Doctorate in Counselling Psychology
Title of research:	A qualitative study of the emergence of shame in counselling psychology supervision
Name of supervisor:	Dr Edith Steffen

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	Rationale
Changing participant group from trainees to fully qualified counselling psychologists	Broadening the criteria for potential participants to increase likelihood of gaining participants; qualified participants may be more reflective

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	X	



## Appendix 5

### Advertisement & invitation letter

#### Advertisement

Dear Reader,

I am a doctoral student at the University of East London. I am conducting research on the emergence of shame in the context of supervision for counselling psychologists, clinical psychologists and psychotherapists. I am looking for qualified practitioners in any of these fields who had at least one experience of shame during supervision whilst in training. Participation will involve a face-to-face interview lasting 1 to 1½ hours either at the University of East London or at place convenient to the participant.

Please find attached the invitation letter with more information. If you have any further questions, do not hesitate to contact me at the e-mail provided in the invitation letter.

Kind regards,  
Mary Moran

#### Letter

#### ***Shame derives its power from being unspeakable*** **- Brené Brown**

Dear Reader,

I am a trainee counselling psychologist at the University of East London conducting a research study which explores the emergence of shame in the context of supervision for counselling psychology, clinical psychology and psychotherapy trainees.

While there is no agreed upon definition of shame and this experience can mean many different things to different people, it is an affect generally understood to arise both *intrapersonally* and *interpersonally*. Intrapersonally, it can arise when one becomes aware of one's shortcomings. It may involve feelings of inadequacy, a sense of being flawed in some respect or incompetent. It may arise interpersonally, when one feels negatively judged for revealing hidden aspects of oneself. These experiences are thought to result in thought disruption and a desire to hide or conceal. Even though the terms shame and guilt are often used interchangeably, from a psychological perspective they refer to different experiences. In shame, the self is the focus of negative evaluation by either self, others or both, whereas in guilt the focus is on an 'act' committed which is deemed to be 'wrong', giving rise to painful feelings of regret and responsibility.

It has been suggested that the structure of supervision may leave the trainee open to the experience of shame because of elements intrinsic to the process: evaluation, personal exposure, the power imbalance between trainee and supervisor and the need to use self as tool in the supervisory process.

This project is conducted as part of a doctoral course in counselling psychology. It is hoped that this research may prove to be useful in providing information that could contribute to enhancing the quality of training and supervision for trainees in the future. It could also open up an area of research that has been much neglected.

For the purposes of this study, I am seeking to interview qualified counselling psychologists, clinical psychologists and psychotherapists about their experiences of shame during training. If you are interested in participating, we can speak by telephone to arrange a face-to-face interview. This interview may last 1 to 1½ hours.

The interviews will take place at the University of East London in Stratford or, if this is difficult for you to get to, we can arrange to meet at a more convenient location for you or in your home. The interviews will be audio-recorded and transcribed. I will remove all potentially identifying details. After a period of three years, the audio recordings and transcripts will be destroyed. All information will be handled confidentially, in accordance with the Data Protection Act 1998, and you will have the right to withdraw from the study at any time without having to give a reason. The study has been approved by the Ethics Committee of the University of East London.

Shame is a difficult but important subject to speak about. There may be potential benefits to reflecting on your experiences of shame. You may clarify your thoughts and feelings and possibly gain new insights. However, talking about shame may also produce negative feelings. At the end of the interview, if you feel that you need to discuss the issue further, I will be happy to direct you to relevant support or counselling organisations.

If you feel that you would like to participate in this study, you can contact me by email at [u1227056@uel.ac.uk](mailto:u1227056@uel.ac.uk). You can also contact my supervisor Dr Haneyeh Belyani at [H.Belyani@uel.ac.uk](mailto:H.Belyani@uel.ac.uk) or at the address below, should you have any further questions or concerns.

Kind regards,

Mary Moran  
Counselling Psychologist in Training

Supervisor:

Dr. Haneyeh Belyani  
Department of Psychology  
University of East London, Stratford Campus  
Water Lane  
London E15 4LZ



## Appendix 6

### Consent form

#### CONSENT FORM

(See pro forma in the ethics folder in the Psychology Noticeboard on UEL Plus. This should be adapted for use with parents/guardians and children.)

- I the undersigned voluntarily agree to take part in a study investigating the emergence of shame in the context of supervision.
  
- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.
  
- I understand that the data generated through this interview and/or focus group will be transcribed and used in the research study and may also be used in publications after the study has ended.
- I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998). I agree that I will not seek to restrict the use of the results of the study on the understanding that my confidentiality is preserved.
  
- I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice.
  
- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer (BLOCK CAPITALS) .....

Signed .....

Date

.....

Name of researcher/person taking consent

.....

(BLOCK CAPITALS)

Signed

.....

Date

.....

**Appendix 7**  
**Interview schedule**

**Interview Schedule (sample)**

What do you see as the important elements that created this/these experience(s)?

How did this impact on your work?

Why do you think that is the case?

Can you give me an example?

How did you manage this?

Can you tell me more about that?

How did you make sense of this experience?

How has this experience influenced your identity as a trainee?

What do you think might have helped?

What do you think you have learned from the experience?

## Appendix 8

### Demographics form

#### Demographics Form

1. Are you

**Male**

**Female**

2. How old are you?

**25-30   30-35   35-40   40-45   50-55   60-65**

3. How would you describe your ethnic origin?

**White**

**Indian**

**Bangladeshi**

**Pakistani**

**Chinese**

**Other Asian background**

**African**

**Caribbean**

**Any other Black/African/Caribbean background**

**White and black Caribbean**

**White and black African**

**White and Asian**

**Other mixed/multiple ethnic background**

**Other ethnic group**

4. Are you a

**Counselling Psychologist  
Psychotherapist**

**Clinical Psychologist**

5. How long are you qualified?

## **Appendix 9**

### **Debriefing Sheet**

#### **Debriefing Sheet**

Thank you for taking part in this study.

If you feel uncomfortable or are in any distress as a result of your participation, I advise you to contact my supervisor:

Dr. Edith Steffen, School of Psychology, University of East London, Water Lane, London  
E15 4LZ.

[Tel: 0208 223 4425 [E.steffen@uel.ac.uk](mailto:E.steffen@uel.ac.uk)]

**or**

Chair of the School of Psychology Research Ethics Sub-committee: Dr. Mark Finn, School  
of Psychology, University of East London, Water Lane, London E15 4LZ.

[Tel: 020 8223 4493. Email: [m.finn@uel.ac.uk](mailto:m.finn@uel.ac.uk)]

If any issues have been raised for you by taking part in the research that you would like to have help with, please consult below :

#### **Support Organisations**

##### **The British Psychological Society**

[www.bps.org.uk](http://www.bps.org.uk)

St Andrew House

48 Princess Road East

Leicester LE1 7DR

Tel : 01162549568

**United Kingdom Council for Psychotherapists**

[www.psycholotherapy.org.uk](http://www.psycholotherapy.org.uk)

2<sup>nd</sup> floor

Edward House

2 Wakley Street

London EC1V 7LT

Tel : 02070149955

**The British Association for Counselling and Psychoterapy**

[www.bacp.co.uk](http://www.bacp.co.uk)

BACP House

15 St John's Business Park

Lutterworth LE17 4HD

Tel : 01455883300

Email : [bacp@bacp.co.uk](mailto:bacp@bacp.co.uk)

## Appendix 10

### Post-interview reflective questions

Based on Schwalbe, M. L. & Wolkomir, M. (2001). Interviewing Men. In Gubrium, J. F. & Holstein, J. A. (Eds.), *Handbook of interview research* (pp. 202-220). Thousand Oaks, CA: Sage.

#### Questions

- What did I feel and when did I feel it as the interview was unfolding?
- What kind of impression did the subject seem to be trying to create?
- What was said or not said that surprised me, and why was I surprised?
- About what did the subject seem to have mixed feelings?
- About what did the subject seem to be overly glib?
- What did the subject seem to have trouble articulating?
- What would I want to ask if I could do the interview over?

## Appendix 11

### Interview extract

6

Mary: Yeah.

Adele: But then in awe, how can you be in awe of someone who's so warm and kind (Mary: Okay?), do you know?

Mary: Yeah.

Adele: It's still a little bit of a puzzle actually I think.

Mary: Alright.

Adele: But I think it's not just... what has changed (Mary: Mm) is what I think is to do with her for a large part and not me...

Mary: And that's what's changed over time... for you.

Adele: (talking over the last 2 words) ...that has changed over time (Mary: Mm)... I don't know (indecipherable) exactly what it is about her (Mary: Yeah) but I know it is about her.

Mary: ...Yeah... so the focus is less... on you

Adele: (overlapping) I can see other people's experiences with her, which has really helped me to put it into perspective (Mary: Right), ehm, but it's really... but there is, it's not just her... either, you know, I don't want to go (Mary: Mm) from one extreme to the other because I do think there is something about how I've been in supervision really with a lot of people (Mary: Mm), so there is something about the supervision, the supervisory relationship (Mary: I see) and there is something about being in supervision as a trainee (Mary: Mm-hm) which again is different to being in supervision as a qualified.

Mary: Right, right, what do you think is different?

Adele: Being a trainee?

Mary: Yeah.

Adele: Well from my experience is much more insecurity (Mary: Okay), much greater insecurity (Mary: Mm-hm), much more... and I don't think for me it was anything to do with the fact that this person was going to evaluate me... you know (Mary: Right), often when people say they are going to evaluate you (Mary: Hmm), I don't

scared of her? in awe of her? you fear those you put on a pedestal

Possible idealisation

Supervisor or warm friendly understanding vs. scary

working them - not processed

Respect and fear (ambivalent feelings?)

TURNING POINT externalising blame repositioning the self AGENCY

re-affirming her position

Avoiding splitting trying to present herself as being reasonable

\* Interpersonal centres

Intensifiers → heightening the impact

Theme: Vulnerability

more about the relational space - the lived experience of the interaction rather than formal evaluation



know even if they had not needed to evaluate me I would have still have felt like that (laughing) (Mary overlapping: You would still have felt it) because they were the supervisor (Mary: Right) and I was the trainee.

Mary: Right, yeah, so that wasn't the most important element, so what do you think were the most important elements that created that experience of shame for you?

Adele: This particular experience, or...?

Mary: Yeah, yeah, well if you have had more in general, what... (indecipherable) - *lost anxiety*

Adele: (first part overlapping) I actually... thinking about it (Mary: Mm)

Mm... I think that shame, as I experienced it then (Mary: Mm)

because it was the most intense (Mary: Right, right)... so I think that (laughing), that...

Mary: ...sorry can I just ask you, intense in what way?

Adele: Let's say any emotion (Mary: Mm) can be at a lower level

and at a higher intensity level (Mary: Right, yes)... and I think this

was at a very high intensity level (Mary: Mm-hm), which is why it was impossible not to know I felt shame (Mary: Right, I

understand)... what I think... my sort of theorising about it, is (Mary: Mm) we don't want to feel shame, we hate it, we don't like it (Mary: Right) and so we often don't even want to acknowledge that we are

feeling shame (Mary: Right) unless it gets to such an intensity (Mary: Yes) that it's impossible to ignore, so for me (Mary: Mm-hm) in that

moment, in that experience I could just not ignore it, it was 'bang',

there in the room (Mary: Yes), uhhh, that hot, shameful feeling.

However, when you, when I think about it, say that's ten out of ten

shame (Mary: Yeah), I would say that across other supervision

sessions, I would probably have experienced shame at lower levels

(Mary: Right) but not recognise it or identify it as shame so...

Mary: So what, what would be different, I know the intensity, you

say the intensity would be less, eh, but you say you wouldn't

recognise it but at the same time, you feel it may be there... what is

the experience?

Theme: Power imbalance

me feeling a bit confused - strong transference feelings.

possible defence against uncomfortable feelings (laughing)

repeated throughout, suggests anxiety experience unprocessed - may have identified the flow - intrusive

deeply unpleasant feeling - wish to avoid - very painful

scolded in respect - no forewarning - like a shock - no escape - burning nature of shame

emphasising how extreme it was - maybe trying to capture the sympathy of her audience

supposedly shame can hold or be accepted at lower intensity levels later - says later that other conditions can come in more easily than such as anger and 'push away' the shame.

8

**Adele:** I think other emotions come in more easily then (Mary:

Mm)...I remember another supervisor who was very shaming...ehm,  
in her behaviour (Mary: Mm)...actually I had to write verbatim  
transcripts of every session (Mary: Right) from memory (Mary: Mm-  
hm), this was just the way the service was working (Mary: Yes), then  
she would get the transcript, one copy and I would get the other

(Mary: Yeah) and then she'd look at it and she'd go...Ohh, or like that (laughing) (Mary: Okay) and (exasperated expression) you'd sit in the other chair and you'd think 'what have I done there' and know, so there was that kind of shame but the way she did it was such that anger and hatred of her was then (laughing) becoming much stronger

(Mary: Okay) so that would almost kind of push away the shame

(Mary: Right), whereas with my lovely supervisor (Mary: Yes) there wouldn't have been maybe any reason to feel angry or it wouldn't have felt it with her...

**Mary:** And is that because of the difference in personality of the supervisors or the difference in the way they reacted?

**Adele:** I think it's, well I think ehm...there is a different relationship

(Mary: Mm), there was a different relationship with the one I felt that  
shame so much

**Mary:** Right, different in what sense?

**Adele:** (5 second pause) Well, I guess because it was more open, I

was more open (Mary: I see), with this person 'cause she was so... (Mary: Mm) understanding and was (Mary: Yeah) so, there was actually, I was probably more vulnerable (Mary: I see) to being hurt by her (Mary: Mm-hm), or shamed by her (Mary: Mm) you know if you were more open someone can do more damage (Mary: Mm-hm)

so this person was so kind of cut off from everything and everyone (Mary: Hmm) and was kind of, sort of always annoyed with people (exasperated tone) and (Mary: Mm), you know that kind of reason and you know you never have that kind of openness with her (Mary: Yes). I didn't have it and I know others didn't (Mary: Mm), she

would then be able to hurt me at that deep level (Mary: Yes) and I guess that shaming I felt with this, the other one was probably worse

used above as well when talking about the same person → **frustrating**  
conveying the person's personality in an effective way → **ineffectiveness**  
attempt to make the audience believe her too thereby garnering support for her own position. Also effect on conveying the difference between effective

### Positioning

Bringing the story to life

→ nervousness  
(concealed aggression?)

Repetition throughout

• DREAMY

- SWEET

- ENDERGIC
- IDEALIS

↓  
dissolves

later

Present moment  
from past → Storytelling

hesitant to be absolute (the  
maybe suggesting  
experience is informed)

### Contrasting the systems

vulnerability  
of self  
and  
dangerousness  
of others

### INTER-RELATED THEMES

• OPENINGS

- VULNERABILITY
- TRUST

Driver

✓ Invertibility

... P.9 'at her mercy'

POWERLESS

No agency

the two supervisors  
the story telling

## Appendix 12

### Categorical-content analysis

#### Subcategory 1: Fear of negative evaluation/rejection/desire to please

##### Units of analysis:

**John:** I have always been very sensitive to being evaluated and graded, that's probably another [...] aspect of my personality which I have, which is quite strong or has an influence...I do have a tendency to want to do well [...] to be judged in a positive light by others [...] sensitive to the evaluations of others...probably a bit predisposing to feel a bit of shame and concern and worry (L273-278)

**Emily:** People pleasing [...] very obedient [...] kind of conscientious [...] always been like that...I don't like confrontations [...] arguments [...] take the easy route, not make life hard (L222-231).

**Mia:** I guess I felt...ehm...ashamed that I wanted that or I needed that or that maybe I was looking for that and I guess the message I got that maybe that wasn't okay (L25-27)

**Mia:** Ehm...I guess rejection actually...yes as we are talking about it more...there is a sense of rejection [...] but also this sense of shame....as well...that I hadn't done it right...I actually felt a sort of sinking in my stomach or [...] or like a kind of bodily feeling (L31-33)

#### Subcategory 2: High expectations of self/self-criticism

##### Units of analysis:

**Sian:** I had been somebody who is very unforgiving of myself [...] very self-critical (L454)

**Adele:** where I come from, we're all like that...we always have to do everything 100% and 3 times as much before we really think we've really done it (L541-543)

### **Subcategory 3: Openness and exposure to being hurt**

#### **Units of analysis:**

**Adele:** I felt everyone can see and hear (Mary: Yes) how awkward I feel, how incompetent I am (L56-57)

**Sian:** in order to have a supervision I feel like I have to lay myself bare and always be open to being stabbed with a knife (L146-147)

**Helen:** as a trainee [...] I was feeling very vulnerable (L32-33)

**Adele:** the scariest moment it felt and of course I was then watching myself, how I was speaking to this person, how inept I felt [...] and was [...] and it was just absolutely horrendous and I don't know how I got through it (L53-56)

### **Subcategory 4: Intensity of experience**

#### **Units of analysis:**

**Adele:** let's say any emotion [...] can be at a lower level and at a higher intensity level [...] and I think this was at a very high intensity level [...] which is why it was impossible not to know I felt shame (L157-159)

**Mia:** sinking is the first thing that comes to mind [...] how else can I describe it [...] a sort of hollowing out or [...] yeah....I don't know how to...how else to describe the physical feeling [...] bit like if you get punched in the stomach...kind of an experience (L35-39)

**Helen:** I got bright red [...] and burning and then when I get embarrassed or shamed [...] or feel a bit awkward, yeah, ehm, I get like a red tingling all coming round here (L151-152)

**Sian:** I was very well hit by it and it was like all the breath had been sucked out of my body, (Mary: Mm) I was completely horrified inside that I may have done this (L61-62)

### **Subcategory 4: Fear and Catastrophising**

**Units of analysis:**

**Sian:** I'm not sure people...how people could understand, how you could be [...] that response is completely out of proportion [...] to what was actually happening in front of you (L679-682)

**Mia:** I was so distressed that I thought I will definitely ever be going to be a psychologist again, that this would sort of compromise my whole career (L156-167)

**Sian:** I'll give it all up [...] because I clearly wasn't up to it, so I had to think to myself, you know, what's really going on here? (L629-630)

**Subcategory: Anxiety****Unit of analysis**

**John:** I just remember feeling ah...maybe a bit winded when over [...] ah, bit confused [...], bit agitated, eh, a bit put off, I suppose, I think it maybe had a lingering effect with maybe my relationship with that supervisor [...]...for a while...ehm...I think it prompted me to self-reflect a bit, eh...

**Sian:** well after this moment it was like I had withdrawn in my head. I couldn't cope with it, you know...the freeze...flight or freeze thing, I think if I had to describe it, it would be something like that...freeze... because I can't go forward [...] and I can't go back (L93-96)

**Subcategory 4: Desire for acceptance (reassurance, curiosity, nurturance, validation, support)****Units of analysis:**

**John:** I might not have wanted to but I was also seeking out reassurance (tone changes) from someone else [...] and actually, in saying that I'm also reminded that I sought out reassurance from several of my colleagues (L26-28)

**Mia:** I think I was bringing it because I had a feeling but I didn't know why I wanted to share it and I needed a bit of help to explore that with her and I guess it's just a willingness and a curiosity (L295-297)

**Helen:** I wasn't being nurtured [...] and because I'm a mother and because I'm a supervisor [...] and I want to protect and nurture (L281-282)

### **Subcategory 5: Concealment**

#### **Units of analysis:**

**Mia:** well I did consider trying to talk to a colleague, she is also in a similar profession [...] to see...what they would think of it but then I noticed myself feeling even ashamed to do that (L68-69)

**John:** I had dealt with in supervision within myself, I didn't involve my supervisor in any way, shape or form (L177-178)

**Emily:** but I don't think I could have said to her about how bad it made me feel [...] if you see what I mean, she would be surprised to know I'm still talking about it now. (L298-299)

**Helen:** it felt like I was wrong then all of a sudden again [...] and made me think, oh, I'm not going to share...my innermost, I shared my innermost real stuff to you (L178-179)

### **Subcategory 6: Subservience/Inferior position**

#### **Units of analysis:**

**Sian:** I felt subservient [...] in the relationship (L603-604) I suppose I did think that she was looking at me differently[...] maybe you react differently [...] I felt subservient [...] in the relationship [...] (L601-604)

**Mia:** I backed off [...] I sort of backtracked a bit (L510)

**Emily:** so I didn't address it (L41-42)

### **Subcategory 7: Competing feelings**

### **Units of analysis:**

**John:** Yeah (enthusiastically), utterly, definitely, I remember having a dialogue in my mind, it didn't even feel like it was a cognitive...ehm you know saying X and saying Y, like my feelings were just, ehm, I could just feel tension, I suppose in my body between maybe competing feelings (L146-148)

**Sian:** I may have harmed this woman, 'what if she goes away and does this', I was a bit conflicted (L49-50)

**Sian:** 'I was really cross with her actually' (124-125)

### **Subcategory 7: Anger**

**Emily:** Well at first, just flabbergasted and kind of quite upset, then as I said quite quickly...very angry, fuming (L182-183)

**Sian:** I was really cross with her actually (L124-125)

### **Subcategory 8: Repositioning of the self**

**Adele:** I think now, with, with many years [...] and having seen other people who have had similar feelings about her [...] I now think it's not just me [...] there is something about her as well (L96-99)

**Helen:** as a supervisor now [...] now I've come to that stage in my life [...] I realise how inappropriate she was, before I was blaming myself [...] now I'm blaming her [...] I've shifted that and yes I admit it's always a two-way process [...] when there is a relationship dynamic going on but I'm putting more responsibility on her [...] because she was the responsible person in that supervisory relationship [...] and I wouldn't dream of that to my students...I think that's why I'm a bit more angry now because I'm protective of my students (L262-270)

**Helen:** Because I, because I probably...as a supervisor now [...] now I've come to that stage in my life [...] I realise how inappropriate she was, before I was blaming myself [...] now I'm blaming her [...] 'cause I have...it's probably come across in my description of this event, that I have blamed her a bit more (L262-265)

**Helen:** It's changed, it's transformed from embarrassment or shame, that feeling broken or unworthy as a person (L287-288)

#### **Subcategory 10: Self-blame-being in the wrong/at fault/making mistakes**

**Helen:** I felt completely helpless and awful and it's my fault (L59)

**Sian:** I'd made a massive mistake (L55)

**Helen:** but I don't think it was just that...I think it was how it so matched what I felt right...so I felt I had done something wrong and then she said this comment...you know you should have got help and it just reinforced (L17-179)

**Helen:** I'm getting anxious, I can't even handle a supervision, a supervision session' [...] and 'Look at me I'm turning into a right wreck' (L159-160)

#### **Subcategory 11: Impact of early experiences**

**Helen:** I felt very ashamed of my childhood relationship with my Dad (L297)

**Sian:** there was a [...] the inward shame...being on your own [...] bleakness...being your fault [...] nobody else...and the lack of support, you know of any felt support...yes, they were very familiar in loads of places' (L464-466)

**Adele:** I think that it's because of my own personal history and everything [...] so that is because of wanting to do things well, (Mary: Mm) having had a history of, ehm, growing up in a family where, you know, humiliation was basically the order of the day (L300-302)

#### **Subcategory 12: Fear of seeming incompetent/not good enough**

**Mia:** Ehm... (smacking lips) I made sense of it...well...I guess as I say initially...in the moment...I wasn't making sense of it very much, how she's judging me...I'm not good enough I's , but I had revealed this massive incompetence of my own (L23-24)

**Sian:** I had already I suppose [...] in the supervision session, showed myself to be unprofessional [...] that incompetence [...] I had lost it all in that...in that interaction (L104-108)



**Sian:** I wasn't worthy...I wasn't worth...worthy of it, I'd made a massive mistake.  
(L551)

**Helen:** I'm made to feel like I'm a damaged person...and that made me think maybe I am damaged, maybe I do need some help...maybe I do have issues... (L235-237)

**John:** ...their own feelings [...] I think often it would be particularly yeah, with my peers how they felt similarly incompetent because I think feeling competent [...] is something that has come up a lot and [...] this is speaking quite generally about difficult feelings that come out, I suppose (L365-369)

**Adele:** I felt everyone can see and hear (Mary: Yes) how awkward I feel, how incompetent I am (L56-57)

**Adele:** I was just waiting to be shown up or to, you know...I was probably just waiting to mess up [...] or to be proved to be completely incapable [...] you think you haven't really got what it takes [...] so you are always worried that something will show you up [...] I had already felt that I was actually out of my depth [...] it was actually a huge jump for me [...] maybe I was sometimes trying to cover it up as well [...] so that wouldn't worry my supervisor (L500-514)

**Emily:** does that mean that I can't possibly understand somebody else's problems and that is the core of what we do, so then you are left thinking 'should I be in the job' (L279-280)

**John:** I was just wondering (Mary: I see) if he would be questioning my competence, ehm (laughing nervously), would I trigger a cascade of interpretations that he would make on me and my work (L121-123)

### **Subcategory 13: Fear of seeming too sensitive to the role/Desire for resilience**

**John:** I want to be seen as resilient(L328)

**Emily:** Somebody who is maybe a bit thicker skinned about that kind of stuff, somebody who might not experience shame so readily. (L373-374)

John: would they judge me as being a bit too sensitive to the role (L334-335)

**Helen:** I felt like I was a damaged therapist (Mary: Yeah), that I couldn't handle difficult clients...(L99-100)

#### **Subcategory 14: Feeling punished/put down**

**Adele:** it felt to me like a punishment (L49-50)

**Helen:** she battered it down...told me I couldn't do that, that I think that adds to it (L465-466)

**Helen:** getting the confidence to do that so I was building myself up to this stage [...] and then I was told, like it felt like I was wrong then all of a sudden again [...] and made me think, oh, I'm not going to share...my innermost, I shared my innermost real stuff to you (L177-179)

**Helen:** she was cutting it down at the most vulnerable time of my life (L290)

#### **Unformulated experience**

**John:** Yeah, I think I'm actually surprised at how...it's been more difficult to articulate than I imagined (smiling and gentle laugh) (Mary: OK), ehm, and I think that just highlights the amount of conflict (Mary: Yes) or tension that's in there (Mary: Hm). I am (Mary: Mm) talking about this stuff, my position, or questioning, I did feel like it was more fraught with difficulties than I thought it would be (nervous expressing), just articulating it (Mary: Yes), I found it tricky to talk about (Mary: Hmm), ehm...

#### **Unwanted identities**

4, 5, 6, 7, 8, 10, 11, 14, 15, 16, 17, 18

#### **Power dynamics**

4, 5, 6, 7, 8, 9, 10, 11, 12, 16, 17

#### **Narcissistic vulnerabilities**

1, 2, 3, 4, 5, 6, 12, 13, 14, 15, 17, 18