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Abstract

The cultural construct 'shame' (sharam) is cited as an oppressive force that controls and perpetuates patriarchal structures within particular cultures. 'Shame' and the related construct 'honour' (izzat) are believed to be key instruments for the oppression of women. Shame operates by regulating behaviours which are deemed honourable or dishonourable and can potentially influence a family's social standing, their 'honour' (izzat). Research has suggested that shame prevents women from South Asian communities from help-seeking in relation to mental health difficulties. There is little research investigating the impact of shame on British born South Asian girls and its relationship to their help-seeking behaviour. This research investigated the discourses of South Asian girls in relation to the cultural construct 'Shame', mental health, and the influence that these have on their help-seeking behaviour. The analysis showed that discourses are complex and contradictory. Thus, shame is constructed by the girls as regulatory, sexist and oppressive and at the same time as helpful and protective. Implications for educational practice and the work of educational psychologists are discussed.

Key words: educational psychology; British born South Asian girls; shame; honour; mental health

Introduction

The aim of this research was to explore the discourses of shame (sharam) in the talk of British born, South Asian girls. Existing research is limited and examines the experiences of South Asian women, showing how shame can be a barrier to accessing services offering support for mental health difficulties (Ali et al., 2017; Mustafa et al., 2017). Shame is closely linked to the concept of honour and both terms are explored in greater detail in the following literature review. This is in a context where discourses often construct mental health using ethnocentric understandings. Within these discourses South Asian women are positioned as being particularly vulnerable to internalised mental distress and oppressed by cultural factors such as shame. However, little is known about how South Asian girls construct shame and how this affects their willingness to ask for help when they are experiencing mental distress.

This research aimed to capture the discourses of British born, South Asian girls and explore how they construct shame and how these constructions relate to their understanding of mental health and their help-seeking.

The term 'South Asian' encapsulates a heterogeneous group from the Asian subcontinent (including: India, Pakistan and Bangladesh). As noted, in this research the term refers to individuals with South Asian heritage who were born in Britain. It is recognised that there are differences in this group relating to language, religion, caste and sect; what they have in common is their political, social and cultural histories (Cowburn et al., 2015; Kushal & Manickam, 2014).

Literature Review

Honour and shame in South Asian Culture

The definition of honour varies in accordance to differing cultural and linguistic groups as honour beliefs are not bound to a particular religion or culture. Of interest to this research, are the shame and honour constructs associated with the South Asian diaspora resident in the UK including those belonging to Muslim, Sikh, and Hindu communities. These communities have shared cultural norms because of their collective past and shared territory before and during the partition of British India (Kushal & Manickam, 2014). The Urdu/Punjabi word 'izzat' refers to honour and encapsulates a wider definition which includes the socio-cultural relationships and ties that bind family and community groups together (Gill & Brah, 2014).

The term 'izzat' is interpreted as 'family honour' or 'self-respect' (Takhar, 2005), is a complex construct, and includes notions of reputation, dignity, respect, social standing and justice (Dorjee & Ting-Toomey, 2015; Kushal & Manickam, 2014). The importance of izzat extends to all family members who are expected to preserve and enhance family izzat, hence the actions of an individual reflect on the entire family (Gilbert et al., 2004; Thapar-Olmos & Myer, 2018). Preservation of family honour can therefore have powerful effects on behaviour (Bhugra, 2002; Reavey et al., 2006). The extreme consequences of disgracing family izzat include social ostracism, or honour-based violence (Cihangir, 2012; Cooney, 2014).

Shame regulates behaviour and thus shame and honour are interrelated, with shame constructed as a mechanism to protect honour (Pask & Rouf, 2018). Shame is translated loosely as 'sharam' in Urdu and Punjabi. This research utilises the term 'shame' when describing discourses as this is the term employed in the literature. Honour relates to the 'behaviour expected of members of a particular community, while shame is associated with transgressions against these expectations' (Gill et al., 2014 p.2). Shame exerts influence by delineating normal and abnormal and what is considered shameful from that considered honourable (Gill et al., 2014). The breaching of social values could potentially cause the loss or damaging of honour with the potential to bring shame to the individual and their family (Gill et al., 2014; Pask & Rouf, 2018). Accordingly, individuals in communities that value honour are not only motivated by a desire to obtain and maintain honour but are equally concerned with avoiding shame (Wikan, 2008).

Honour, shame and gender

What is judged to be acceptable, unacceptable, honourable or shameful is gendered. The obligations placed upon females and males are related to constructions of masculinity and femininity and to inequalities of gender and power. South Asian cultures are collectivist and patriarchal in nature and the exertion of honour as a construct perpetuates the patriarchal order (Kushal & Manickam, 2014). Thus, an emphasis is placed upon familial obligations, where the welfare of the group takes precedence over the welfare of the individual. Females are positioned as the repositories of honour (Kushal & Manickam, 2014) therefore family honour is achieved and maintained by the conduct of females, their conformity with social norms, traditions and regulation of their social and sexual behaviours (Gill, 2009; Gill et al., 2014).

Shame and honour create complex hierarchies of power. Women and girls are constructed as being obedient, pure, and modest which can lead to overprotection by family members (Furnham & Adam-Saib, 2001), and the positioning of females as subjects of control. Males are constructed as powerful, strong and protectors of honour and preventers of shame (Gill et al., 2014; Pask & Rouf, 2018). Males and females are therefore viewed in terms of 'men are respected and women are protected', positioning women and girls with a subordinate status (Shute, 2018). Thus men's masculinity and reputation is tied to the behaviours of girls and women. Honour-based violence is an example of a public display of disciplinary power

which affirms the masculinity of male members by exerting control over their female relatives (Gill et al., 2014). The extent to which a woman conforms to the cultural and religious norms determines how she and her family are perceived by the community (Gill & Brah, 2014).

Shame as a mechanism of control

The construction of shame exerts extreme psychological, mental and physical control over women and girls. It becomes internalised, resulting in difficulty imagining life outside of this construct, as it functions as a guiding principle for an individual's actions and identities. (Kushal & Manicham, 2014). Prevention of shame is therefore maintained through self-monitoring and regulation of behaviour (Pask & Rouf, 2018). Social institutions, such as the family, community and religious establishments also play a role in surveillance. The goal is to prevent cultural deviancy and maintain moral and social order by upholding honour and preventing shame (Wardak, 2000; Zaidi et al., 2016).

Shame and mental health

There is some evidence that the avoidance of shame can lead to a reluctance for South Asian women to access mental health services. Mental health difficulties constructed within the discourses of abnormality may bring shame and pose threats to family honour: shame is therefore considered a barrier to seeking support (Gilbert et al., 2004; Gilbert et al., 2007). Research constructs the preservation of honour and avoidance of shame as being integral to decision making in regards to seeking help for mental health problems among South Asian women in Canada (Mustafa et al., 2017) in the UK, (Bhardwaj, 2001; Baldwin & Griffiths, 2009; Gunasinghe et al., 2019) and in the Netherlands (van Bergen et al., 2012).

This occurs in a system where government statistics suggest that mental health service use by ethnic minority groups is low (HM Government, 2017). This is despite the suggestion in the 'No Health without Mental Health' strategy (Department of Health, 2011) that black, and minority ethnic groups have 'higher rates' of mental illness. This is supported by studies which describe low rates of treatment and high rates of suicide (Bhardwarj, 2001), self- harm (Bhui et al., 2007), depression (Kumari, 2004) and eating disorders (Goodman et al., 2008) in women from South Asian communities. Reference to British Asian families as a 'hard to

reach group' in relation to accessing Child and Adolescent Mental Health Services, suggests that there is an unmet need within this population (Bradby et al., 2007). More recently, the 'Achieving access to mental health services by 2020' report (DoH, 2014) acknowledges the lack of focus on ethnicity and diversity in mental health services.

Despite these concerns, caution should be taken when examining the literature on the mental health of South Asian women, as they are are often constructed in stereotypical ways. Burr (2002) argues that mental health professionals position South Asian women as passive or immobile, which results in their cultures being considered as inferior and repressive. By constructing South Asian women in this way, the literature constructs the low service uptake as an issue of culture rather than focusing upon structural barriers within services. Moreover, studies have examined South Asian women's experiences in relation to subordination and entrapment, constructing South Asian women as isolated and subjugated by patriarchal cultures (Gilbert et al., 2004; Rafique, 2010; Mustafa et al., 2017). Yet, the subordination of women is universally observed and is not unique to South Asian women (Epstein, 2007) wider discourses of gender commonly attribute externalised problems to males and internalised problems to females (Shute, 2018; Patalay & Fitzsimons, 2017).

In relation to children, Bradby et al. (2007) found that South Asian parents construct shame as a barrier to accessing CAMHS for their children. This was related to the medicalised construction of mental distress and being labelled as 'mad', which was deemed shameful. The parents avoided shame by resisting diagnostic labelling and utilising terminology describing the behaviour rather than a disorder. Those that adopted the biological discourse considered their child to have some sort of deficit which was 'curable' or 'fixable' through medical intervention. Whilst some parents kept the problem within the family and remained out of the reach of service provision, and therefore did not seek professional help. This demonstrates that the fear of being labelled with a mental illness is thought to bring shame, which may result in being ostracised from the family and community (Gilbert et al., 2004).

South Asian Girls

South Asian girls living in the UK experience a unique upbringing due to the intersection of their cultural values and the values of the dominant western society. Accordingly, dual-identity formation and cultural conflict have been noted as key factors for first and second generation adolescents in relation to the development of mental distress (Gupta et al., 2007;

Mustafa et al., 2017; Mustafa et al., 2018). Recent evidence suggests South Asian girls were aware of the support available from psychologists and distinguished this from medical treatment (Ali et al., 2017). They, therefore, may have differing constructions of shame and its relationship to mental health from those of adults. These differing constructions may lead to different help-seeking behaviours (Anand & Cochrane, 2005; Dein & Illaiee, 2013; Ali et al., 2017).

Research Aim and Questions

Previous research investigating the relationship between discourses of shame and help-seeking behaviour have focused upon South Asian women (Gilbert et al., 2004; Kushal & Manickam, 2014). The current research sought to extend the understanding of how shame may impact upon help-seeking behaviour in relation to mental health by capturing the voice of South Asian girls. The use of methods which captured rich data reflecting the complexity of discourses was important as, alongside the voice of South Asian girls, this was missing from the literature.

Research Questions:

1. How do South Asian girls construct shame?
2. How do constructions of shame regulate the behaviour of South Asian girls?
3. How do South Asian girls construct mental health?
4. How do these constructions of shame and mental health open up and close down opportunities for help-seeking?

Method

Epistemological position

The position taken in this research was social constructionist. The study aimed to understand how girls construct the concept ‘shame’ and the implications that this had on their help-seeking behaviour. Social constructionism is a theoretical orientation which underpins a range of approaches, including discursive and critical psychology (Burr, 2015). Research taking a social constructionist approach is concerned with language, and views this as a fundamental means by which the social and psychological worlds of individuals are

constructed. Language is therefore seen as having a performative function (Burr, 2015); it is behaviour in itself and a form of social action (Fishbein & Ajzen, 2010). Discourses provide a frame of reference, a way of interpreting the world by giving it meaning and allowing objects to take shape (Burr, 2015).

Foucauldian discourse analysis

Foucault's broad definition of discourse as 'a general domain of all statements' (2002, p. 90) can be described as 'practices that systemically form the objects of which they speak' (Foucault, 2002, p 54). Researchers adopting a Foucauldian perspective view the world as having a structural reality in terms of power relations that underpin how we understand and talk about the world (Burr, 2003). Discourses are seen to facilitate and limit, enable and constrain what can be said, by whom, where, and when (Parker, 1992). When analysing discourse, the aim is not to describe which discourses are true or accurate representations of the 'real'. Rather, Foucauldian discourse analysis aims to describe the mechanisms through which subjects are produced by dominant discourses.

Research design

This research was exploratory and employed a flexible design (Robson & McCartan, 2016). Its purpose was to explore constructions of multiple realities to gain a rich picture, rather than data that could be generalised (Thomas, 2017). Here the researcher is viewed as an integral instrument for data collection and the researcher's subjectivity and personal qualities are acknowledged.

Semi-structured interviews were used as they allowed relative flexibility whilst ensuring discussions focused on the research aims (Holstein & Gubrium, 1995). Interview schedules were designed to illuminate and prompt discussions around how shame was constructed. The pupil interview schedule (Sangar, 2018) included practical activities, which functioned as stimuli to facilitate talk and the co-construction of discourse. Examples from the schedule are included in Appendix 1.

Participant recruitment and sampling

This research took place in a state secondary girls school with a predominantly South Asian population. The school was identified utilising a purposive sampling strategy, this enabled the sample to be selected based upon the specific needs of the research (Robson & McCartan, 2016). The dual role of trainee EP and researcher enabled access to schools through the EP service within which the placement was based.

Identifying pupil participants

A purposive sampling strategy was utilised to recruit pupil participants which was deemed suitable for the aims of flexible research that is not concerned with generalisability (Robson & McCartan, 2016). The inclusion criteria are described in Table 1. Pupils and parents were invited to a meeting where the researcher explained the purpose of the research. This allowed parents to ask questions about a culturally sensitive topic. Interpreters were also present at this meeting for those whom English was not their first language. The terminology used to describe the research topics were translated into the range of languages relevant to the group. The aim of this was to further aid understanding of the concepts which the research was proposing to investigate. Parents were invited to give written consent at this meeting and three carers gave verbal and written consent for their daughters to take part in the study. For the parents who were unable to attend, consent letters were given to the pupils and they were encouraged to speak to their parents about the research.

Table 1: Participant Inclusion Criteria

Inclusion Criteria	Rationale
Age 13-14 years	Research suggests that this is the age from when individuals become aware of talk around shame and are able to discuss it. Practically more difficult to obtain consent for older pupils to be withdrawn from lessons due to school examinations.
No identified mental health difficulty	Ethically unsuitable to talk to pupils with an identified mental health difficulty as the discussions would be sensitive in nature
Pupils identifying themselves as being South Asian	The construct of shame under investigation is present within cultural ideology within South Asian cultures, for example, Pakistani, Indian and Bangladeshi

Pupil interviews

In total, seven parents agreed for their daughters to take part in the research. Interviews were conducted individually although two pupil participants asked to be interviewed as a pair, which the flexible nature of this research was able to accommodate. The details of the pupils can be found in Table 2. All seven pupils were born in the UK and were members of families with South Asian heritage (Pakistan, Afghanistan or Bangladesh). With the exception of one participant whose mother was born in the UK, the pupils' parents were born and raised in a country within South Asia.

Table 2: Pupil details

Participant	Age	Ethnic	Family country of origin
1	14	British Bangladeshi	Bangladesh
2	14	British Pakistani	Pakistan
3	14	Pashtun Pakistani	Pakistan/Afghanistan
4	13	Pashtun Pakistani	Pakistan/Afghanistan
5	14	British Pakistani	Pakistan
6	14	British Pakistani	UK/Pakistan
7	14	British Pakistani	Pakistan

Ethical considerations

A number of ethical considerations were made during the research. Guidelines from the British Psychological Society (BPS, 2014), the British Educational Research Association, (BERA, 2011) and the University of Birmingham's Code of Practice for research were adhered to. Ethical approval was obtained from the University of Birmingham's Ethical Board.

Data analysis

Data were analysed using a version of Foucauldian discourse analysis that combined elements of Willig's (2008) approach and Parker's (2002) process. The steps taken in the analysis are described in Table 3.

Stage	Questions	Process
1. Discursive constructions	How are the discursive objects constructed in the text?	Implicit and explicit references to the objects were highlighted and notes were made to outline groups of statements identified. These statements were then grouped, reviewed and regrouped reflecting

		discourses.
2. Discourses	How are the objects constructed in relation to wider discourses?	Notes were reviewed and further notes were made around differences in the various constructions and whether they were located within wider discourses.
3. Action Orientation	What is gained from constructing objects in this way? What is its function and how does it relate to other constructions in the surrounding text? What are the various constructions capable of achieving in the text?	Discourses were analysed and potential gains and functions of the constructions were recorded.
4. Positioning	How are the discourses constructing its subjects? What positions are made available by these discursive constructions?	Notes were made on the subject positions made available by the discursive constructions.
5. Practice	How do the discursive constructions and the subject positions open up or close down opportunities for action?	How the discourses limit what can be said or done were noted alongside how the discourses may open up possibilities for action.
6. Disciplinary Power	What, if any, disciplinary powers are present within the discourses?	Constructions of the objects and the subject positions were reviewed, noting any instruments of disciplinary power.

Table 3: Stages of data analysis (adapted from Willig, 2008, 2013; Parker, 2002).

Results

RQ1: How do South Asian girls construct Shame?

The discursive constructions of shame are shown in Figure 1. Discourse is complex and often contradictory. This can be seen in the pupils' constructions of shame which was constructed in both positive and negative ways. Shame was constructed as an object which could be brought upon the individual and could potentially damage family honour.

Figure 1: Constructions of shame

This includes extended family members and the honour of ancestry. Honour is therefore considered to be fragile, and once it is lost it is difficult to regain:

"*…once you've lost your izzat [honour] it's really hard to get it back because, like… shame is a big thing*" (Participant 3)

This relates to wider discourses surrounding shame which describe it as a mechanism to protect honour by defining behaviours that are acceptable and unacceptable, and the shameful from the honourable (Pask & Rouf, 2018; Gill et al., 2014). All family members are expected to preserve family honour, as individual actions reflect on the entire family (Gilbert et al., 2004; Thapar-Olmos & Myer, 2018) hence, responsibility is placed upon family members to maintain and uphold family honour. In particular, the behaviour of children reflects the ability of parents to fulfil their duty:

"*…the whole idea that, that she's your daughter, you're meant to be the one that comforts her, you're meant to be the one that helps solve her problems or disciplines her and the fact that you can't do that brings shame to you*" (Participant 6)

These constructions attribute responsibility to individuals to engage in particular behaviours, customs, and values in order to demonstrate they are honourable. Individuals, therefore, hold responsibility for collective reputation (Gilbert, et al,, 2004; Thapar-Olmos & Myer, 2018):

"*…once like you make people happy and yeah, have honour I guess? Izzat [Honour], once our family has izzat [honour] you're all happy you all get along. But if that one person just brings the family down everyone might turn on that one person*" (Participant 2)

Shame is gendered

Shame was constructed as having different implications for girls and boys:

"*I think boys and girls have a different kind of shame level, like boys can go off and do whatever they feel like, and their parents would have like oh just don't get her pregnant but if it was like a girl, … it would be like how dare you, that's not a woman's place, how dare you kind of thing…* " (Participant 7)

The behaviour of females is considered as having particular importance to family honour, supporting discourses that females hold responsibility for maintaining family honour (Kushal & Manickam, 2014) and a girl's honour or 'name' being shamed has implications for males as it threatens masculinity (Gill et al., 2014):

"*…cuz brothers don't want their sister's name to be shamed and they don't want their friends to know about it*" (Participant 4)

This reflects discourses of masculinity and femininity which construct men as protectors and females as the protected (Gill et al., 2014; Pask & Rouf, 2018). Upholding traditional gender roles is valued and failure to align with and to fulfil these roles has the potential to 'bring shame' (Gilbert et al., 2004). By maintaining a subordinate status to male members of the family, this perpetuates patriarchal order and the compliance of females.

This results in the control, overprotection and policing of the sexual behaviours of females, and supports literature which discusses how girls are constructed as 'pure', 'modest' and in need of protection (Furnham & Adam-Saib, 2001; Kushal & Manickam, 2014). Related to wider discourses of gender, the girls demonstrated how they constructed males and females in their discourse:

"*…it's boys their natural instinct is to be protective over family, especially, especially if it's a girl as well,... she's with this other boy that they don't know, … so they don't know anything about it, they can't watch her, they don't know anything she's doing…*" (Participant 6)

RQ2: How do constructions of shame regulate the behaviour of South Asian girls

Shame regulates behaviours in a positive way

The girls discussed how the phrase 'have some shame' was attributed to an individual's behaviour by others. This was referred to as 'shaming' with the purpose being to change an individual's behaviour and to teach them what is permissible to do. This was sometimes internalised by the individual but also resisted if they felt they had not engaged in any wrong doing. This girl discusses how shame regulates how she can dress:

"*…my mom says Sharam kar [Have Shame] when I don't wear like Asian clothes, ..but I don't feel it so just let me wear what I wana wear*" (Participant 2)

Contrary to the current discourses of shame which predominantly construct it negatively (Kushal & Manickam, 2015; Gilbert et al., 2007; Gilbert et al., 2004; Gill et al., 2014), the girls often constructed shame as protective and helpful as it prevented dishonour this is in line with research which contends that shame functions as a mechanism to protect honour (Pask & Rouf, 2018). Though the girls also demonstrated resistance towards this construction being imposed on them. This construction reflected the usefulness of shame as a mechanism for problem solving in decision-making.

Shame allows individuals to consider the religious and cultural implications of particular behaviours, hence it illustrates the potential consequences of behaviour and thus enables individuals to problem solve and to make choices. Additionally, shame allows individuals to own up to their past behaviour and ask for forgiveness. This form of shame allows individuals to reflect:

"*I'm not as good as I thought I was, it kind of humbles you a bit.*" (Participant 7).

Shame as a regulator of behaviour attributes responsibility to the individual to be better, do better and fit standards of society, thus maintaining family honour. Therefore, external factors which may impact upon an individual's behaviour are overlooked. The discourse of shame as a regulator of behaviour was seen as a protective and helpful mechanism for the girls as it provided them with boundaries of how to behave. This was an unexpected construction and

differed from how shame is presented in the literature as a mechanism for imposing unwanted regulation and control of behaviours (Kushal & Manickam, 2014; Gill et al., 2014).

Shame regulates behaviours in a negative way

Shame also positions girls with a restricted repertoire of ways of being as they are socialised to align with cultural and social norms. An individual who resists conforming to societal expectations is positioned as an 'outsider' or 'immoral' which potentially leads to conflict and social exclusion. The pupils expressed that when this occurs they were 'shamed' into behaving in particular ways which fit societal expectations. This restriction of ways of behaving can be considered oppressive. The positioning of girls within traditional, submissive gender roles and as vessels of honour is upheld by the patriarchal nature of collectivist societies.

The gendered constructions of girls positions them as being in need of 'protection' as the Honour which they encompass holds social value and is linked to notions of masculinity. Girls are positioned as being under the surveillance of others and this constrains their agency to behave in ways outside the sociocultural norms of society. Although the pupils sometimes constructed shame positively, it was recognised that this was dependent upon the ways of behaving deemed acceptable by individual families. Consequently, some girls were positioned as being under unreasonable restrictions which led to resistance and rebelling:

"…*some people, doesn't that make them want to do it more like you're preventing them from doing that so like they're gona wana do it more, so like I think there should be boundaries but there shouldn't be like, like complete restrictions so that you're like caged like an animal*" (Participant 7)

This construction shows how shame regulates behaviours and to produce 'docile bodies' in order to fit norms of society, and thus operates as an instrument of control by regulating behaviours in order to modify individuals (Foucault, 1975). The positioning of girls as repositories of honour and in need of protection results in surveillance, restriction and monitoring of their behaviour. The threat of being judged abnormal constrains their behaviour, and normalising judgement results in them being judged as not meeting the

expected standards. Family, the community and the girls themselves can be considered agents of surveillance:

"*…this Pathan [Afghan] girl on *** street there's loads of Pathan [Afghan] like families there…she had all her hair open, everything, I thought to myself if I took a picture of you showed your family what would your family be saying then?*" (Participant 4)

Shame controls subjects by enforcing judgement and comparison to others based upon social norms. Bringing shame to the family and damaging honour was seen as having dire consequences for the individual which may include social ostracism and honour based violence as described in the literature (Cihangir, 2012; Cooney, 2014):

"*Shame is just this thing that's gona come init and basically will ruin your life*" (Participant 3)
And the family: "*Everyone in the community knows the family, they might look at them in a different way after that*" (Participant 5)

Hence, hierarchical observation and judgement by the community are powerful mechanisms of control of individuals. This reflects a disciplinary practice which restricts behaviours as the individual is forced to behave in a way which assumes they are constantly being observed.

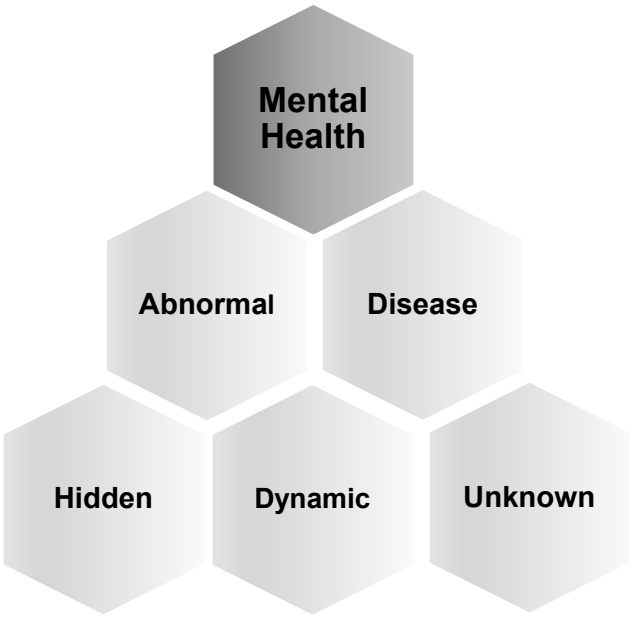
Within this disciplinary regime, the individual adopts the role of the oppressor and the oppressed by internalising shame, self-monitoring and regulating their behaviour. Individuals are therefore positioned as being subject to and subjects of power relations (Foucault, 1975). As discussed, the girls positioned themselves in resistance to these discourses. This suggests individuals have agency and are able to take up or resist discourses. However, this liberating view was contradictory in the discourse as the girls also shared:

"*I know my boundaries, and I know that erm I shouldn't do this thing cuz it would bring shame to me or to my family*" (Participant 3)

RQ3: How do South Asian girls construct mental health?

Analysis of the pupil transcripts surfaced a number of discursive constructions of mental health that can be seen in Figure 2. Mental health was constructed by the girls in relation to 'abnormality.' An individual with mental health problems could be identified if their behaviour was not aligned with the norm: "*…they would act differently, do things that normal people wouldn't do*" (Participant 5)

Figure 2: Constructions of Mental Health



The construction of 'abnormality' is reflective of wider medicalised discourses of mental health rooted within psychiatry and psychology. Linked to discourses of 'abnormality' is the construction of mental health as a 'disease' or an 'illness':

"*…ok I've drawn a brain and then all of these things symbolise mental health because…if you have like a nice normal brain, it's almost like a disease like there's something infecting it..*" (Participant 7)

Mental health was also constructed as an 'unknown' object within the girls' talk. This was associated with the construction of mental health as an object that was difficult to understand and conceptualise:

"*…because they won't know what's happening to you and you kind of don't know what's happening to you as well…You don't know if it's just like a phase you're going through or if it's an actual thing*" (Participant 1)

This construction is associated with the construction of mental health as 'inexpressible' or 'indescribable':

"*I don't think it's spoken about, it's just like there*" (Participant 1).

Additionally, mental distress was constructed as something which society and families would want to keep hidden. This is associated with wider discourses around the negative consequences of being labelled with having mental health problems (Ali et al., 2017; Mustafa et al., 2017; Thapar-Olmos & Myers, 2018; Bradby et al., 2007):

"*I think like some of the more kind of stricter, more religious people would see it as oh you need to keep your views or what's happened to yourself because they don't want the entire neighbourhood knowing or something, there's also that like, I dunno if you have this but like there's this concept of secrecy like you shouldn't tell anyone anything*" (Participant 7)

Hence, by keeping mental health problems hidden this preserves and protects individuals from ostracism and exclusion. This may explain literature which suggests that South Asian women have high rates of suicide (Bhardwarj, 2001) and self-harm (Bhui et al., 2007) as individuals may not seek help and view these acts as a way of managing distress. The construction of mental health difficulties as 'hidden' reflects wider discourses of gender which ordinarily attribute externalised problems to males and internalised problems to girls (Shute, 2018; Patalay & Fitzsimons, 2017). This echoes research constructing South Asian females as vulnerable to experiencing higher levels of internalised problems, for example, depression (Kumari, 2004), and eating disorders (Goodman et al., 2008).

RQ4: How do these constructions of mental health and shame open up or close down opportunities for help-seeking?

The constructions of shame and mental health found in the girls' discourses are summarised in Figures 1 and 2. The constructions of mental health as abnormal and as a disease have the

potential to close down opportunities for help-seeking. As conformity is valued, being labelled with a disorder or as 'different' has the potential to damage family honour. The pathologising nature of these constructions of mental health therefore have the potential to bring shame to individuals and their family. If individuals express distress through their behaviour they are potentially breaching norms and therefore may be considered shameful and blamed. This is particularly heightened for females as their behaviour is deemed reflective of collective family honour and this potentially closes down opportunities to seek help as blame is attributed to them if they are viewed as having a 'disorder' (Gilbert et al., 2004; Mustafa et al., 2017; Baldwin & Griffiths, 2009; van Bergen et al., 2012). The attribution of shame can have implications for a young woman's future, including her marriage prospects.

As shame is constructed by the girls as a tool to make decisions and problem solve, they may consider whether seeking help for mental health difficulties will bring shame to them and their family. If mental health is constructed as 'abnormal' or a 'disease' then it is likely that seeking help results in judgement from the community and therefore damages honour. So here, the fear of bringing shame to the family may prevent some girls from help-seeking when they are experiencing mental health difficulties. How far South Asian girls are able to seek help may be related to the way in which mental health is conceptualised (Anand & Cochrane, 2005; Dein & Illaiee, 2013; Ali et al., 2017). Medicalised constructions result in individuals typically seeking help from GPs and psychiatrists, where practices of identification, diagnosis and treatment are enacted and these may bring the threat of shame for the family. Social discourses of mental health reduce the likelihood of help-seeking from medical professionals (Rafique, 2010) they open up alternative discourses and thus may support help-seeking behaviour.

The Links between shame, mental health and help-seeking

This research aimed to explore the discourses of mental health and shame by analysing the talk of South Asian girls. The literature review provides an overview of the dominant discourses surrounding shame and mental health and how this affects girls and women within South Asian communities. This research has identified some of the ways in which South Asian girls construct mental health and shame, and how these constructions impact upon opportunities for help-seeking. Constructions of shame by the South Asian girls were

reflective of the literature which described it as an oppressive, sexist and disciplinary object. The burden of maintaining the family honour by avoiding shame is mainly carried by the girls and women in the family. The girls' constructs of mental health were dominated by medicalised discourses that position the concept of mental health as disordered and defective. These discourses present a threat to communities that value conformity and thus the desire to avoid disrupting cultural norms can close down opportunities to seek help.

The girls' talk also revealed that their discourses of mental health are complex and contradictory. Their talk surfaced counter discourses resistant to these hegemonic understandings. These constructions opened up hopeful and inclusive understandings of mental health, demonstrating a shift in discourses, while they were also able to construct themselves in ways which demonstrated resistance, power and agency. Despite this positive construction, overall this research suggests that the simultaneous existence of negative discourses of mental health and shame has the potential to close down opportunities for help-seeking.

Limitations of the Research

This research was an exploratory analysis of the discourses of South Asian girls. As such it is specific to the context where the research was conducted and it is not possible to make broad generalisations to the wider population. Instead, this research provides local insights which may be useful in similar contexts (Yardley, 2008) and shapes the researcher's developing practice (Thomas, 2017). The use discourse analysis involves the researcher making meaning from the data, this inevitably leads to a level of subjectivity in the data analysis.

Implications for practice

Supporting mental health problems has become integral to the role of educational psychologists (EPs) (Leadbetter, 2013) who are often asked to engage in assessment and therapeutic work with pupils constructed as 'having mental health needs' or displaying 'abnormal behaviour.' Awareness of prevailing discourses provides opportunities for reflexive practice and the interrogation of discourses that are embedded within society. EP practice involves the creation, manipulation and distribution of discourses about pupils

(Bozic et al., 1998). Hence, EPs are well placed to challenge and reconstruct negative and pathologising discourses which position pupils in particular ways.

This research emphasises the importance of cultural understandings of mental distress and provides awareness to those working with ethnic minority groups. The analysis allows opportunities to reflect upon the competence of services in relation to meeting the needs of communities where shame and honour are present in order to ensure they are accessible, safe and ethical. An example of this is the importance of cultural sensitivity when decision-making around confidentiality.

The negative discourses surrounding the family and community highlight the need to challenge these discourses by adopting a community engagement approach to addressing mental health needs. It is important to note that cultural awareness requires a delicate balance in order to ensure that assumptions are not made and so to avoid the danger of stereotyping. Through consciousness raising, this research supports the need for EPs to ask questions which may uncover unmet needs in communities where help-seeking behaviours may be inhibited by cultural factors. Furthermore, systemic work in schools, such as whole-school approaches, can encourage shared language surrounding mental health which encourages young people to consider self-care; this may be more helpful than awareness raising of particular mental disorders.

Conclusion

This research uncovers the varying discourses surrounding the socio-cultural constructs of shame and mental health. Moving away from stereotypical assumptions about particular cultural groups, this analysis uncovers the complex discourses surrounding these constructs including how they are tied to wider discourses and have the potential to influence behaviour. The importance of seeking the voice of young people is highlighted as their discourses can be distinctive from adult discourses. By interrogating these constructions and listening to young people it is hoped that services can be better informed on how to ensure they are accessible, ethical and culturally competent.

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Appendix 1: Examples from the Pupil Interview Schedule (Sangar, 2018)

Introductory activity

Statement sorting activity: 1

Sort the following statements into those you strongly agree to those you strongly disagree with:

- My culture and community help me to deal with difficult feelings
- I can talk to people in my community about how I feel
- My culture encourages me to talk about my feelings
- If I'm struggling with feelings there is always someone that can help
- My community and culture do not encourage me to talk about feelings
- If someone is struggling with their Mental Health, they are crazy
- Struggling with difficult feelings is normal
- If you have Mental Health difficulties, you should see a professional e.g. GP
- If you have Mental Health difficulties, you should not tell anyone

Introductory activity: Shame

Externalising activity: Shame (White, 2007)
• Imagine Shame (sharam) as an object or a living being
o What would it look like?
o What would it say?
o What would it do? On a day to day basis?
o What would be its job?
o How would it impact/effect you?
Invite RP's to draw, write or verbally respond
Scenario - *Present in written form*

Hanna is 15 years old, she lives at home with her mum, dad and 3 older brothers. Hanna is in a relationship with an afro-Caribbean boy, she has been seeing him in secret and has a secret mobile phone she uses to contact him. Hanna wants to study drama and performing arts at university but she is feeling hopeless about her future. She cries a lot as she is unhappy, worried and fearful. She has not spoken to anyone about how she is feeling.
• What do you think Hanna is thinking and feeling about her situation?
• What do you think her parents think?
• What about her brothers?
• Do you think Hanna is struggling with her Mental Health?
• What do you think Hanna should do?
• What do you think she will do?
• If you were in this situation what would you do?

Statement sorting activity

Present pupils with cards showing alternative endings
These cards show alternative endings to the scenario. I would like you to rank them, with the ones you think are most likely to happen at the top and least likely at the bottom. If you think something else would happen I can write it on this blank

card.

- Hanna will end the relationship with the boy
- Hanna will speak to someone about how she is feeling
- Hanna will go to see a GP
- Hanna will seek counselling
- Hanna will speak to her teachers
- Hanna will share how she is feeling with her family and they will support her
- Hanna will share how she is feeling with her family and they will not support

her

- Hanna will not speak to anyone and things will remain the same