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Risking the social bond when communicating unpleasant information:

How self-relevant appraisals and feelings explain distancing and repair motivations

by

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A thesis submitted for the degree of Philosophy Doctor in Social Psychology at the University of Kent at

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Declaration of Authorship

The research reported in this thesis is my own, except where indicated, and has not been submitted for a higher degree at any other institution.

Stine Torp Løkkeberg

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FOREWORD

This thesis includes six studies investigating how the phenomenon of communicating unpleasant information affects the communicator. In undertaking this, I have investigated how varying degrees of unpleasant information are appraised and felt by the communicator in two different contexts: in more general, everyday situations with 'ordinary' people, and in clinical situations with health professionals.

As communicating unpleasant information in the clinical field is very complex and often qualitatively different from everyday communication, I found it necessary to have two theoretical introductions. The first introduction discusses the social bond and communication with others in relation to psychological knowledge (and especially the social psychological field). These first four chapters culminate in Studies 1-4 dealing with communication of unpleasant information in the lay population. However, as clinical situations with health professionals entail an expectation of being "professional" and "ethical" when communicating unpleasant information (not to mention the severity of the information; diagnosis or information concerning life and death), I felt I needed to complement the general "psychological" introduction with a more specific introduction related to the medical field. I appreciate that this is a structurally idiosyncratic approach, but I feel that it is necessitated by the very specific and complex phenomenon of communicating unpleasant information in the clinical health field.

ABSTRACT

This thesis focuses on the communication of unpleasant information in six experimental studies. Specifically, the experimental studies investigate how withholding and/or disclosing unpleasant information is appraised by the communicator in three various ways (degree of severity, concern for one's self-image and concern for one's social-image in the eyes of others), how these appraisals relate to three core feelings (felt rejection, felt inferiority and felt shame), and how these explain two main motivations (wanting to distance oneself from the other, wanting to repair the social bond with the other) across various social bonds (both private and professional). In the two first studies it was found that disclosing unpleasant information caused the communicator to report significantly less distress (lower levels of appraisals, feelings and motivations) compared to when the communicator withheld the unpleasant information. In studies three to six, it was found that, when communicators disclosed the unpleasant information, the prototypical communication strategy of being person-centred caused the communicator to feel significantly less distress (lower levels of appraisals, feelings and responses) than if two other prototypical ways of communicating were used (the fully direct strategy and the fully indirect strategy). In all six studies, I found that the motivation of wanting to distance oneself from the other was explained by a *"concern for one's social-image → felt rejection"* pathway, while the motivation to repair the social bond with the other was explained by a *"concern for one's self-image → felt shame"* pathway. The thesis argues the importance of disclosing the unpleasant information and of disclosing it in a person-centred way.

Keywords: Communication, unpleasant, information, social bond, self-image, social-image, rejection, inferiority, shame, distancing, repair, motivations.

CHAPTER 1

The Social Bond

A social bond "involves mental and emotional attunement between persons" (Scheff, 1994, p. 201) so that each of the participants in an intact social bond feels valued and respected. In other words, a social bond is a relationship or tie with someone important for us (Gausel, 2013), and every new social situation becomes an opportunity for social bonds to be built, protected, repaired or damaged (Scheff, 1994). According to Baumeister and Leary (1995), these social bonds can be both private and professional, and even more distant bonds that go beyond the interpersonal sphere, such as a professional relationship with patients and colleagues, are also of importance (Mitchell, Sakraida, Kim, Bullian, & Chiappetta, 2009; Scheff, 1994). According to Scheff (1994), the reason that we form these bonds is that social bonds have the potential to fulfil the essential psychological need to be accepted (Scheff, 1994) and the need to belong (Bowlby, 1979). For this reason, people are motivated to form social bonds even under adverse conditions and despite unpleasant experiences with these others (Baumeister & Leary, 1995).

Naturally, because social bonds can provide acceptance and belongingness, people will care about their social bonds, and since people try to preserve social bonds and avoid damaging them, they will be motivated to preserve them – either by repairing them or by trying to not make them change (Baumeister & Leary, 1995). As people have a psychological need to belong, they also care about self-relevant social bonds that are important for an individual (Baumeister & Leary, 1995; Bowlby, 1979). A social bond becomes self-relevant when people experience acceptance of their thoughts and feelings between those involved in a social bond (Gausel, 2013; Scheff, 1994). Their main route to others' acceptance is to act morally

by being trustworthy, honest and caring (Gausel, 2013). This is what Scheff (1994) explains in more detail in the deference-emotion model.

The social bond and the deference-emotion model

People typically direct attention and action to minor signs of bond trouble to prevent a potentially greater threat (Lewis, 1971; Scheff, 1994; Tiedens & Leach, 2004). If this social bond is assessed as important, people want to be able to choose to withhold unpleasant information in order to reduce the threat to the social bond. In other words, people can choose communication strategies as part of preventing damage to the social bond. These communication strategies are important for the deference and the emotions experienced in a communication situation (Scheff, 1994). Scheff (1994) explains the importance of a communication system that gives people in a social bond the possibility of knowing each other's thoughts, and, secondly, a deference-emotion system that evaluates each other's status.

The first aspect in the communication system according to Scheff (1994) is differentiation. This means there has to be a balance between closeness and distance in the communicating process. This entails acknowledging the receiver's point of view by caring for the other's perspective on the situation and the other's thoughts and feelings (Scheff, 1994). It should also involve a distance through acceptance of the other's independence from one's self, and acknowledgement that the situation involves both agreement and disagreement (Scheff, 1994).

Another important aspect in the communication, according to Scheff (1994), is conformity. Conformity can be explained as an agreement with the majority position, brought about either by a desire to 'fit in' or be liked (e.g. normative; acceptance from the other) or because of a desire to be correct (e.g. being a

professional), or simply to conform to a social role (e.g. identification; expectations of academic profession).

The third aspect in the communication system is attunement. By attunement, Scheff (1999) meant the importance of mutual understanding for both parties in the interaction, not only mental but also emotional. Scheff (1994) also proposed intuition (meaning of expression in context) as an aspect of the communication system. "By using intuitive understanding, we can learn the skill of empathy of subjective awareness of mind reading" (Scheff, 1994, p.78).

Moving on, Scheff (1994) underlines the importance of cognitive understanding also including emotional aspects. Therefore, Scheff (1994) explains the deference-emotion system (the evaluation of each other's status) as an important way of explaining the emotional impact of the social bond. The system can have a formal public, or private form, and is virtually instantaneous and invisible (Scheff, 1994). Overall, Scheff (1994) concluded that, if emotions are not acknowledged, the deference-emotion system shows a malign form. This is in line with Rogers (1961): when emotions are acknowledged, people tend to form social bonds by becoming more open to other people's perspectives and are aware of reality as it exists outside themselves. Conversely, if people do not value the relationship with the other as important, this can lead to emotional stress in the conveyer or receiver of the unpleasant information (Leary, 2001).

CHAPTER 2

Risking the Social Bond – Communicating Unpleasant Information

According to Scheff (1994), the social bond itself is important, but it is the communication within the social bond that serves as a potential fulfilment of being accepted and of belonging. Communication is therefore a vital part of monitoring social bonds; those involved in a social bond are interested in getting to know the status of the bond by receiving answers to questions such as: "Am I still liked and valued?", and "Do I still like and value the other person?" If these questions can be positively answered, a sense of mutual respect and acceptance will follow; something which not only strengthens and secures the bond – it also allows for a fulfilment of needs for acceptance and belonging (Rogers, 1961).

Communication may also function to maintain the relationship in advance. Assume, that one acquires some information about a friend or a colleague that will be unpleasant for them to hear, such as negative feedback on a work task or that someone has betrayed them. Expressing this information to the other might cause a negative answer to the questions above, and a negative answer has the potential to threaten the social bond; it can even make it dissolve, which is a very distressing psychological experience that becomes more distressing the more important the social bond is (Scheff, 1994). In this light, if one has received unpleasant information about someone with whom one shares a social bond, what should one do about it? Should one withhold the unpleasant information? Or should one disclose it?

Probably because of people's needs for acceptance and belongingness, they sometimes decide to withhold the unpleasant information they have about others, so as to keep their bonds with them intact. Even though this may superficially be seen as a wise decision, the downside of it is that withholding can be considered immoral (Ma, Xu, Heyman, & Lee, 2011), especially if the other person has a legitimate need

to know about the information. Even though the decision to withhold information may have been meant as a pre-emptive strategy to not upset the other, and thereby secure the bond (and the fulfilment of needs associated with it), the decision may backfire; it can damage the social bond if the other discovers the withholding, regardless of whether the information was trivial or important. According to Horan and Dillow (2009), in communication that is not fully transparent, the communicator may experience both emotional and psychological changes.

Considering the desire to not upset the other and the threat to the social bond if the withholding is discovered, there are good grounds for wanting to disclose the information instead. However, this too poses problems. Unpleasant information can easily hurt the receiver (O'Sullivan, 2009). Hence, it is possible that the communicator thinks they have done the receiver, especially a vulnerable one, some wrong (Weil, Smith, & Khayat, 1994). In response, the potentially hurt other may "shoot the messenger", so to speak (Gattellari, Butow, Tattersall, Dunn, & MacLeodic, 1999). That is, they may withdraw from the communicator due to the disappointment of the news, and thus the social bond will dissolve. After all, avoiding harm is an important aspect of morality (Grice, 1989) and crucial to the maintenance of social bonds (Gausel & Leach, 2011).

So, which will be the worst option for the communicator, to withhold or to disclose?

The three prototypical communication strategies

People normally want to think they are honest, trustworthy and caring, and also want other people to view them in the same way (Gausel, 2013). When people withhold unpleasant information that is important for others, and which the others have a legitimate need to know, they are at great risk of being viewed as the opposite

of honest and trustworthy, if people discover the withholding. In western societies,

honesty and openness are considered to be important (Weil, Smith, & Khayat, 1994),

and it is therefore appropriate to think that withholding causes more negative

experiences in the conveyer, than if they decide to disclose the unpleasant

information. Even though disclosing unpleasant information can be considered to

hurt the receiver, this feeling of hurt depend on how the unpleasant information is

disclosed. When people first decide to disclose unpleasant information, different

communication strategies can be used. According to Brewin (1991), there are three

prototypical strategies used when people communicate unpleasant information.

1. The direct strategy. The first prototypical communication strategy is a

direct strategy (e.g. objective-centred or liberalistic). This strategy is defined as an

honest and straightforward approach (Brewin, 1991; Muñoz Sastre, Sorum, &

Mullet, 2014; Smith, Nicol, Devereux, & Cornbleet, 1999). In this approach, the

conveyer communicates the unpleasant information objectively, in order to make

sure the receiver is fully informed about the problem and its consequences. This

approach is not concerned with the receiver's perspectives of the situation, or an

empathic involvement towards the receiver of the unpleasant information. For

instance, the conveyer will be focused on the formality and the intention to be frank,

and not be concerned about the emotional consequences perceived by the receiver.

2. The indirect strategy. The second prototypical communication strategy is

an indirect strategy (e.g. emotion-centred or protective), defined as general

avoidance and withdrawal strategies (Baxter, 1982; Brewin, 1991; Muñoz Sastre et

al., 2014). In this approach, the conveyer tones down the unpleasant information in

order to protect the receiver from the hurtful message. Also, the conveyor may be too

emotionally involved with the receiver, and unable to evaluate the situation from the

perspective of the receiver's needs. This approach could also be seen as a strategy for the conveyer to make the situation less uncomfortable by either toning down the most severe information, or communicating the message indirectly to minimize the unpleasantness. According to Grice (1989), this communication strategy violates the need to be truthful and informative.

3. The person-centred strategy. The third prototypical communication strategy is a person-centred strategy. It is defined as being concerned about the other's appraisal of the situation and emotional reactions in the receiver (Brewin, 1991; Muñoz Sastre et al., 2014; Smith et al., 1999). In this approach, the conveyer combines empathic and objective approaches in order to balance the receiver's need for information with their emotional experience. This strategy is in line with Rogers' (1961) person-centred therapy that underlines the importance for the conveyer to include positive regard, congruence in the message and to have an empathic understanding to establish a unique person-centred approach in the relationship.

Summarizing Chapter 1 and 2

To summarise, Chapters 1 and 2 point out the importance of being accepted and of belonging, and what is covered by the social bond. People go to great lengths in order to maintain these social bonds. When people have to communicate unpleasant information, they can decide to either 'withhold' or 'disclose' the unpleasant information. To 'withhold' information can be considered immoral if the other person has a legitimate need to know the information. Withholding information can also be problematic if the other discovers the withholding. 'Disclosing' information can hurt the receiver as it poses a threat to avoiding harm. There are three prototypical communication strategies. The first strategy is defined as a direct strategy with an honest and straightforward approach, the second strategy is defined

as indirect strategy with general avoidance and withdrawal strategies. The third

strategy is defined as a person-centred strategy with a concern about the other's

appraisal of the situation and emotional reactions in the receiver.

CHAPTER 3

Appraisal Theory and the Communication of Unpleasant Information

During the last three decades, emotion theory has been interested in the role of cognition in emotion (Lazarus, 1991). As an important aspect of the social bond, there is a widespread understanding that cognitive perceptions influence which emotions are felt, and how the person is motivated to act based on these emotions (Lazarus, 2006).

There are many explanations and theories of the causes of emotions (Roseman & Smith, 2001). Appraisal theory was proposed to explain and serve as a counterbalance for solving problems that other psychological disciplines could not explain (Roseman & Smith, 2001). Appraisal theory can help us explain why people react differently to the same stimuli (Roseman & Smith, 2001). Furthermore, the understanding of appraisals is related to the understanding of appraisals as evaluations of events, rather than events per se that cause the emotional response (Roseman & Smith, 2001; Fontaine, Scherer, Roesch & Ellsworth, 2007). Appraisal theorists claim that it is the appraisals that start the emotion process and initiate the psychological and expressive responses (Roseman & Smith, 2001) There are several different appraisal theories, but the one developed by Arnold (1960) claims that the appraisal process is not a rational one, but rather a 'intuitive' assessment of here-and-now aspects of a situation (Arnold, 1960; Scherer, 2001). Other appraisal theorists also consider the appraisal process as a conscious and cognitive processing, but additionally involving a simpler, non-conscious, lower-level cognitive processing (Lazarus, 1991; Leventhal & Sherer, 1987; Scherer, 2001).

Withholding or disclosing unpleasant information. According to Lazarus (1991), there are different appraisal components of importance. "Primary appraisals refer to the stakes one has in the outcome of an encounter" (Lazarus, 1991, p. 827).

According to him, there are three primary aspects of appraising a situation that must be fulfilled in order to feel an emotion; goal relevance, goal congruence or incongruence, and goal content or ego-involvement. Goal relevance is related to whether anything is at stake, for example if you are in a situation where you find out something unpleasant that is relevant to your friend, and you know this information will upset your friend if he/she gets to hear it. The communicator might have values of being an honest and trustworthy friend, but at the same time have values of not hurting or upsetting other people. According to Lazarus (1999), values and beliefs can be considered as weaker factors as people can have moral values without ever acting on them.

The intensity of the emotion will be tied to the importance or the strength of the goal (Lazarus, 1991). If there is no goal commitment, the communicator of the unpleasant information will not strive hard to attain the goal as there is nothing of adaptational importance in the situation to arouse a stress reaction in the communicator (Lazarus, 1999).

Goal congruence or incongruence concerns whether the encounter is appraised as harmful or beneficial or is relevant to one's well-being (Lazarus, 1991; Scherer, 2001). Also, if some of the communicator goals (e.g. not upset others) is at stake, or some of the communicators core values are threatened this can be relevant to the communicator's well-being and as a consequence, the communicator will experience distress (Lazarus, 1999). In other words, if the communicator does not find the situation relevant for one's well-being one will not experience an emotional stress reaction (Lazarus, 1999).

Taken together, goal content or ego-involvement is important in order to be able to distinguish between different emotions (Lazarus, 1999). This goal is relevant

for understanding what goal is at stake, for instance the preservation or enhancement of one's ego identity, a moral value, or living up to an ego ideal (Lazarus, 1991). For instance, when people are communicating unpleasant information they are at risk of appraising the situation as a threat to their ego-ideal and being concerned for their self-image (e.g. having a specific failure and not being able to live up to their ego-ideal). Conversely, people are at risk of appraising the situation as a threat to their moral values of being honest and trustworthy towards other people, and therefore being concerned for their social-image if another finds out about their immorality.

People who are in situations where they must decide whether to disclose or withhold unpleasant information that is important for others, might generally find the situation problematic when it comes to goal relevance. For instance, if the bearer of unpleasant information is concerned that the other person will dislike or condemn them, and that it is important that the other person accepts and acknowledges them, then this could affect the intensity of the emotional experience. Furthermore, goal congruence or incongruence will affect the encounter with regard to how people appraise being in a situation of dealing with unpleasant information and how this affects their emotional experience.

Goal content and ego-involvement are important aspects of how the bearer of unpleasant information finds himself in a situation of being in a moral dilemma (Lazaruz, 1991). If the communication of unpleasant information challenges the person's own moral standard of being an honest and trustworthy person, or if the person finds himself having an ego-ideal of not hurting other people, then this could impact the emotions that may occur (Lazarus, 1999).

The three prototypical communication strategies. As mentioned in the previous section, when people decide to communicate unpleasant information, this

can be done by using the direct, indirect or person-centred prototypical communication strategies (Brewin, 1991). The different communication strategies may impact the appraisal process and how people appraise the situation according to their self-image and their social-image (Gausel et al., 2011; 2012; 2016; Lazarus, 1991). For instance, in western societies, it is common to acknowledge honesty and openness (Weil, Smith & Khayat, 1994). This may be in line with the first objective communication strategy, where the receiver gets to know all about the unpleasant information. Even though people are trying to be honest with others, they could find it problematic to be objective when communicating unpleasant information.

According to Lazarus (1991), people evaluate the situation as good or bad for their own goal and standard. If someone finds the communication strategy of being objective as incongruent with their own goal of not upsetting other people, they can find this strategy problematic. They may evaluate the 'indirect' strategy as more in line with their own goal and standard by 'toning down' the unpleasantness and not upsetting the receiver of the unpleasant information. However, to communicate in line with a person-centred strategy, the communicator are to a greater extent acting congruent with their own goal and standard, as this can minimize the unpleasantness by being both honest and empathic. However, sometimes people are forced to communicate the unpleasant information by taking an approach that may be incongruent with their own goals, morals and standards; for instance, someone trying to live up to a professional standard that the patients have the right to be fully informed about their diagnosis. That may cause a negatively emotional reaction, if the communicator has to act against their own personal standard (e.g. not hurting other people), or make it difficult for them to cope with the situation, since it may threaten their need for acceptance and belonging, and cause a risk to the social bond.

CHAPTER 4

Risking The Social Bond: Implementing the Gausel and Leach Model

Having to communicate unpleasant information can be a great threat to the social bond, and may be experienced by the communicator as emotionally unpleasant (Buckman, 1984; Scheff, 1994). Gausel and Leach (2011) have developed a conceptual model for emotional unpleasantness were they distinguished between the different aspects of the shame concept. Threat to the social bond is closely connected to morality, since a concern for either the self-image or the social-image guides the experiences of moral failure in the light of social bond threats (Gausel & Leach, 2011). The need for acceptance and the maintenance of the social bond can be challenged in the face of immorality (Gausel, 2013). People care about viewing themselves as moral, and people are also concerned to be viewed by others as moral (Gausel, 2013). Being viewed as a moral person is an important part of the image concept, and is closely related to the appraisal process (Gausel 2013; Lazarus, 1991).

This model can explain how the failures in the different communication strategies can be appraised as indicating a self-defect and a threat to the self-image, or as a threat to the social-image and the social bond (Gausel, 2013). The self-concept that involves both self-image and the social-image is therefore an important part of the model (Gausel & Leach, 2011; Lewis, 1971).

Communicating unpleasant information: A threat to the self-image

When people are in situations where they have to decide whether to withhold or disclose unpleasant information, they are at risk of disliking themselves if they are not able to be honest and empathic to the receiver, or if they are at risk of hurting the other (Buckman, 1984; Gausel, 2013; Gausel & Leach, 2011). Because of this, the conveyer of the unpleasant information may see themselves as a global failure in response to their failure to take a communication strategy in line with their own

moral standard (e.g. being honest and empathic). When people see themselves as having a global failure, they are probably in need of a therapist to obtain help with that failure (Tangney & Dearing, 2002).

Normally, people are less critical of themselves as having a global failure, but instead they are able to view themselves having a specific failure (e.g. a failure to live up to a professional standard) (Gausel, 2013). When people come into possession of some unpleasant information that is important to a close friend, and when this information will hurt the other, this can be emotionally problematic if the conveyer wishes to maintain a stable social bond with the other. Commonly, people that communicate unpleasant information might view themselves having a specific defect in the self, a problem with hurting other people. This might be why people sometimes 'withhold' or 'tone down' the unpleasant information, instead of 'disclosing' it. Even though the person thinks they have a specific problem of not wanting to hurt other people that does not mean they are not a good friend or a good doctor or nurse. It might mean that people know they are not perfect in specific ways, and they are aware that some part of their self does not function as they might wish (Gausel, 2013; Gausel & Leach, 2011).

When people appraise themselves as having this defect, this can be highly problematic because it is a threat to their self-image (Gausel, 2013; Gausel & Leach, 2011; Lewis, 1971; Tangney & Dearing, 2002). Communicating unpleasant information is closely related to a specific failure, more than a global failure, as previous findings are concerned with upsetting the other or not living up to a professional standard (Buckman, 2005; Buckman & Kason, 1992; Fallowfield & Jenkins, 1999).

Communicating unpleasant information: A threat to the social-image

Moral emotions are based on social bonds (Lazarus, 1991). Normally, other persons are given credit or blame for what happens to us, and people as though other people are watching and judging them (Lazarus, 1991). Although emotions may seem to arise privately and without the presence of others, they always involve other people, as the emotional process draws on previous and present relationships with other people (Lazarus, 1991).

According to Lazarus (1991), an appraisal of a situation can contribute to the intensity of our emotional experiences, and people's thoughts and feelings about themselves reflect, in part, how they believe they are perceived and evaluated by others (Lazarus, 1991). Failures, of not living up to a standard of being honest and empathic with others, can threaten our need for acceptance and belonging from others. Self-relevant failures that are closely tied to morality can be appraised as a concern for the social-image, and that other people will dislike or isolate them if they find out about the failure. In other words, for example, if others find out about our failure of not wanting to hurt or upset other people, we may dislike ourselves, and again, this unwanted exposure of having a failure, can threaten our basic need to belong (Bowlby, 1979; Gausel, 2013; Maslow, 1987; Scheff, 1994).

Appraisals activate regulatory mechanisms like self-critical emotions and motivate different coping strategies (Gausel & Leach, 2011). When individuals experience negative emotions, they may repress these emotions and be motivated to make external attributions to others. These motivations are important as an effort to protect the self, since, when the self is verified by others and is consistent with the self's own view, positive emotions occur (Stets & Turner, 2006). Conversely, negative emotions occur when self is not confirmed, and there is an incongruity

between self-directed behaviour and responses from others (Stets & Turner, 2006).
Individuals manage threats to the bond by shifting the way they appraise the situation
in order to reorient the social bond (Fearon, 2004).

When communicating unpleasant information, people can appraise their
failures of not wanting to hurt or upset other people as a concern that other people
will dislike them for not communicating the unpleasant information (e.g. that they
have cheated on the other) and that can ruin their social-image (Gausel, 2013).

This concern for the social-image and that other people might dislike them
can be real or imagined; however, people can subjectively attribute importance to the
communication event when the receiver has a right or need to know the unpleasant
information, and others will surely dislike or condemn them if they find out about the
withholding (Gausel, 2013). The concern for people's social-image is
understandable, since many failures are already "public" and will affect other people
(Gausel, 2013). For example, withholding unpleasant information involves others
(e.g. a patient); if not, there would be no point in withholding the information. This
closely parallels failures, such as to lying and being dishonest. Overall,
communicating unpleasant information involve other people, and the communicator
is at risk of being disliked or condemned by others who are directly or indirectly
involved through social bonds.

Conversely, when people appraise a failure as indicating a self-defect, people
tend to focus less on their social-image and on other people possibly disliking or
condemning them (Gausel & Leach, 2011; Gausel, 2013; Gausel et al., 2016). One
might in that case assume that people do not care about others, but it is more a matter
that people do not have as much reason to fear people disliking or condemning them,

maybe because there is no reason to fear the failure (e.g. withholding of unpleasant information) being detected. One other reason could be that people have secure social bonds with others (e.g. friends, patients, fellow students) who have an acceptance and understanding that people make mistakes and are not perfect, and are able to distinguish between what they are and what they do (Gausel, 2013; 2012).

The Self-Image → Felt Shame → Repair Path

Threats to the specific self-image: Felt shame

Shame may well be the most important self-conscious emotion (de Hooge, Zeelenberg, & Breugelmans, 2007; Tangney & Dearing, 2002). It plays a pivotal part in terms of the development of self and self-regulation because it is closely related to having a specific self-defect (Gausel & Leach, 2011; Silfver-Kuhalampi, Figueiredo, Sortheix & Fontaine, 2015). According to the Gausel and Leach model (2011), it is important to differentiate the subjective feeling of shame. This feeling of shame is one of the numerous appraisals and feelings embedded in the shame concept and is closely related to self-criticism about a failure, and can be seen as important to the self-image concept (Gausel & Leach, 2011).

Because the situation of communicating unpleasant information is closely related to moral failure, one is at risk of activating feelings of shame (Deja, 2006; Narayanan, Bista, & Koshy, 2010). As explained in previous chapters, there are moral concerns related to all the different communication strategies one could take when communicating unpleasant information. People who consider it to be important to be honest and straightforward may find it problematic to 'withhold' information, or a person who finds it important to not upset and hurt other people may find it problematic to 'disclose' unpleasant information.

According to Stets and Turner (2006), shame seems to be particularly important in order to evaluate what is right from wrong, good from bad, acceptable from unacceptable. Tangney and Dearing (2002) explain that shame is considered to be a "moral emotion". Even though there are several other moral emotions (e.g. disgust, anger, contempt) (Stets & Turner, 2006), "shame is about a disapproval for a moral transgression or for a failure to live up to an ego-ideal" (Lazarus, 1991, p. 242). However, it appears that there is no concurrence on explaining how people appraise their moral failures. Theories have been especially diverse when it comes to explaining the concept of shame, and how this feeling is explained emotionally (Gausel & Leach, 2011). Shame could have a troubling effect on a social bond, motivating its repair. Shame may therefore very well function as a "repairing bond trouble" motivation (Fearon, 2004).

This is in line with Gausel (2013; 2012; Gausel & Leach, 2011) who found that a self-relevant failure indicated a specific self-defect showed to elicit felt shame. Felt shame is considered to be highly unpleasant as it is associated with self-criticism (Gausel & Leach, 2011; Lewis, 1971; Tangney & Dearing, 2002). Hence, even though shame is unpleasant, it has the potential to repair the criticism of the self. In a recent meta-analysis of the constructive approach of shame by Leach, Cidam and Smith (2015) showed that shame had a positive link to the constructive approach when failure or social-image were more reparable. "They also found that shame had a negative link to constructive approach when failure was less reparable" (Leach, Cidam, & Smith, 2015, p. 983).

Threats to specific self-image: Felt shame and repair motivations

When people acknowledge the feeling of shame, there is no need for them to defend themselves against it (Gausel, 2013). The model explains that shame about an

appraisal of a specific self-defect best predicts social-improvement motivation, and the motivation to self-improve has a clear path to repairing the damaged self-image (Gausel & Leach, 2011). In other words, when people think they have a specific moral failure that violates general standards, this can represent a serious threat to the social bond (Gausel, 2013). If the communicator does not do anything to repair the potential threat to the social bond by communicating their concern for e.g. hurting the other, the social bond is liable to dissolve (Gausel, 2013). It makes sense that the feeling of shame experienced in the communicator can lead to repair motivations that can restore the social bond (Gausel, 2013).

Since the feeling of shame is very unpleasant, people are motivated to acknowledge the cause of the specific failure to avoid further unpleasantness (Gausel, 2013). When people are supposed to communicate unpleasant information, and, for instance, know they have a specific problem of hurting other people, they turn their attention towards themselves as causing the problem, and this can be a first step to improving the self-image, and thereby securing the social bond with the receiver (Gausel, 2013; Gausel & Leach, 2011).

In a professional context, it might be very important that the medical doctor realizes they have a defect in the self by, for example, not wanting to hurt or upset other people, and, by acknowledging that, they might be able to reform the self and become a better communicator of unpleasant information (Gausel, 2013). It is important to honestly inspect our failures, in order to be able to cope with them and to self-reform (de Hooge, Zeelenberg & Brugelmans, 2007; Gausel, 2013).

Since having a specific failure indicates a defect in the self and predicts a feeling of shame, this feeling very often involves motivations for changing the self (de Hooge et al., 2007; Gausel & Leach, 2011). In other words, according to Gausel

and Leach (2011), the underlying motivation behind pro-social repair after moral

failures, is the feeling of shame evoked by the concern that one suffers from a defect

in the self, as revealed by the failure.

That shame can promote pro-social repair motivations after failure is now well

established (Berndsen & Gausel, 2015; Berndsen & McGarty, 2012; de Hooge,

Nelissen, Breugelmans, & Zeelenberg, 2011; de Hooge et al., 2007; Gausel &

Brown, 2012; Gausel et al., 2012; Gausel et al., 2016; Fontaine, Scherer, Roesch, &

Ellsworth., 2007, ; Shepherd, Spears, & Manstead, 2013; Tangney et al., 2014). In a

recent line of longitudinal research, Tangney and colleagues (2014) found that shame

(but not guilt) was associated with pro-social repair, such that the more shame ex-

convicts felt for their crime, the less recidivism was also found. de Hooge, Nelissen,

Zeelenberg, and Bruegelmans (2011) found that the more shame felt in the aftermath

of a failure, the more their participants wanted to repair the failure. Somewhat

similarly, Lickel, Kushlev, Savalei, Matta and Schmader (2014) found that recalled

experiences of shame were associated with greater desire for future repair by wanting

to reform the self (Gausel & Brown, 2012). Berndsen and McGarty (2012) found that

shame felt for immorality was a predictor of reparations to those hurt by the

immorality. Moreover, Shepherd and colleagues (2013) found in their studies on

illegitimate group behaviour that the more shame felt, the more one would also speak

up and take action against the immorality (see also, Berndsen & Gausel, 2015). And

finally, Gausel et al. (2016) found that the more shame felt for a moral failure, the

more motivated the person became in offering restitution and communicating their

contrition to those hurt by the immorality (see also, Gausel et al., 2012).

de Hooge, Zeelenberg, and Bruegelmans (2010) found that shame was

associated with a desire to achieve in the face of failure, and a willingness to risk

further failure by trying harder. Gausel and Brown (2012) demonstrated that the more shame for a specific failure people felt, the more motivated they became in offering restitution and communicating their feelings to those who had suffered due to their failures. Moreover, Gausel and Leach (2011) suggest that, if a person has made a moral mistake, and there is no threat of public exposure, this motivates pro-social responses where the person puts the blame and anger onto themselves. This can be a contributing factor in enhancing self-improvement responses such as wanting to repair the relationship and acknowledging having hurt the other. Apparently, the pro-social potential of perceived shame is underestimated, because the shame concept often refers to a connection between an irreparable and destroyed social-image and self-image (Gausel & Leach, 2011).

The Social → Image → Felt Rejection → Distancing Path

Threats to social-image: Felt rejection

In social bonds, people care about being viewed as moral and honest, since a failure to live up to that can pose a threat to the social-image (Gausel, 2013; Scheff, 1994). According to the conceptual model of Gausel and Leach (2011), the feeling of rejection is tied to the appraisal that a moral suggests that others will dislike or condemn one. They explain that this concern for the social-image – felt rejection combination indicates a damaged social-image and therefore the social bond is at risk. In other words, if the communicator appraises a concern for the social-image, and there is nothing the communicator can do to improve it, in that case, the communicator might focus on trying to defend their social-image by distancing the person receiving the unpleasant information (Gausel & Leach, 2011).

For people to experience that other people can dislike them, the conveyer of the unpleasant information must care what the other thinks or feels about the self. "In

this affective tie the self does not feel autonomous or independent, but dependent and vulnerable to rejection" (Lewis, 1971, p. 42). Therefore the social bond between the conveyer and the receiver in the communication setting must be of importance, and there has to be some kind of emotional connection between them for the feeling of rejection to occur (Gausel, 2013).

In their conceptual model, Gausel and Leach (2011) and Gausel, Vignoles, and Leach (2016) have showed that concern for condemnation by others is tied to an unpleasant feeling, expressed by words like "feel rejected", "feel alone" and "feel rebuffed". The many faces of shame and the complexity associated with shame have been less studied in previous research (Gausel & Leach, 2011). According to Gausel et al. (2016), previous research on shame as self-defensive has not considered the concern of condemnation by others nor the feeling of rejection that very often follows self-relevant failures. Following the argumentation from Lewis (1971), Gausel and Leach (2011) and Gausel et al. (2016, p. 118) argue that felt rejection is associated with a psychological experience of a concern for the social-image and that felt rejection motivates efforts to limit such risk through defence of one's social-image. Gausel and Leach (2011) suggest a theoretical prediction of the defensive motivations often associated with shame. They posit that a concern for social-image predicts feelings of rejection that lead to self-defensive motivations.

In sum, Gausel and Leach (2011) argue that the appraisal of concern of condemnation is closely linked to the feeling of rejection (note: the subjective feeling of rejection, not the act of rejection). This feeling is highly negative (Gausel & Leach, 2011) as it has moderate to large associations with lower self-esteem, negative mood and affect, and less perceived control (Gerber & Wheeler, 2009). This concern with possible rejection may be real or imagined, but people can still

personally perceive the flaw as significant enough to change other people's

perception of them, should they find out (Gausel, 2013).

Threats to social-image: Felt rejection and motivation strategies

In contrast to the classic view of avoidance motivations that it is the self that

must be defended against unpleasantness (e.g., Lewis, 1971; Tangney & Dearing,

2002), the conceptual model of Gausel and Leach (2011) argued that the underlying

process of avoidance (distancing) motivations in social situations is the fear that

one's need for acceptance and belongingness may go unfulfilled if others can find

out about the immorality the self is associated with, and thus condemn one for the

immorality. Hence, Gausel and Leach (2011) argued that it is the concern for

condemnation by the other (i.e., that one's social-image as a moral person is at risk)

and the subsequent subjective feeling of rejection and rebuff that ignites the

motivations of avoidance, distancing and wanting to cover up one's failures.

The two central defensive strategies that are predicted from a concern for the

social-image are distancing and cover-up (Gausel & Leach, 2011). These strategies

serve at least two different functions and goals. When people, can decide whether to

'disclose' or 'withhold' unpleasant information, they could be motivated to adopt a

'withhold' strategy that physically avoids people that might find out about one's

failure (e.g. hurting another), such that the possibility of being disliked is not evoked

(Gausel, 2013). If this strategy does not work, the conveyer could also

psychologically distance the failure by controlling one's thoughts, by thinking about

something else, should discussions about the failure come up (Gausel, 2013). One

could also cover up the failure by concealing information and focus on the other side

of the story (Gausel, 2013).

In empirical support of their model, Gausel et al. (2016) showed that participants who were most concerned about condemnation of their moral failure and felt subjectively most rejected, were also the ones who most wanted to physically avoid others who could discover the immorality, and to psychologically avoid the immorality by trying to think of something else (Gausel et al., 2012). Similarly, Back, Arnold, Baile, Tulsky and Fryer-Edwards (2005) found that avoidance motivations operated when the person that ought to be informed about the unpleasant information was present. Sparks, Villagran, Parker-Raley and Cunningham (2007) found that professional helpers tended to cover up the seriousness of the unpleasant information they had obtained by making it less clear to others, or toning down its importance for them.

If someone appraises that others may condemn them – and therefore feels rejected in response – it is likely that they will engage in motivations that do not secure social bonds but rather put them at risk (Gausel & Leach, 2011). The psychological explanation behind this process is that, since felt rejection poses such a threat to their all-important need to belong, people are highly motivated to defend their social-image from further damage by withdrawing from the persons who are likely to condemn them (Gausel et al., 2012).

According to Hebert, Copeland, Schulz, Amato and Arnold (2008), and Riley and Fenton (2007), these motivations have very negative consequences for seriously ill patients and their next of kin. Baile et al. (2000) found that communicators of unpleasant information in the medical field tended to cover up and lie about the seriousness of the unpleasant information, when they were concerned that they could be disliked for the information they communicated. Again, Gausel and colleagues (2016) found that the more their participants were concerned about condemnation

(i.e., that the immoral information would hurt their relationship with others) and feeling rejected, the more they also wanted to cover up the information by making it seem less important to others and by being cautious with sharing the information with others (Gausel et al., 2012).

Placing less weight on the global self-image: Felt inferiority link of the Gausel and Leach model

According to the conceptual model of Gausel and Leach (2011), repair motivation is more difficult when the person appraises themselves as having a global failure. The person may appraise that their entire self-image is irreparably damaged by a failure, and therefore encourage a feeling of inferiority. This feeling is well described as unpleasant, and is particularly described in clinical patient populations (Lewis, 1971). This feeling can be recognized in the works of Tangney and Dearing (2002) through examples such as: "I feel like a stupid person, inadequate person". Hence, if the person delivering the message appraises responsibility for the deviation from the norm (for example, a break with professional standards) and appraise that as an indication of a global self-defect, this will be highly problematical and will most likely result in an experience of inferiority. According to Gausel and Leach (2011), if someone appraises their failure in this way, then there is little to do to alter a defective self except from professional help through counselling support from a therapist. If not dealt with, Gausel and Leach argue that the feeling of inferiority motivates to escape the painfully inadequate self, by distancing, or motivates to a state of extreme passivity (Gausel & Leach, 2011). Hence, when communicating an unpleasant message is appraised as an indication of a globally defective self, with associated feelings of inferiority, then the communicator might respond by withdrawal from the situation or by passivity.

Thus, as I do not suspect that clinical depression and global self-defect will be relevant in a non-clinical population, I place less or no weight on this aspect of the Gausel and Leach model.

Summarizing chapter 3 and 4

To summarize, Chapters 3 and 4 argue for the importance of appraisals, and how these evaluations of moral failure events can be a concern for people's self-image or for people's social-image, and that these appraisals can predict moral feelings of shame, motivating people to either distance themselves from or repair the social bond. These psychological explanations are relevant to understand when people have to deal with events of unpleasant information, as this model argues that distancing can be explained with a social-image → felt rejection path, and repair can be explained with a self-image → felt shame path (Gausel & Leach, 2011).

CHAPTER 5

Empirical and theoretical approach of the thesis

There has been little research on moral emotions experienced when communicating unpleasant information (Fujimori, Akechi, Akizuki, Okamura, Oba, Sakano & Uchitomi, 2005; Carter, Nutt & Carter 2007; Casarett & Quill, 2007; Dworkind 2006; Cardozo, Aforiso, Aranha, Baker, Eggly, Mascarenhas & Robertson, 1999; Strauss, Sharp, Lorch & Kachalia, 1995; Dibble & Levine, 2010). I therefore aim to manipulate withholding or disclosing of information, as well as investigate how three prototypical communication strategies are appraised by the communicator as more or less severe, and, in addition which of the strategies are appraised as of more or less concern for the participant's social-image in the eyes of others and concern for one's self-image.

The concern for social-image is measured in relation to different social bonds (friend, close friend, student friend, patient, supervisor, others) in order to distinguish between different social bonds. Following up the appraisals, I will explain the appraisals process as a consequence for the emotions felt in the participants, and the motivations that may follow (e.g. distancing and repair). I will explain this emotional experience in line with the theorization developed by Gausel and Leach (2011) applied in six different vignette studies. This model distinguishes expressed shame from two appraisals (e.g. moral self-defect and concern for condemnation by others) and feelings of rejection and inferiority. Therefore, this model argues that the motivation to repair is explained by a concern for self-image → shame pathway. This model also argues that the motivation to distancing is explained by a concern for social-image → rejection pathway. See Figure 1 on the following page.

Appraisals Feelings Motivation
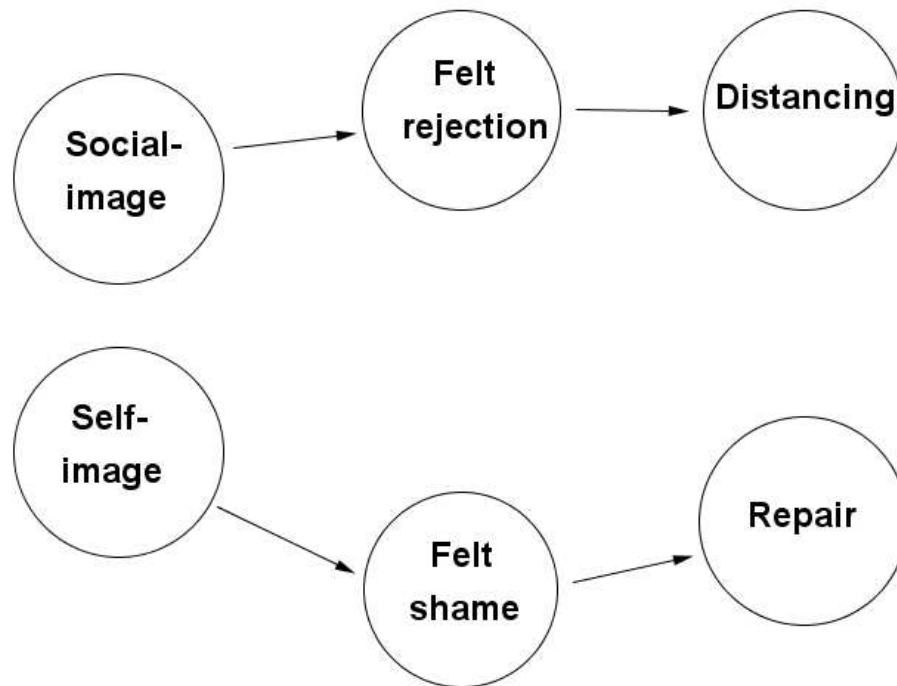
Figure 1. Conceptual model inspired by Gausel and Leach (2011) and applied in this thesis

Design. In all six studies, I used vignettes in order to manipulate different communication strategies. Pre-applications were sent to REK (Regional Ethical Committee for Medical Research) and NSD (Norwegian Centre for Research Data) and the studies were not notifiable. The studies were approved by the School of Psychology, University of Kent.

In the first study, the participants were randomly assigned to either a 'disclosing', 'toning down' or 'withholding' condition. In the second study, the participants were randomly assigned to either a 'withholding' or 'disclosing' condition. In the third and fourth studies, the participants either were randomly assigned to an 'informational', 'social' or 'combined condition'. In studies five and

six, the participants were randomly assigned to an 'objective', 'empathic' or 'person-centred' condition. See the Table 1 on the following page for an overview of the design used in the different studies.

	Design
Study 1	**Type of vignette**: Student exam result **Type of social bond**: Student in your class **Type of unpleasant message**: You find the marks are very poor. He/she asks you to tell what you know about his/her results while you are talking in the phone.
Study 2	**Type of vignette**: Unpleasant information about a friend **Type of social bond**: Friend **Type of unpleasant message**: Imagine that you find out something unpleasant that is relevant to your friend. You know that your friend will be very upset when he/she gets to hear it.
Study 3	**Type of vignette**: Instructed feedback on student seminar **Type of social bond**: A close student friend **Type of unpleasant message**: You are supposed to provide feedback to a close student friend on their seminar presentation in the classroom with other students. Their presentation was of low quality.
Study 4	**Type of vignette**: Not instructed feedback on student seminar **Type of social bond**: Close student friend **Type of unpleasant message**: You are supposed to provide feedback to a close student friend on their seminar presentation in the classroom with other students. Their presentation was of low quality.
Study 5	**Type of vignette**: Medical student deliver bad news **Type of social bond**: Patient and a senior doctor **Type of unpleasant message**: You are doing internship and at one point you have to deliver a diagnosis of serious cancer to a patient. While you are doing this, you are observed by a senior doctor.
Study 6	**Type of vignette**: Nursing students follow-up the doctors communication **Type of social bond**: Patient and senior head nurse **Type of unpleasant message**: You are doing internship and at one point you must follow-up the doctors communication and tell the patient that their diagnosis will cause death.

Table 1. Overview of the vignettes used in this thesis

I used vignette studies in order to help standardize the social stimulus across participants, and also to make the responses to the items in the questionnaire more realistic (Alexander & Becker, 1978). This helped me to make the stimulus and the conditions more concrete and detailed than in a regular survey questionnaire. Furthermore, the benefit of using vignettes is that it provides the opportunity to hold a stimulus constant over a heterogeneous respondent population, gaining a degree of uniformity and control over the stimuli situation (Alexander & Becker, 1978). Clore and Robinson (2001) conducted a study to find if there were any validity differences between online (vignettes) and simulated (realistic experiment) conditions. They found that, despite differences in presented stimuli, there was a surprising degree of correspondence in the reports, both in mean levels and in the pattern of appraisal-emotion relations. They concluded that "vignette methodologies can play a useful role in theory construction" (p. 1520). Although we may not gain access to the complete cognitive and attitudinal base such as we can find in "natural" settings. This is also supported in the latest neuroscience research on "the social brain" that a large-scale distributed network contributed emotions, thoughts, and body feelings, involving salience, limbic, default and frontoparietial networks. In other words, there is evidence for the importance of impressions from cortex and that the sensory-based limbic system is not dominant (Oosterwijk et al., 2012). In sum, vignette studies involves activities in all parts of the brain involving the emotional process, and can provoke a realistic emotional reaction to the vignette stimuli.

Statistical analysis. Pearson correlation (two-tailed) was conducted on all the dependent variables for all the studies separately, in order to access the degree of linear relationship between the dependent variables. A positive correlation indicates a positive direct relationship, and a negative correlation indicates a negative direct

relationship (Bordens & Abbott, 2008). As the correlations in the studies between the three self-critical feelings were high, I checked whether the dataset was biased by multicollinearity with variance inflation factors (VIF), using single linear regression collinearity diagnostics (Cohen, Cohen, West & Aiken, 2003). According to Aiken et al. (2003), the tolerance value should not be less than .20 and the VIF not greater than .10. I also conducted confirmatory factor analysis (CFA) to test the measures of appraisals and feelings, and how the different factors loaded on each item related to the different variables (Gausel, 2016). This was to demonstrate that the appraisals of concern for self-image and concern for social-image, and the feelings of felt rejection, felt inferiority and felt shame could be measured as distinct constructs (Gausel et al., 2016)

I conducted analysis of variance (ANOVA) using PASW (Predictive Analytics Soft Ware) statistics 23 to analyse the appraisals of severity and to analyse the need for acceptance between the different condition groups in the studies, that in order to analyse the variance in the data according to the factors assumed to be responsible for producing that variation (Bordens & Abbott, 2008). I also conducted multivariate analysis of variance (MANOVA) using PASW statistics 23 to analyse multiple dependent variables in an experimental design. I measured the different variables related to appraisals, feelings and motivations in separate MANOVA analysis in all the studies conducted. I included multiple dependent measures as I believed that those measures are important to the phenomenon under study and that they relate to one another (Bordens & Abbott, 2008). I used Cohen's d to measure effect size to compare means in the different condition groups by comparing two means (i.e. condition groups) divided by the average of their standard deviation.

According to Cohen et al. (2003) d = .02 is considered a small effect size, d = 0.5 is considered a medium effect size and d = .08 is considered a large effect size.

Further, I conducted Structural Equation Modelling (SEM) using SPSS AMOS 23 that allowed me to explore theoretical models and how the model was related to the empirical data. This path analysis allowed a more complete exploration of potential causal models linking the different variables (Bordens & Abbott, 2008). This is considered to be a powerful tool for stating theories more exactly and precisely, and generating a more thorough understanding of observed data (Joreskog & Sorbom, 1982). One important part of understanding emotions is to explore the central and the core meaning associated to each emotion (Lazarus, 1991). In particular, Lazarus (1991) applied the appraisal theory to understand certain emotions and the core relational theme and meaning that has induced and formed them (i.e. appraisals, feelings and coping potential). In order to examine the logical structure and the covariance between measured constructs: appraisal → *feelings* → motivations, I conducted SEM analysis in order to analyse the participants' appraisals, feelings and motivations about different communication strategies, and how these empirical data fit in to the conceptual model of Gausel and Leach (2011). Using specific structural models is beneficial both for validating the feeling constructs and to reduce their intercorrelations (Gausel & Leach, 2011; Gausel, Leach, Vignoles, & Brown, 2012; Leach et al., 2006).

I used maximum likelihood estimation, i.e. estimates that maximize the likelihood (the continuous generalization) of the data (the observed covariance) being drawn from this population (Kline, 2011). In order to test the conceptual model from Gausel and Leach (2011), I specified a model that represents predictions of that theory among plausible constructs that were measured with the appropriate indicators

(Kline, 2011, p.189). I used different model test statistics to consider model fit. According to Kenny et al. (2015; 2003), the test statistics must be seen in close relation to both df and low N, and the test statistics must be interpreted in an overall fashion.

First, I performed a non-significant chi-square test (X^2) to get the exact-fit hypothesis that there are no discrepancies between the population covariances and those predicted by the model (Kline, 2011, p. 199). The chi-square p-value should ideally be non-significant to indicate a satisfactory model fit. The smaller the chi-square, the better the model fit. According to Kline (2011), it is important to be aware of what affects the X^2's multivariate non-normality, correlation size, unique variance and sample size. I also used several baseline comparisons to measure the proportionate improvement in fit in order to compare the conceptual baseline model with the empirical target model.

The Bentler Comparative Fit Index (CFI) was used to measure the relative improvement in the fit of the empirical data over that of the conceptual baseline model. CFI estimates should be equal or greater than .90 to accept the model. A CFI = 1.0 means only that $\chi^2 <$ df and not that there is perfect model fit (Kline, 2011, p. 208). I also used Root Mean Square Error of Approximation (RMSEA) that indicates a badness-of-fit index where a value of zero indicates the best fit (Kline, 2011, p. 205). I used an Incremental Fit Index (IFI) in order to measure the difference between the chi-square of the independent model and the chi-square of the target model in which the variables are uncorrelated and the chi-square of the target model and the df is calculated and should be equal or above .90 to accept the model (Kline, 2011).

CHAPTER 6

The Non-Clinical Studies

To date, no research has tested the conceptual structure suggested by Gausel and Leach (2011) in events related to communicating unpleasant information. This chapter details four studies that investigate how withholding, toning down and disclosing unpleasant information is appraised (degree of severity, concern for one's self-image and concern for one's social-image) by the communicator in a student friend and friend situation, how these appraisals relate to three core feelings (felt rejection, felt inferiority and felt shame), and how these explain two main motivations (distancing and repair). The same chapter also investigate prototypically disclosing strategies. Furthermore, Studies 1, 2, 3 and 4 provide a conceptual explanation of what motivates people to either distance from others, or to want to repair the social bond.

Scale validation: Studies 1-4

As the conceptual model developed by Gausel and Leach (2011) suggests disentangling the shame experience by distinguishing between appraisals (self-image and social-image) and feelings (rejection, inferiority and shame), I adapted the items from Gausel et al. (2012; 2016) and examined them in a Confirmatory Factor Analysis (CFA) in order to demonstrate that the appraisals (self-image and social-image) and feelings (felt shame, felt inferiority and felt rejection), could be measured as distinct constructs.

Method

Participants and Procedure

Studies 1, 2, 3 and 4 included 652 participants (231 male, 421 female; $M_{age} = 24.2$, range 18-64 years), and provided sufficient data for analyses as the

recommended sample size is N = 10 per free parameter in a CFA, according to

Bentler and Chou (1987).

Measures. The appraisals and feelings items were adapted from Gausel et al.

(2012; 2016), and they were all measured with a seven-point response scale that

ranged from 1 (not at all) to 7 (very much). The appraisal of a concern for self-image

(α = .69) was measured with two items: "I think I have some moral failure because of

what I said" and "I think I am defective in some ways because of what I said". The

concern for social-image (α = .80) was measured with two items: "Others can

condemn me for what I said" and "I think I could be isolated from others because of

this situation". I measured felt shame (α = .94) with three items: "I feel disgraced

when I think about what I said", "I feel humiliated when I think about what I said",

and "I feel ashamed when thinking about what I said". Felt inferiority was assessed

with two items (α = .78): "I feel inferior when thinking about what I said" and "I feel

vulnerable when I think about what I said". Felt rejection (α = .84) was measured

with three items: "I feel rejected when I think about what I said", "I feel alone when I

think about what I said" and "I feel rebuffed when thinking about what I said".

Results

I used SPSS AMOS 23 to test my hypothesized measurement model in a CFA

with maximum likelihood estimation. Model fit was assessed using the Bentler

Comparative Fit Index (CFI) and considered values of CFI > .95 as good fit. I also

used Root Mean Square Error of Approximation (RMSEA), and considered values >

.10 as good fit to the data (Kline, 2011).

Measurement model. I expected the 12 items to load uniquely on their

respective factors, measuring appraisals of self-image and social-image as distinct

appraisals, and shame, inferiority and rejection to be measured as three distinct

feelings (Gausel et al., 2012; 2016). I adopted a conservative approach in line with

Gausel et al. (2012; 2016), and items were not allowed to cross-load on any of the

latent variables, and I did not allow correlations between error terms, but the five

latent factors were allowed to correlate. See Fig. 2. for the standardized solution for

the pooled sample (Studies 1-4). The Chi square was moderate in size and statistical

significance as common with measurement models (Gausel et al., 2012; 2016): χ^2

(44) = 205.09, p < .001, the values of CFI = .973 and RMSEA = .075 indicated an

acceptable fit to the data. All of the items loaded strongly on their respective factors

(standardized λ's $\geq$ .60; all p's < .001) and indicated that all of the latent variables

were well-defined by their items. Correlations among the five latent variables ranged

from moderate (.54) to high (.96). According to Gausel et al. (2012; 2016), the

correlations among latent variables are typically higher than those among observed

variables because they are not attuned by unreliability.

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See Figure 2 on the second following page

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Alternative models. In line with Gausel et al. (2016), model comparison

showed the superiority of the measurement model over some other competing

alternatives, and that indicated a need to distinguish all five constructs. My five-

factor model was superior to a three-factor model, where appraisal of concern for

one's self-image and felt shame made up the first factor, concern for one's social-

image and felt rejection made up a second factor, and felt inferiority a third factor, Δ

χ^2 (9) = 539.06, p < .001. My model was superior to a four-factor model where the

two appraisals were combined into a single factor while leaving felt shame, inferiority and rejection as separate factors, $\Delta \chi^2 (9) = 548.30$, $p < .001$. My model was also superior to a three-factor model where items measuring the three feelings were loaded on one omnibus emotional "shame" factor with the two appraisals as separate factors, $\Delta \chi^2 (12) = 728.7$, $p < .001$. My model also fitted better than a two-factor model where both appraisals loaded on one single appraisals factor and all three feelings loaded on one omnibus emotional shame factor: $\Delta \chi^2 (16) = 941.7$, $p < .001$. Finally, my model fitted better than a model where all items loaded onto one single shame factor, $\Delta \chi^2 (16) = 988.9$, $p < .001$.
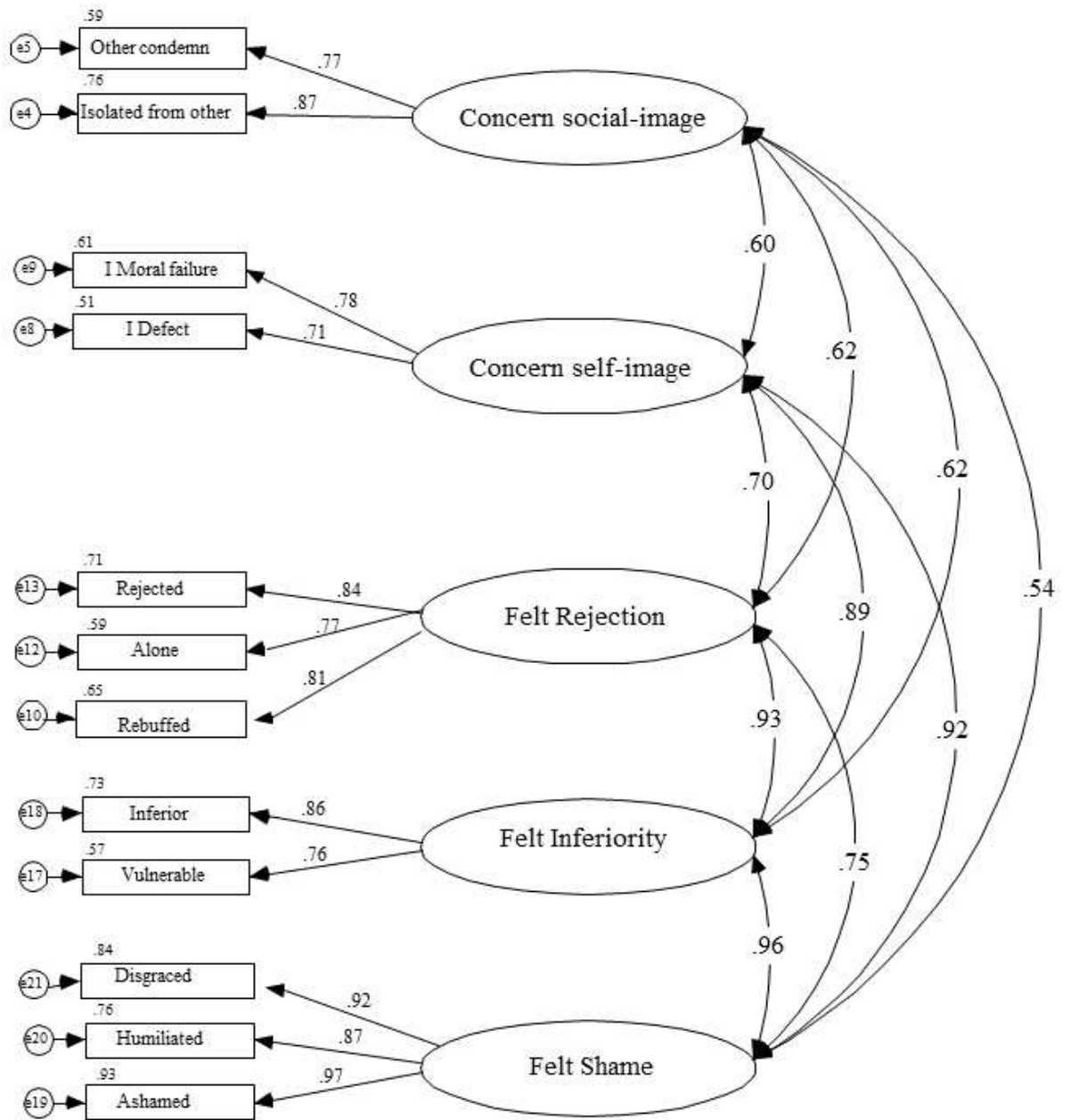
Figure 2. Confirmatory factor analysis of measurement model. Studies 1, 2, 3 and 4 combined. All paths shown are statistically significant (p < .05)

Discussion

According to the hypothesized model, I demonstrate that the appraisals (concern for self-image and concern for social-image), and feelings (shame, inferiority and rejection) were measured as distinct constructs. It is in line with Gausel et al. (2016) that this five-factor model proved superior to five alternative models. One important note is that, where fewer items are used to assess the appraisals and feelings relevant to the experience of failure when communicating unpleasant information, and measurement models are not specified and compared, this may lead to an inadequate distinction between the related appraisals that are part of the experience of failure in communicating unpleasant information (Gausel et al., 2016). To be able to examine the event of a failure to communicate unpleasant information, and when such failure leads to distancing motivation or repair motivation, it is important to distinguish appraisals and feelings (Gausel et al., 2016).

Study 1

People sometimes gain information about others that can be unpleasant for those others. Even though this situation is a natural part of life, people might wonder what they should do with the information. Should they decide to disclose the information, or should they withhold it? Because either decision carries risks to their social bond, it is likely that the bearer of unpleasant information will take steps to protect the social bond. As a result, they might be motivated to distance the other, or alternatively, they might be motivated to repair the social bond. Even though these motivations are natural, the obvious questions are: When and why do people react with distancing motivations? When and why do they react with repair motivations? Knowing the aspect of the self-image and the social-image that they see as

threatened, and the kind of feelings that emerge from that, can help predict which reaction will occur (Gausel & Leach, 2011; Gausel, 2013).

Hypotheses. Specifically, I expected in Study 1 that both withholding and disclosing unpleasant information would negatively affect the appraisals, feelings and motivations variables on the intensity scale used in the measurement. However, I expected if unpleasant information was withheld, then people would experience higher levels of unpleasant appraisals (i.e., concern for self-image and concern for social-image) and unpleasant emotions (feelings of shame, inferiority and rejection), than if it was disclosed. Secondly, I expected that, due to the higher levels of psychological unpleasantness associated with the decision to withhold, there should also be higher levels of distancing motivations (i.e., trying to distance from the other or by trying to cover up knowledge of the information) and higher levels of repair motivations (e.g., acknowledgment of harm and trying to repair the bond), than if the information had been disclosed.

Thirdly, following the theorizing of Gausel and Leach (2011), I expected that distancing motivations would be explained by a concern for the participant's social-image (i.e., concern for condemnation and of being disliked) in the eyes of others, and the subsequent feelings of rejection and inferiority. In contrast, I expected that repair motivations would be explained by a concern for one's self-image (i.e., concern for a defect in the self), and the subsequent feeling of shame. Hence, by accounting for how people appraise and feel about themselves depending on their decision to withhold or disclose, I t can explain when and why people respond with distancing or repair motivations.

In summary, since the decision to withhold information would be seen as more immoral and carrying greater risk to the social bond than to disclose, I expect withholders to experience higher levels of unpleasant appraisals (i.e., concern for self-image and concern for social-image) and unpleasant feelings (of shame, inferiority and rejection). Secondarily, due to the higher levels of unpleasant appraisals and feelings I expect to be associated with the decision to withhold, there should also be higher levels of distancing motivations and repair motivations for withholders of information, than disclosers of information. Finally, following the theoretical framework of Gausel and Leach (2011), I expect that 'distancing motivation' should be explained by a *"concern for one's social-image → felt rejection"* pathway, while 'repair motivation' should be explained by a *"concern for one's self-image → felt shame"* pathway (see Figure 1).

In Study 1, I tested the participants' reactions to a vignette in which they imagined that they disclosed unpleasant information to a fellow student (i.e., someone in a distant social bond) or that they withheld it. As the literature on communication strategies suggests that 'toning down' information is a third communication strategy that combines aspects of disclosing and withholding (see Baxter, 1982; Brewin, 1991), I tested participants' reactions to a third scenario in which they also imagined that they 'toned down' the information, expecting reactions intermediate between the other two.

Method

Participants and Procedure

174 Norwegian university students (62 men and 112 women; $M_{age} = 24$, range: 19-47 years) volunteered to participate, and were included in my anonymous study. Participants were recruited in libraries and canteens at different universities in

the southern part of Norway. Students meeting the following inclusion criteria were allowed to participate: (1) studying at a Norwegian university, and (2) should understand Norwegian. Ten additional participants failed to report more than their demographics and were thus excluded from the analyses.

All participants read and imagined the same scenario: "One of the students in your class calls you and asks if you could check the marks he/she got on the exam because he/ she can't get online. He/she have told you the candidate number. You find out the marks are very poor. He/she asks you to tell what you know about his/her results while you are talking in the phone". In the *'disclose condition'* (N = 61), participants continued reading: "You decide to tell this student what you have found about his/her exam". In the *'withhold condition'* (N = 57), participants continued: "You decide to not tell what you have found". In the third *'toning down condition'* (N = 56), participants continued reading: "You decide to withhold the information about the marks, and rather focus on the positive side of him/her having passed the exam".

Following this, participants wrote down what they were asked to imagine (I used this approach in order to see if the participants had indeed followed the instruction or not). Then, participants responded to the dependent variables using a response scale ranging from 1 (not at all) to 7 (very much). All items used were adopted from Gausel et al. (2012), unless otherwise stated. Upon completion, each participant was debriefed and given the opportunity to ask questions about the topic and the study itself.

Measures

Acceptance. The need for acceptance was measured with four items ($\alpha = 95$): "I want the student that called me to like me", "I want the student that called me to

accept me", "I want the student that called me to recognize me", "I want the student that called me to value me".

Severity. In order to find out how severe the participants viewed their failure, I measured severity with four items: (α =.93): "What I did in this situation was wrong", "My behaviour in that situation was questionable", "My actions in that situation were not good", "What I did was bad".

Appraisals. I measured the concern for self-image with two items (α = .69): "I think I have some moral failure because of what I said" and "I think I am defective in some way because of what I said". The concern for social-image in the eyes of other students was measured with two items (α = .84): "Other students can condemn me for what I said", "I think I could be isolated from other students because of this situation". The concern for social-image in the eyes of the student was measured with two items (α = .94): "The student that called me can condemn me for what I said", "I think I could be isolated from the student that called me because of this situation".

Feelings. In order to measure shame, I used three items (α = .96): "I feel disgraced when I think about what I said", "I feel humiliated when I think about what I said", and "I feel ashamed when I think about what I said". Note that these three items are often found in other published measures of shame (e.g. Gausel & Brown; 2012; Iyer et al., 2007; Lickel et al., 2005; Tangney et al., 1996). I measured the feeling of inferiority with two items (α = .84): "I feel inferior when I think about what I said" and "I feel that I am vulnerable when I think about what I said". The feeling of rejection (α = .88) was measured with three items: "I feel rejected when I

think about what I said", "I feel alone when I think about what I said", and "I feel rebuffed when I think about what I said".

Distancing motivations. I measured 'distancing motivations' using two key motivations. Distancing ($\alpha = .78$) was measured using three items: "If I could I would like to avoid this student", "I would rather not get mixed up in discussions about what I said", "If I were to confront the student who called me, I would control my thoughts and think of something other than what I said". The motivation to cover-up ($\alpha = .83$) was measured with five items: "I think I will make it less clear to others what I said", "I think I will be cautious sharing this information with others", "I will make the impact of this story less important to others", "I think I will self-censor myself on this issue", "I will encourage people to focus on the other side of the story".

Repair motivations. Repair motivations were measured with two motivations tapping into the desire to repair the hurt relationship. I measured wanting to repair the relationship ($\alpha = .92$) with three items: "I will try to repair some of the damage I have caused", "I feel I should compensate this student for what I said", and "I feel I should re-establish the relationship between me and the student who called me". Acknowledgment of having hurt the other ($\alpha = .84$) was developed especially for this study and was measured with two items: "I think the student who called me will be hurt by what I said" and "I think the student who called me will not be happy about what I said".

Results

Experimental Effects

Acceptance. As expected, an ANOVA demonstrated that there were no significant differences between the three condition groups on acceptance, $F(2, 160) = .85$, $p = .427$, $\eta^2_{partial} = .011$, 'disclose' ($M = 4.27$, $SD = 1.98$), 'toning down' ($M = 4.44$, $SD = 1.61$), 'withhold' ($M = 4.70$, $SD = 1.51$). The pairwise comparison yielded that acceptance was non-significantly higher ($p = .194$) in the 'withhold' condition than in the 'disclose' condition. There was non-significant difference ($p = .596$) in the 'toning down' condition than the 'disclose' condition. There was non-significant difference ($p = .444$) between the 'withhold' condition and the 'toning down' condition on acceptance.

Severity. As expected, an ANOVA demonstrated that the manipulation had a significant univariate effect on severity, $F(2, 166) = 15.46$, $p < .001$, $\eta^2_{partial} = .16$. As shown in Table 3 (please see this table for means, standard deviations and Cohen's d for all measures), the pairwise comparisons yielded that severity was significantly higher ($p < .001$) in the 'withhold' condition ($M = 3.73$, $SD = 1.68$) than in the 'disclose' condition ($M = 2.22$, $SD = 1.23$), and severity was significantly higher ($p < .001$) in the 'toning-down' condition ($M = 3.42$, $SD = 1.70$) than in the 'disclose' condition. There was no significant difference ($p = .298$) between the 'withhold' condition and the 'toning-down' condition.

Table 2. Scale inter-correlations and descriptive statistics

	Variable	1	2	3	4	5	6	7	8	9	10	11
1	Severity	-										
2	Social-image other	.59*	-									
3	Social-image student	.55*	.82*	-								
4	Self-image	.59*	.66*	.63*	-							
5	Shame	.58*	.68*	.64*	.77*	-						
6	Inferiority	.52*	.63*	.56*	.68*	.89*	-					
7	Rejection	.43*	.63*	.53*	.59*	.73*	.85*	-				
8	Distancing	.48*	.53*	.59*	.57*	.56*	.53*	.53*	-			
9	Cover-up	.40*	.42*	.41*	.45*	.50*	.55*	.48*	.67*	-		
10	Acknowledgment of hurt	.37*	.46*	.49*	.37*	.47*	.43*	.38*	.47*	.56*	-	
11	Repair relationship	.49*	.51*	.43*	.51*	.58*	.57*	.50*	.43*	.50*	.53*	-
	Mean	3.09	2.57	2.81	2.10	2.11	2.02	1.93	3.00	3.45	3.32	3.04
	SD	1.67	1.47	1.74	1.34	1.44	1.33	1.27	1.60	1.63	1.76	1.79
	α	.93	.84	.94	.69	.96	.84	.88	.78	.83	.84	.92

Note. $N = 174$. Higher scores indicate higher levels of each measure. Response scale ranged from (not at all) 1 to (very much) 7, * $p < .05$ (2-tailed)

Appraisals. A MANOVA showed an overall, significant effect of the manipulation on the participants' appraisals, $F(3, 163) = 8.51$, $p < .001$, $\eta^2_{partial} = .135$. As expected, there was a significant univariate effect on the concern for social-image other students, $F(2, 164) = 9.641$, $p = .001$, $\eta^2_{partial} = .105$. The pairwise comparison demonstrated that concern for 'social-image other students' was significantly higher ($p < .001$) in the 'withhold' condition ($M = 3.13$, $SD = 1.63$) than in the 'disclose' condition ($M = 2.00$, $SD = 1.21$). Concern for 'social-image other students' was significantly higher ($p = .026$) in the 'withhold' condition than in the 'toning down' condition ($M = 2.54$, $SD = 1.22$). There was a significant ($p = .038$) difference on concern for 'social-image other students' between the 'toning down' condition and the 'disclose' condition.

There was also significant univariate effect on concern for 'social-image student' $F(2, 164) = 11.21$, $p < .001$, $\eta^2_{partial} = .120$. The pairwise comparison demonstrated that concern for 'social-image student' was significantly higher ($p < .001$) in the 'withhold' condition ($M = 3.42$, $SD = 1.93$) than in the 'disclose' condition ($M = 2.02$, $SD = 1.30$). There was a non-significant ($p = .163$) difference on concern for 'social-image student' in the 'withhold' condition compared to the 'toning down' condition ($M = 2.98$, $SD = 1.56$). There was a significant ($p = .002$) difference on concern for social-image student between the 'toning down' condition and the 'disclose' condition.

In line with my expectations, there was a significant univariate effect on the appraisal of concern for self-image, $F(2, 164) = 8.95$, $p < .001$, $\eta^2_{partial} = .098$. The pairwise comparison revealed that concern for self-image was significantly higher ($p < .001$) in the 'withhold' condition ($M = 2.59$, $SD = 1.60$) than in the 'disclose'

condition (M = 1.58, SD = 1. 01), and concern for self-image was significantly higher (p = .013) in the 'toning down' condition (M = 2.19, SD = 1.17) than in the 'disclose' condition. There was no significant difference (p = .10) between the 'withhold' condition and the 'toning down' condition on concern for self-image.

Feelings. A MANOVA showed that there was a significant overall effect of the manipulation on feelings, $F(3, 163) = 7.65$, $p < .001$, $\eta^2_{partial} = .123$.

In line with my hypothesis, there was a significant univariate effect on felt shame, $F(2, 164) = 10.14$, $p < .001$, $_{partial}\eta^2 = .110$. The pairwise comparison yielded that felt shame was significantly higher (p < .001) in the 'withhold' condition (M = 2.77, SD = 1.81) than in the 'disclose' condition (M = 1.64, SD = 1.05). Felt shame was also significantly (p = .007) higher in the 'withhold' condition than in the 'toning down' condition (M = 1.96, SD = 1.13).There was no significant difference (p = .628) on felt shame between the 'toning down' condition and the 'disclose' condition.

As expected, there was a significant univariate effect on felt inferiority, $F(2, 164) = 9.07$, $p < .001$, $\eta^2_{partial} = .100$. The pairwise comparison showed that felt inferiority was significantly higher (p < .001) in the 'withhold' condition (M = 2.60, SD = 1.62) than in the 'disclose' condition (M = 1.60, SD = 1.58). Felt inferiority was also significantly higher (p = .014) in the 'withhold' condition than in the 'toning down' condition (M = 1.90, SD = 1.04). There was no significant difference (p = .654) on felt inferiority in the 'toning down' condition and the 'disclose' condition.

Also as expected, there was a significant univariate effect on felt rejection, $F(2, 164) = 9.27$, $p < .001$, $\eta^2_{partial} = .102$. The pairwise comparison demonstrated that felt rejection was significantly higher (p < .001) in the 'withhold' condition (M = 2.51, SD = 1.63) than in the 'disclose' condition (M = 1.56, SD = 0.93). Felt rejection

was also significantly higher (p = .005) in the 'withhold' condition than in the 'toning down' condition (M = 1.76, SD = 0.96). There was no significant difference (p = .100) on felt rejection between the 'toning down' condition and the 'disclose' condition.

Motivations. A MANOVA showed a significant overall effect of the manipulation on motivations. $F(2, 160) = 5.833$, $p = .004$, $\eta^2_{partial} = .068$.

There was a significant univariate effect on distancing, $F(2, 160) = 4.75$, $p = .01$, $\eta^2_{partial} = .056$. The pairwise comparison yielded that distancing was significantly higher (p = .010) in the 'withhold' condition (M = 3.41, SD = 1.80) than in the 'disclose' condition (M = 2.51, SD = 1.48). There was no significant difference (p = .121) between the 'toning down' condition (M = 3.12, SD = 1.41) and the 'disclose' condition, and there was no significant difference (p = .100) between the 'withhold' condition and the 'toning down' condition on distancing.

Even though the mean-values went in the proposed direction (see Table 3), there was no significant univariate effect on cover-up, $F(2, 160) = .4.75$, $p = .581$, $\eta^2_{partial} = .007$, no significant univariate effect on repair relationship, $F(2, 160) = 1.78$, $p = .216$, $_{partial}\eta^2 = .019$, and no significant univariate effect on acknowledgment of having hurt the other, $F(2, 160) = 1.35$, $p = .261$, $\eta^2_{partial} = .017$ (see Table 3).

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See Table 3 on the following page

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Table 3. Study 1. Mean and Standard Deviations of appraisals and feelings and motivations across conditions

Variable	Withhold[1]		Toning down[2]		Disclose[3]		Cohen's d		
	M	SD	M	SD	M	SD	1v3	1v2	2v3
Severity	3.73[a]	1.68	3.42[a]	1.70	2.22[b]	1.23	1.02	0.18	0.80
Social-image other	3.13[a]	1.63	2.54[ba]	1.22	2.00[b]	1.21	0.78	0.41	0.44
Social-image student	3.42[a]	1.93	2.98	1.56	2.02[b]	1.30	0.85	0.25	0.66
Self-image	2.59[a]	1.60	2.19[a]	1.17	1.58[b]	1.01	0.75	0.29	0.55
Shame	2.77[a]	1.81	1.96[b]	1.13	1.64[b]	1.05	0.76	0.53	0.29
Inferiority	2.60[a]	1.62	1.90[b]	1.04	1.60[b]	1.58	0.72	0.51	0.22
Rejection	2.51[a]	1.63	1.76[b]	0.96	1.56[b]	0.93	0.70	0.56	0.21
Distancing	3.41[a]	1.80	3.12	1.41	2.51[b]	1.48	0.54	0.17	0.42
Cover-up	3.63[a]	1.89	3.42[a]	1.34	3.30[a]	1.63	0.18	0.12	0.08
Acknowledgment of hurt	3.62[a]	1.89	3.05[a]	1.46	3.24[a]	1.86	0.20	0.33	-0.11
Repair motivation	3.31[a]	1.75	3.10[a]	1.69	2.74[a]	1.74	0.32	0.12	0.20

Note. Means in each row which share a subscript do not differ significantly from each other at p < .05. Response scale ranged from 1 (not at all) to 7 (very much)

Structural Equation Modelling predicting appraisals, feelings and motivations

In order to examine the logical structure and the covariance between measured constructs: appraisal→ feelings→ motivations, I conducted Structural Equation Modelling (SEM) analysis in order to analyse the participants' appraisals, feelings and motivations about withholding or disclosing unpleasant information. I differentiated between the two different social-image concerns. The concerns for one's social image in the eyes of the student, and the concern for one's social-image in the eyes of other students are presented in two different SEM models. In order to establish confidence about the fit of the model in regard of the data, I deployed several fit-indices: CFI, IFI and RMSEA. Naturally, fit-indices should not be interpreted in isolation but rather be viewed in relation to other meaningful fit-indices (Kline, 2011).

Explaining 'distancing' motivation. I used SPSS AMOS 23 with Maximum Likelihood Estimates in order to examine that a concern for the social-image other students would positively predict rejection and distancing motivation.

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Figure 3. Structural model of predictive relationship between appraisals (social-image other, self-image) and feelings (rejection, inferiority, shame) and distancing motivation (distancing, cover-up). Solid lines indicate p < .05.
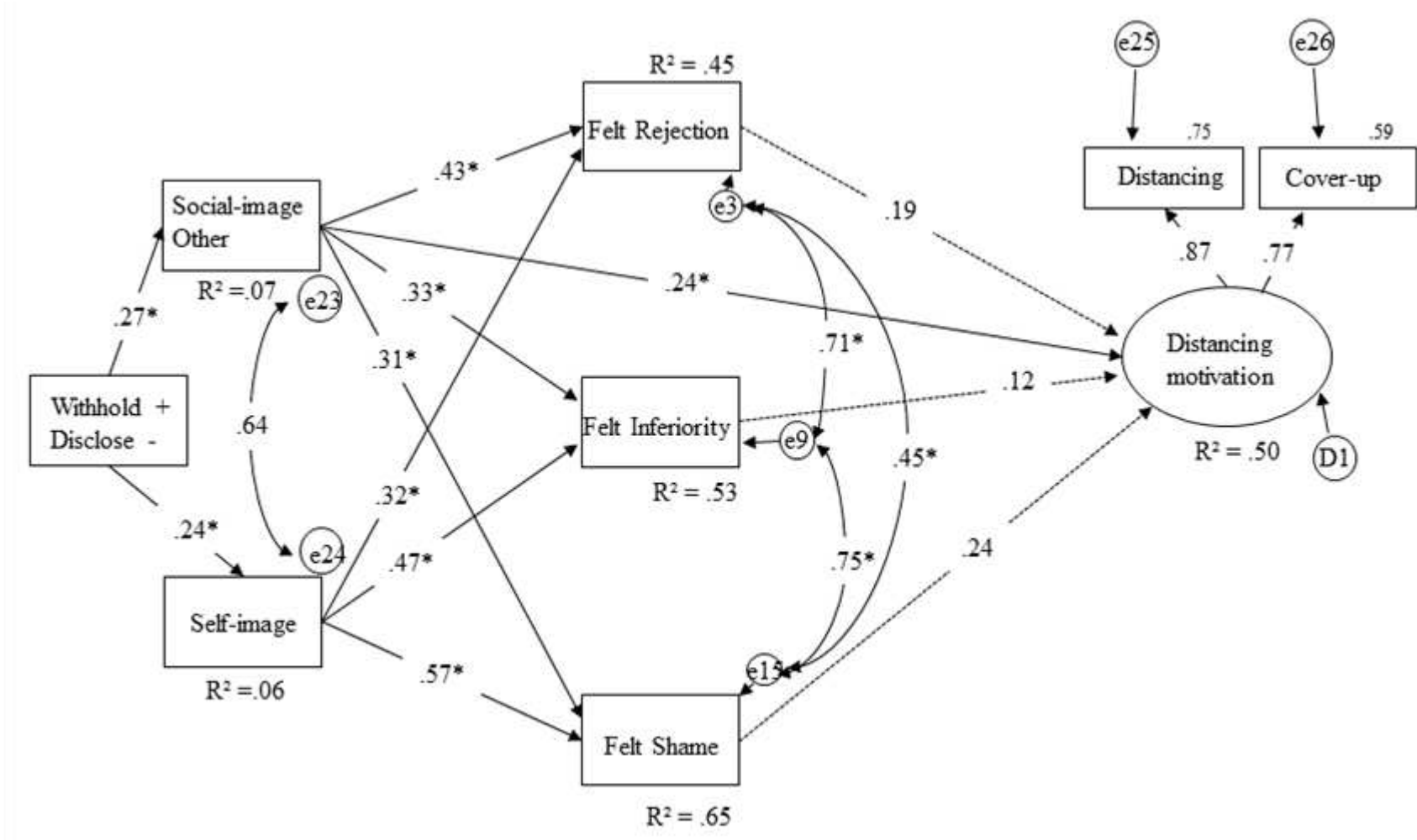
As there was no significant difference between the 'withhold' and the 'toning down' conditions on severity, and only small differences on the two appraisals, I merged these two conditions and coded them with 1 (i.e., a 'withhold' approach), while the disclosure condition was coded with -1.

Despite a significant chi-square, χ^2 (10) = 28.52, p < .001 (χ^2/df = 2.93), other fit indices indicated that my hypothesized model fitted the data well, IFI = .981, CFI = .980, RMSEA= .103. Reflecting the experimental results, the 'withhold' approach was a positive and significant predictor of both a concern for 'social-image other' (β = .27, p < .001) and self-image (β = .24, p = .001). In turn, a concern for 'social-image other' was a positive, significant predictor of felt rejection (β = .43, p < .001), felt inferiority (β = .33, p < .001) and felt shame (β = .31, p < .001), while a concern for self-image was a positive predictor of felt shame (β = .57, p < .001), felt inferiority (β = .47, p < .001) and felt rejection (β = .32, p < .001). In line with my hypotheses, it was only a concern for one's 'social-image other' that was a significant predictor of 'distancing' motivation (β = .24, p = .014). Neither felt rejection (β = .19, p = .161), felt inferiority (β = .12, p = .516) nor felt shame (β = .24, p = .124) were significant predictors of 'distancing' motivation. I also conducted a structure model that included the concern for the 'social-image student' variable.

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See Figure 4 on the following page

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Figure 4. Structural model of predictive relationship between appraisals (social-image student, self-image) and feelings (rejection, inferiority, shame) and distancing motivation (distancing, cover-up). Solid lines indicate $p < .05$.
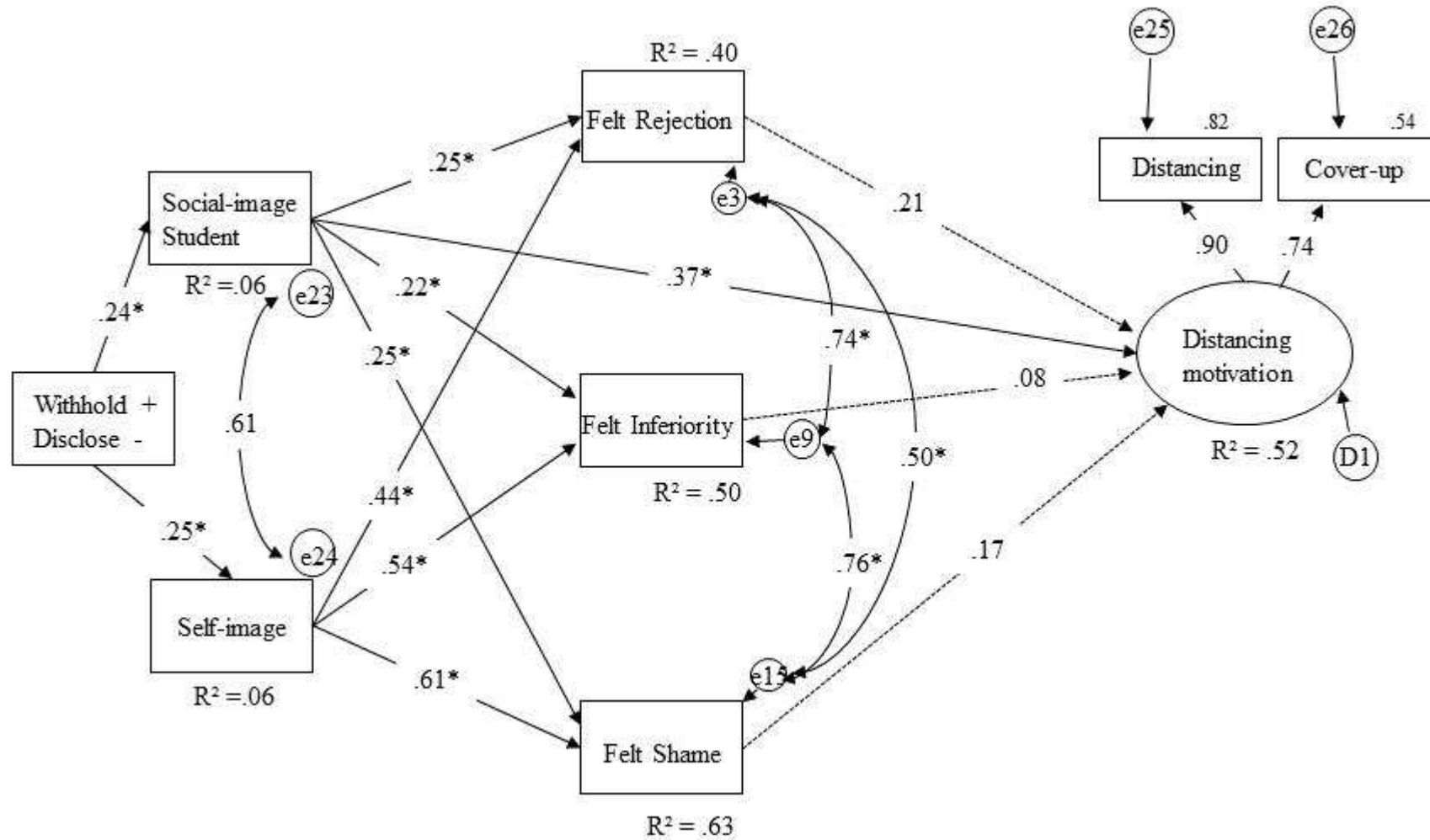
Despite a significant chi-square, $\chi^2 (10) = 32.10$, p < .001 (χ^2/df = 3.21), other fit indices indicated that my hypothesized model fitted the data well, IFI = .977, CFI = .976, RMSEA= .113. Reflecting the experimental results, the 'withhold' approach was a positive and significant predictor of both a concern for social-image student (β = .24, p = .001) and self-image (β = .25, p = .001). In turn, a concern for social-image in the eyes of the student was a positive, significant predictor of felt rejection (β = .25, p =.001), felt inferiority (β = .22, p = .002) and felt shame (β = .25, p < .001), while a concern for self-image was a positive predictor of felt shame (β = .61, p < .001), felt inferiority (β = .54, p < .001) and felt rejection (β = .44, p < .001). In line with my hypotheses, it was only a concern for social-image in the eyes of the student that was a significant predictor of 'distancing' motivation (β = .37, p < .001). Felt rejection was a marginally significant predictor of 'distancing' motivation (β = .21, p = .079). Felt inferiority (β = .08, p = .662) and felt shame (β = .17, p = .258) were non-significant predictors of 'distancing' motivation.

Explaining 'repair' motivation. As before, I used SPSS AMOS 23 with Maximum Likelihood Estimates, only this time examining whether a concern for self-image would positively predict shame and repair motivation.

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See Figure 5 on the following page

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Figure 5. Structural model of predictive relationship between appraisals (social-image other, self-image) and feelings (rejection, inferiority, shame) and repair motivation (repair, acknowledgment of hurt). Solid lines indicate p < .05
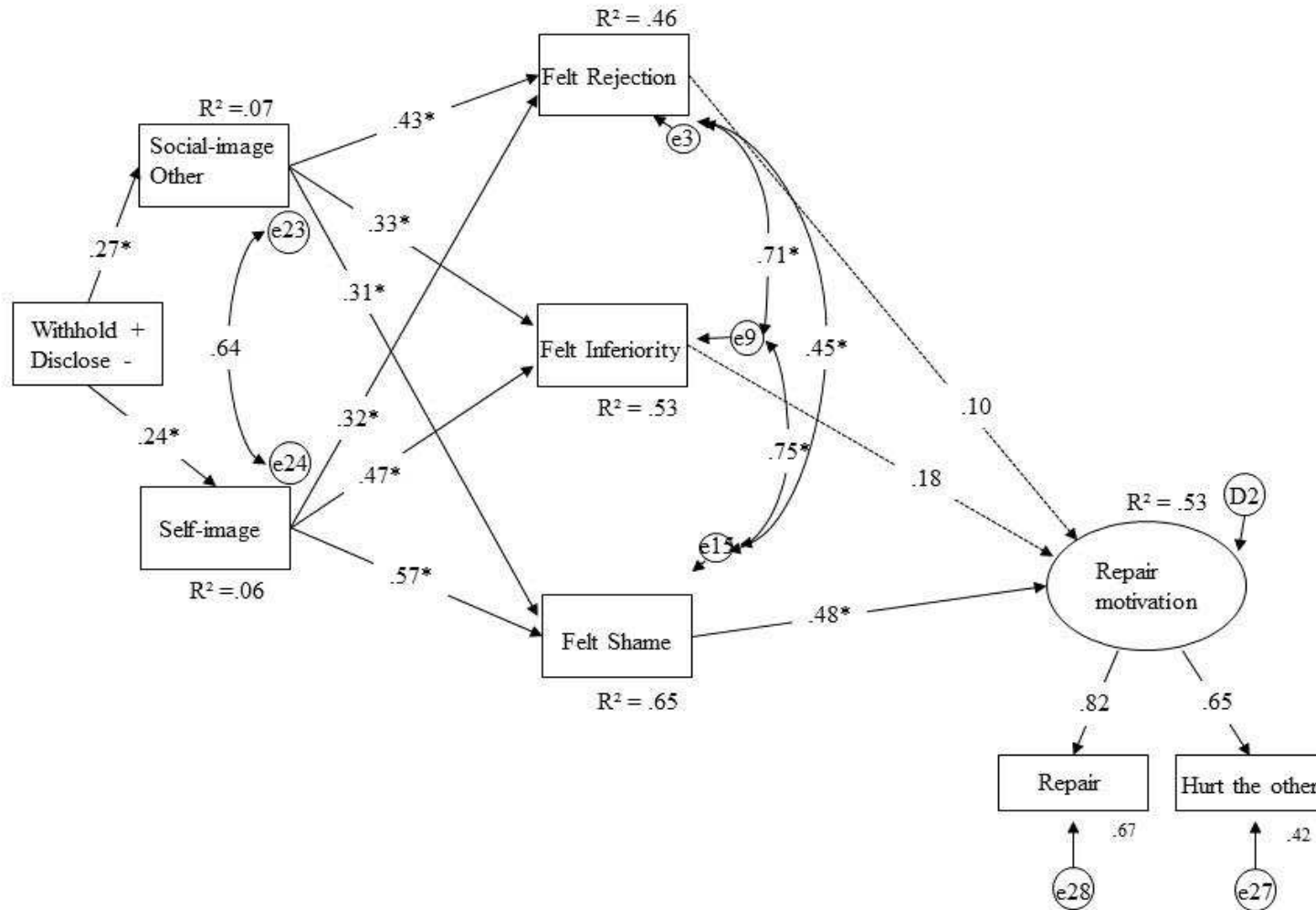
Despite a significant chi-square, χ^2 (11) = 21.23, p = .031 (χ^2/df = 1.93) my hypothesized model fitted the data well as underlined by several fit indices: IFI = .989, CFI = .988, RMSEA = .073. In support of my hypotheses, felt shame was a moderate, significant (β = .48, p = .004) positive predictor of 'repair' motivation. Neither felt inferiority (β = .18, p = .376) nor felt rejection (β = .10, p = .448) were significant predictors of 'repair' motivation.

I also tested the same repair model with a concern for the 'social-image student' manifest variable. Despite a significant chi-square, χ^2 (11) = 27.96, p = .003 (χ^2/df = 2.54), the hypothesized model fitted the data well, as underlined by several fit indices: IFI = .981, CFI = .980, RMSEA = .094. In support of the hypotheses, felt shame was a significant (β = .48, p = .004) positive predictor of 'repair' motivation. Neither felt inferiority (β = .18, p = .376) nor felt rejection (β = .10, p = .448) were significant predictors of 'repair' motivation.

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See Figure 6 on the following page

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Figure 6. Structural model of predictive relationship between appraisals (social-image student, self-image) and feelings (rejection, inferiority, shame) and repair motivation (repair, acknowledgment of hurt).
Solid lines indicate p < .05
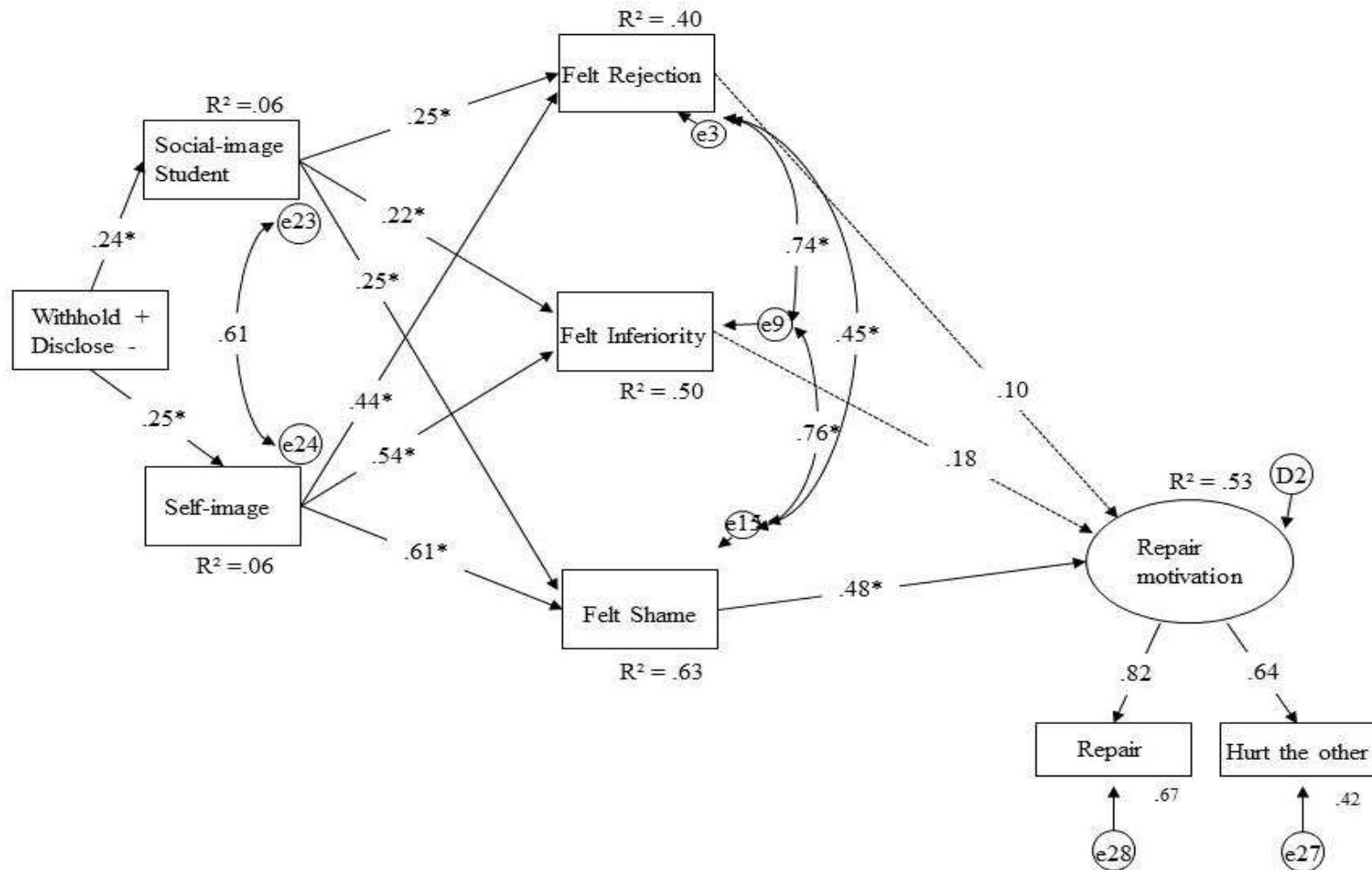
Discussion

In line with my hypotheses, participants in both the 'withhold' and 'disclose' condition were reporting negatively on appraisals, feelings and motivations. However, participants in the 'withhold' condition experienced higher levels of unpleasant appraisals and feelings (and of distancing motivation) than the participants in the 'disclose' condition. Just as predicted, withholding information was seen as more severe than disclosing it, and in line with this, participants in the 'withhold' condition were more concerned about their self-image and their social-image than those in the disclose condition. Also in support of my hypotheses, participants in the 'withhold' condition felt more shame, felt more inferiority and felt more rejected than did those who disclosed the unpleasant information. Even though I did not find significant differences on the motivations (except from the hypothesised higher level of distancing motivation for the 'withholding' condition as compared to the 'disclosing' condition), the means of wanting to cover up the decision, to repair the relationship and to acknowledge having hurt the other, all went in the hypothesised direction. In summary, I could say that my expectation that disclosing information would be experienced as more of an unpleasant decision than withholding it was well supported.

One interesting finding is also that the participants are more concerned that the student will condemn them, than other people not involved in the situation. This is somehow not surprising, as we know that people in communal relationships (e.g. student friendship) are concerned about the receiver's welfare and have a general concern for the other person (Clark & Brisette, 2000). And we also know that more emotions are expressed in strong communal relationships than in exchange relationships (e.g. acquaintances).

Looking at the structural regression model, appraising the communication decision as a concern for the social-image of oneself in the eyes of others, best predicted the feeling of rejection, while appraising the communication decision as a concern for one's moral self-image best predicted felt shame. Although I had expected that felt rejection should be a significant predictor of distancing motivation as in a *"concern for one's social-image → felt rejection"* pathway, I still found support for the first half of this pathway; that the more participants were concerned about their social-image, the more they also reported distancing motivation. In line with my hypotheses, felt inferiority and, notably, felt shame did not predict distancing motivation. In good support of my *"concern for one's self-image → felt shame"* pathway to repair motivation hypothesis, only felt shame predicted repair motivation. Neither felt rejection, nor felt inferiority predicted repair motivation.

In line with Leach and Spears (2008), I expected inferiority to be closely related to distancing motivations as a consequence of pain of inferiority. However, in the Gausel and Leach (2011) model, they proposed a tenuous link to self-defensive motivations. In Study 1, I found support that inferiority motivated both distancing and repair behaviour. In line with the conceptual model, inferiority was closely related to a concern for self-image, more than concern for social-image. Felt inferiority and shame were also highly correlated, and differed to only a small degree from the shame variable.

Finally, the 'toning down' participants experienced some reactions intermediate between the participants in the 'withholding' and 'disclosing' conditions. However, 'toning down' condition participants did not differ from participants in the 'withholding' condition on severity and concern for self-image (and only marginally on concern for social-image). Even though toning down

focuses on the positive side, it is still an active decision to withhold information. For this reason, one may ask if toning down information is in essence different from withholding information. After all, to tone down unpleasant information is contrary to disclosure and viewed by our participants as just as 'severe' as plain withholding. As a consequence, this third "hybrid" communication strategy will be ignored in Study 2.

Study 2

In Study 2, I decided to increase the strength of the social-bond relationship by having the participants imagine a friend situation. In addition to the social bond being closer, this approach should also allow for a more vivid imagination of the unpleasant information as the vignette was less directed. As discussed above, I now decided to focus on the two most distinct ways of communicating unpleasant information; either to 'withhold' it, or to 'disclose' it.

Hypotheses. Similar to Study 1, I first expected that withholding information would be seen as more severe than disclosing it, and in line with this, I then expected that 'withholders' would report higher levels of unpleasant appraisals (i.e., concern for self-image and concern for social-image) and unpleasant feelings (of shame, inferiority and rejection). Thirdly, I also expected that there would be higher levels of distancing motivations and repair motivations for withholders of information, than disclosers of information. Fourthly, I expected that 'distancing motivation' would be explained by a *"concern for one's social-image → felt rejection"* pathway, while 'repair motivation' would be explained by a *"concern for one's self-image → felt shame"* pathway. I also expected the inferiority variable to be closely related to self-image and both distancing and repair motivation.

Method

Participants and procedure

217 Norwegian university students (65 male, 152 female, M_{age}: 23, Range: 18-46) were included in Study 2, after nine additional participants failed to report more than their demographics and were thus excluded from the analyses. They were approached in libraries and canteens at different universities in the southern part of Norway and volunteered to participate without compensation. The inclusion criteria were the same as for Study 1.

In the first part of the questionnaire, participants were asked to imagine the following: *"Please think of a specific person* who is your friend. Imagine that you find out something unpleasant that is relevant to your friend. You know that your friend will be very upset when he/she gets to hear it*"*. In the '*disclose'* condition (N = 108), the story continued with: "you decide to tell to your friend what you have found out." In the '*withhold'* condition (N = 109), the story continued with: "you decide NOT to tell your friend what you ha*ve found out."* Following this, participants were encouraged to write down in their own words what they were asked to imagine. On completion of this, participants were presented with the questionnaire and asked to respond to the dependent variables using a response scale ranging from 1 (not at all) to 7 (very much). Most participants imagined situations in which their friend's partner had betrayed them, or where the friend had a serious, incurable disease. They also had to report what type of relationship they imagined, and most participants (70%) imagined a close friend relationship. The other (30%) imagined a friend relationship.

Measures

Acceptance. I measured the need for acceptance (α = .92) with four items: "I want my friend to like me", "I want my friend to accept me", "I want my friend to recognize me", "I want my friend to value me".

Severity. In order to measure the participant's perception of their moral failure in the different conditions, I used a four item scale to obtain the participant's perceived moral failure in the three condition groups (Gausel et al., 2016), on severity of moral failure (α =.95) developed by Gausel et al. (2012; 2016). "What I did in this situation was wrong", "My behaviour in that situation was questionable", "My actions in that situation were not good", "What I did was bad".

Appraisals. In Study 2, I also measured appraisals using the same measurement tool suggested by Gausel et al., (2012). *Concern for one's self*-image (α = .68) was measured using two items: "what I did revealed a moral failure in me" and "I think I am defective in some way because of what I did". *Concern for one's social*-image other (α =.85) was measured with two items: "Others will no longer think well of me for what I did", "I think I could be isolated from other students because of this situation". *Concern for one's social*-image friend (α =.92) "My friend may condemn me for what I did", "My friend will isolate me because of what I did".

Feelings. I measured the feelings of shame, inferiority and rejection with the items suggested by Gausel et al., (2012), all of which except one inserted the relevant emotion word or phrase into the frame "I feel [emotion] when I think about what I did.". Felt Shame (α = .93) was measured using: "disgraced", "humiliated", and "ashamed". Inferiority (α = .77) was measured using: "inferior", and "I am vulnerable". Felt Rejection (α = .84) was measured using: "rejected", "alone", "rebuffed".

Distancing motivation. I measured distancing and cover-up using the items suggested by Gausel and colleagues (2012). Distancing (α =.68) was measured using: "If I could, I would like to avoid my friend", "I would rather not get mixed up in discussions about what I did", "If I were to confront my friend, I would control my thoughts and think of something other than what I did". Cover-up (α = .71) was measured with: "I think I will make it less clear to others what I said", "I think I will be cautious sharing information about what happened", "I would like to cover up what happened", "I will encourage people to focus on the other side of the story".

Repair motivation. I measured repair motivation and acknowledgment of hurt through two related strategies: acknowledgment of having hurt the other and wanting to repair the relationship. I reworded the two items measuring Acknowledgment of having hurt the other (α =.88) for these studies: "I think my friend will be hurt by what I did" and "I think my friend will not be happy for what I did". Wanting to repair the relationship (α =.79) was adopted from Gausel et al., (2012) and consisted of two items: "I feel I should re-establish the relationship with my friend", "I will try to repair some of the damage I have caused".

Results

Experimental effect on acceptance

An ANOVA demonstrated that the manipulations were non-significant on acceptance, $F(1, 211) = .034$, $p = .85$, $\eta^2_{partial} = .00$. The pairwise comparison demonstrated that acceptance was non-significantly higher ($p = .85$) in the 'withhold' condition ($M = 6.18$, $SD = 1.17$) than in the 'disclose' condition ($M = 6.20$, $SD = 1.13$).

Experimental effect on severity

As expected, an ANOVA demonstrated that the manipulation had a significant univariate effect on severity, $F(1, 215) = 105.36$, $p < .001$, $\eta^2_{partial} = .33$. As shown in Table 5, the pairwise comparisons yielded that severity was significantly higher ($p < .001$) in the 'withhold' condition ($M = 4.39$, $SD = 1.68$) than in the 'disclose' condition ($M = 2.23$, $SD = 1.40$).

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See also inter-correlations and descriptive statistics in Table 4 on the following page.

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Table 4. Scale inter-correlations and descriptive statistics

	Variable	1	2	3	4	5	6	7	8	9	10	11
1	Severity	–										
2	Self-image	.78*	–									
3	Social-image friend	.62*	.63*	–								
4	Social-image other	.30*	.42*	.42*	–							
5	Shame	.75*	.80*	.63*	.45*	–						
6	Inferiority	.58*	.67*	.58*	.47*	.77*	–					
7	Rejection	.40*	.52*	.57*	.51*	.60*	.70*	–				
8	Distancing	.44*	.48*	.56*	.44*	.51*	.52*	.45*	–			
9	Cover-up	.36*	.39*	.40*	.25*	.40*	.37*	.37*	.41*	–		
10	Acknowledgment of hurt	.47*	.48*	.59*	.34*	.53*	.47*	.41*	.41*	.37*	–	
11	Repair relationship	.49*	.54*	.45*	.32*	.55*	.52*	.43*	.27*	.41*	.52*	–
	Mean	3.31	2.24	3.67	2.33	2.44	2.25	2.10	3.01	3.96	4.35	3.83
	SD	1.88	1.42	1.97	1.40	1.70	1.45	1.27	1.50	1.34	2.00	2.02
	α	.95	.68	.92	.85	.93	.77	.84	.68	.71	.88	.79

Note. N = 217. Higher scores indicate higher levels of each measure. Response scale ranged from (not at all) 1 to (very much) 7, * p < .05 (2-tailed)

Experimental Effect on Appraisals

A MANOVA showed an overall effect of the manipulation on the participant's appraisals, $F(3, 213) = 27.45$, $p < .001$, $\eta^2_{partial} = .279$. There was a significant univariate effect on the appraisal of *concern for one's self*-image, $F(1, 215) = 52.24$, $p < .001$, $\eta^2_{partial} = .195$. As expected, the pairwise comparison demonstrated that the concern for self-image was significantly higher ($p < .001$) in the 'withhold' condition (M = 2.89, SD = 1.52) than in the 'disclose' condition (M = 1.61, SD = 0.97). There was also a significant univariate effect on concern for one's social-image friend $F(1, 215) = 51.08$, $p < .001$, $_{partial}\eta^2 = .192$. In line with my hypothesis, the concern for social-image friend was significantly higher ($p < .001$) in the 'withhold' condition (M = 4.52, SD = 1.83) than in the 'disclose' condition (M = 2.80, SD = 1.71). Interestingly, there was non-significant univariate effect on concern *for one's social*-image other $F(1, 215) = 0.541$, $p = .463$, $\eta^2_{partial} = .003$. The pairwise comparison demonstrated that the concern for social-image other was non-significantly higher ($p = .463$) between the 'withhold' condition (M = 2.40, SD = 1.43) and the 'disclose' condition (M = 2.26, SD = 1.37).

Experimental effect on feelings

A MANOVA showed an overall effect on the participant's feelings, $F(3, 213) = 9.67$, $p < .001$, $\eta^2_{partial} = .120$. There was a significant univariate effect on shame, $F(1, 215) = 28.93$, $p < .001$, $_{partial}\eta^2 = .119$. As expected, the pairwise comparison yielded that shame was significantly higher ($p < .001$) in the 'withhold' condition (M = 3.02, SD = 1.73) than in the 'disclose' condition (M = 1.85, SD = 1.45). There was also a significant univariate effect on inferiority, $F(1, 215) = 27.79$, $p < .001$, $\eta^2_{partial} = .059$. Just as predicted, the pairwise comparison demonstrated that participants in the 'withhold' condition expressed significantly higher ($p < .001$) levels of inferiority

(M = 2.59, SD = 1.49) than did those in the 'disclose' condition (M = 1.89, SD = 1.31). There was also a significant univariate effect on rejection, $F(1, 215) = 12.73$, $p = .005$, $\eta^2_{partial} = .036$. In line with my hypothesis, the pairwise comparison showed that the participants in the 'withhold' condition expressed significantly higher ($p < .001$) levels of rejection (M = 2.33, SD = 1.42) than did the participants in the 'disclose' condition (M = 1.85, SD = 1.05).

Experimental effect on motivations

A MANOVA demonstrated an overall effect on the motivations, $F(4, 207) = 7.20$, $p < .001$, $\eta^2_{partial} = .122$. There was a significant univariate effect on distancing, $F(1, 210) = 12.03$, $p < .001$, $\eta^2_{partial} = .054$. As expected, participants in the 'withhold' condition expressed significantly higher ($p < .001$) levels of distancing (M = 3.35, SD = 1.51) than did the participants in the 'disclose condition' (M = 2.66, SD = 1.40). There was also a significant univariate effect on cover-up, $F(1, 210) = 15.36$, $p < .001$, $\eta^2_{partial} = .068$. In line with my hypothesis, participants in the 'withhold' condition expressed significantly higher ($p < .001$) levels of cover-up (M = 4.32, SD = 1.35) than did participants in the 'disclose condition' (M = 3.61, SD = 1.26).

I found a univariate significant effect on acknowledgment of having hurt the other, $F(1, 210) = 18.77$, $p < .001$, $\eta^2_{partial} = .082$. As hypothesized, participants in the 'withhold' condition expressed significantly higher ($p < .001$) levels of acknowledgment of having hurt the other (M = 4.92, SD = 1.98) than did participants in the 'disclose' condition (M = 3.77, SD = 1.85). There was a significant univariate effect on wanting to repair the relationship, $F(1, 210) = 14.33$, $p < .001$, $\eta^2_{partial} = .064$, In line with my hypothesis, participants in the 'withhold' condition expressed significantly higher ($p = .001$) levels of wanting to repair the relationship (M = 4.34,

SD = 2.00) than did the participants in the 'disclose' condition (M = 3.33, SD = 1.92).

See Table 5a on the following page.

Table 5a. Study 2. Mean and Standard Deviations of appraisals and feelings and motivations across conditions

Variable	Withhold[1]		Disclose[2]		Cohen's d
	M	*SD*	*M*	*SD*	*1v2*
Severity	4.39^a	1.68	2.23^b	1.40	1.02
Social-image friend	4.52^a	1.83	2.80^b	1.71	0.97
Social-image other	2.40	1.43	2.26	1.37	0.09
Self-image	2.89^a	1.52	1.61^b	0.97	1.00
Shame	3.02^a	1.73	1.85^b	1.45	0.82
Inferiority	2.59^a	1.49	1.89^b	1.31	0.49
Rejection	2.33^a	1.42	1.85^b	1.05	0.38
Distancing	3.35^a	1.51	2.66^b	1.40	0.47
Cover-up	4.32^a	1.35	3.61^b	1.26	0.54
Acknowledgment of hurt	4.92^a	1.98	3.77^b	1.85	0.60
Repair motivation	4.34^a	2.00	3.33^b	1.92	0.52

Note. Means in each row which share a subscript do not differ significantly from each other at p < .05. Response scale ranged from 1 (not at all) to 7 (very much)

Structural Equation Modelling

As in Study 1, I used SPSS AMOS 23 with Maximum Likelihood Estimates in order to examine my predictions related to participant's appraisals, feelings and responses. The concerns for one's social image in the eyes of the friend, and the concern for one's social-image in the eyes of others are presented in two different SEM models.

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See Figure 7 on the following page

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Reflecting the manipulation, I used a planned contrast where the 'disclose' condition was coded using 1 = disclose and the 'withhold' condition was coded with -1. Despite a significant chi-square, χ^2 (21) = 66.974, p < .001 (χ^2/df = 3.189), the hypothesized model fitted the data well: IFI = .960, CFI = .959, RMSEA= .101.

Figure 7. Structural model of predictive relationship between appraisals (social-image friend, self-image) and feelings (rejection, inferiority, shame) and repair motivation (repair, acknowledgment of hurt) and distancing motivation (distancing, cover-up). Solid lines indicate p < .05.
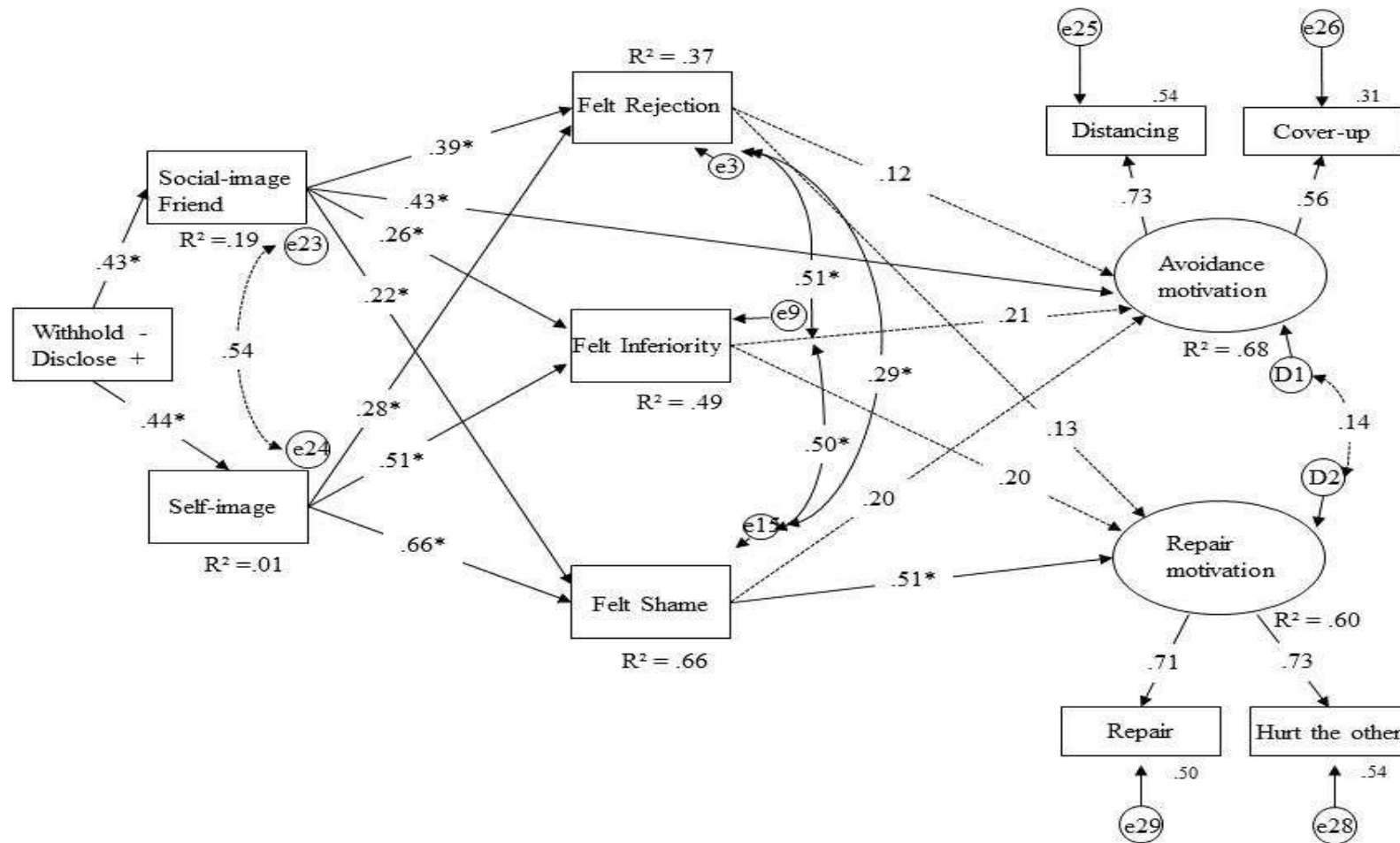
Reflecting the experimental results, disclosing information was a significant predictor of the concern for self-image ($\beta = .44$, p < .001) and the concern for 'social-image friend' ($\beta = .43$ p < .001). As in Study 1, the concern for social-image stood out as the stronger predictor of felt rejection ($\beta = .39$, p < .001), self-image to felt rejection ($\beta = .28$, p. < .001), while the concern for self-image stood out as the strongest predictor of felt shame ($\beta = .66$, p < .001), 'social-image friend' to felt shame ($\beta = .22$, p < .001). Felt inferiority was predicted by both concern for self-image ($\beta = .51$, p < .001) and concern for 'social-image friend' ($\beta = .26$, p < .001). Supporting my hypothesis, the greater the shame felt, the greater the motivation to engage in repair motivation ($\beta = .51$, p < .001). In moderate support of my hypothesis, the concern for social-image predicted distancing motivation ($\beta = .43$, p < .001) but somewhat against my hypothesis, felt rejection was unrelated to distancing motivation ($\beta = .12$, p = .22). Felt inferiority was a marginal predictor of both distancing motivation ($\beta = .21$, p = .073) and repair motivation ($\beta = .20$, p = .075). The same model was conducted with a concern for 'social-image other' as a manifest variable.

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See Figure 8 on the following page

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Figure 8. Structural model of predictive relationship between appraisals (social-image other, self-image) and feelings (rejection, inferiority, shame) and repair motivation (repair, acknowledgment of hurt) and distancing motivation (distancing, cover-up). Solid lines indicate p < .05
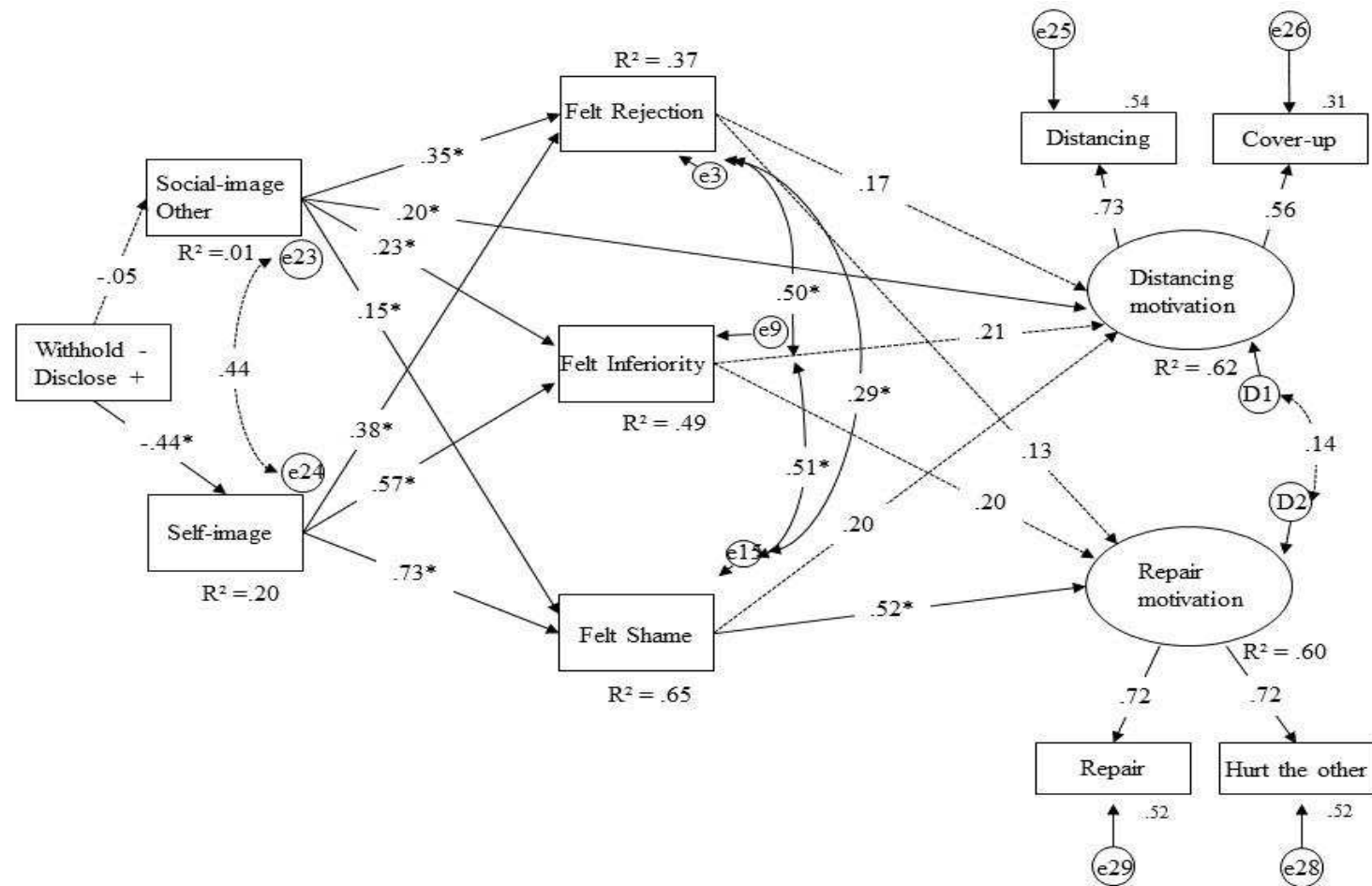
Despite a significant chi-square, χ^2 (21) = 42.18, p = .004 (χ^2/df = 2.00), the hypothesized model fitted the data well: IFI = .979, CFI = .980, RMSEA= .068. Withholding information was a significant predictor of the concern for self-image (β = -.44, p < .001) but not the concern for 'social-image other' (β = -.05 p = .461). As in Study 1, the concern for 'social-image other' stood out as the stronger predictor of felt rejection (β = .35, p < .001), 'social-image other' to felt shame was β =.15, p. < .001, while the concern for self-image stood out as the strongest predictor of felt shame (β = .73, p < .001; self-image to felt rejection (β = .38, p < .001). Felt inferiority was predicted by both concern for self-image (β =.57, p < .001) and concern for 'social-image other' (β = .23, p < .001). Supporting my hypothesis, the greater the shame felt, the greater the motivation to engage in repair motivation (β = .52, p < .001). In moderate support of my hypothesis, rejection predicted distancing motivation (β = .17, p = .093). In line with my hypothesis, concern for 'social-image other' predicted distancing motivation (β = .20, p = .014). Felt rejection was unrelated to repair motivation (β = .13, p = .167). Felt inferiority was a marginal predictor of both distancing motivation (β = .21, p = .086) and repair motivation (β = .20, p = .082).

Discussion

In line with my first hypothesis, the decision to withhold the unpleasant information was seen by the participants to be significantly more severe than to disclose it, and in line with my second hypothesis, participants in the 'withhold' condition experienced significantly higher levels of unpleasant appraisals (concern for self-image and concern for social-image) and significantly higher levels of unpleasant feelings (of felt shame, felt inferiority and felt rejection) than did

participants in the 'disclose' condition. In support of my third hypothesis, participants in the 'withhold' condition reported significantly higher levels of both repair motivation and of distancing motivation, than did participants in the 'disclose' condition.

Finally, my fourth hypothesis received mixed support. It was true that the appraisal of concern for self-image was a stronger predictor of felt shame, and that felt shame predicted repair motivation, and it was true that the appraisal of concern for social-image was the strongest predictor of felt rejection. However, it was not true that felt rejection was a significant predictor of distancing motivation. Instead, only the concern for social-image proved to be a significant predictor of this motivation. In addition, even though felt inferiority was non-significantly related to the motivations, they were still marginally predicted by felt inferiority. Also, in this study, felt inferiority was closely related to concern for self-image. Hence, I only received partial support for my hypothesis.

Study 3

Study 3 aimed to assess how participants appraised being in an imagined instructed feedback situation, where they had to give feedback on a close student friend's poor presentation. As the other students or the student friend do not know about the participants being instructed, one could expect the participants to find the situation unpleasant, depending on the different communication conditions.

Study 3 measured participants' reactions to one of three different scenarios which they imagined communicated using an informational approach, a socially centred approach or in an informationally/socially centred (i.e. person-centred) approach. The strategies' conditions were in line with the prototypical communication strategies defined in the literature (Baxter, 1982; Brewin, 1991).

Hypotheses. I expected the informationally centred condition first and foremost to elicit higher levels of unpleasant appraisals (concern for self-image and concern for social-image) and unpleasant emotions (feelings of shame, inferiority and rejection) for the communicator, than in the informational/social condition. Secondly, I expected, due to the higher levels of unpleasant appraisals and feelings, there would also be higher levels of motivations (i.e., distancing and repair relationship) aimed at trying to cope with the decision to be informationally centred, than with the informationally/socially centred. More specifically, following the theoretical framework of Gausel and Leach (2011), I expected that the motivation of distancing should be explained through a: *"concern for one's social-image → felt rejection pathway"*, while repair motivations should be explained by a: *"concern for one's self-image → felt shame"* pathway.

Method

Participants and Procedure

192 Norwegian university students (76 men and 116 women; Mean: 27, range: 18-64 years) participated in the study, after a total of five participants decided to withdraw from the study and were not included in the analysis. A randomized sample of Norwegian university students were recruited in libraries and canteens at different universities in the southern part of Norway, who participated on a voluntarily basis without compensation. Students meeting the following inclusion criteria were allowed to participate: (1) the student should be student at a Norwegian university, and (2) should understand Norwegian. No records of the participants were kept except for demographic data such as gender, age and education. All information was anonymised and kept confidential. The participants were given the opportunity to ask

questions about the intentions and purpose of the study after they had filled out the questionnaire.

Procedure. First the participants had to imagine a situation: Imagine that you are supposed to provide feedback to a close student friend on their seminar presentation in the classroom with other students. Their presentation was of low quality. However, you have been instructed by the seminar leader to:

The participants were given a questionnaire with one of the three conditions were the intention was to manipulate three different prototypical ways of giving unpleasant information according to Schmid, Kindlimann and Langevitz (2005). Condition 1: informationally centred, condition 2: socially centred and condition 3: combined informational/socially centred : Condition 1 (N = 67): Provide feedback that does not focus on the person, but instead focuses on an objective and detailed account of the weak sides of their presentation, condition 2 (N= 65): Provide feedback that focuses on being empathic with the person while downplaying the details of the weak sides of their presentation, condition 3 (N= 60): Provide feedback that focuses on being empathic with the person while objectively giving an account of the weak sides of their presentation. They also had to read the following sentence: your friend and the other students in the seminar room do not know about the instructions of the seminar leader.

As a manipulation check, the participants had to write down what they were told to imagine in a script-like format and to come up with some examples of the things they might say. Then the participants were presented with the questions below, accompanied by response scales ranging from 1 (not at all) to 7 (very much). Finally, they were asked to write down any thoughts or complaints about this study.

Measures

The items were adapted from Gausel and Leach (2011); Gausel et al. (2012). Cronbach's alpha coefficients measuring internal consistency of the items/scales in the current study were always above $\alpha = .70$, except from concern for self-image ($\alpha = .69$) and distancing ($\alpha = .64$), which is similar to the reliability found in previous studies (Gausel & Leach, 2011; Gausel et al., 2012).

Acceptance. In order to measure the participant's perception of acceptance by their friend in the condition groups. I used four items adopted from Gausel et al. (2011; 2012): "I want my friend to like me", "I want my friend to accept me", "I want my friend to recognize me", "I want my friend to value me" ($\alpha = .82$).

Severity. In order to measure the participant's perception of the moral failure in the different conditions, we used a four item scale to measure the severity of moral failure ($\alpha = .95$) developed by Gausel et al. (2012; 2016). "What I did in this situation was wrong", "My behaviour in that situation was questionable", "What I did in that situation was a mistake", "What I did was bad".

Appraisals. Items from Concern for self-image as follow ($\alpha = .69$): "What I did revealed a moral failure in me";" I think I am defective in some way because of what I said". Items from Concern for social-image from others ($\alpha = .80$) as follow: "Other students may dislike me for what I did", "I think I could be isolated from other students because of this situation". Items from Concern for social-image from friend ($\alpha = .89$) as follow: "My friend may condemn me for what I did", "I think I could be isolated from my friend because of this situation".

Feelings. Feeling measures were adapted from previous studies (Gausel & Leach, 2011). To measure shame I used the three most often used words for describing shame ($\alpha = .94$): "I feel disgraced when I think about what I did", "I feel

humiliated when I think about what I did", "I feel ashamed when I think about what I did". Items from Inferiority (α = .77) were: "I feel inferior when I think about what I did", "I feel that I am vulnerable when I think about what I did". Items from Rejection (α = .84) were: "I feel rejected when I think about what I did", "I feel alone when I think about what I did", "I feel rebuffed when I think about what I did".

Motivations. When measuring responses, I used items from Gausel et al. (Gausel, 2012; Gausel & Brown, 2012; Gausel & Leach, 2011). Distancing (α = .64): "If I could I would like to avoid my friend", "I would rather not get mixed up in discussions about what I did", "If I were to confront my friend, I would control my thoughts and think of something other than what I did". Cover up (α = .81): "I think I will make it less clear to others what I did", "I think I will be cautious sharing this information about what happened", "I will make the impact of this story less important to others", "I think I will censor myself on this issue", "I will encourage people to focus on the other side of the story". Repair the relationship (α = .88): "I will try to repair some of the damage I have caused", "I feel I should compensate the friend for what I did", I feel I should re-establish the relationship between me and my friend". Acknowledgment of having hurt the other (α = .79): "I think my friend will be hurt for what I did" and "I think my friend will not be happy about what I did".

Results

Experimental Effects

Acceptance. An ANOVA demonstrated that the manipulations were marginally significant on acceptance, $F(2, 185) = 2.64$, $p = .074$, partial $\eta^2 = .028$, 'informational' condition (M = 5.68, SD = 1.40), 'socially centred' condition (M = 5.66, SD = 1.37) and 'combined' condition (M = 6.127, SD = 1.01).

Severity. As expected, an ANOVA demonstrated that the manipulation had a significant univariate effect on severity, $F(2, 189) = 7.45$, $p = .001$, $\eta^2_{partial} = .07$. As shown in Table 6 (see table for means, standard deviations and Cohen's d for all measures), the pairwise comparisons yielded that severity was non-significantly higher ($p = .511$) in the 'informational' condition ($M = 2.90$, $SD = 1.70$) than in the 'socially centred' condition ($M = 3.06$, $SD = 1.42$). Severity was significantly higher ($p = .003$) in the 'informational' condition than in the 'combined' condition ($M = 2.10$, $SD = 1.27$). There was a significant difference ($p < .001$) between the 'socially centred' condition and the 'combined' condition.

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See also inter-correlations and descriptive statistics in table 5b on the following page.

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Table 5b. Scale inter-correlations and descriptive statistics

	Variable	1	2	3	4	5	6	7	8	9	10	11
1	Severity	-										
2	Self-image	.65*	-									
3	Social-image others	.30*	.41*	-								
4	Social-image friend	.31*	.43*	.62*	-							
5	Shame	.66*	.69*	.42*	.40*	-						
6	Inferiority	.55*	.63*	.41*	.43*	.83*	-					
7	Rejection	.46*	.49*	.42*	.48*	.70*	.78*	-				
8	Distancing	.28*	.39*	.05	.16*	.39*	.49*	.48*	-			
9	Cover-up	.32*	.42*	.23*	.23*	.46*	.53*	.46*	.65*	-		
10	Repair relationship	.42*	.47*	.39*	.37*	.53*	.52*	.47*	.41*	.60*	-	
11	Acknowledgment of hurt	.33*	.43*	.44*	.49*	.43*	.45*	.48*	.28*	.39*	.58*	-
	Mean	2.71	1.95	2.85	2.56	2.05	2.03	1.90	2.49	2.90	3.50	3.28
	SD	1.53	1.16	1.40	1.44	1.43	1.27	1.07	1.29	1.34	1.92	1.66
	α	.95	.69	.80	.89	.94	.77	.84	.64	.81	.88	.79

Note. N = 192. Higher scores indicate higher levels of each measure. Response scale ranged from (not at all) 1 to (very much) 7, * $p < .05$ (2-tailed)

Appraisals. A MANOVA showed an overall, significant effect of the manipulation on the participant's appraisals, $F(3, 188) = 5.43$, $p = .001$, $_{partial}\eta^2 = .080$. There was a non-significant univariate effect on concern for self-image $F(2, 189) = 2.16$, $p = .118$, $\eta^2_{partial} = .022$. The pairwise comparison demonstrated that concern for self-image was non- significantly higher ($p = .163$) in the 'informational' condition ($M = 1.90$, $SD = 1.20$) than in the 'socially centred' condition ($M = 2.18$, $SD = 1.19$). Concern for self-image was non-significantly higher ($p = .504$) in the 'informational' condition than in the 'combined' condition ($M = 1.76$, $SD = 1.16$). There was a significant ($p = .04$) difference on concern for self-image between the 'socially centred' condition and the 'combined' condition.

In line with my expectations, there was a significant univariate effect on the appraisal of concern for 'social-image others', $F(2, 189) = 2.24$, $p = .110$, $\eta^2_{partial} = .023$. The pairwise comparison revealed that concern for 'social-image others' was non-significantly higher ($p < .133$) in the 'informational' condition ($M = 3.13$, $SD = 1.58$) than in the 'socially centred' condition ($M = 2.77$, $SD = 1. 22$). Concern for 'social-image others' was significantly higher ($p = .04$) in the 'informational' condition than in the 'combined' condition ($M = 2.63$, $SD = 1.35$). There was non-significant difference ($p = .586$) between the 'socially centred' condition and the 'combined' condition on concern for 'social-image others'.

In line with my expectations, there was a significant univariate effect on the appraisal of concern for 'social-image student friend', $F(2, 189) = 5.32$, $p = .006$, $\eta^2_{partial} = .053$. The pairwise comparison revealed that concern for 'social-image student friend' was significantly higher ($p < .004$) in the 'informational' condition ($M = 3.39$, $SD = 1.76$) than in the 'socially centred' condition ($M = 2.62$, $SD = 1.40$).

Concern for 'social-image student friend' was significantly higher (p = .008) in the 'informational' condition than in the 'combined' condition (M = 2.66, SD = 1.36). There was a non-significant difference (p = .88) between the 'socially centred' condition and the 'combined' condition on concern for 'social-image student friend'.

Feelings. A MANOVA showed that there was a non-significant overall effect of the manipulation on feelings, $F(3, 188) = 1.77$, $p = .154$, $\eta^2_{partial} = .027$.

There was a non-significant univariate effect on felt shame, $F(2, 189) = 2.44$, $p = .090$, $\eta^2_{partial} = .025$. The pairwise comparison yielded that felt shame was non-significantly higher (p = .94) in the 'informational' condition (M = 2.21, SD = 1.71) than in the 'socially centred' condition (M = 2.19, SD = 1.32). Felt shame was significantly (p = .050) higher in the 'informational' condition than in the 'combined' condition (M = 1.71, SD = 1.14).

There was a marginal difference (p = .062) on felt shame between the 'socially centred' condition and the 'combined' condition.

There was a non-significant univariate effect on felt inferiority, $F(2, 189) = 1.95$, $p = .146$, $\eta^2_{partial} = .020$. The pairwise comparison showed that felt inferiority was non-significantly higher (p = .72) in the 'informational' condition than in the 'socially centred' condition. Felt inferiority was non-significantly higher (p = .063) in the 'informational' condition than in the 'combined' condition There was a non-significant difference (p = .133) on felt inferiority between the 'socially centred' condition and the 'combined' condition.

There was a non-significant univariate effect on felt rejection, $F(2, 189) = 2.11$, $p = .124$, $\eta^2_{partial} = .022$. The pairwise comparison demonstrated that felt

rejection was non-significantly higher (p = .566) in the 'informational' condition than in the 'socially centred' condition. Felt rejection was significantly higher (p = .046) in the 'informational' condition than in the 'combined' condition. There was a non-significant difference (p = .154) on felt rejection between the 'socially centred' condition and the 'combined' condition.

Motivations. A MANOVA showed a significant overall effect of the manipulation on motivations. $F(4, 182) = 3.39$, $p = .011$, $\eta^2_{partial} = .069$.

There was a non-significant univariate effect on distancing, $F(2, 184) = .075$, $p = .93$, $\eta^2_{partial} = .001$. The pairwise comparison yielded that distancing was non-significantly higher (p = .91) in the 'informational' condition (M = 2.50, SD = 1.33) than in the 'socially centred' condition (M = 2.53, SD = 1.31). There was non-significant difference (p = .80) between the 'informational' condition and the 'combined' condition (M = 2.44, SD = 1.19), and there was a non-significant difference (p = .71) between the 'socially centred' condition and the 'combined' condition on distancing.

There was a non-significant univariate effect on cover-up, $F(2, 184) = .427$, $p = .65$, $\eta^2_{partial} = .005$. The pairwise comparison yielded that cover-up was non-significantly higher (p = .37) in the 'informational' condition (M = 2.82, SD = 1.36) than in the 'socially centred' condition (M = 3.03, SD = 1.20). There was a non-significant difference (p = .79) between the 'informational' condition and the 'combined' condition (M = 2.89, SD = 1.40) on cover-up, and there was non-significantly difference (p = .54) between the 'socially centred' condition and the 'combined' condition on cover-up.

There was a non-significant univariate effect on repair, F(2, 184) = .74, p = .48, $\eta^2_{partial}$ = .008. The pairwise comparison yielded that repair was non-significantly higher (p = .72) in the 'informational' condition (M = 3.69, SD = 2.07) than in the 'socially centred' condition (M = 3.56, SD = 1.89). There was a non-significant difference (p = .24) between the 'informational' condition and the 'combined' condition (M = 3.27, SD = 1.78) on repair, and there was a non-significant difference (p = .41) between the 'socially centred' condition and the 'combined' condition on repair.

There was a significant univariate effect on acknowledgment of hurt, F(2, 184) = 4.48, p = .013, $\eta^2_{partial}$ = .046. The pairwise comparison yielded that repair was significantly higher (p = .016) in the 'informational' condition (M = 3.76, SD = 1.72) than in the 'socially centred' condition (M = 3.06, SD = 1.61). There was a significant difference (p = .008) between the 'informational' condition and the 'combined' condition (M = 2.97, SD = 1.52) on acknowledgment of hurt, but there was no significant difference (p = .78) between the 'socially centred' condition and the 'combined' condition on acknowledgment of hurt.

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See Table 6 on the following page

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Table 6. Study 3. Mean and Standard Deviations of appraisals and feelings and motivations across conditions

Variable	Informational[1]		Social[2]		Combined[3]		Cohen's *d*		
	M	*SD*	*M*	*SD*	*M*	*SD*	*1v3*	*1v2*	*2v3*
Severity	2.90[a]	1.70	3.06[a]	1.42	2.10[b]	1.27	0.53	-0.10	0.71
Self-image	1.90	1.20	2.18[a]	1.19	1.76[b]	1.16	0.11	-0.23	0.35
Social-image other	3.13[a]	1.58	2.77	1.22	2.63[b]	1.35	0.34	0.25	0.10
Social-image student friend	3.39[a]	1.76	2.62[b]	1.40	2.66[b]	1.36	0.46	0.48	-0.02
Shame	2.21[a]	1.71	2.19	1.32	1.71[b]	1.14	0.34	0.01	0.39
Inferiority	2.19	1.51	2.11	1.21	1.77	0.99	0.32	0.05	0.30
Rejection	2.05[a]	1.25	1.94[ab]	0.98	1.67[b]	0.90	0.34	0.09	0.28
Distancing	2.50	1.33	2.53	1.31	2.44	1.19	0.04	-0.02	0.07
Cover-up	2.82	1.36	3.03	1.20	2.89	1.40	-0.05	-0.16	0.10
Repair motivation	3.69	2.07	3.56	1.89	3.27	1.78	0.21	0.06	0.15
Acknowledgment of hurt	3.76[a]	1.72	3.06	1.61	2.97[b]	1.52	0.48	0.42	0.05

Note. Means in each row which share a subscript do not differ significantly from each other at p < .05. Response scale ranged from 1 (not at all) to 7 (very much)

Structural Equation Modelling

As in Studies 1 and 2, I used SPSS AMOS 23 with Maximum Likelihood Estimates in order to examine my predictions related to participant's appraisals, feelings and responses (see Figure 9). Reflecting the manipulation, I used a planned contrast where the 'informational' condition was coded using -1 and the socially centred and combined condition was coded with 1. In the first SEM model, I tested the concern for others (i.e. other students) as a predicted variable. Despite a significant chi-square, $\chi^2 (21) = 68.92$, $p < .001$ ($\chi^2/df = 3.282$), the hypothesized model fitted the data well: IFI = .953, CFI = .951, RMSEA= .109.

Reflecting the experimental results, 'informational' communication was a significant predictor of the concern for 'social-image other' ($\beta = -.15$, $p = .040$) and was not a significant predictor of the concern for self-image ($\beta = .03$ $p = .647$). The concern for 'social-image other' stood out as a stronger predictor of felt rejection ($\beta = .26$, $p = .001$) compared to felt inferiority ($\beta = .18$, $p = .003$), and felt shame ($\beta = .16$, $p = .004$). Concern for self-image stood out as the strongest predictor of felt shame ($\beta = .62$, $p < .001$). Felt inferiority was predicted by both concern for self-image ($\beta = .56$, $p < .001$) and concern for 'social-image other' ($\beta = .18$, $p = .003$). Supporting my hypotheses, the greater the shame felt, the greater the motivation to engage in repair motivation ($\beta = .32$, $p = .008$). In moderate support of my hypothesis, the concern for 'social-image other' predicted distancing motivation ($\beta = -.18$, $p = .008$) and felt rejection was related to distancing motivation ($\beta = .23$, $p = .035$). Felt inferiority was a predictor of distancing motivation ($\beta = .47$, $p < .001$) and not a significant predictor of repair motivation ($\beta = .16$, $p = .247$). See Figure 9 on the following page.

Figure 9. Structural model of predictive relationship between appraisals (social-image others, self-image) and feelings (rejection, inferiority, shame) and repair motivation (repair, acknowledgment of hurt) and distancing motivation (distancing, cover-up). Solid lines p < .05.
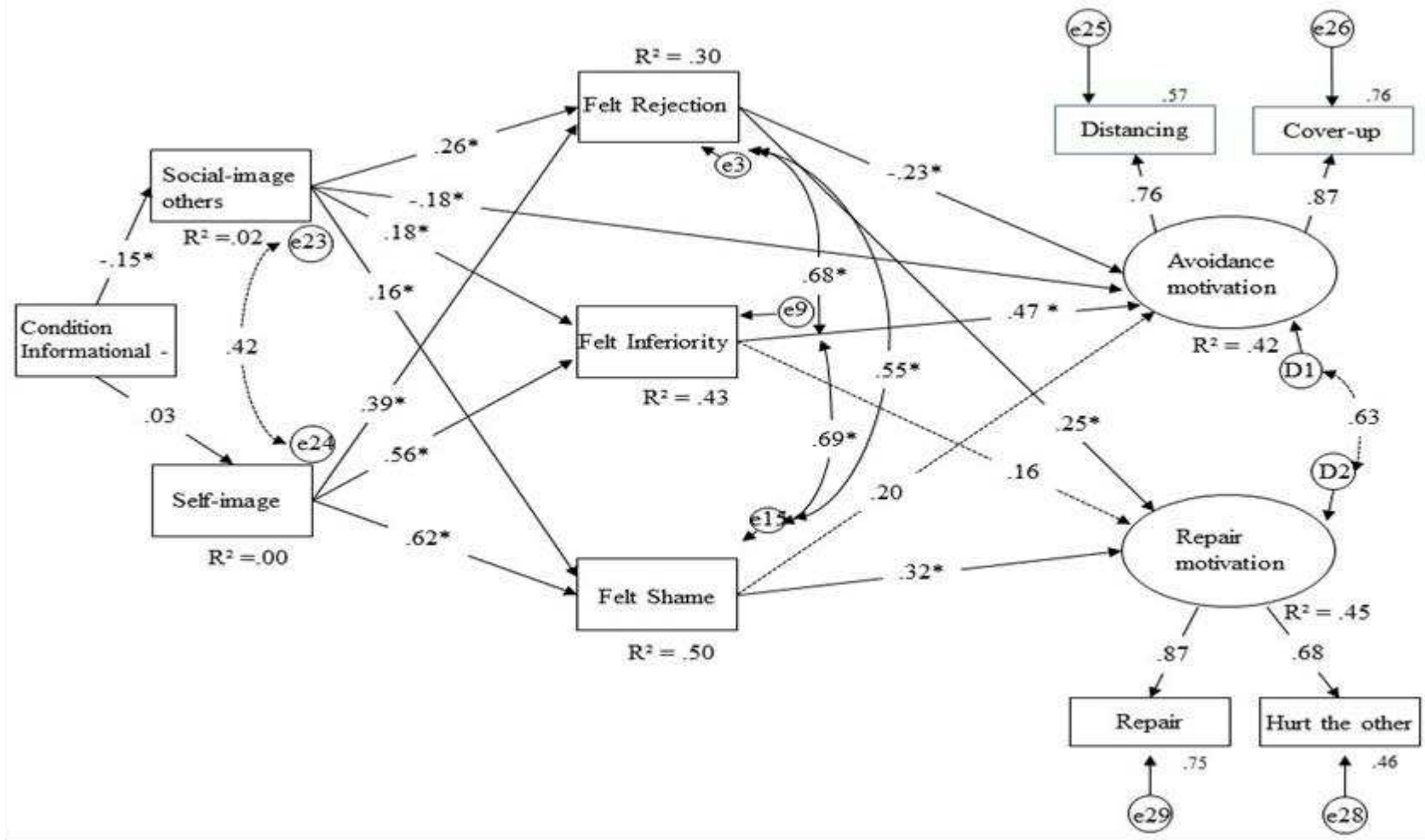
In the second SEM model, I tested the concern for student friend as a predicted variable. Despite a significant chi-square, χ^2 (21) = 69.14, p < .001 (χ^2/df = 3.292), the hypothesized model fitted the data well: IFI = .953, CFI = .952, RMSEA= .110. Reflecting the experimental results, 'informational' communication was a significant predictor of the concern for 'social-image student friend' (β = -.23, p = .001) and was not a significant predictor of the concern for self-image (β = .03 p = .647). The concern for 'social-image student friend' stood out as the stronger predictor of felt rejection (β = .32, p = .001) compared to felt inferiority (β = .19, p = .001), and felt shame (β = .16, p = .003).

Concern for self-image stood out as the strongest predictor of felt shame (β = .63, p < .001). Felt inferiority was predicted by both concern for self-image (β =.56, p < .001) and concern for 'social-image student friend' (β = .19, p = .001). Supporting my hypotheses, the greater the shame felt, the greater the motivation to engage in repair motivation (β = .33, p = .007). In moderate support of my hypothesis, the concern for social-image student friend predicted distancing motivation (β = -.21, p = .002) and felt rejection was related to distancing motivation (β = .25, p = .024). Felt inferiority was a predictor of distancing motivation (β = .44, p = .001) and not a significant predictor of repair motivation (β = .15, p = .270).

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See Figure 10 on the following page

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Figure 10. Structural model of predictive relationship between appraisals (social-image friend, self-image) and feelings (rejection, inferiority, shame) and repair motivation (repair, acknowledgment of hurt) and distancing motivation (distancing, cover-up). Solid lines p < .05.
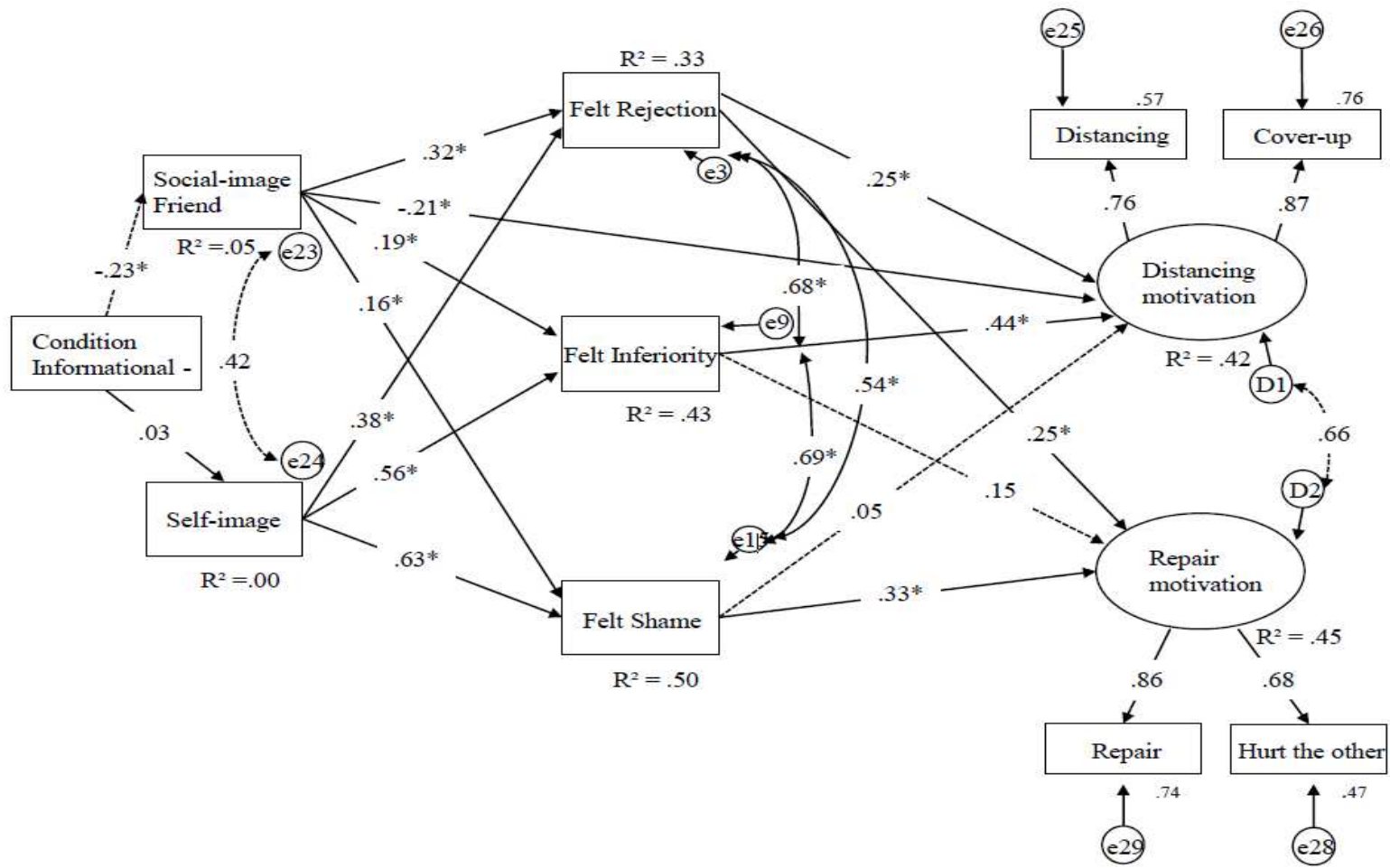
Discussion

In line with my first hypothesis, the 'informational' condition was seen by the participants to be significantly more severe than the socially centred and combined communication strategies, and in line with my second hypothesis, participants in the 'informational' condition experienced significantly higher levels of unpleasant appraisals (i.e. concern for self-image and concern for 'social-image other' and 'social-image student friend'), than in the socially centred and combined conditions. Despite the non-significant levels of unpleasant feelings (i.e. felt shame, felt inferiority and felt rejection), the data provided support that the participants in the 'informational' condition experienced higher levels of feelings than the 'socially centred' and 'combined' conditions. Interestingly, and not in line with my third hypothesis, participants in the 'socially centred' condition reported higher levels of distancing and cover-up motivations, despite non-significant results. Despite a non-significant result, the data provided support that the participants in the 'informational' condition were more motivated to repair the relationship, compared to the participants in the 'socially centred' and 'combined' conditions. The data also provided support that the participants in the 'informational' condition were significantly more highly motivated towards 'acknowledgment of having hurt the other' compared to the participants in the 'socially centred' and the 'combined' conditions.

Finally, my fourth hypothesis received mixed support. It was true that the appraisal of concern for self-image was a stronger predictor of felt shame, and felt shame predicted repair motivation, and it was true that the appraisal of concern for social-image was the strongest predictor of felt rejection and distancing motivations.

But, I also found that rejection predicted repair motivation. However, felt inferiority was to a great extent predicted by distancing motivations (i.e. distancing and cover-up) and a concern for self-image.

Study 4

The fourth study was a follow-up to Study 3, in order to test a context where the participants were not instructed by a seminar leader to a specific approach. There were no other differences from Study 3 to Study 4. Measurement of appraisals, feelings and responses was kept the same as for Study 3.

Hypotheses. In line with Study 3, I hypothesized that social-image would positively predict feelings of rejection and predict distancing motivation. I also assumed that self-image would positively predict feelings of shame and predict repair motivation. I also hypothesized that the 'informational' condition predicted higher mean levels on appraisals, feelings and responses compared to the 'socially centred' and 'combined' conditions.

Method

Participants and procedure

69 Norwegian university students (26 male and 43 female, Mean age: 23, Range:19-37) participated in the study, recruited ad hoc from libraries and canteens at different universities in the southern part of Norway to complete my questionnaire without compensation. All information was anonymised and kept confidential. In the questionnaire, the respondents were first asked to imagine a situation:

Imagine that you are supposed to provide feedback to a close student friend on their seminar presentation in the classroom with other students. Their presentation was of low quality:

Then the participants were randomly given a questionnaire with one of the three conditions: In the informational condition (N= 21) the participant was told: your communication was objective and gave a detailed account of the weak sides of their presentation. It did not focus being empathic with the person. In the socially centred condition (N= 24), the participant was told: Your communication focused on being empathic with the person. It was not objective and did not give a detailed account of the seminar presentation.

In the combined condition (N= 24) the participant was told: your communication focused on being empathic with the person while objectively giving a detailed account of the seminar presentation.

The participants were then presented with the measures below, each using a response scale ranging from 1 (not at all) to 7 (very much). The participants were told before they had access to the scale to write in their own words the condition written in the questionnaire (e.g. you decide to communicate to your friend what you have found out).

Measures

The measures used were identical to Study 3, but adjusted to fit this experimental context. Reliabilities were: Severity (α = .93), Concern for self-image (α = .76), Concern for social-image other (α = .84), Concern for social-image friend (α = .90), Felt Shame (α = .93), Felt Inferiority (α = .78), Felt Rejection (α = .79), Distancing (α = .67), Cover-up (α = .85), Repair motivation (α = .85) and Acknowledgment of having hurt the other (α = .82).

Results

Experimental Effects

Acceptance. An ANOVA demonstrated that the manipulations were non-significant on acceptance, $F(2, 64) = 1.21$, $p = .305$, $\eta^2_{partial} = .036$, 'informational' condition ($M = 6.21$, $SD = 0.78$), 'socially centred' condition ($M = 5.73$, $SD = 1.09$) and 'combined' condition ($M = 6.09$, $SD = 1.25$).

Severity. As expected, an ANOVA demonstrated that the manipulation had a significant univariate effect on severity, $F(2, 64) = 3.25$, $p = .045$, $\eta^2_{partial} = .092$. As shown in Table 7 (please see this table for means, standard deviations and Cohen's d for all measures), the pairwise comparisons yielded that severity was significantly higher ($p = .034$) in the 'informational' condition ($M = 3.00$, $SD = 1.65$) than in the 'socially centred' condition ($M = 2.17$, $SD = 0.94$). Severity was significantly higher ($p = .023$) in the 'informational' condition than in the 'combined' condition ($M = 2.10$, $SD = 1.17$). There was a non-significant difference ($p = .864$) between the 'socially centred' condition and the 'combined' condition.

Effects of communication on appraisals

Table 6 shows a meaningful correlation between the dependent variables included in the different MANOVA analysis. Cohen's d was used for the evaluation of the size of an effect in the study that is independent of scale. See Table 6 on the following page.

Table 6. Scale inter-correlations and descriptive statistics

	Variable	1	2	3	4	5	6	7	8	9	10	11
1	Severity	-										
2	Self-image	.76*	-									
3	Social-image friend	.28*	.36*	-								
4	Social-image other	.28*	.46*	.54*	-							
5	Shame	.67*	.73*	.40*	.59*	-						
6	Inferiority	.41*	.65*	.45*	.66*	.75*	-					
7	Rejected	.44*	.58*	.47*	.59*	.75*	.78*	-				
8	Distancing	.24	.18	.41*	.29*	.32*	.32*	.36*	-			
9	Cover-up	.21	.17	.12	.27*	.20	.34*	.30*	.63*	-		
10	Repair	.57*	.49*	.44*	.51*	.53*	.54*	.54*	.45*	.45*	-	
11	Acknowledgment of hurt	.54*	.31	.46*	.46*	.47*	.47*	.53*	.41*	.40*	.58*	-
	Mean	2.38	1.73	3.09	2.81	1.96	1.99	1.93	2.70	2.95	4.02	3.09
	SD	1.30	1.10	1.51	1.32	1.23	1.26	1.14	1.18	1.45	1.76	1.65
	α	.93	.76	.90	.84	.93	.78	.79	.67	.85	.85	.72

Note. N = 69. Higher scores indicate higher levels of each measure. Response scale ranged from (not at all) 1 to (very much) 7, * $p < .05$ (2-tailed)

A MANOVA showed an overall effect of the scenario manipulation on the participant's appraisals related to concern for self-image, 'social-image other' and 'social-image student friend', $F(3,63) = 3.55$, $p = .019$, $_{partial}\eta^2 = .145$. There was a significant univariate effect on the appraisal of concern for one's self-image, $F(2, 64) = 4.97$, $p = .014$, $\eta^2_{partial} = .124$. The participants in the 'informational' condition (M = 2.34, SD = 1.32) expressed significantly higher levels (p = .013) of concern for self-image than did the participants in the 'combined' (M = 1.52, SD = 1.08) condition. The participants in the 'informational' condition expressed significantly (p = .008) higher levels of concern for self-image than did the participants in the 'socially centred' (M = 1.48, SD = 0.72) condition. There was a non-significant difference (p = .837) between the 'socially centred' and 'combined' condition on concern for self-image.

There was a non-significant univariate effect on concern for one's 'social-image other', $F(2, 64) = 2.19$, $p = .120$, $_{partial}\eta^2 = .064$. The participants in the 'informational' condition (M = 3.29, SD = 1.46) expressed significantly higher levels (p = .041) of concern for 'social-image other' than did the participants in the 'combined' condition (M = 2.45, SD = 1.13). The participants in the 'informational' condition expressed non-significantly higher levels (p = .197) of concern for 'social-image other' than participants in the 'socially centred' condition (M = 2.77, SD = 1.32). There was a non-significant difference (p = .407) between the 'socially centred' and the 'combined' conditions. There was a marginal univariate effect on concern for 'social-image student friend', $F(2, 64) = 2.49$, $p = .091$, $\eta^2_{partial} = .072$. The participants in the 'informational' condition (M = 3.71, SD = 1.61) expressed significantly higher levels (p = .034) of concern for 'social-image student friend' than did the participants in the 'combined' condition (M = 2.73, SD = 1.28). The

participants in the 'informational' condition expressed non-significantly higher (p = .102) levels of concern for 'social-image student friend' than the participants in the 'socially centred' condition (M = 2.96, SD = 1.55). There was a non-significant difference between the 'socially centred' condition and the 'combined' condition.

Effects of communication on feelings (shame, inferiority and rejection)

A MANOVA showed a marginal overall effect on the participant's feelings, $F(3, 63) = 2.72$, $p = .052$, $\eta^2_{partial} = .115$.

There was no significant univariate effect on shame, $F(2, 64) = 2.68$, $p = .076$, $\eta^2_{partial} = .077$. Participants in the 'informational' condition (M = 2.47, SD = 1.41) expressed significantly higher (p = .026) levels of shame than participants in the 'combined' condition (M = 1.64, SD = 1.21). There was a non-significant difference (p = .108) on shame between the 'informational' condition and the 'socially centred' condition (M = 1.88, SD = 0.98). There was a non-significant difference in the 'socially centred' condition and the 'combined' condition on shame.

There was a non -significant univariate effect on inferiority, $F(2, 64) = 2.08$, $p = 133$, $_{partial}\eta^2 = .061$. Participants in the 'informational' condition (M = 2.47, SD = 1.31) expressed marginally higher levels (p = .098) of inferiority than participants in the 'combined' condition (M = 1.83, SD = 1.38). There was also a marginal difference (p = .062) on felt inferiority between the 'informational' condition and the 'socially centred' condition (M = 1.75, SD = 1.02). There was a non-significant difference (p = .817) on felt inferiority between the 'socially centred' condition (M = 1.91, SD = 1.01) and the 'combined' condition.

There was also a non-significant univariate effect on rejection, $F(2, 64) = .483$, $p = .619$, $\eta^2_{partial} = .015$. The participants in the informational condition (M = 2.12, SD = 1.04) expressed non-significantly (p = .330) higher levels of rejection

than did the participants in the 'combined' condition (M = 1.78, SD = 1.32). There was a non-significant difference on rejection (p = .676) between the 'socially centred' condition and the 'combined' condition.

Effects of communication on motivations

A MANOVA showed an overall effect on the motivations, $F(4, 62) = 4.16$, p = .005, $\eta^2_{partial} = .212$. There was a univariate effect on distancing, $F(2, 64) = 6.52$, p = .003, $\eta^2_{partial} = .169$. Participants in the 'informational' condition (M = 3.55, SD = 1.25) expressed significantly higher (p = .001) levels of distancing than did the participants in the 'combined' condition (M = 2.34, SD = 1.04). There was a significant difference (p = .005) on distancing between the 'informational' condition and the 'socially centred' condition (M = 2.50, SD = 1.20). There was a non-significant difference (p = .644) on distancing between the 'socially centred' condition and the 'combined' condition.

There was a non-significant univariate effect on cover-up, $F(2, 64) = 1.82$, p =.170, $\eta^2_{partial} = .054$. The participants in the 'informational' condition (M = 3.48, SD = 1.41) expressed marginally (p = .093) higher levels of cover-up than did the participants in the 'combined' condition (M = 2.73, SD = 1.48). There was a non-significant (p = .101) difference on cover-up between the 'informational' condition and the 'socially centred' condition (M = 2.73, SD = 1.48).

I found a significant univariate effect on acknowledgment of having hurt the other, $F(2, 64) = 3.18$, p =. 048, $_{partial}\eta^2 = .090$. The participants in the 'informational' condition (M = 3.87, SD = 1.72) expressed significantly higher (p = .023) levels of acknowledgment of having hurt the other than did the participants in the 'combined' condition (M = 2.73, SD = 1.23). There was a non-significant difference (p = .822)

between the 'socially centred' condition (M = 2.73, SD = 1.23) and the 'combined'

condition.

There was a significant effect on repair motivation, $F(2, 64) = 5.31$, $p = .007$,

$_{partial} \eta^2 = .142$. The participants in the 'informational' condition (M = 5.03, SD =

1.66) expressed significantly (p = .002) higher levels of wanting to repair the

relationship than did the participants in the 'combined' condition (M = 3.42, SD =

1.79). There was a significant (p = .021) difference between the 'informational'

condition and the 'socially centred' condition (M = 2.83, SD = 1.80) on repair

motivation. There was a non-significant difference (p = .387) between the 'socially

centred' condition and the 'combined' condition.

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Table 7. Study 4. Mean and Standard Deviations of appraisals and feelings and motivations across conditions

Variable	Informational[1]		Social[2]		Combined[3]		Cohen's d		
	M	SD	M	SD	M	SD	$1v3$	$1v2$	$2v3$
Severity	3.00	1.65	2.17	0.94	2.10	1.17	0.62	0.61	0.07
Self-image	2.34[a]	1.32	1.48[b]	0.72	1.52[b]	1.08	0.68	0.80	-0.04
Social-image other	3.29[a]	1.46	2.77[b]	1.31	2.45[b]	1.13	0.63	0.84	0.26
Social-image friend	3.71[a]	1.61	2.96[b]	1.55	2.73[b]	1.28	0.67	0.47	0.16
Shame	2.47[a]	1.41	1.88[b]	0.98	1.64[b]	1.21	0.64	0.50	0.22
Inferiority	2.47	1.31	1.75	1.02	1.83	1.38	0.48	0.62	-0.07
Rejection	2.12	1.04	1.91	1.01	1.77	1.32	0.29	0.20	0.12
Distancing	3.55[a]	1.25	2.50[b]	1.20	2.34[b]	1.04	1.05	0.86	0.14
Cover-up	3.48	1.41	2.75	1.39	2.73	1.48	0.51	0.52	0.01
Acknowledg. hurt	3.87[a]	1.72	2.83	1.80	2.73[b]	1.23	0.76	0.59	0.06
Pro-social repair	5.03[a]	1.65	3.83[b]	1.50	3.41[b]	1.79	1.59	0.76	0.25

Note. Means in each row which share a subscript do not differ significantly from each other at p < .05. Response scale ranged from 1 (not at all) to 7 (very much)

Structural Equation Model predicting appraisals, feelings and motivations

Having fewer participants in this study did not allow me to test the empirical data in a complete SEM model as I did in Study 3. In Study 4 I had to split the model on the basis of less participants. Structural Equation Modelling (SEM) was used to examine my predictions related to participants' appraisals, feelings and motivations (see Table 6 for descriptive statistics and inter-correlations for all measures). I coded the condition group with a planned contrast using -1 = 'informational' and 'socially centred' and 1 = 'combined'. The hypothesized **defensive model** fitted the data well as shown by several fit indices: χ^2 (10) = 9.305, p = .503, and a χ^2/df = .930 (IFI = 1.00, CFI = 1.00, RMSEA= .000).

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See Figure 11 on the following page

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Figure 11. Study 4. Structural model of the experimental effects on appraisals and feelings, and their relationship with the distancing motivations. Solid lines p < .05*
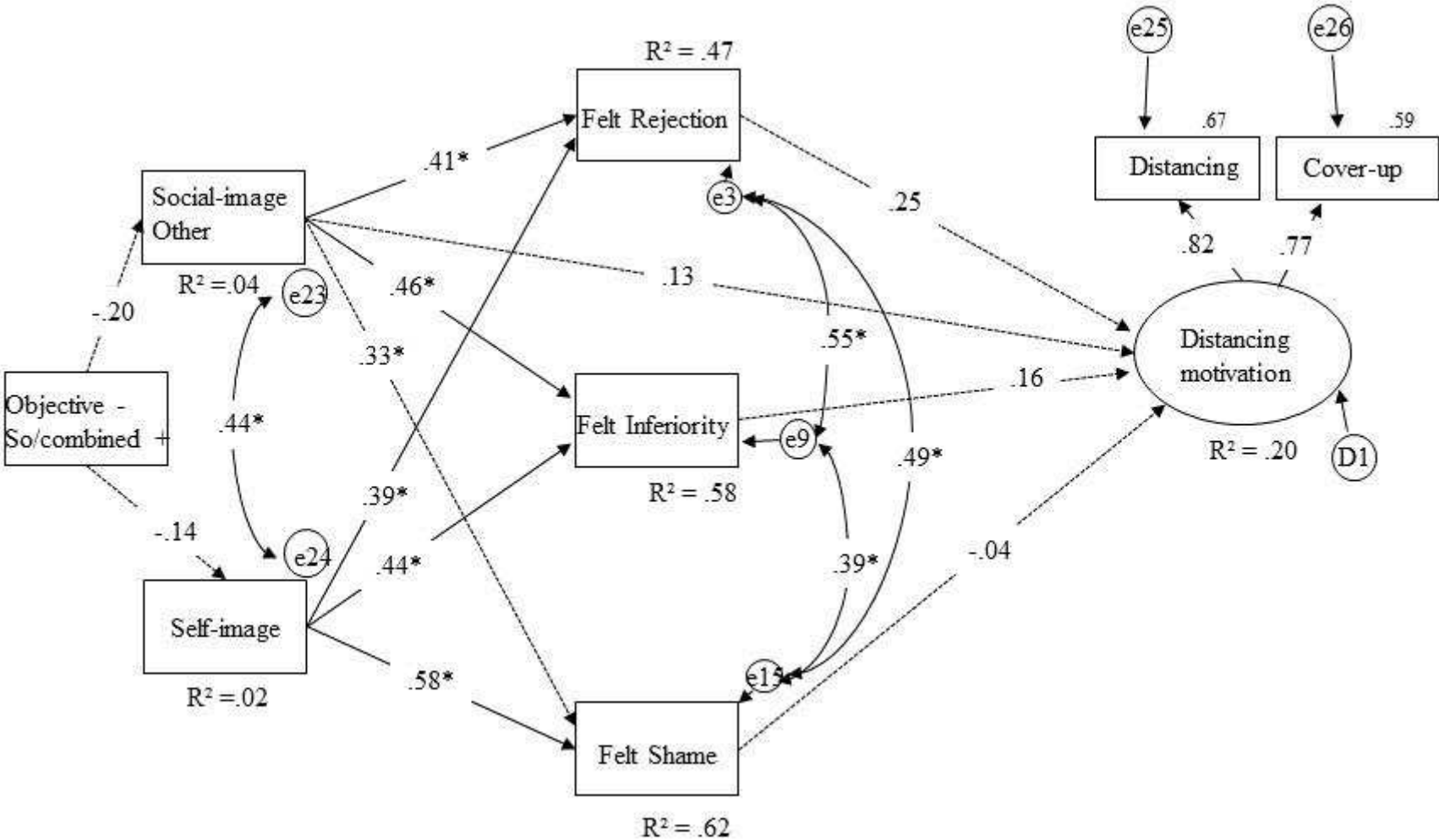
Reflecting the experimental results in the defensive model, the condition contrast predicted the appraisals of concern for one's self-image and one's social-image (see Figure 11). Even though both appraisals predicted the feeling of rejection, it was the concern for one's social-image (β = .41, p < .001) that stood out as the stronger of these predictors. In contrast, the appraisal of concern for one's self-image stood out as the strongest predictor of felt shame (β = .58, p < .001). However, the felt rejection – distancing motivation was not a significant predictor, but stood out as the strongest predictor (β = .25, p = .269) compared to felt inferiority (β = .16, p = .511) and shame (β = -.04, p = .845).

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See Figure 12 on the following page

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Also, the hypothesized **repair model** fitted the data well: χ^2 (11) = 12.239, p = .346, and a χ^2/df = 1.113 (IFI = 996, CFI = 995, RMSEA= .041).

Reflecting the experimental results in the repair model, the condition contrast predicted the appraisals of concern for one's self-image and one's social-image (see Figure 12). Even though both appraisals predicted the feeling of shame, it was the concern for one's self-image (β = .58, p < .001) that stood out as the stronger of these predictors. In contrast, the appraisal of concern for one's social-image stood out as the strongest predictor of felt rejection (β = .41, p < .001) and felt inferiority (β = .46, p < .001). The motivation to repair was explained by rejection (β = .36, p = .072), inferiority (β = .22, p = .254) and shame (β = .22, p = .225).

Figure 12. Study 4. Structural model of the experimental effects on appraisals and feelings, and its relationship with the repair motivations. Solid lines p < .05*
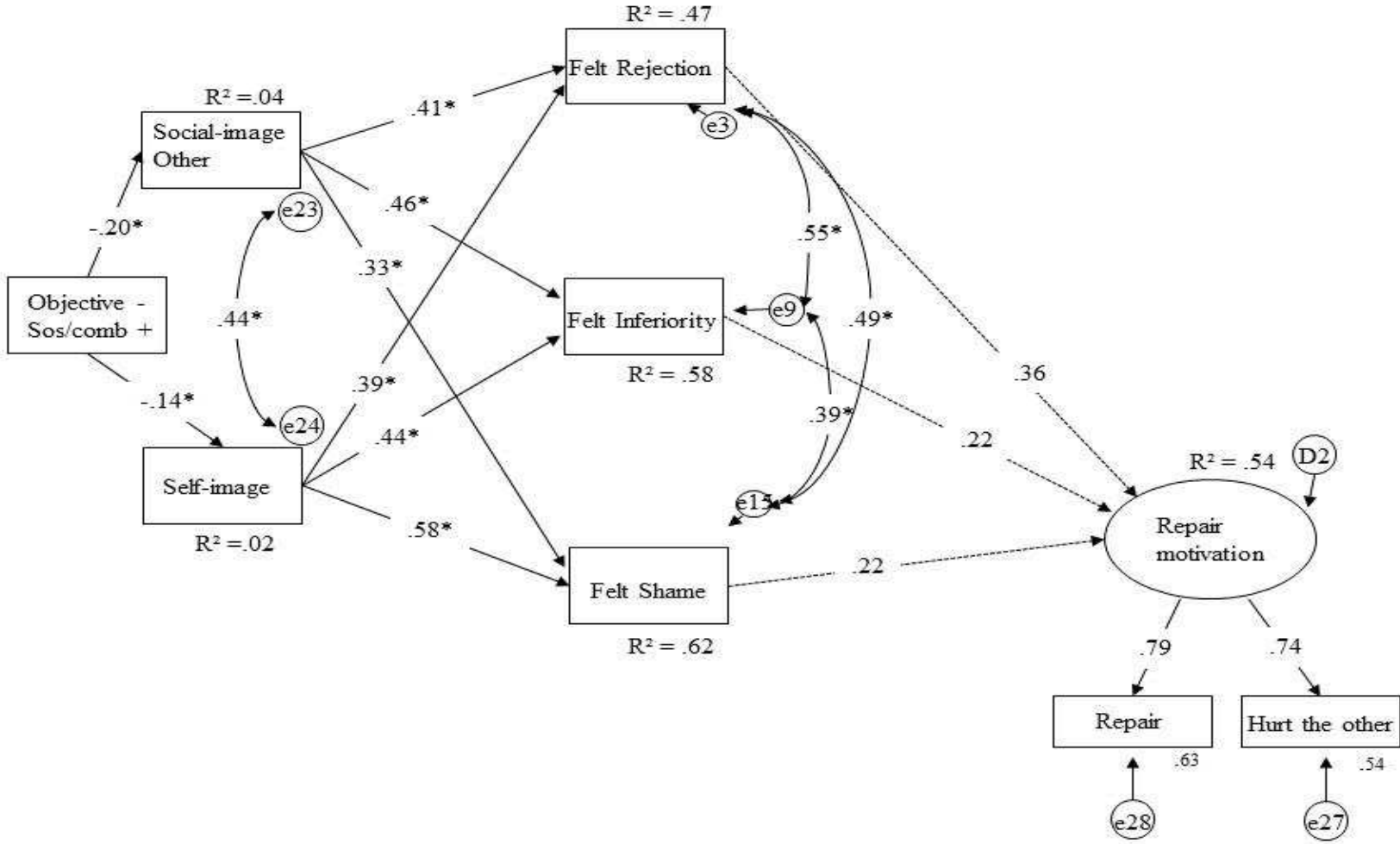
Discussion

In line with the hypothesis, the 'informational' condition was seen by the participants to be significantly more severe than the 'socially centred' and 'combined' communication strategies. The participants in the 'informational' condition experienced significantly higher levels of unpleasant appraisals (i.e. concern for self-image and concern for 'social-image others' and 'social-image friend'), than in the 'socially centred' and 'combined' conditions. Despite the non-significant levels of rejection and inferiority, felt shame was significantly higher in the 'informational' condition, than in the 'socially centred' and the 'combined' conditions. Participants in the 'informational' condition reported higher levels of distancing and cover-up motivations than the participants in the 'combined' condition. The data also provided support that the participants in the 'informational' condition were more motivated to repair the relationship, compared to the participants in the 'socially centred' and 'combined' conditions. The data also provided support that the participants in the 'informational' condition were significantly more highly motivated to express 'acknowledgment of having hurt the other' compared to the participants in the 'socially centred' and the 'combined' conditions.

Looking at the structural model, I find mixed support for the structural hypothesis. It was true that the appraisal of concern for self-image was a stronger predictor of felt shame, and felt shame predicted repair motivation, I nonetheless also found that rejection predicted repair motivation. Appraisal of concern for social-image was the strongest predictor of felt rejection and distancing motivations, despite significant results. However, felt inferiority was to a great extend predicted by a

concern for both self-image and social-image and predicted distancing motivations

(i.e. distancing and cover-up).

General Discussion

The first four studies were designed to explain how different appraisals motivate people to either distance or repair the relationship when communicating unpleasant information in different ways. Study 1 provided experimental support that negative appraisals, feelings and motivations were reported in all the three condition groups ('withholding', 'toning down' and 'disclosing'). However, 'withholding' information was reported as significantly more unpleasant than 'disclosing'. The 'toning down' condition was considered to be closely related to 'withholding', and was also experienced as more unpleasant than 'disclosing' information. Although the results of Study 1 are consistent with the conceptual model from Gausel and Leach (2011), I found mixed support for rejection as a significant mediator of distancing motivation. The strongest empirical support matching the conceptual model was the concern for self-image → shame → repair pattern. As the conceptual model refers to moral failure, I decided to conduct a follow-up study in order to test the model in a stronger moral communication event.

Study 2 also provided experimental support that negative appraisals, feelings and motivations were reported in both condition groups (withhold and disclose). However, 'withhold' information was reported as significantly more unpleasant than 'disclose'. Interestingly, the SEM model showed the 'disclose' condition to be a significant predictor of both concern for self-image and 'social-image friend', while the 'withhold' condition proved to be a significant predictor of concern for self-image, and a non-significant predictor of 'social-image other'. Being in a situation of disclosing unpleasant information makes the participants appraise the situation as being concerned that the friend would condemn them, or as appraising themselves as having a moral failure. Withholding information was only related to a concern for

their self-image and moral failure. That could be related to a supposition that withholding unpleasant information that is important for others is considered, in a Norwegian context, to be more immoral than disclosing, as this is closely related to lying. Although the results of Study 2 are consistent with the conceptual model from Gausel and Leach (2011), I also found mixed support for rejection as a significant mediator of distancing motivation. The strongest empirical support was in line with the conceptual model and the concern for self-image → shame → repair pattern.

Study 3 provided experimental support that negative appraisals, feelings and motivations were reported in all the three condition groups (informational, empathic and combined). However, the 'informational' condition was reported as significantly more unpleasant than the 'socially centred' and 'combined'. I found the conceptual model from Gausel and Leach (2011) in line with the empirical data for Study 3. A concern for social-image predicted felt rejection and distancing motivation. Furthermore, a concern for self-image predicted felt shame and repair motivation.

Study 4 provided experimental support that negative appraisals, feelings and motivations were reported in all the three condition groups (informational, empathic and combined). However, the 'informational' condition was reported as significantly more unpleasant than 'socially centred' and 'combined'. I found mixed support for the conceptual model from Gausel and Leach (2011). Despite a non-significant pattern, the data still provided support that a concern for social-image predicted felt rejection and distancing motivation. Furthermore, a concern for self-image → felt shame → repair pattern went in the proposed direction, although the model also predicted a felt rejection → repair pattern. The data provided support for a concern for social-image → felt rejection → distancing motivation pattern, even though a concern for social-image also predicted felt inferiority.

Taken together, the previous findings from these four studies provide general support that withholding information causes more negative appraisals, feelings and motivations compared to disclosing the unpleasant information. One could assume this is closely related to the understanding that people consider openness and honesty as important, and therefore find the 'withholding' condition to be more severe and unpleasant. I also found that communicating the unpleasant information in an informational way causes more negative appraisals, feelings and motivations compared to an combined approach (informational and socially centred). In that case, people may find the informational approach to be more severe and unpleasant as this is a threat to the very need to belong and be accepted, and may pose a threat to the social bond if you are at risk of hurting the receiver of the unpleasant information by being informational.

One interesting finding is that the studies that were designed as presenting a less severe moral situation, for instance, giving feedback on a seminar presentation (Study 3 and 4), caused less unpleasant appraisals, feelings and motivations, compared to Study 2, where the participants imagined severe situations of communicating information about infidelity and diagnosis. Another interesting finding is the support of the conceptual model of Gausel and Leach (2011), that can help explain why a distancing motivation is predicted by a concern for one's social-image and the felt rejection. Conversely, why repair motivation is predicted by a concern for one's self-image.

To summarize, I have found in the present research that disclosing unpleasant information caused the communicator to report significantly less distress compared to when the communicator withheld the unpleasant information. I also found that when communicators disclosed the unpleasant information, the prototypical

communication strategy of being person-centred (combined) caused the communicator to feel significantly less distress. Furthermore, the motivation to wanting to distance oneself from the other was explained by a *"concern for one's social-image → felt rejection"* pathway, while the motivation to repair the social bond with the other was explained by a *"concern for one's self-image → felt shame"* pathway.

CHAPTER 7

Communicating Unpleasant Information in the Clinical Field

Communicating unpleasant information within the health literature is acknowledged (in general) to be very stressful (Billson & Tyrrell, 2003; Fallowfield & Jenkins, 2004; Finset, 2012; Greening, 2008; Ungar, Alperin, Amiel, Beharier, & Reis, 2002), and one of the most important and challenging forms of clinical communication (Harrison & Walling, 2009). In the clinical literature this kind of communication is named bad news (Buckman, 2011). Physicians giving bad news reported high levels of stress that could last from several hours to three or more days (Dibble & Levine, 2010). In a study of videotaped interviews with 3,000 patient consultations, the physicians reported performing worse when palliation was being discussed, than when they discussed potentially curative treatment (Fallowfield & Jenkins, 2004). Another study reported anxiety and strong emotions among the physicians, when they had to tell the patient that their condition would lead to death (Back et al., 2005).

Despite this, no guidelines have been developed that focus on the healthcare professionals' appraisals, feelings and motivations when communicating unpleasant information (see Bowyer et al., 2010; Fallowfield, 2004; Farrell, 1999; Gao, 2011; Harrahill, 2005; Ungar et al., 2002). There is an overwhelming literature focusing on the patient's perspective and the patient's emotional responses. But, in my opinion, there seems to be a lack of consideration for the professionals' appraisals of the situation and how that influences the communication. I have tried to illustrate this is in Table 8 on the following page.

In the next section of the thesis, I will therefore adopt the view of communicating unpleasant information and what happens in a clinical context.

Table 8: The most common clinical guidelines when communicating bad news

Guidelines	Appraisals - helper	Feelings - helper	Motivations - helper	Appraisals-patient, next of kin	Feelings - patient, next of kin	Responses - patient, next of kin
SBAR, (Karima Velji & Lynne, 2008)	Not mentioned	Not mentioned	Not mentioned	Situation: describe your concern, Background: Case history	Think critically when informing others about your assessment, distil information to the essential, include sources of information/ evidence accessed to support your recommendations	Explain what you need, be specific about request and time frame. Make suggestions, clarify expectations.
SPIKES, (Buckman, 2005)	Not mentioned	Not mentioned	Not mentioned	Patient's perspective of the situation	Listen to identify and validate the cause or source of patient's emotions.	Empathic responses
SLAI, (Wolfe et al., 2014)	Not mentioned	Not mentioned	Not mentioned	Setting, perception, involvement, knowledge	Emotion, empathy	Strategy, summary and self-reflection
ABCDE, (Adebayo, Abayomi, Johnson, Oloyede, & Oyelekan, 2013)	Not mentioned	Not mentioned	Not mentioned	Advanced preparation, build a therapeutic environment/ relationship, communicate well	Encourage and validate emotions	Deal with patient and family reactions
LCP, (Costantini et al.; Lillemoen, Ulseth Velund, & Østensvik, 2011)	Not mentioned	Not mentioned	Not mentioned	Assess whether the patient and the next of kin are aware of the diagnosis and that the patient is dying	Existential and spiritual needs are crucial	Next of kin may be worried for themselves or others
GMC, (Council, 2010)	Not mentioned	Not mentioned	Not mentioned	Find out if the patient wants to know about their condition.	The feelings, beliefs or values that may be influencing the patient's preferences and decisions	Not mentioned
BREAK's, (Narayanan, Bista, & Koshy, 2010)	Not mentioned	Not mentioned	Not mentioned	Cultural and ethnic background of the patient is very important. What he/she thinks about the disease and even the diagnosis itself can be explored, and the potential conflicts between the patient's beliefs and possible diagnosis can be identified.	Adequate space for the free flow of emotions has to be given. Most of the time, patients will not actively listen to what the physician says after the pronouncement of the status. An overwhelming feeling of a grim fate may cause further explanations and narratives from the physician's part to be ignored.	They may break down in tears. Some may remain completely silent, some of them try to get up and pace round the room. Sometimes the response will be a denial of reality, as it protects the ego from a potential shattering. Gallows humour is also an expected behaviour.

As mentioned in the foreword, this chapter begins with a second theoretical introduction to include Studies 5 and 6, expanding the social bond to a professional setting where the participants had to imagine a situation of two different present social bonds (patient and supervisor). In these two studies, I still build on the conceptual model (Gausel & Leach, 2011) explaining the appraisals, feelings and motivations sequence, only now adopting it to the very specific, clinical context where actual health students (medical and nursing students) imagine that they are communicating unpleasant information to a patient.

Every day, doctors and nurses face situations where they have to inform patients and next of kin of serious diagnoses, changes from curative to palliative treatment, and changes in the treatment situation (Bushinski & Cummings, 2007; Emold, Schneider, Meller, & Yagil, 2011; Gao, 2011; Gough, Johnson, Waldron, Tyler, & Donath, 2009). As visualized by Table 8 on the previous page, the lack of communication that focusing on the helpers' perspectives and emotional concerns illustrates that the focus on the communicator is absent, and this is despite that fact the awareness of and definition of bad news (in the medical context) as 'any news that drastically and negatively alters the patient's view of her or his future'(Baile et al., 2000).

It seems paradoxical that, despite different guidelines and interventions, there tends to be little or no focus on the appraisals, emotions and responses of the ones delivering the difficult message. Delivery of bad news clearly has a crucial social and psychological dimension thus far largely overlooked in studies related to this phenomenon. This is despite the fact that the social and emotional factors are of great importance in these situations. By introducing structural knowledge about emotions, we can teach helpers how to understand and cope with their emotional state (Gausel

& Leach, 2011).

Existing research on delivering bad news in a medical context suggests that both 1) helpers are uncertain of how to impart such information (De Valck & Van de Woestijne, 1996; Dubé, LaMonica, Boyle, Fuller, & Burkholder, 2003; Fallowfield, 2009), and 2) helpers perceive the situation as difficult in relation to themselves as well as their surroundings (Billson & Tyrrell, 2003; Farrell, 1999; Greening, 2008; Sparks et al., 2007). I argue that existing professional guidelines for imparting bad news, in a variety of countries, focus on managing the feelings of patients and those close to them, but do not do as much as they could to address the moral and emotional dilemmas facing the medical professional who gives bad news. Studies 5 and 6 will suggest a research-based framework for understanding the complexity of giving unpleasant information in a professional context taking into account the social bond, moral obligations and emotional burdens of the medical professional.

There are many reasons why physicians and nurses have difficulty communicating bad news. A common concern is how the news will affect the patient, and this is often used to justify withholding bad news (Eid, Petty, Hutchins, & Tompson, 2009; Sparks et al., 2007). Burges et al. (2007) find in recent research that doctors tend to mitigate their words when they deliver bad news compared to good news. Doctors also tend to use negotiations and may implicitly communicate dishonesty by hiding the real message (Sparks et al., 2007). Burges et al. (2007) demonstrate that doctors should balance their use of negotiations since harmless linguistic variations in doctors' bad news delivery can have negative consequences for the patient.

Bad health news also evokes unpredictable and strong emotional reactions in the patient, which the healthcare professional may find difficult to handle (Valck,

Bruynoogle, Bensing, Kerssens & Hulsman, 2001). Physicians often report a fear of being blamed for giving bad news, fear of not knowing all the answers, being afraid of showing emotions, and their personal fears about their own health and mortality (Buckman, 2011).

Another important aspect is the professional's inability to control the way his or her own feelings interfere with the communication. Banja (2005) clarifies in his review paper that, when communicating bad news, doctors typically become defensive, because they are trying to ward off the discomfort of the conversation, and that can lead to negative emotional reactions (Banja, 2005). This is not surprising, because we already know that just presenting negative information to others makes people much more reluctant to provide such information than if they are dealing with positive information (Tesser & Rosen, 1972). There is also a tendency to avoid the emotional aspects in the conversation with the patient because of the strong emotions that may occur in the patient. The consequences of ignoring the emotional aspects can damage the social bond (Scheff, 1988, 1999). Furthermore, healthcare professionals also avoid focusing on psychological aspects in the patient, as this can cause more harm than good (Maguire, 1998).

Moral obligations

A further challenge for the helper is the guidelines for professional ethics for doctors and nurses in Norway. In these guidelines, the focus for nurses is to support hope, mastery and courage for life, in addition to giving adequately adapted information (Den norske legeforeningen, 2002; Sykepleierforbund, 2011). Doctors are demanded to give the patients information about the state of their health and treatment, and information should be given to the extent the patient wishes. Information that may be conceived as particularly challenging is to be given

cautiously (Den norske legeforeningen, 2002; Sykepleierforbund, 2011). There is a consensus in the medical community that the patients have a moral and legal right to know the truth about their illness. Yet, this must be set against the medical principle of primum non nocere (first, do no harm) based upon the Hippocratic Corpus Epidemics (Scofields et al., 2003).

According to Fallowfield, Jenkins and Beveridge (2004), healthcare professionals withhold information to patients in order to protect them from potentially hurtful, sad or bad news, even though patient preferences regarding disclosure of a terminal diagnosis found that 50% - 90% of patients desired full disclosure (Eid et al., 2009). We also know that telling a patient the truth about their situation can lead to less anxiety and depression (Schofield et al., 2002). An American study of doctors working at different hospices shows that, despite patients' desires to know the prognosis for survival, only in 37% of the cases did doctors give complete information about outcomes. In most cases, they provided no prognosis, or they provided a prognosis that was too optimistic (Fallowfield & Jenkins, 2004).

In these circumstances, they are subject to laws for medical personnel and ethical guidelines for their profession. In spite of these laws and guidelines, it is still each individual health worker's professional and normative assessment that determines what is communicated, and how it is communicated (Billson & Tyrrell, 2003). Lillemoen (2008) shows, in practice, that the greatest moral challenges become visible when nursing students face the unknown, vulnerable and "difficult" patient. That is where there is the risk of doing something that may impair the dignity and autonomy of the patient. For example, communicating unpleasant information without caring for the patient's perspectives on the situation. Deja (2006) reported the responsibility of being the patient's 'guardian of hope' and when the healthcare

professionals failed to be the 'guardian of hope', they are in risk of withholding bad news (Deja, 2006).

It is possible that the professional's sense of moral obligation is not completely acknowledged in the professional norms for nurses and physicians, thereby creating a dilemma. Two conflicting norms seem to be influencing the strategy for the communication process and challenging the way the bad news is given: the healthcare professional's due respect of the human rights of patients, including dignity and respect, versus the right of all patients or clients to receive information about their condition (Dobrowolska, Wrońska, Fidecki, & Wysokińki, 2007). This information should be precise, truthful and given in such a way that it is easy to understand. The helper must respect the autonomy of patients and clients, and their right to make decisions about receiving medical interventions, even if these may result in harm or death (Dobrowolska, Wrońska, Fidecki, & Wysokińki, 2007; legeforening).

It is because of this dilemma that the helper is at risk of being viewed as an immoral professional or even worse, an immoral human being, when trying to act in concert with these norms, on the one hand, trying to respect the patient's dignity by not destroying hope, and, on the other hand, being honest with the patient (Baile et al., 2000). In other words, healthcare professionals are caught between two morally questionable outcomes: being totally honest by giving all the clinical details or else being vague by withholding the seriousness of the disease (Aitini, 2012). In an ASCO survey, 500 participants ranked the item "how to be honest with the patient and not destroy hope" as most important in terms of additional stresses in giving bad news (Baile et al., 2000). In conclusion, moral obligations are at risk of constantly

putting the helper in a situation of moral failure, especially when it comes to being honest and at the same time not destroying hope for survival.

The importance of the social bond, helpers' appraisals, feelings and motivations

For a helper, the social bond is important and, when helpers communicate unpleasant information, this social situation becomes a potential risk for bonds being built, protected, repaired or damaged (Scheff, 1999). In a professional context, the health professionals can have both a long standing professional relationship with the patient, or a professional random affiliation with the patient.

However, sometimes we act in a way that puts this bond at risk. For example, a helper might appraise herself as being condemned or disliked by others (the patient, next of kin or even by colleagues) for destroying the patient's hope for survival (Baile et al., 2000). Hence, the helpers might think that they are viewed as a 'bad person' or 'unprofessional' by other colleagues or patients. Subjectively, their private or professional reputation might be at risk, or worse, their role of being a "guardian of hope" or a moral helper might be questioned (Deja, 2006). In this perspective, a helper can see this as a failure of not living up to moral and social standards expected from a professional helper, that may involve lack of resources dealing with the situation, and lack of emotional support from other colleges (Narayanan et al., 2010).

Helpers have reported emotions related to feeling a failure in the eyes of others (Fallowfield & Jenkins, 2004). Buckman (2005) and Buckman and Kason (1992) have reported several fears that helpers have in relation to their clients, such as fear of causing pain to a client that will upset the normal rules for the relationship with the client. Some helpers think it is bad to "get the client all upset". If the bad news is upsetting for the client, then they may not have the option of protecting him

or her from all distress. The helpers may think they have two options: "upsetting the client" and "not upsetting the client" (Buckman, 2005; Buckman & Kason, 1992). Furthermore, there may also be a fear of being blamed for being the bearer of bad news, as we know that clients can blame the messenger of the unpleasant information (Baile et al., 2000; Buckman, 2001, 2005; Buckman & Kason, 1992). There can also be a fear of sympathetic pain since helpers are likely to experience considerable discomfort, simply by being in the same room as someone who is going through the distress caused by bad news (Buckman, 2005; Buckman & Kason, 1992). There can also be a fear of therapeutic failure, or that the helper has failed to fix the disease, and that all clients have an inalienable right to be cured of any condition (Buckman, 2005; Buckman & Kason, 1992). All these fears are related to a concern for the helper's social-image, since this reflects a concern for a failure in the eyes of others (Fallowfield & Jenkins, 2004).

Some papers report feelings closely related with not sharing the same destiny with the client, and not having the necessary skills for giving out unpleasant information (Buckman, 2005; Lesley Fallowfield & Jenkins, 2004). Hence, the feelings seem to be closely linked to appraisals related to concern for one's self-image. However, studies also show that people who are concerned for their self-image focus on negative, stable or unchangeable aspects of the self, which leads them to feel helpless, externalize blame, and want to escape, and leads them to more counterproductive behaviours (Giner-Sorolla, Piazza, & Espinosa, 2011). Importantly, this depends on whether the person appraises their failure as a global self-defect, or a specific self-defect. If it is a specific defect and the person does not think they can change it, then this person will most likely go on feeling shame, if they are not in a social situation where they believe they can be disliked by others

(i.e., that their social-image is believed to be or about to be under threat). If so, then they will most likely also feel rejection.

Hence, it is how the person appraises their specific defect in relation to the social situation they are in, that elicits how they feel about it, and how they will cope with it (Gausel & Leach, 2011). If a helper thinks he or she has a specific defect, a fear of hurting others by being dishonest, and if this person is in a situation where this dilemma (being honest/dishonest) arises, he or she has a subjective reason to fear that the person's colleagues, clients or the next of kin might find out that the person has this problem. Hence, he or she can now start to appraise the situation as posing a possible risk to the person's social-image (here, the self-image is less relevant) as a trustworthy helper. Most likely, the feeling of rejection will dominate (more than shame) and the helper will start to cope with this by using distancing coping strategies.

CHAPTER 8

The clinical studies

This chapter will examine how different communication styles affect the helper's appraisals, self-critical feelings and motivations. In a related question, I also wanted to examine whether different communication styles involved trade-offs between different negative aspects, or whether one style was preferred over others.

In order to examine the emotional experience in the professional communicator of unpleasant information, I ran two experimental studies investigating how the different prototypical communication strategies affect the helper's appraisals, feelings and motivations. The strategies were: indirect strategy (e.g. emotion-centred or protective), defined as general avoidance and withdrawal strategies (Baxter, 1982; Brewin, 1991; Muñoz Sastre, Sorum, & Mullet, 2014), direct strategy (e.g. disease centred or liberalistic), defined as an honest and straightforward approach (Brewin, 1991; Muñoz Sastre et al., 2014; Smith, Nicol, Devereux, & Cornbleet, 1999) and a person-centred (e.g. comforting or pragmatic), defined as using verbal and non-verbal immediacy in order to alleviate the emotional stress of the situation (Brewin, 1991; Muñoz Sastre et al., 2014; Smith et al., 1999).

Scale validation: Studies 5 and 6

As I now move into the clinical context, I felt that it was important to validate the measurement tool again. Before I examined my central hypotheses in Studies 5 and 6, I conducted a Confirmatory Factor Analysis (CFA) in order to demonstrate that the appraisals (self-image and social-image) and feelings (felt shame, felt inferiority and felt rejection), could be measured as distinct constructs.

Method

Participants and Procedure

Studies 5 and 6 included 259 participants and provided sufficient data for analyses (64 male, 195 female; M_{age} = 24, range 19-46 years).

Measures. The appraisals and feelings items were adapted from Gausel et al. (2012; 2016), and they were all measured with a seven-point response scale that ranged from 1 (not at all) to 7 (very much). The appraisal of a concern for self-image (α = .79) was measured with two items: "My communication style revealed a moral failure in me" and "I think I am defective in some way because of my communication style". The concern for social-image in the eyes of the patient (α = .93) was measured with two items; "The patient can condemn me for my communication style" and "I think I could be isolated from the patient because of my communication style". I measured felt shame (α = .95) with three items; "I feel disgraced when I think about my communication style", "I feel humiliated when I think about my communication style", and "I feel ashamed when thinking about my communication style". Felt inferiority was assessed with two items (α = .78); "I feel inferior when thinking about my communication style" and "I feel vulnerable when thinking about my communication style". Felt rejection (α = .88) was measured with three items; "I feel rejected when I think about my communication style", "I feel alone when I think about my communication style" and "I feel rebuffed when thinking about my communication style".

Results

I used SPSS AMOS 23 to test my hypothesized measurement model in a CFA with maximum likelihood estimation. Model fit was assessed using the Bentler Comparative Fit Index (CFI) and considered values of CFI > .95 as good fit. I also

used Root Mean Square Error of Approximation (RMSEA), and considered values >

.10 as good fit to the data (Kline, 2011).

Measurement model. I expected the 12 items to load uniquely on their

respective factors, measuring appraisals of self-image and social-image as distinct

appraisals, and shame, inferiority and rejection to be measured as three distinct

feelings (Gausel et al., 2012; 2016). I adopted the same conservative approach as for

the previous studies, in line with Gausel et al. (2012; 2016). See Fig. 12 for the

standardized solution for the pooled sample (Studies 5 and 6). The Chi square was

moderate in size and statistical significance was common with measurement models

(Gausel et al., 2012; 2016): χ^2 (44) = 120.44, p < .001, the values of CFI = .973 and

RMSEA = .083 indicated an acceptable fit to the data. All of the items loaded

strongly on their respective factors (standardized λ's ≥.60. all p's < .001) and

indicated that all of the latent variables were well defined by their items. Correlations

among the five latent variables ranging from moderate (.59) to high (.90). According

to Gausel et al. (2012; 2016), the correlations among latent variables are typically

higher than those among observed variables, because they are not attuned by

unreliability.

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See Figure 13 on the following page

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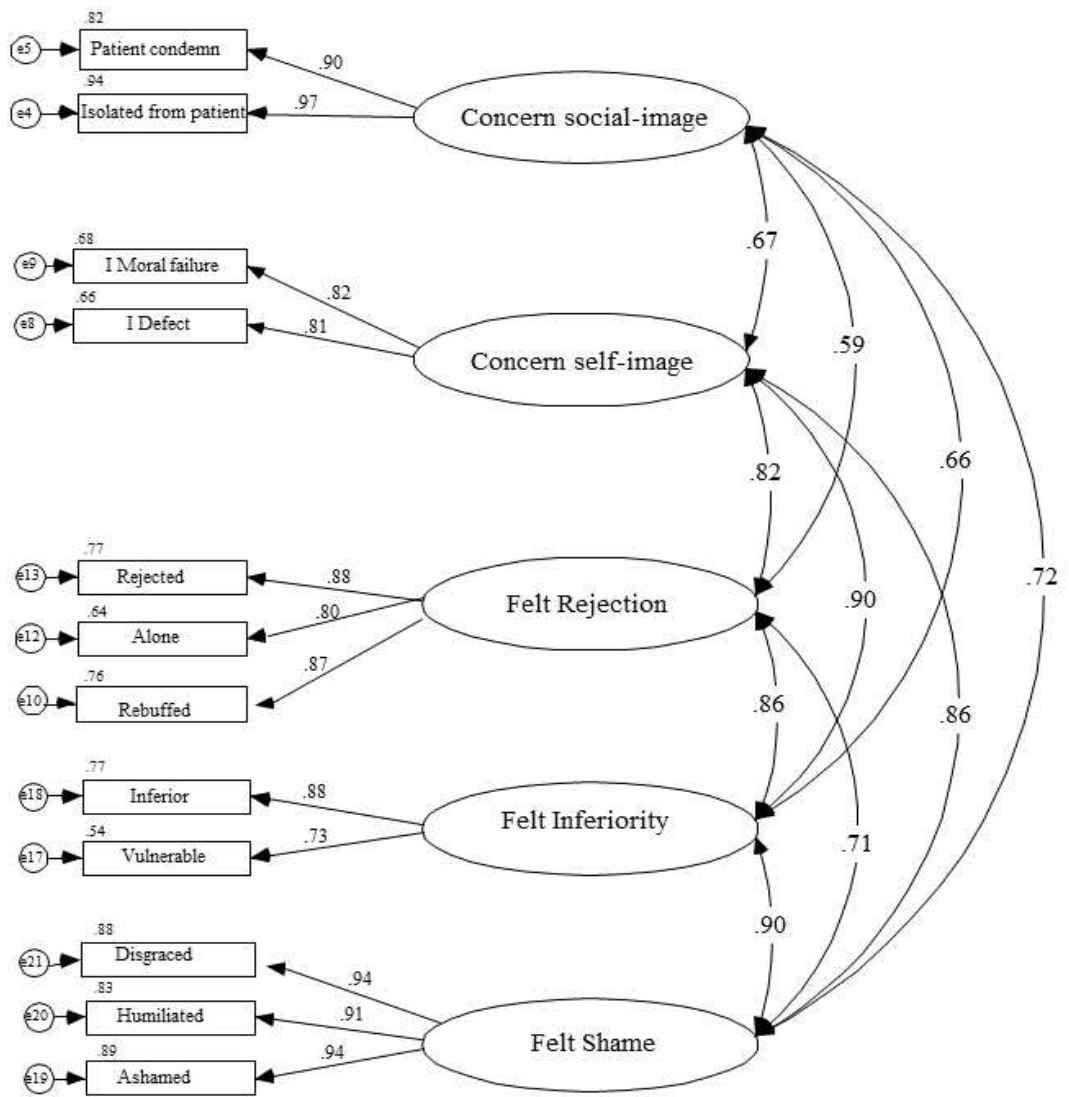
Figure 13. Confirmatory factor analysis of measurement model. Studies 5 and 6 combined. All paths shown are statistically significant (p < .05)

Alternative models. In line with Gausel et al. (2016), model comparison showed the superiority of the measurement model over some other competing alternatives, and that indicated a need to distinguish all five constructs. Firstly, my five-factor model fitted better than the three-factor model, where appraisal of concern for one's self-image and felt shame made up the first factor, concern for one's social-image and felt rejection made up a second factor, and felt inferiority made a third factor, $\Delta\chi^2 (51) = 567.68$, p < .001. Secondly, my model fitted better than a four-factor model where the two appraisals were combined into a single factor while leaving felt shame, inferiority and rejection as separate factors, $\Delta\chi^2 (48) = 420.47$, p < .001. Thirdly, my model fitted better than a three-factor model where items measuring the three feelings loading on one omnibus emotional "shame" factor with the two appraisals as separate factors, $\Delta\chi^2 (51) = 459.89$, p < .001. Fourthly, my model was also superior to a two-factor model where both appraisals loaded on one single appraisals factor and all three feelings loaded on one omnibus emotional shame factor: $\Delta\chi^2 (53) = 656.20$, p < .001. Finally, my model was superior to a model where all items loaded onto one single shame factor, $\Delta\chi^2 (54) = 695.42$, p < .001.

Discussion

According to the hypothesized model, I demonstrate that the appraisals (concern for self-image and concern for social-image), and feelings (shame, inferiority and rejection) were measured as distinct constructs. It is in line with Gausel et al. (2016) that this five-factor model proved superior to five alternative models. To be able to examine the event of a failure to communicate unpleasant information and when such failure leads to distancing motivation or repair motivation, it is important to distinguish appraisals and feelings (Gausel et al., 2016).

In both Studies 5 and 6, I also tested my measurement model separately as explained under each study. As this model has never been tested in a professional context with two different social bonds present, I find it important to also demonstrate the theoretical construct for each study separately.

Study 5

In this study, I manipulated three prototypical communication strategies (disclosed 'objectively', disclosed 'empathic' and disclosed 'person-centred'), and measured appraisals (degree of severity, concern for one's self-image and concern for one's social-image in the eyes of others), feelings (felt rejection, felt inferiority and felt shame) and motivations (wanting to distance from the other, wanting to repair the social bond with the other). Because the situation involved two present social bonds (patient and supervisor), I included measures of two forms of social image threat, one concern for one's social-image in the eyes of the patient, and one concern for the social-image in the eyes of the supervisor. Further, I also hypothesized that a concern for the social-image → felt rejection pathway would predict distancing motivation, and that a concern for the self-image → felt shame pathway would predict repair motivations, based on the conceptual model developed by Gausel and Leach (2011).

Hypotheses. Specifically, I expected that if unpleasant information was disclosed with an 'objective' strategy, then people would experience higher stress of unpleasant appraisals, feelings and motivations, than if it was disclosed with a 'person-centred' strategy. I also expected that, if unpleasant information was disclosed with an 'empathic 'strategy, then people would also experience higher stress of unpleasant appraisals, feelings and motivations, than if the information was disclosed with a 'person-centred' strategy.

In summary, I expected that, when communicators disclosed the unpleasant information, the prototypical communication strategy of being 'person-centred' caused the communicator to feel significantly less distress, meaning lower levels of appraisals, feelings and motivations.

Secondly, I expected the motivation of wanting to distance from the other was explained by a *"concern for one's social-image → felt rejection"* pathway, while the motivation to repair the social bond with the other was explained by a *"concern for one's self-image → felt shame"* pathway.

Method

Participants and procedure

148 Norwegian medical students (50 men and 98 women; Mage = 24, range: 19-42 years), were included, after they were recruited ad-hoc in libraries and canteens at different universities in the southern part of Norway, participating on a voluntary basis. After a total of seven participants decided to withdraw from the study 148 participants were included in Study 5. . All information was anonymised and kept confidential. The respondents were asked to imagine a situation: Imagine that you are doing an internship and at one point you have to deliver a diagnosis of serious cancer to a patient. While you are doing this, you are observed by a senior doctor. Afterwards, the senior doctor gives you the following feedback. Then the participants were randomly given a questionnaire with one of the three conditions: Group 1 (N= 50): "Your communication was objective and gave a detailed account of the diagnosis. It did not focus on being empathic with the person"; Group 2 (N= 48): "Your communication focused on being empathic with the person. It was not objective and did not give a detailed account of the diagnosis"; Group 3 (N= 50):

"Your communication focused on being empathic with the person while objectively giving a detailed account of the diagnosis."

Following this, the participant answered a self-report questionnaire with all response scales ranging from 1 (not at all) to 7 (very much). As a manipulation check, the participants had to freely write down what they were asked to imagine. When finished, the participants were given the opportunity to ask questions.

Measures

The items were adapted from Gausel and Leach (2011) and Gausel, Leach, Vignoles, and Brown (2012). Cronbach's alpha coefficients measuring internal consistency of the items/scales in the current study were all above $\alpha = .70$, except from cover-up ($\alpha = .64$) and distancing supervisor ($\alpha = .63$), as in previous studies (Gausel & Leach, 2011; Gausel et al., 2012).

Acceptance. In order to measure the participant's preferences of acceptance from patient and the supervisor in the condition groups as it is currently assessed, I used four items concerning the patient adopted from Gausel et al. (2011; 2012): "I want my patient to like me", "I want my patient to accept me", "I want my patient to recognize me", "I want my patient to value me" ($\alpha = .88$). I also used four items concerning the supervisor adopted from Gausel et al. (2011; 2012): "I want my supervisor to like me", "I want my supervisor to accept me", "I want my supervisor to recognize me", "I want my supervisor to value me" ($\alpha = .91$).

Severity. In order to measure the participant's perception of the moral failure in the different conditions, we used a four-item scale to measure the severity of moral failure ($\alpha = .96$) developed by Gausel et al. (2012; 2016): "My style of

communication was wrong", "My style of communication was questionable", "My style of communication was not good", "My style of communication was bad".

Appraisals. Items from Concern for self-image were as follow (α = .77.): "My communication style revealed a moral failure in me"; "I think I am defective in some way because of my communication style". Items from Concern for social-image from patient (α = .94) were as follow: "The patient may condemn me for my communication style", "I think I could be isolated from the patient because of my communication style". Items from Concern for social-image from supervisor as follow (α = .84) "The supervisor may condemn me for my communication style", "I think I could be isolated from the supervisor because of my communication style"

Feelings. Feeling measures were adapted from previous studies (Gausel & Leach, 2011). To measure shame, I used the three most often used words for describing shame (α = .95): "I feel disgraced when I think about my communication style", "I feel humiliated when I think about my communication style", "I feel ashamed when I think about my communication style". Items from Inferiority (α = .75) were: "I feel inferior when I think about my communication style", "I feel that I am vulnerable when I think about my communication style". Items from Rejection (α = .87) were: " I feel rejected when I think about my communication style", "I feel alone when I think about my communication style", "I feel rebuffed when thinking about my communication style".

Motivations. When measuring responses, I used items from Gausel et al. (Gausel, 2012; Gausel & Brown, 2012; Gausel & Leach, 2011). Distancing patient (α = .85): "If I could I would like to avoid the patient", "I would rather not have further discussions with the patient about my communication style", "If I were to

confront the patient, I would control my thoughts and think of something other than what I said". Distancing supervisor ($\alpha = .63$): "If I could I would like to avoid the supervisor", "I would rather not have further discussions with the supervisor about my communication style", "If I were to confront the supervisor, I would control my thoughts and think of something other than what I said". Cover-up ($\alpha = .64$): "I think I will make it less clear to others what I said", "I think I will be cautious sharing this information with others", "I will make the impact of this story less important to others", "I think I will self-censor myself on this issue", "I will encourage people to focus on the other side of the story".

Repair patient ($\alpha = .93$): "I will try to repair some of the damage I have caused to the patient", "I feel I should compensate the patient what I did", "I feel I should re-establish the relationship between me and the patient". Repair supervisor ($\alpha = .89$): "I will try to repair some of the damage I have caused to the supervisor", "I feel I should compensate the supervisor what I did", "I feel I should re-establish the relationship between me and the supervisor". Acknowledgment of having hurt the other ($\alpha = .86$): "I think the patient will be hurt by my communication style" and "I think the patient will not be happy about my communication style".

Results

Experimental Effects

Acceptance. An ANOVA demonstrated that the manipulation had a non-significant univariate effect on 'acceptance patient', $F(2, 142) = 1.83$, $p = .16$, $\eta^2_{partial} = .025$, objective (M = 5.69, SD = 1.22), empathic (M = 5.95, SD = 0.86), person-centred (M = 6.12, SD = 1.10), and non-significant effect on 'acceptance supervisor', $F(2, 142) = .141$, $p = .87$, $\eta^2_{partial} = .002$, objective (M = 5.55, SD = 1.36), empathic (M = 5.69, SD = 1.10), person-centred (M = 5.63, SD = 1.31). All the participants

across the group were highly concerned about acceptance from both the supervisor
and the patient.

Severity. As expected, an ANOVA demonstrated that the manipulation had a
significant univariate effect on severity, $F(2, 145) = 82,69$, $p < .001$, $\eta^2_{partial} = .53$.
As shown in Table 10 (please see this table for means, standard deviations and
Cohen's d for all measures), the pairwise comparisons yielded that severity was
significantly higher ($p < .001$) in the 'objective' condition ($M = 4.81$, $SD = 1.66$) than
in the 'combined' condition ($M = 1.49$, $SD = 0.93$), and severity was significantly
higher ($p < .001$) in the 'empathic' condition ($M = 2.59$, $SD = 1.22$) than in the
'person-centred' condition. There was also a significant difference ($p < .001$)
between the 'empathic' condition and the 'objective' condition.

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Table 9. Scale inter-correlations and descriptive statistics

	Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1	Severity	-												
2	Self-image	.62*	-											
3	Social-image supervisor	.56*	.48*	-										
4	Social-image patient	.76*	.55*	.54*	-									
5	Shame	.77*	.75*	.51*	.63*	-								
6	Rejection	.58*	.63*	.61*	.51*	.69*	-							
7	Inferiority	.57*	.66*	.53*	.49*	.76*	.75*	-						
8	Distancing supervisor	.20*	.30*	.47*	.19*	.28*	.40*	.40*	-					
9	Distancing patient	.14	.30*	.23*	.17*	.25*	.31*	.39*	.54*	-				
10	Cover-up	.24*	.23*	.23*	.30*	.28*	.31*	.34*	.37*	.49*	-			
11	Hurt the other	.77*	.54*	.37*	.66*	.69*	.49*	.54*	.20*	.21*	.21*	-		
12	Repair supervisor	.59*	.47*	.45*	.49*	.57*	.51*	.49*	.35*	.32*	.36*	.55*	-	
13	Repair patient	.69*	.46*	.42*	.56*	.60*	.42*	.49*	.29*	.21*	.30	.63	.77*	-
	Mean	2.97	1.94	2.82	3.44	2.29	2.10	2.31	2.81	2.47	2.92	3.47	3.06	3.84
	SD	1.91	1.26	1.50	1.85	1.60	1.23	1.32	1.25	1.18	1.46	1.85	1.83	2.21
	α	.96	.77	.84	.94	.95	.87	.75	.63	.85	.64	.86	.89	.93

Note. N = 149. Higher scores indicate higher levels of each measure. Response scale ranged from (not at all) 1 to (very much) 7, * $p < .05$ (2-tailed)

Appraisals. The dependent variables were grouped by type – appraisals, feelings, and responses and analysed using a separate MANOVA within each type. Table 9 shows meaningful correlations between all dependent variables included, fulfilling the assumptions of the MANOVA (Meyers et al., 2013). Overall, the manipulation had significant effects on most dependent variables, and subsequent comparisons showed a general pattern that the objective condition elicited the most negative appraisals and feelings and the strongest motivations.

A MANOVA showed an overall, significant effect of the manipulation on the participant's appraisals, $F(3, 144) = 44.79$, $p < .001$, $\eta^2_{partial} = .48$. As expected, there was a significant univariate effect on the appraisal of concern for self-image, $F(2, 145) = 28.10$, $p < .001$, $\eta^2_{partial} = .28$. As shown in Table 11, the pairwise comparison demonstrated that concern for self-image was significantly higher ($p < .001$) in the 'objective' condition (M = 2.80, SD = 1.46) than in the 'person-centred' condition (M = 1.20, SD = 1.25). A concern for self-image was significantly higher ($p < .001$) in the 'objective' condition than in the 'empathic' condition (M = 1.82, SD = 1.07). The concern for self-image was significantly higher ($p = .005$) in the 'empathic' condition than the 'person-centred' condition.

There was a significant effect on concern for social-image related to the patient, $F(2, 145) = 58.42$, $p < .001$, $\eta^2_{partial} = .45$. The pairwise comparison demonstrated that concern for social-image related to the patient was significantly higher ($p < .001$) in the 'objective' condition (M = 5.12, SD = 1.43) than in the 'person-centred' condition (M = 2.23, SD = 1.24). Concern for social-image patient was significantly higher ($p = .010$) in the 'empathic' condition (M = 2.95, SD = 1.49) compared to the 'person-centred' condition. There was also a significant difference

(p < .001) between concern for social-image related to the patient in the 'objective'

condition and in the 'empathic' condition.

There was also a significant effect on concern for social-image related to the

supervisor, $F(2, 145) = 33.67$, $p < .001$, $\eta^2_{partial} = .32$. The pairwise comparison also

demonstrated that concern for social-image related to the supervisor was

significantly higher (p < .001) in the 'objective' condition (M = 3.38, SD = 1.39) than

in the 'person-centred' condition (M = 1.65, SD = 1.00). There was also a significant

difference (p < .001) between concern for social-image related to the supervisor in

the 'empathic' condition (M = 3.47, SD = 1.31) and in the 'person-centred' condition.

There was no significant difference (p = .73) between the 'objective' and the

'empathic' condition on concern for social-image related to the supervisor.

Feelings. A MANOVA showed that there were significant overall effects of

the manipulation of feelings (shame, rejection, inferiority) $F(3, 143) = 32.80$, $p <$

$.001$, $\eta^2_{partial} = .41$. I find a significant univariate effect on shame, $F(2, 144) = 49.25$,

$p < .001$, $\eta^2_{partial} = .41$. The pairwise comparison yielded that felt shame was

significantly higher (p < .001) in the 'objective' condition (M = 3.68. SD = 1.74) than

in the 'person-centred' condition (M = 1.32, SD = 0.78). There was also a significant

difference (p < .001) between the 'objective' condition and the 'empathic' condition

(M = 1.84, SD = 0.99). There was a significant difference (p = .041) between

'empathic' condition and the 'person-centred' condition on felt shame.

There was also a significant univariate effect on felt inferiority, $F(2, 144) =$

22.11, $p < .001$, $\eta^2_{partial} = .24$. The pairwise comparison showed that felt inferiority

was significantly higher (p < .001) in the 'objective' condition (M = 3.11, SD = 1.55)

than in the 'person-centred' condition (M = 1.56, SD = 0.65). Felt inferiority was also

significantly higher (p = .005) in the 'empathic' condition (M = 2.24, SD = 1.09) than in the 'person-centred' condition. There was also a significant difference (p < .001) between the 'objective' condition and the 'person-centred' condition.

I also found a significant univariate effect on felt rejection, $F(2, 144) = 22.20$, $p < .001$, $\eta^2_{partial} = .24$. The pairwise comparison showed that felt rejection was significantly higher (p < .001) in the 'objective' condition (M = 2.79, SD = 1.28) than in the 'person-centred' condition (M = 1.34, SD = 0.65). There was also a significant difference (p < .001) in the 'empathic' condition (M = 2.16, SD = 1.20) than in the 'person-centred' condition. There was also a significant difference (p = .005) between the 'objective' condition and the 'empathic' condition.

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Table 10. Study 5. Mean and Standard Deviations of appraisals and feelings and motivations across conditions

Variable	Objective[1]		Empathic[2]		Person-centred[3]		Cohen's d		
	M	SD	M	SD	M	SD	1v3	1v2	2v3
Severity	4.81ᵃ	1.66	2.59ᵇ	1.22	1.49ᵇ	0.93	2.46	1.52	1.04
Self-image	2.80ᵃ	1.46	1.82ᵇᵃ	1.07	1.20ᵇ	1.25	1.17	0.76	0.53
Social-image Patient	5.12ᵃ	1.43	2.95ᵇᵃ	1.49	2.23ᵇ	1.24	2.23	1.49	0.52
Social-image Supervisor	3.38ᵃ	1.39	3.47ᵃ	1.31	1.65ᵇ	1.00	1.42	-0.05	1.56
Shame	3.68ᵃ	1.73	1.84ᵃ	0.99	1.31ᵇ	0.77	1.76	1.30	0.59
Inferiority	3.11ᵃ	1.55	2.24ᵃ	1.09	1.56ᵇ	0.65	1.31	0.65	0.78
Rejection	2.79ᵃ	1.28	2.16ᵃ	1.20	1.34ᵇ	0.65	1.41	0.49	0.85
Distancing supervisor	2.95ᵃ	1.39	3.22ᵃ	1.23	2.35ᵇ	0.96	0.50	-0.20	0.79
Distancing patient	2.58	1.22	2.50	1.04	2.39	1.28	0.15	0.07	0.09
Cover-up	2.97	1.67	2.98	1.35	2.81	1.35	0.10	-0.01	0.13
Repair Patient	5.09ᵃ	1.84	4.19ᵃ	2.06	2.19ᵇ	1.67	1.65	0.46	1.07
Ack. hurt	5.14ᵃ	1.41	2.77ᵇ	1.52	2.44ᵇ	1.26	2.01	1.61	0.24
Repair Supervisor	3.96ᵃ	1.63	3.41ᵃ	1.77	1.80ᵇ	1.35	1.43	0.31	1.02

Note. Means in each row which share a subscript do not differ significantly from each other at p < .05. Response scale ranged from 1 (not at all) to 7 (very much)

Motivations. A MANOVA showed a significant overall effect of the manipulation on motivations, $F(6, 137) = 18.79$, $p < .001$, $\eta^2_{partial} = .45$. There was a non-significant univariate effect on distancing patient, $F(2, 141) = .310$, $p = .73$, $\eta^2_{partial} = .004$.

There was a significant univariate effect on distancing supervisor, $F(2, 141) = 6.49$, $p = .002$, $\eta^2_{partial} = .08$. The pairwise comparison showed that distancing was significantly higher ($p < .016$) in the 'objective' condition ($M = 2.95$, $SD = 1.39$) than in the 'person-centred' condition ($M = 2.35$, $SD = 0.96$). There was also a significant difference ($p = .001$) between the 'empathic' condition ($M = 3.22$, $SD = 1.23$) and the 'person-centred' condition. There was a non-significant difference ($p = .27$) between the 'objective' condition and the 'empathic' condition on distancing supervisor.

There was a non-significant univariate effect on distancing patient, $F(2, 141) = .310$, $p = .734$, $\eta^2_{partial} = .004$. The pairwise comparison showed that distancing was non-significantly higher ($p = .436$) in the 'objective' condition ($M = 2.58$, $SD = 1.22$) than in the 'person-centred' condition ($M = 2.39$, $SD = 1.28$). There was also a non-significant difference ($p = .640$) between the 'empathic' condition ($M = 2.50$, $SD = 1.04$) and the 'person-centred' condition. There was a non-significant difference ($p = .759$) between the 'objective' condition and the 'empathic' condition on distancing patient. There was a non-significant univariate effect on cover-up, $F(2, 141) = .37$, $p = .69$, $\eta^2_{partial} = .005$.

Significant univariate effects were found for repair related to the patient, $F(2, 141) = 30.47$, $p < .001$, $\eta^2_{partial} = .433$. The pairwise comparison showed that 'repair patient' was significantly higher ($p < .001$) in the 'objective' condition ($M = 5.09$, $SD = 1.84$) than in the 'person-centred' condition ($M = 2.20$, $SD = 0.27$). There was also

a significant difference (p < .001) between the 'empathic' condition (M = 4.19, SD = 2.06) and the 'person-centred' condition. There was also a significant difference (p = .01) between the 'objective' condition and the 'empathic' condition.

Significant univariate effects were found for repair related to the supervisor, $F(2, 141) = 23.93$, $p < .001$, $\eta^2_{partial} = .25$. The pairwise comparison showed that repair supervisor was significantly higher (p < .001) in the 'objective' condition (M = 3.96, SD = 1.63) than in the 'person-centred' condition (M = 1.80, SD = 1.35). There was also a significant difference (p < .001) between the 'empathic' condition (M = 3.41, SD = 1.77) and the 'person-centred' condition. There was also a significant difference (p = .01) between the 'objective' condition and the 'empathic' condition.

There was also a significant univariate effects were found for acknowledgment of hurt, $F(2, 141) = 53.31$, $p < .001$, $\eta^2_{partial} = .43$. The pairwise comparison showed that acknowledgment of hurt was significantly higher (p < .001) in the 'objective' condition (M = 5.14, SD = 1.41) than in the 'person-centred' condition (M = 2.45, SD = 1.26). There was non-significant difference (p = .26) between the 'empathic' condition and the 'person-centred' condition. There was a significant difference (p < .001) between the 'objective' condition and the 'empathic' condition (M = 2.78, SD = 1.53).

Structural Equation Modelling defensive. I also used SEM to examine my hypothesized defensive model that appraising the situation as a concern for the social-image supervisor, would positively predict rejection and defensive motivations (Gausel & Leach, 2011). The model was assessed using SPSS AMOS 23, and the tests were based on maximum likelihood estimates and regression weights. The first

model was tested with social-image supervisor as predicted variable, and with the 'objective' condition coded as (-1) and the 'combined' condition coded as (1).

My hypothesized objective distancing default model fitted the data as shown by several fit indices: χ^2 (10) = 20.95, p = .021, and a χ^2/df = 2.095 (IFI = .982, CFI = .981, RMSEA = .086). As shown in Figure 14, social-image positively predicted felt rejection. The relationship between felt rejection and defensive motivation was significant. Social-image was the main predictor of rejection. Appraising the situation as a concern for the self-image positively predicted felt shame. The relationship between felt shame and defensive motivation was not significant.

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See Figure 14 on the following page.

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Figure 14. Medical students distancing objective supervisor model. Structural model of the experimental effects on appraisals (social-image supervisor, self-image) and feelings (rejection, inferiority, shame), and their relationship with the distancing motivations (avoidance supervisor, cover-up). Solid lines p < .05*
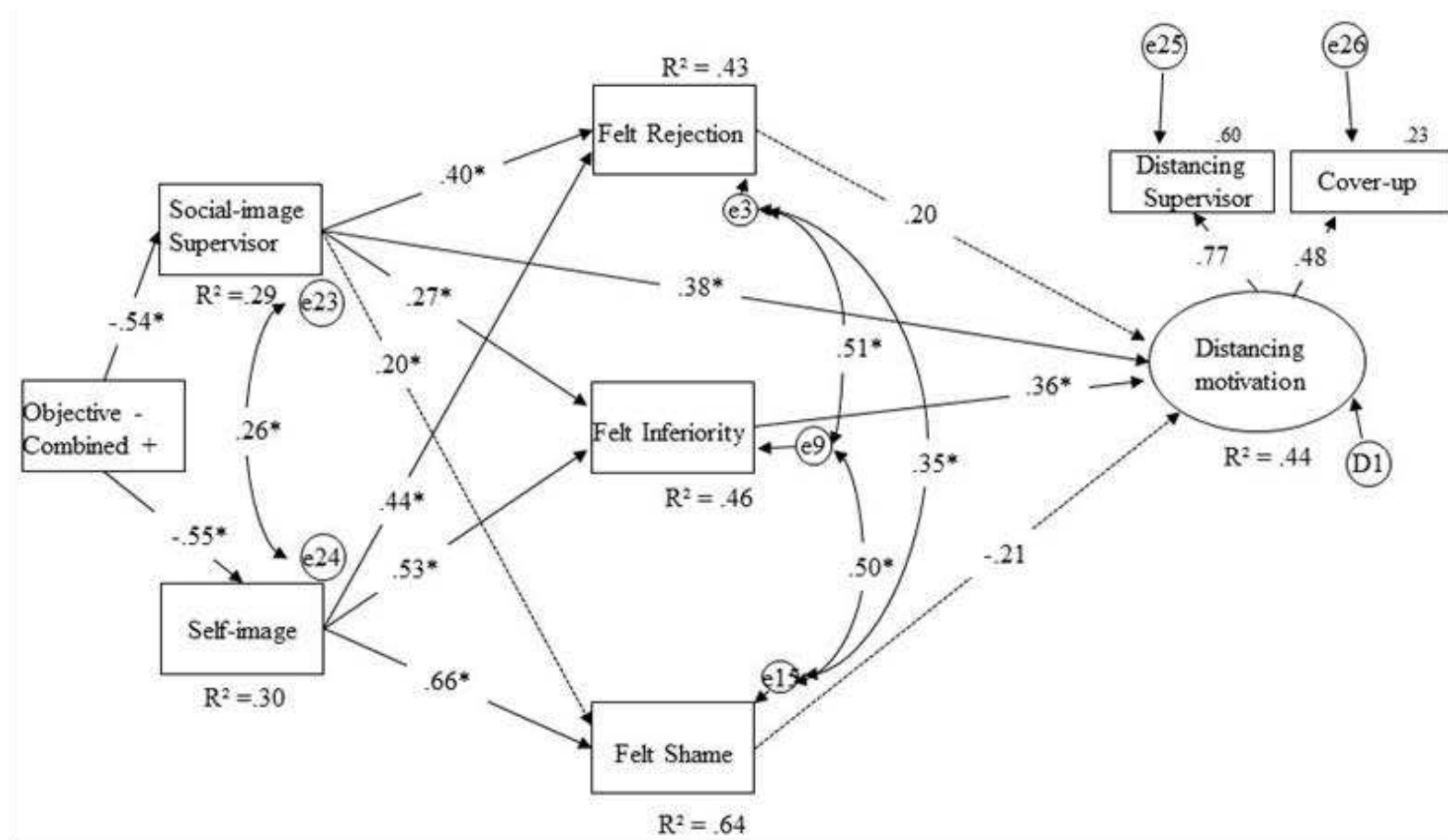
Even though both appraisals predicted feelings of rejection, it was the concern for one's social-image supervisor ($\beta = .40$, $p < .001$) that stood out as the stronger of the two predictors. In line with my hypothesis, the greater the concern for one's social-image, the greater the motivation to engage in distancing motivation ($\beta = .38$, $p < .001$). Rejection was a non-significant predictor ($\beta = .20$, $p = .185$) of distancing motivation. Also, shame was a non-significant predictor of distancing motivation ($\beta = -.21$, $p = .138$). Inferiority was a significant predictor ($\beta = .36$, $p = .021$) of distancing motivation.

In the second model, I tested the same objective model with 'social-image patient' variable and 'distancing patient' variable. The other variables were the same as for the first model. My hypothesized objective distancing default model fitted the data as shown by several fit indices: $\chi^2 (10) = 25.53$, $p = .004$, and a $\chi^2/df = 2.553$ (IFI $= .976$, CFI $= .975$, RMSEA $= .102$). As shown in Figure 14, social-image positively predicted felt rejection. The relationship between felt rejection and distancing motivation was non-significant. Social-image was the main predictor of rejection. Appraising the situation as a concern for the self-image positively predicted felt shame. The relationship between felt shame and defensive motivation was not significant.

Concern for 'social-image patient' was a significant predictor of rejection ($\beta = .24$, $p = .001$), inferiority ($\beta = .19$, $p = .011$) and shame ($\beta = .32$, $p < .001$). Not in line with my hypothesis, concern for one's 'social-image patient' was not a predictor to engage in distancing motivation ($\beta = .13$, $p = .273$). In line with the hypothesis, shame was a non-significant predictor of distancing motivation ($\beta = -.15$, $p = .352$). Inferiority was a significant predictor ($\beta = .48$, $p = .005$) of distancing motivation. See Figure 15 on the following page.

Figure 15. Medical students distancing objective patient model. Structural model of the experimental effects on appraisals (social-image patient, self-image) and feelings (rejection, inferiority, shame), and their relationship with the distancing motivations (distancing patient, cover-up). Solid lines p < .05*
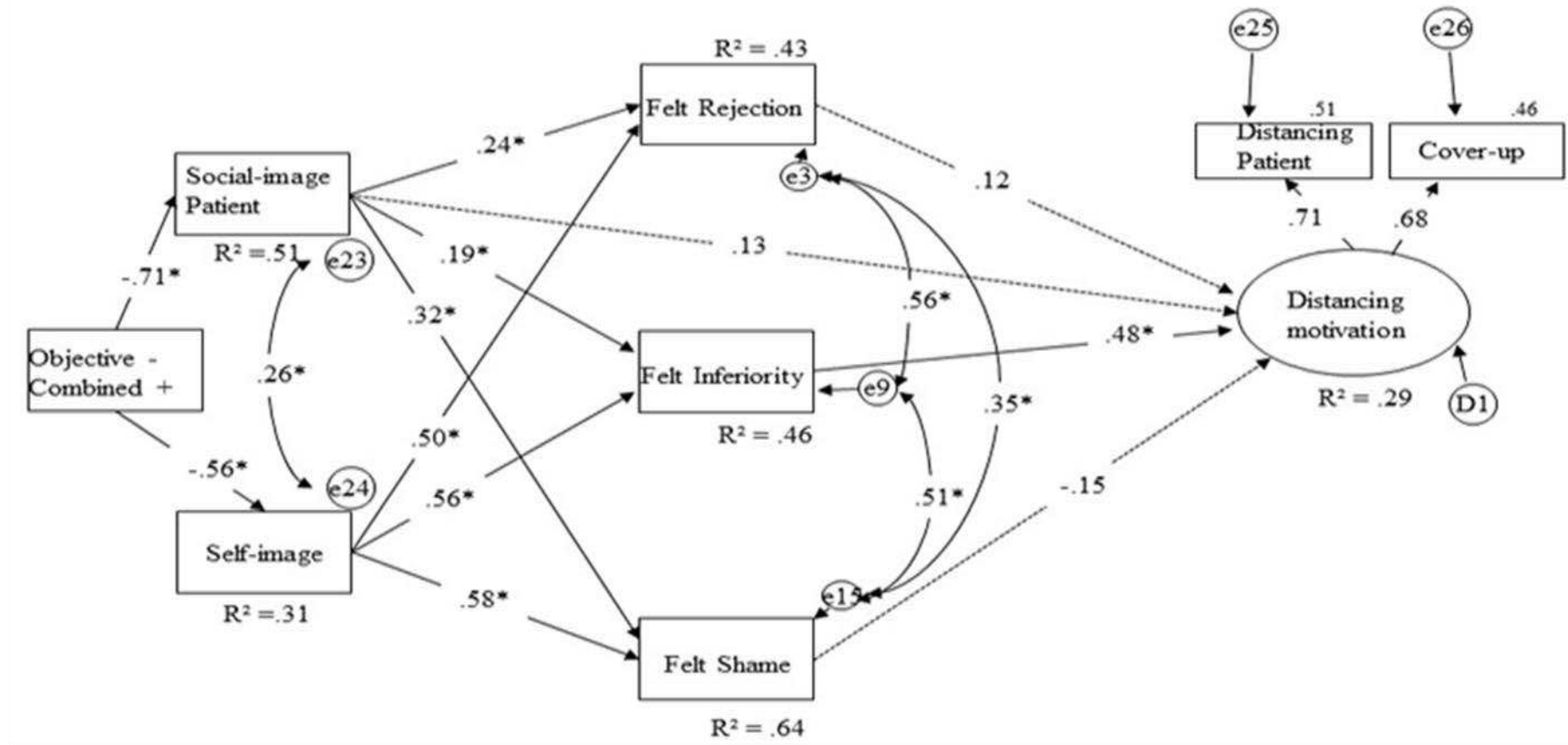
In the third model, I tested the model with the empathic condition coded (-1) and the person-centred condition coded (1). Concern for 'social-image patient' and 'distancing patient' motivation were included as variables together with the other variables adopted in model two. My hypothesized objective empathic patient default model fitted the data as shown by several fit indices: χ^2 (10) = 19.30, p = .037, and a χ^2/df = 1.93 (IFI = .984, CFI = .983, RMSEA = .079). As shown in Figure 15, 'social-image patient' positively predicted felt rejection. The relationship between felt rejection and defensive motivation were non-significant. 'Social-image patient' was the main predictor of rejection. Appraising the situation as a concern for the self-image positively predicted felt shame. The relationship between felt shame and defensive motivation was not significant.

Concern for 'social-image patient' was a significant predictor of rejection (β = .24, p = .001), inferiority (β = .18, p = .011) and shame (β = .32, p < .001). Not in line with my hypothesis, concern for one's 'social-image patient' was not a predictor of engaging in distancing motivation (β = .13, p = .281). In line with the hypothesis, shame was a non-significant predictor of distancing motivation (β = -.15, p = .349). Inferiority was a significant predictor (β = .48, p =.005) of distancing motivation.

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Figure 16. Medical students distancing empathic patient model. Structural model of the experimental effects on appraisals (social-image patient, self-image) and feelings (rejection, inferiority, shame), and their relationship with the distancing motivations (avoidance patient, cover-up). Solid lines p < .05*
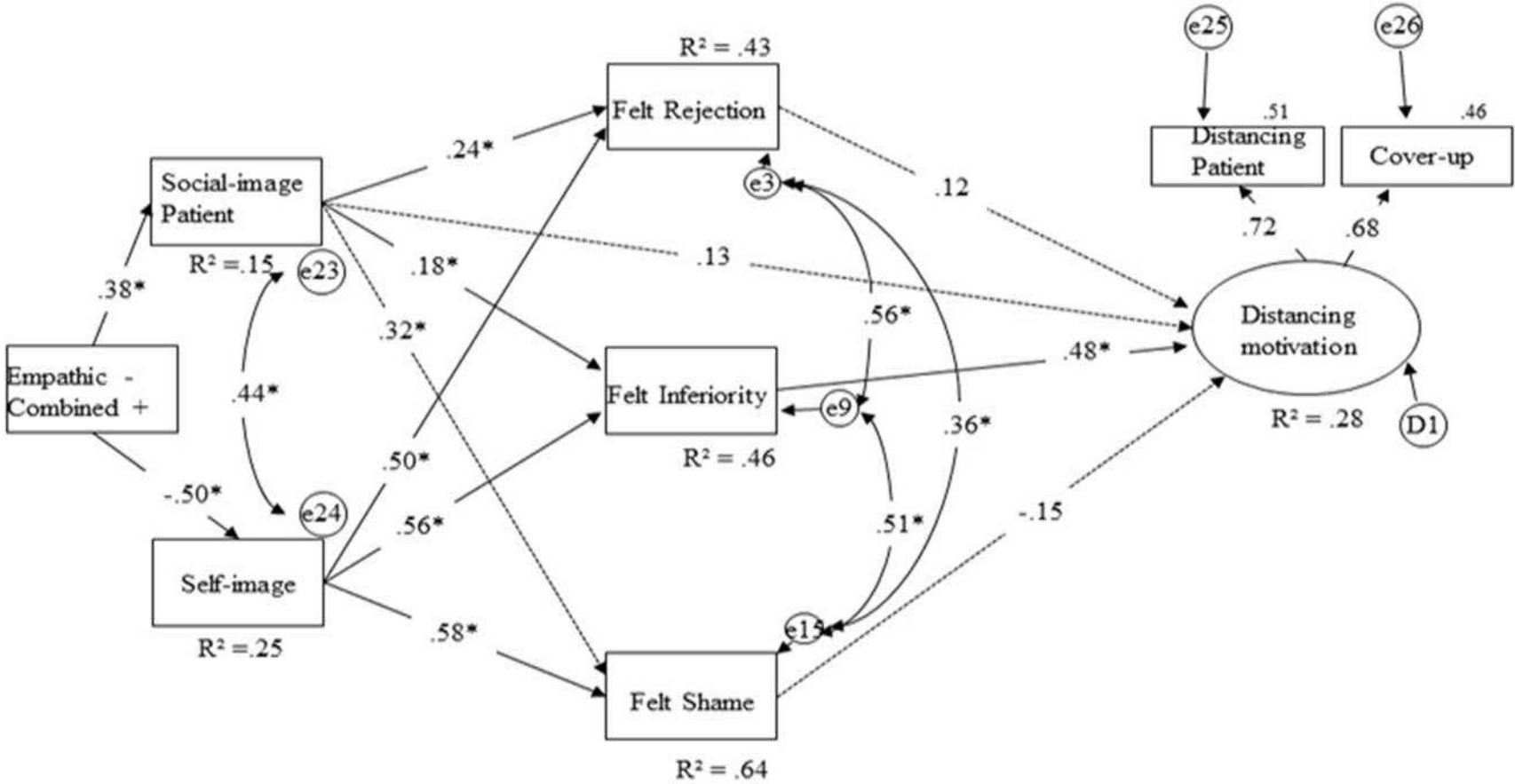
Hypothesized distancing empathic model supervisor. In the fourth model, I tested the model with the empathic condition coded (-1) and the combined condition coded (1) and with 'social-image supervisor' and 'distancing supervisor' as variables in the model. My hypothesized empathic distancing default model fitted the data well as shown by several fit indices: χ^2 (10) = 10.21, p = .422, and a χ^2/df = 1.022 (IFI = 1.00, CFI = 1.00, RMSEA= .012).

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See Figure 17 on the following page

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Even though both appraisals predicted feeling of rejection, it was the concern for one's 'social-image supervisor' (β = .40, p < .001) that stood out as the stronger of the two predictors. In line with my hypothesis, the greater the concern for one's 'social-image supervisor', the greater the motivation to engage in distancing motivation (β = .38, p = .001). In contrast, the relationship from self-image mediated by shame to distancing motivation were non-significant (β =.-21, p = .135).

Figure 17. Medical students distancing empathic model supervisor. Structural model of the experimental effects on appraisals (social-image supervisor, self-image) and feelings (rejection, inferiority, shame), and their relationship with the defensive motivations (distancing supervisor, cover-up). Solid lines p < .05*
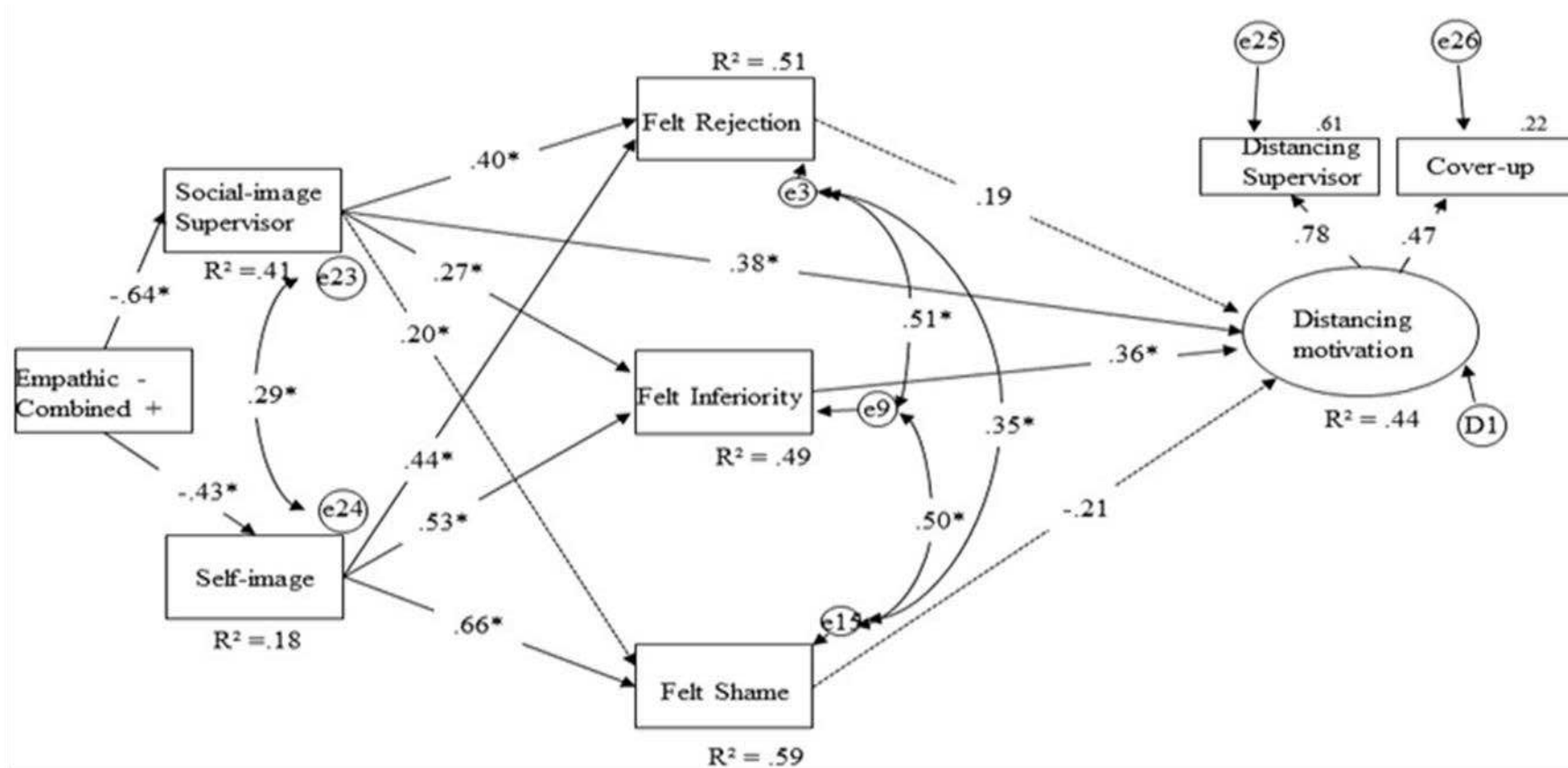
Structural Equation Modelling repair. I also used SEM to examine whether my hypothesized objective repair patient default model would positively predict shame and repair motivation (Gausel & Leach, 2011). The model was assessed using SPSS AMOS 23, and the tests were based on maximum likelihood estimates and regression weights. I used planned contrast, and the 'objective' condition was coded (-1) and the 'combined' condition (1).

My hypothesized objective repair patient default model fitted the data as shown by several fit indices: χ^2 (11) = 42.82, p < .001 and a χ^2/df = 3.89 (IFI = .960, CFI = .957, RMSEA= .140).

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See Figure 18 on the following page

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As shown in Figure 18, self-image positively predicted felt shame. The relationship between felt shame and repair motivation was significant. Appraising the situation as a concern for the self-image positively predicted felt shame.

The objective condition predicted both the appraisals of concern for one's self-image and one's social-image (see Figure 18). Even though both appraisals predicted feelings of shame, it was the concern for one's self-image (β = .58, p < .001) that stood out as the strongest of these predictors. Supporting my hypothesis, the greater the shame felt, the greater the motivation to engage in repair motivation (β = .77, p < .001). Felt inferiority and repair motivation were non-significantly related (β = .05, p = .670). Finally, felt rejection and repair motivation were also non-significantly related (β = .00, p = .968).

Figure 18. Medical students objective repair model patient. Structural model of the experimental effects on appraisals and feelings, and their relationship with the repair motivations. Solid lines p < .05*
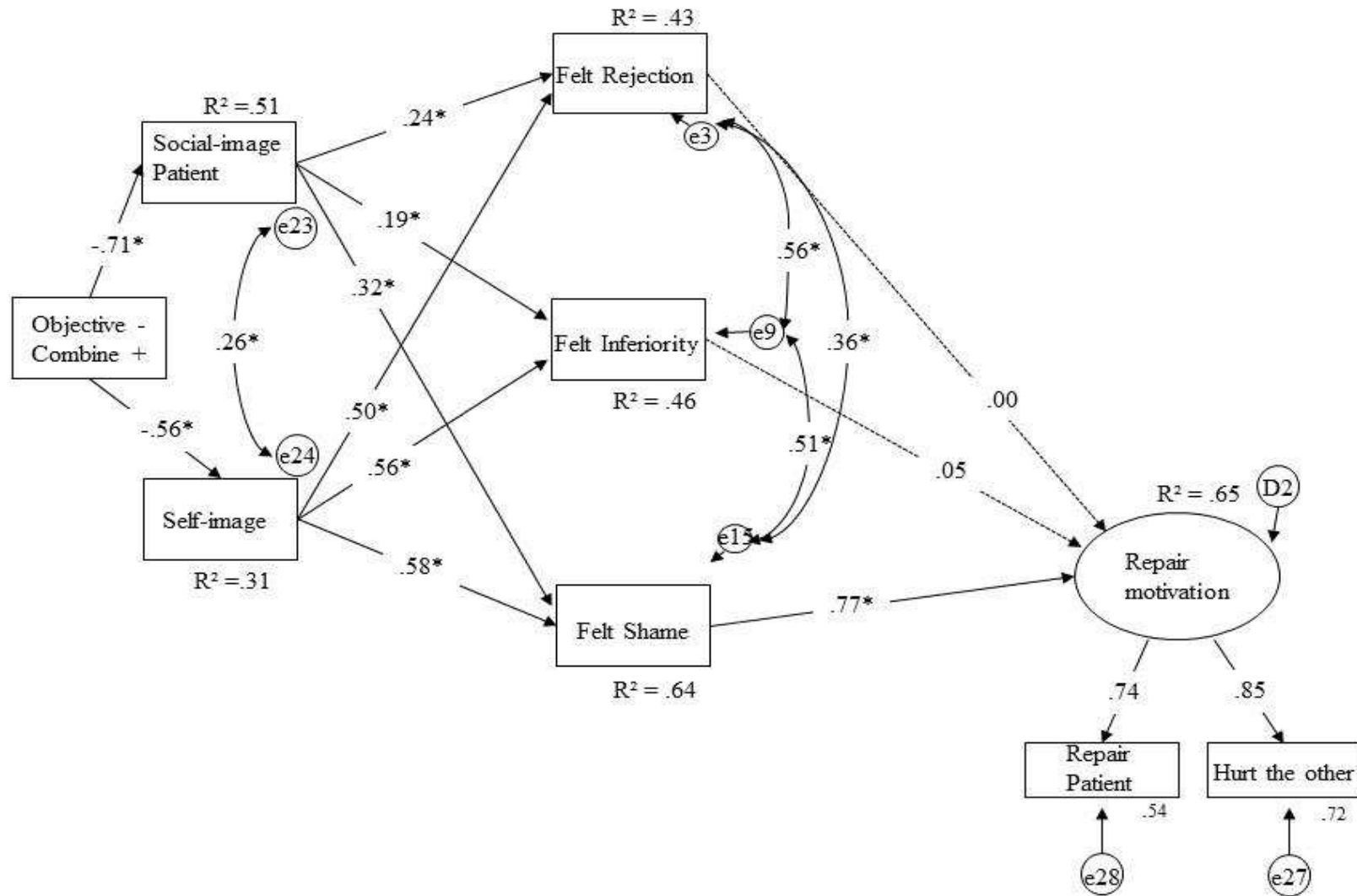
My hypothesized objective repair supervisor default model had an acceptable fit to the data as shown by several fit indices: χ^2 (11) = 36.86, p = .001 and a χ^2/df = 3.35 (IFI = .963, CFI = .962, RMSEA= .126).

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See Figure 19 on the following page

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As shown in Figure 19, self-image positively predicted felt shame. The relationship between felt shame and repair motivation was significant. Appraising the situation as a concern for the self-image positively predicted felt shame. The relationship between felt shame and defensive motivation was not significant. The empathic condition predicted both the appraisals of concern for one's self-image and one's social-image (see Figure 19). Even though both appraisals predicted feelings of shame, it was the concern for one's self-image (β = .66, p < .001) that stood out as the strongest of these predictors. Supporting my hypothesis, the greater the shame felt, the greater the motivation to engage in repair motivation (β = .75, p < .001). Felt inferiority and repair motivation were non-significantly related (β = .02, p = .838). Finally, felt rejection and repair motivation were also non-significantly related (β = .11, p = .285).

Figure 19. Medical students repair supervisor objective model. Structural model of the experimental effects on appraisals and feelings, and their relationship with the repair motivations. Solid lines p < .05*
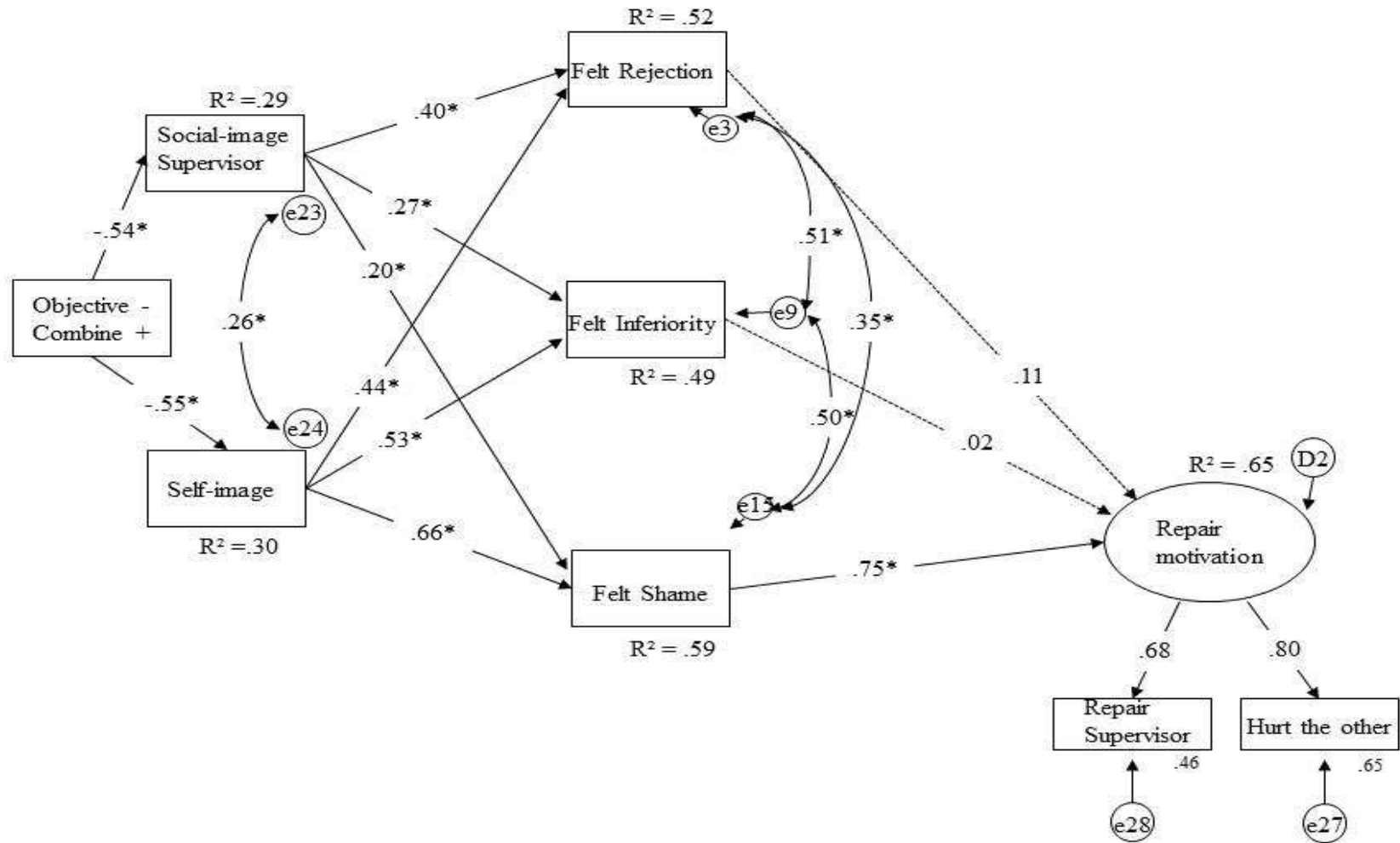
My hypothesized empathic repair patient default model fitted the data poorly as shown by several fit indices: χ^2 (11) = 56.13, p < .001 and a χ^2/df = 5.10 (IFI = .936, CFI = .934, RMSEA= .166). Despite the poor fit, the results went in the hypothesized direction. Even though both appraisals predicted feelings of shame, it was the concern for one's self-image (β = .58, p < .001) that stood out as the strongest of these predictors. Supporting our hypothesis, the greater the shame felt, the greater the motivation to engage in pro-social repair (β = .77, p < .001). Felt inferiority and repair motivation were non-significantly related (β = .05, p = .670). Finally, felt rejection and repair motivation were also non-significantly related (β = .00, p = .968).

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Figure 20. Medical students repair patient empathic model. Structural model of the experimental effects on appraisals and feelings, and their relationship with the repair motivations. Solid lines p < .05*
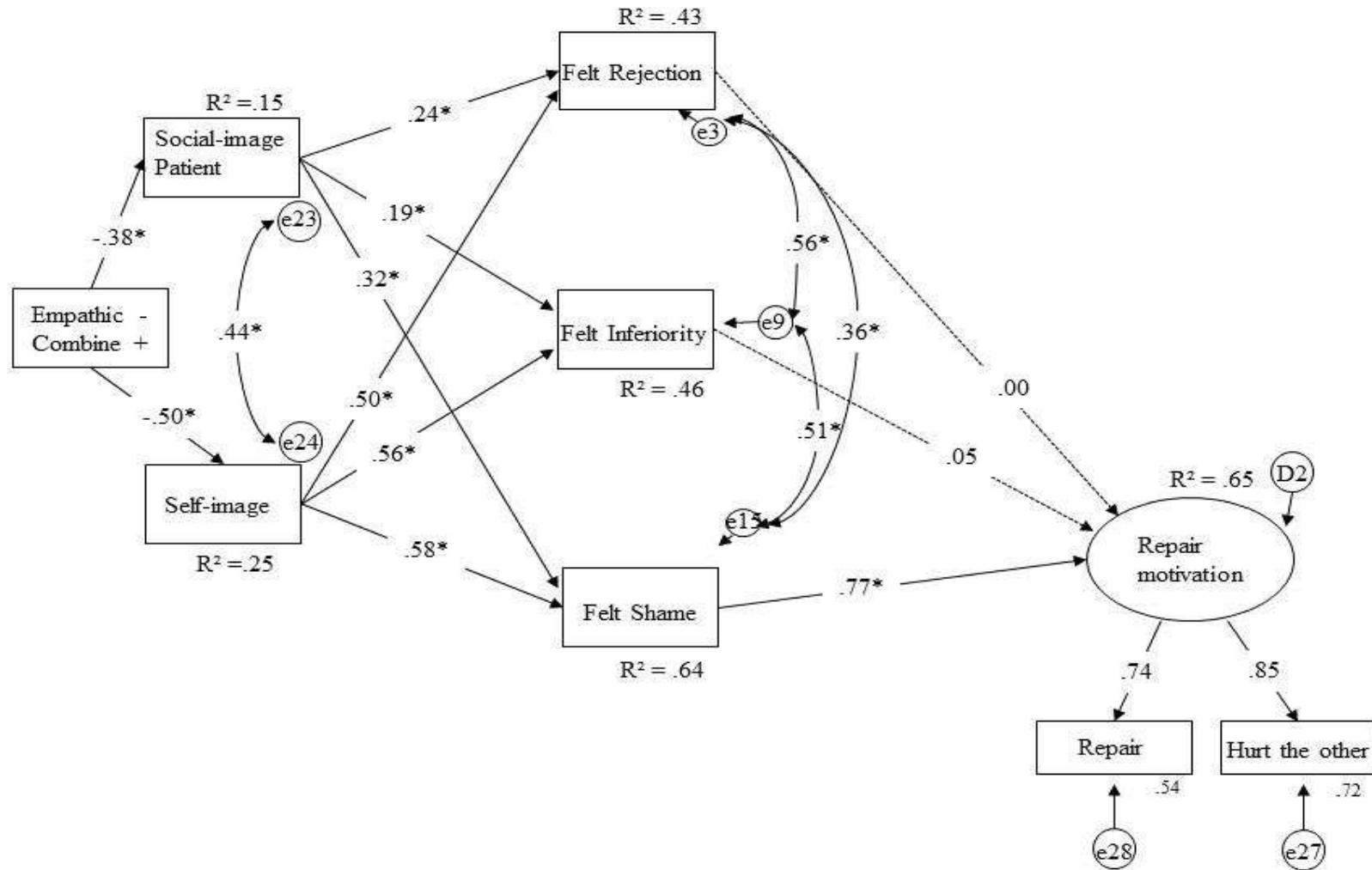
My hypothesized empathic repair supervisor default model fitted the data as shown by several fit indices: χ^2 (11) = 25.22, p = .008 and a χ^2/df = 2.292 (IFI = .979, CFI = .979, RMSEA= .093). Even though both appraisals predicted feelings of shame, it was the concern for one's self-image (β = .66, p < .001) that stood out as the strongest of these predictors. Supporting our hypothesis, the greater the shame felt, the greater the motivation to engage in pro-social repair (β = .75, p < .001). Felt inferiority and repair motivation were non-significantly related (β = .02, p = .838). Finally, felt rejection and repair motivation were also non-significantly related (β = .11, p = .285).

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Figure 21. Medical students repair supervisor empathic model. Structural model of the experimental effects on appraisals and feelings, and their relationship with the repair motivations. Solid lines p < .05*
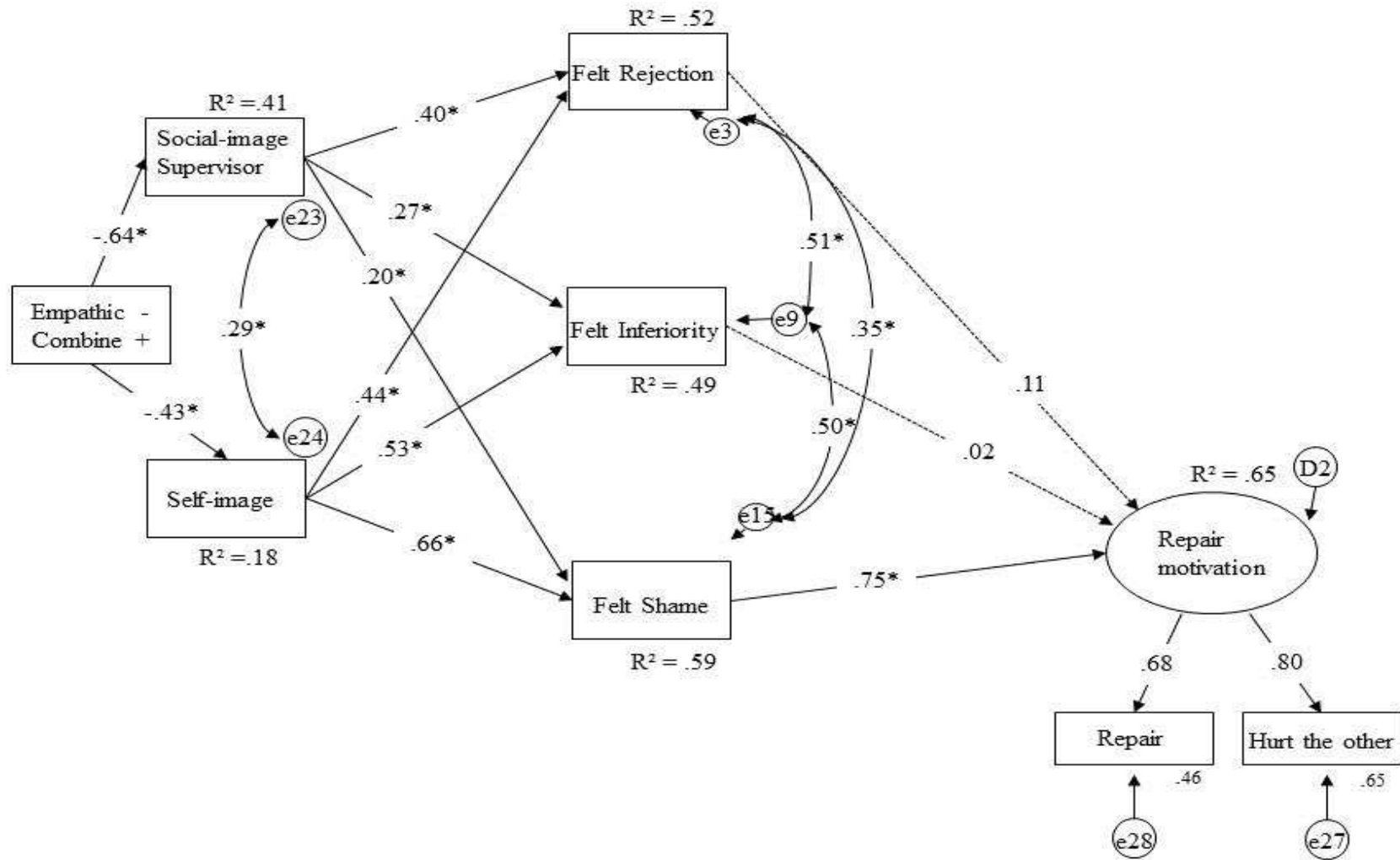
Discussion

In line with my hypotheses, participants in the 'objective' condition experienced highest mean levels on all the dependent variables compared to the 'person-centred' communication strategy. Also, the results showed that the participants in the 'empathic' condition experienced higher mean levels on both appraisals and feelings compared to the 'person-centred' condition. The participants also communicated that they were more concerned for condemnation from the patient than from the supervisor. Further, the participants wanted more strongly to repair the relationship with the patient, than with the supervisor.

In summary, my expectations that communicating the unpleasant information with an 'objective' strategy would be experienced as more of an unpleasant decision than communicating it with a 'person-centred' strategy was well supported.

Looking at the structural regression model, appraising the communication decision as a concern for the social-image of oneself in the eyes of patient or supervisor best predicted the feeling of rejection. Appraising the communication decision as a concern for one's moral self-image best predicted felt shame and repair motivation. Also, I find the same results as in line with Study 1, 2, 3 and 4. I did not find support that rejection was a significant predictor of distancing motivation, but I still find support that the more the participants were concerned about their social-image, the more they also reported distancing motivation. In line with my hypotheses, felt inferiority and felt shame did not predict distancing motivation. In good support of my *"concern for one's self-image →* felt shame pathway to repair motivation hypothesis, only felt shame predicted repair motivation. Neither felt rejection, nor felt inferiority predicted repair motivations.

Furthermore, the 'empathic' participants experienced some reactions intermediate between participants in the 'objective' and the 'combined' conditions. Interestingly, the participants were significantly more concerned about condemnation from the patient than condemnation from the supervisor in the 'objective' condition, and the participants were significantly more concerned for condemnation from the supervisor than condemnation from the patient in the 'empathic' condition.

Study 6

In Study 6, to gain a broader understanding of the phenomenon of giving bad news, I asked nursing students to participate in this study. They normally have a more distant role in the communication of bad news, as it is the physicians who are entitled to give bad news. Very often the nurse is present in the room and has the responsibility of following up the physician's dialogue with the patient. According to Ernhold et al. (2011) nurses are left alone to take care of the patients' emotional reactions and questions they might have, after receiving the bad news from the medical doctor. In sum, I think it is important to include the perspectives from the nurses as they have an important role in the "bad news" situation. The measures and predictions were similar to those of Study 5.

Method
Participants and Procedure

111 Norwegian nursing students (14 men and 97 women ; $M_{age} = 24$, range: 19-46 years), were recruited ad-hoc in libraries and canteens at different universities in the southern part of Norway, participating on a voluntary basis, aftera total of four participants decided to withdraw from the study. All information was anonymised and kept confidential. The respondents were asked to imagine a situation: Imagine *that you are doing an internship and at one point you must follow up the doctor's*

communication and tell a patient that their diagnosis of serious cancer will cause death. While you are doing this, you are observed by a senior head nurse. Afterwards, the head nurse gives you the following feedback. Then the participants were randomly given a questionnaire with one of the three conditions: group 1 (N= 39): your communication was objective and gave a detailed account of the diagnosis. It did not focus on being empathic with the person; group 2 (N= 40): your communication focused on being empathic with the person. It was not objective and did not give a detailed account of the diagnosis; group 3 (N= 32): your communication focused on being empathic with the person, while objectively giving a detailed account of the diagnosis.

Following this, the participant answered a self-report questionnaire with all response scales ranging from 1 (not at all) to 7 (very much). As a manipulation check, the participants had to freely write down what they were asked to imagine. When finished, the participants were given the opportunity to ask questions.

Measures

The items were the same that were used in Study 5 and adapted from Gausel and Leach (2011); Gausel et al. (2012). Cronbach's alpha coefficients measuring internal consistency of the items/scales in the current study to the level above α = .70, except from distancing patient (α = .67). These are similar to those found in previous studies (Gausel & Leach, 2011; Gausel et al., 2012). Reliabilities were: Severity (α = .94), acceptance supervisor (α = .91), acceptance patient (α = .88), Concern for self-image (α = .78), Concern for social-image Patient (α = .92), Concern for social-image Supervisor (α = .87) , Felt Shame (α = .95), Felt Inferiority (α = .79), Felt Rejection (α = .90), Distancing patient (α = .67), Distancing supervisor (α = .72),

Cover up (α = .78), Repair motivation patient (α = .80), Repair motivation supervisor (α = .87) and Acknowledgment of having hurt the other (α = .86).

Results

Experimental Effects

Acceptance. An ANOVA demonstrated that the manipulation had a non-significant univariate effect on acceptance patient, $F(2, 106) = .56$, $p = .57$, partial $\eta^2 = .011$, 'objective' ($M = 6.10$, $SD = 1.15$), 'empathic' ($M = 5.80$, $SD = 1.26$), 'person-centred' ($M = 5.98$, $SD = 1.31$), and non-significant effect on acceptance supervisor, $F(2, 106) = .123$, $p = .88$, partial $\eta^2 = .002$, 'objective' ($M = 5.98$, $SD = 1.20$), 'empathic' ($M = 5.83$, $SD = 1.12$), 'person-centred' ($M = 5.89$, $SD = 1.44$). All the participants across the group were highly concerned about acceptance from both the supervisor and the patient.

Severity. As expected, an ANOVA demonstrated that the manipulation had a significant univariate effect on severity, $F(2, 108) = 83,36$, $p < .001$, partial $\eta^2 = .60$. As shown in Table 12 (please see this table for means, standard deviations and Cohen's d for all measures), the pairwise comparisons yielded that severity was significantly higher ($p < .001$) in the 'objective' condition ($M = 5.44$, $SD = 1.27$) than in the 'person-centred' condition ($M = 1.90$, $SD = 0.72$), and severity was significantly higher ($p < .001$) in the 'empathic' condition ($M = 3.32$, $SD = 1.33$) than in the 'person-centred' condition. There was also a significant difference ($p < .001$) between the 'empathic' condition and the 'objective' condition.

Effects of communication on appraisals

The dependent variables in Study 6 were also grouped by type – appraisals, feelings, and responses and analysed using a separate MANOVA within each type.

Table 11 show meaningful correlations between all dependent variables included, fulfilling the assumptions of the MANOVA (Meyers et al., 2013). Overall, the manipulation had significant effects on most dependent variables, and subsequent comparisons showed a general pattern that the objective condition elicited the most negative appraisals and feelings and the strongest responses in line with Study 5.

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See Table 11 on the following page

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Table 11. Scale inter-correlations and descriptive statistics

	Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1	Severity	-												
2	Self-image	.61*	-											
3	Social-image supervisor	.61*	.64*	-										
4	Social-image patient	.73*	.61*	.67*	-									
5	Shame	.79*	.74*	.64*	.72*	-								
6	Inferiority	.67*	.71*	.72*	.67*	.77*	-							
7	Rejection	.52*	.74*	.68*	.57*	.61*	.72*	-						
8	Distancing supervisor	.28*	.49*	.53*	.38*	.37*	.41*	.56*	-					
9	Distancing patient	.37*	.58*	.43*	.49*	.45*	.35*	.58*	.58*	-				
10	Cover-up	.45*	.55*	.41*	.45*	.51*	.47*	.56*	.50*	.60*	-			
11	Repair relationship supervisor	.58*	.53*	.53*	.51*	.59*	.50*	.47*	.39*	.40*	.45*	-		
12	Repair relationship patient	.63*	.44*	.44*	.58*	.60*	.48*	.42*	.23*	.33*	.41*	.74*	-	
13	Acknowledgment of hurt	.72*	.65*	.65*	.69*	.76*	.65*	.56*	.38*	.39*	.47*	.63*	.66*	-
	Mean	3.66	2.64	3.14	3.79	3.01	2.83	2.53	3.03	2.76	3.12	3.89	4.74	3.87
	SD	1.84	1.52	1.72	1.86	1.87	1.53	1.49	1.38	1.37	1.35	1.81	1.70	1.85
	α	.94	.78	.87	.92	.95	.79	.90	.72	.67	.78	.87	.80	.86

Note. N = 111. Higher scores indicate higher levels of each measure. Response scale ranged from (not at all) 1 to (very much) 7, * p < .05 (2-tailed)

A MANOVA showed an overall, significant effect of the manipulation on the participant's appraisals, $F(6, 214) = 20.73$, $p < .001$, $_{partial}\eta^2 = .368$. As expected, there was a significant univariate effect on the appraisal of concern for self-image, $F(2, 108) = 17.52$, $p = .001$, $_{partial}\eta^2 = .245$. As shown in table 12, the pairwise comparison demonstrated that concern for self-image was significantly higher ($p < .001$) in the 'objective' condition ($M = 3.53$, $SD = 1.47$) than in the 'person-centred' condition ($M = 1.64$, $SD = 0.87$). A concern for self-image was significantly higher ($p = .002$) in the 'objective' condition than in the 'empathic' condition ($M = 2.59$, $SD = 1.50$). The concern for self-image was significantly higher ($p = .003$) in the 'empathic' condition than the 'person-centred' condition.

There was a significant effect on concern for the social-image related to the patient, $F(2, 108) = 28.76$, $p = .001$, $\eta^2_{partial} = .348$. The pairwise comparison demonstrated that concern for social-image related to the patient was significantly higher ($p < .001$) in the 'objective' condition ($M = 5.26$, $SD = 1.50$) than in the 'person-centred' condition ($M = 2.77$, $SD = 1.35$). Concern for social-image related to the patient was non- significantly higher ($p = .243$) in the 'empathic' condition ($M = 3.19$, $SD = 1.65$) compared to the 'person-centred' condition. There was a significant difference ($p < .001$) between concern for social-image related to the patient in the 'objective' condition and in the 'empathic' condition.

There was also a significant effect on concern for the social-image related to the supervisor, $F(2, 108) = 18.21$, $p = .001$, $\eta^2_{partial} = .252$. The pairwise comparison also demonstrated that concern for social-image related to the supervisor was significantly higher ($p < .001$) in the 'objective' condition ($M = 4.06$, $SD = 1.54$) than in the 'person-centred' condition ($M = 1.91$, $SD = 1.13$). There was also a significant

difference (p < .001) between concern for social-image related to the supervisor in the 'empathic' condition (M = 3.24, SD = 1.71) and in the 'person-centred' condition. There was also a significant difference (p = .016) between the 'objective' and the 'empathic' condition on concern for social-image related to the supervisor.

Effects of communication on feelings

There were significant overall effects on the manipulation of the participant's feelings (shame, inferiority and rejection). $F(3, 107) = 36.60$, $p < .001$, $\eta^2_{partial} = .506$. There was a significant univariate effect on shame, $F(2, 108) = 54.33$, $p < .001$, $\eta^2_{partial} = .502$. The pairwise comparison yielded that felt shame was significantly higher (p < .001) in the 'objective' condition (M = 4.72. SD = 1.53) than in the 'person-centred' condition (M = 1.51, SD = 0.77). There was also a significant difference (p < .001) between the 'objective' condition and the 'empathic' condition (M = 2.57, SD = 1.48). There was a significant difference (p = .001) between 'empathic' condition and the 'person-centred' condition on felt shame.

There was a significant univariate effect on inferiority, $F(2, 108) = 18.34$, $p < .001$, $_{partial}\eta^2 = .254$. The pairwise comparison showed that felt inferiority was significantly higher (p < .001) in the 'objective' condition (M = 3.77, SD = 1.46) than in the 'person-centred' condition (M = 1.86, SD = 0.83). Felt inferiority was also significantly higher (p = .010) in the 'empathic' condition (M = 2.69, SD = 1.52) than in the 'person-centred' condition. There was also a significant difference (p < .001) between the 'objective' condition and the 'person-centred' condition.

There was also a significant univariate effect on rejection, $F(2, 108) = 14.84$, $p < .001$, $\eta^2_{partial} = .216$. The pairwise comparison showed that felt rejection was significantly higher (p < .001) in the 'objective' condition (M = 3.18, SD = 1.50) than

in the 'person-centred' condition (M = 1.49, SD = 0.56). There was also a significant

difference (p < .001) in the 'empathic' condition (M = 2.73, SD = 1.57) than in the

'person-centred' condition. There was non-significant difference (p = .136) between

the 'objective' condition and the 'empathic' condition.

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Table 12. Study 6. Mean and Standard Deviations of appraisals and feelings and motivations across conditions

Variable	Objective		Empathic		Person-centred		Cohen's d		
	M	SD	M	SD	M	SD	1v3	1v2	2v3
Severity	5.44[a]	1.27	3.32[a]	1.33	1.90[b]	0.72	2.46	1.52	1.32
Self-image	3.53[ab]	1.47	2.59[ba]	1.50	1.64[b]	0.87	1.56	0.63	0.77
Social-image Patient	5.26[a]	1.50	3.19[b]	1.65	2.77[b]	1.35	1.75	1.32	0.28
Social-image Supervisor	4.06[a]	1.54	3.24[a]	1.71	1.91[b]	1.13	1.59	0.51	0.92
Shame	4.72[a]	1.53	2.57[b]	1.48	1.51[b]	1.87	2.65	1.42	0.63
Inferiority	3.77[a]	1.46	2.69[a]	1.52	1.85[b]	0.83	1.61	0.72	0.69
Rejection	3.18[a]	1.50	2.73	1.57	1.49[b]	0.56	1.49	0.29	1.05
Distancing patient	3.37[a]	1.44	2.68	1.37	2.09[b]	0.92	1.05	0.49	0.50
Distancing supervisor	3.25[a]	1.37	3.34[a]	1.42	2.41[b]	1.20	0.65	-0.07	0.71
Cover-up	3.66[a]	1.23	3.30[a]	1.48	2.23[b]	0.82	1.36	0.25	0.89
Repair Supervisor	4.87[a]	1.58	4.03[ab]	1.51	2.53[b]	1.59	1.47	0.54	0.97
Hurt the other	5.29[a]	1.55	3.62[ba]	1.62	2.48[b]	1.16	2.04	1.05	0.81
Repair Patient	5.83[a]	1.29	4.59[ab]	1.52	3.61[b]	1.56	1.56	0.88	0.64

Note. Means in each row which share a subscript do not differ significantly from each other at p < .05. Response scale ranged from 1 (not at all) to 7 (very much)

Effect of communication on motivations

       A MANOVA showed a significant overall effect on the manipulation of the participant's motivations, $F(6, 102) = 13.33$, $p < .001$, $\eta^2_{partial} = .439$. There was a significant univariate effect on distancing (patient), $F(2, 106) = 8.61$, $p < .001$ $\eta^2_{partial} = .140$. The pairwise comparison showed that distancing patient was significantly higher ($p < .001$) in the 'objective' condition ($M = 3.37$, $SD = 1.44$) than in the 'person-centred' condition ($M = 2.09$, $SD = 0.92$). There was also a marginal significant difference ($p = .057$) between the 'empathic' condition ($M = 2.68$, $SD = 1.37$) and the 'person-centred' condition. There was a significant difference ($p = .021$) between the 'objective' condition and the 'empathic' condition on distancing patient.

       There was also a significant univariate effect on distancing (supervisor), $F(2, 106) = 5.00$, $p = .008$ $\eta^2_{partial} = .086$. The pairwise comparison showed that distancing supervisor was significantly higher ($p = .010$) in the 'objective' condition ($M = 3.25$, $SD = 1.37$) than in the 'person-centred' condition ($M = 2.41$, $SD = 1.20$). There was also a significant difference ($p = .004$) between the 'empathic' condition ($M = 3.34$, $SD = 1.42$) and the 'person-centred' condition. There was a non-significant difference ($p = .754$) between the 'objective' condition and the 'empathic' condition on distancing supervisor.

       There were a significant univariate effects on cover-up, $F(2, 106) = 12.48$, $p < .001$, $\eta^2_{partial} = .191$. The pairwise comparison showed that cover-up was significantly higher ($p < .001$) in the 'objective' condition ($M = 3.66$, $SD = 1.23$) than in the 'person-centred' condition ($M = 2.23$, $SD = 0.82$). There was also a significant difference ($p < .001$) between the 'empathic' condition ($M = 3.30$, $SD = 1.48$) and the

'person-centred' condition. There was a non-significant difference (p = .206)

between the 'objective' condition and the 'empathic' condition on cover-up.

Further, there was also a significant univariate effect on repair motivation

related to the patient, $F(2, 106) = 20.52$, $p < .001$, $\eta^2_{partial} = .279$. The pairwise

comparison showed that repair motivation related to the patient was significantly

higher ($p < .001$) in the 'objective' condition (M = 5.83, SD = 1.29) than in the

'person-centred' condition (M = 3.61, SD = 1.56). There was also a significant

difference (p = .005) between the 'empathic' condition (M = 4.59, SD = 1.52) and the

'person-centred' condition. There was also a significant difference ($p < .001$)

between the 'objective' condition and the 'empathic' condition on repair motivation

related to the patient.

There was also a significant univariate effect on repair motivation related to

the supervisor, $F(2, 106) = 19.75$, $p < .001$, $\eta^2_{partial} = .272$. The pairwise comparison

showed that repair motivation related to the supervisor was significantly higher ($p <$

.001) in the 'objective' condition (M = 4.87, SD = 1.58) than in the 'person-centred'

condition (M = 2.53, SD = 1.59). There was also a significant difference ($p < .001$)

between the 'empathic' condition (M = 4.03, SD = 1.51) and the 'person-centred'

condition. There was also a significant difference (p = .020) between the 'objective'

condition and the 'empathic' condition on repair motivation related to the supervisor.

There was also a significant univariate effect on acknowledgment of having

hurt the other $F(2, 106) = 32.27$, $p < .001$, $\eta^2_{partial} = .378$. The pairwise comparison

showed that acknowledgment of having hurt the other was significantly higher ($p <$

.001) in the 'objective' condition (M = 5.29, SD = 1.55) than in the 'person-centred'

condition (M = 2.48, SD = 1.16). There was also a significant difference (p = .002)

between the 'empathic' condition (M = 3.62, SD = 1.62) and the 'person-centred'

condition. There was also a significant difference (p < .001) between the 'objective'

condition and the 'empathic' condition on acknowledgment of having hurt the other.

SEM distancing. I also used SEM to examine my hypothesized model that

appraising the situation as a concern for the social-image would positively predict

rejection and distancing motivation (Gausel & Leach, 2011). The model was

assessed using SPSS AMOS 23, and the tests were based on maximum likelihood

estimates and regression weights. I coded the objective condition (-1) and the

combined condition (1).

Hypothesized model. My hypothesized objective patient default model had a

poor fit to the data as shown by several fit indices: χ^2 (10) = 45.76, p =.10, and a χ^2/df

= 4.58 (IFI = .940, CFI = .938, RMSEA= .180). See Figure 22 on the following page.

Figure 22. Nursing students distancing objective patient model. Study 6. Structural model of the experimental effects on appraisals and feelings, and their relationship with the defensive motivations. Solid lines p < .05*
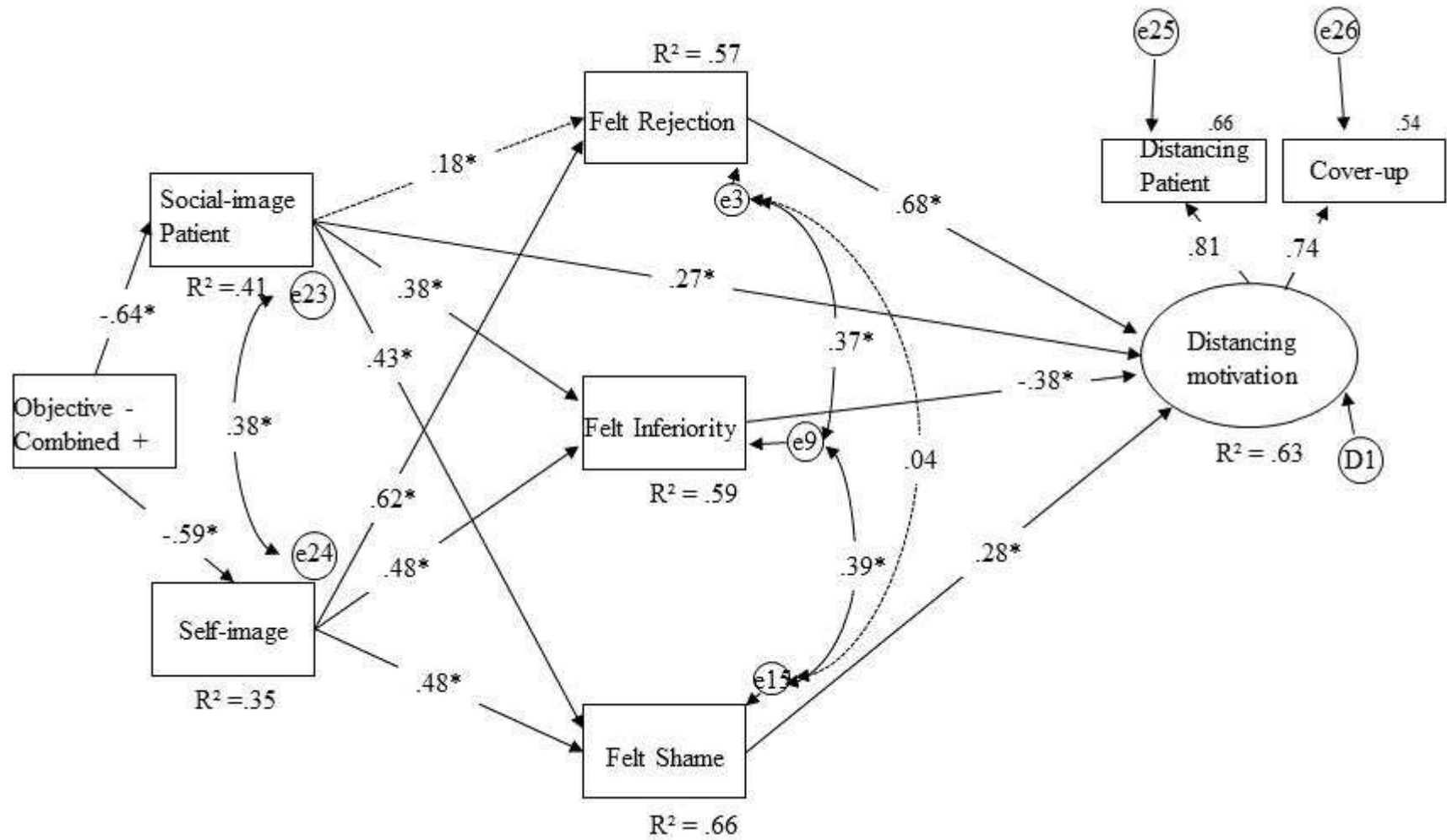
The relationship between social-image patient and distancing patient was significant (β = .27, p = .024). The feeling of rejection predicted a significant relationship on distancing patient (β = .68, p < .001). The objective condition predicted both a concern for social-image patient (β = -.64, p < .001) and a concern for self-image (β = -.59, p < .001). The relationship from self-image mediated by shame to defensive motivation was significant (β = .28, p = .040).

Hypothesized model. My hypothesized objective supervisor default model did not fit the data as shown by several fit indices: χ^2 (10) = 50.95, p < .001, and a χ^2/df = 5.09 (IFI = .930, CFI = .926, RMSEA= .193).

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Figure 23. Nursing students distancing objective supervisor model. Structural model of the experimental effects on appraisals and feelings, and their relationship with the defensive motivations. Solid lines p < .05*
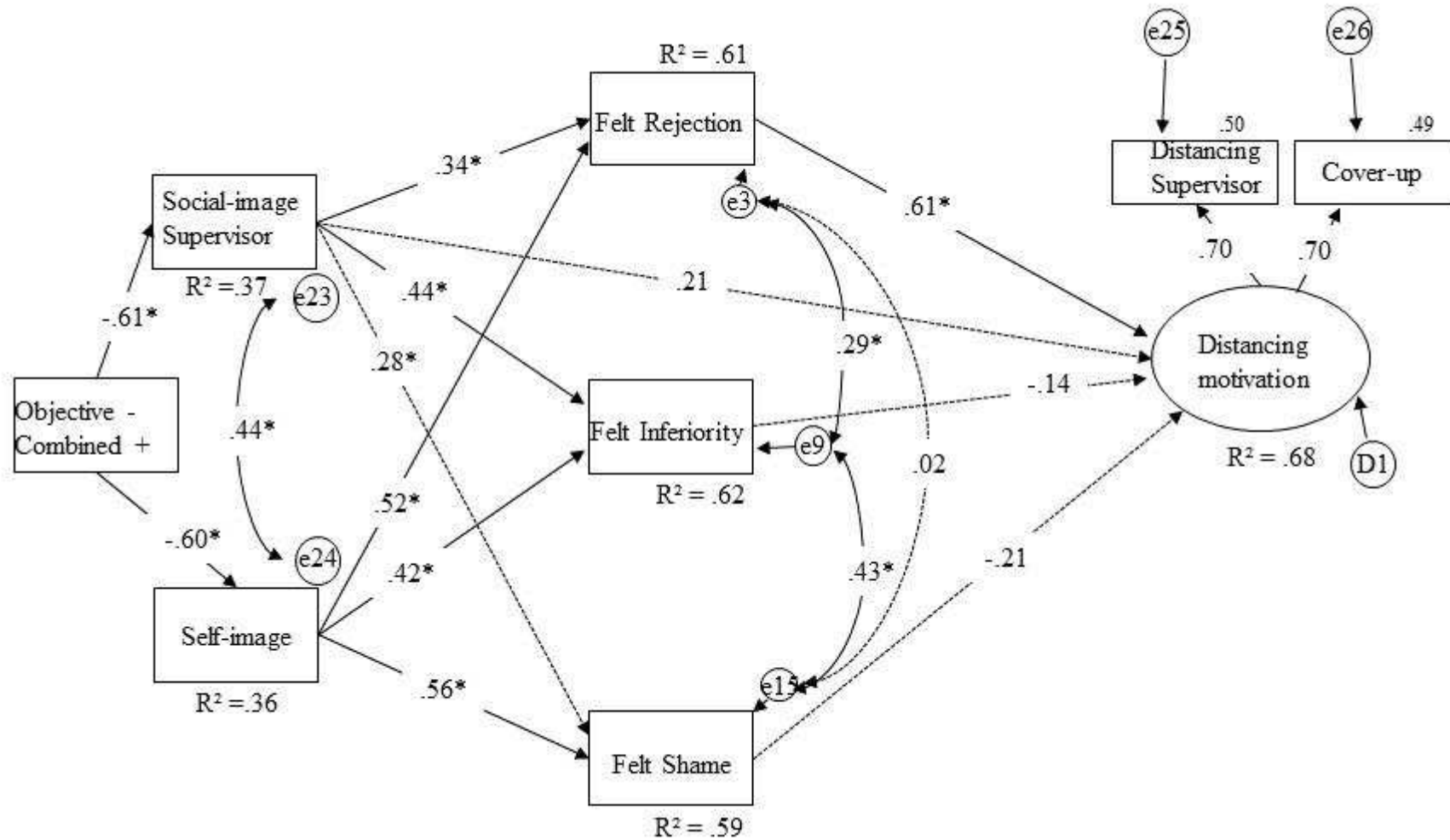
Anyway, as shown in Figure 23, social-image positively predicted felt rejection. The relationship between felt rejection and defensive motivation was significant. Social-image was the main predictor of rejection. Appraising the situation as a concern for the self-image positively predicted felt shame. The relationship between felt shame and defensive motivation was not significant. Both appraisals predicted feeling of rejection, concern for one's social-image ($\beta = .34$, $p < .001$) and concern for one's self-image ($\beta = .52$, $p < .001$). The relationship from self-image mediated by shame to defensive motivation was non- significant ($\beta = .22$, $p = .111$).

Hypothesized distancing empathic model. I coded the empathic condition (-1) and the combined condition (1). Our hypothesized empathic patient default model had a poor fit to the data as shown by several fit indices: $\chi^2 (10) = 31.11$, $p = .001$ and a $\chi^2/df = 3.11$ (IFI = .961, CFI = .960, RMSEA= .139).

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See Figure 24 on the following page

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Figure 24. Nursing students distancing empathic patient model. Structural model of the experimental effects on appraisals and feelings, and their relationship with the defensive motivations. Solid lines p < .05
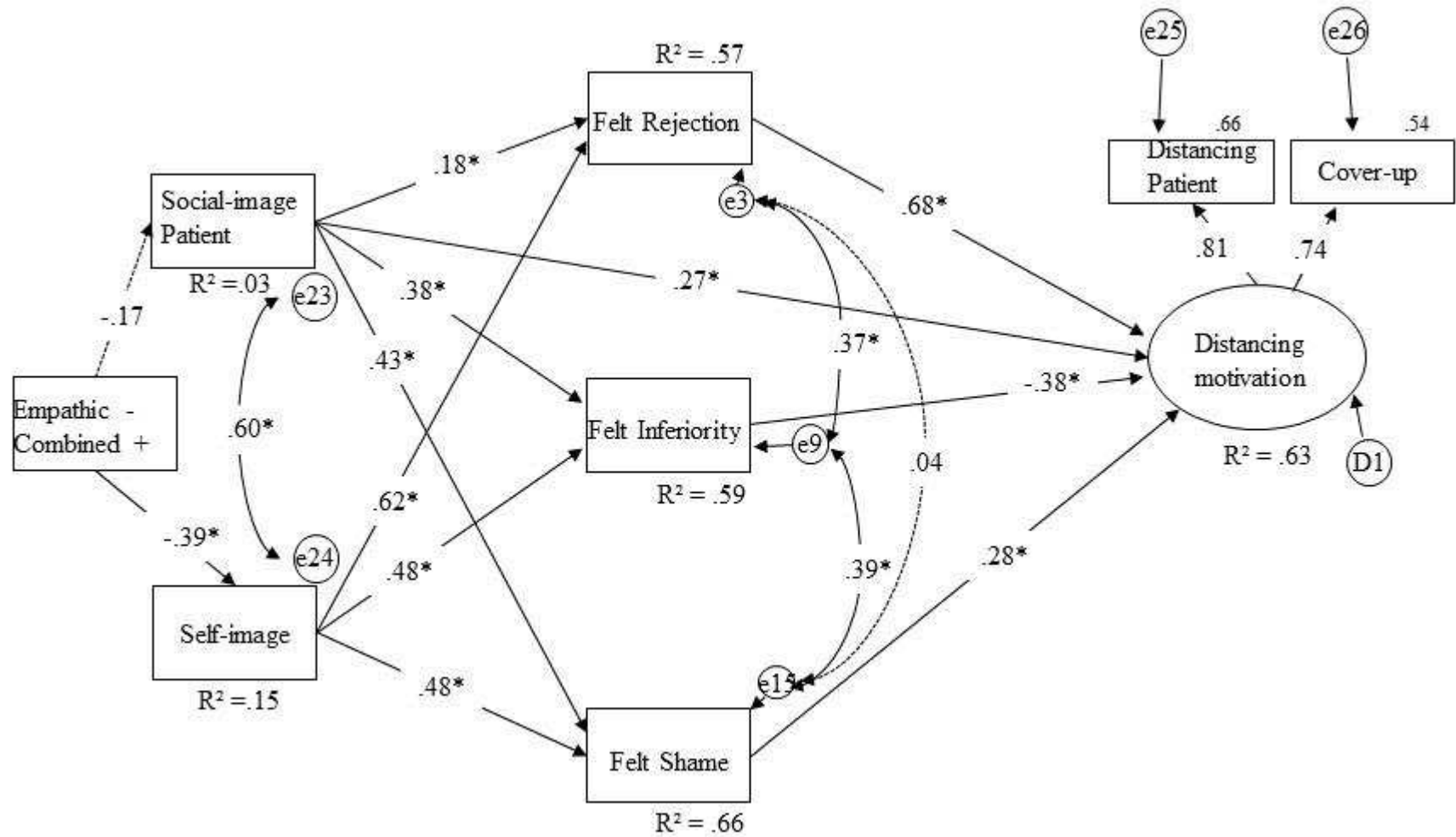
The empathic condition significantly predicted a concern for self-image (β = -.39, p < .001) and had a non-significant prediction of concern for social-image patient (β = -.17, p = .137). Concern for social-image patient mediated by felt rejection predicted distancing patient motivation (β = .68, p < .001); also concern for social-image patient was a significant predictor of distancing patient motivation (β = .27, p = .024). The relationship from self-image mediated by shame to distancing motivation was also significant (β = .28, p = .040).

Structural Equation Modelling. Hypothesized distancing model. My hypothesized empathic supervisor default model fitted the data as shown by several fit indices: χ^2 (10) = 24.84, p = .006 and a χ^2/df = 2.48 (IFI = .972, CFI = .970, RMSEA= .116).

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Figure 25. Nursing students distancing empathic supervisor model. Structural model of the experimental effects on appraisals and feelings, and their relationship with the defensive motivations. Solid lines p < .05

Both appraisals predicted feeling of rejection, concern for one's social-image supervisor (β = .34, p < .001) and concern for one's self-image (β = .52, p < .001). The relationship from self-image mediated by shame to defensive motivation was non-significant (β = .22, p = .111).

Structural Equation Modelling repair. I also used SEM to examine our hypothesized model that appraising the situation as a concern for the self-image would positively predict shame and repair motivation (Gausel & Leach, 2011). The model was assessed using SPSS AMOS 23, and the tests were based on maximum likelihood estimates and regression weights. In the first two models, I coded the objective condition (-1) and the combined condition (1). In models three and four I coded the empathic condition (-1) and the combined condition (1).

Hypothesized model. My hypothesized empathic repair default patient model fitted the data as shown by several fit indices: χ^2 (11) = 27.78, p = .003, and a χ^2/df = 2.53 (IFI = .971, CFI = .970, RMSEA= .118).

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Figure 26. Nursing students repair empathic patient model. Structural model of the experimental effects on appraisals and feelings, and their relationship with the repair motivations. Solid lines p < .05*
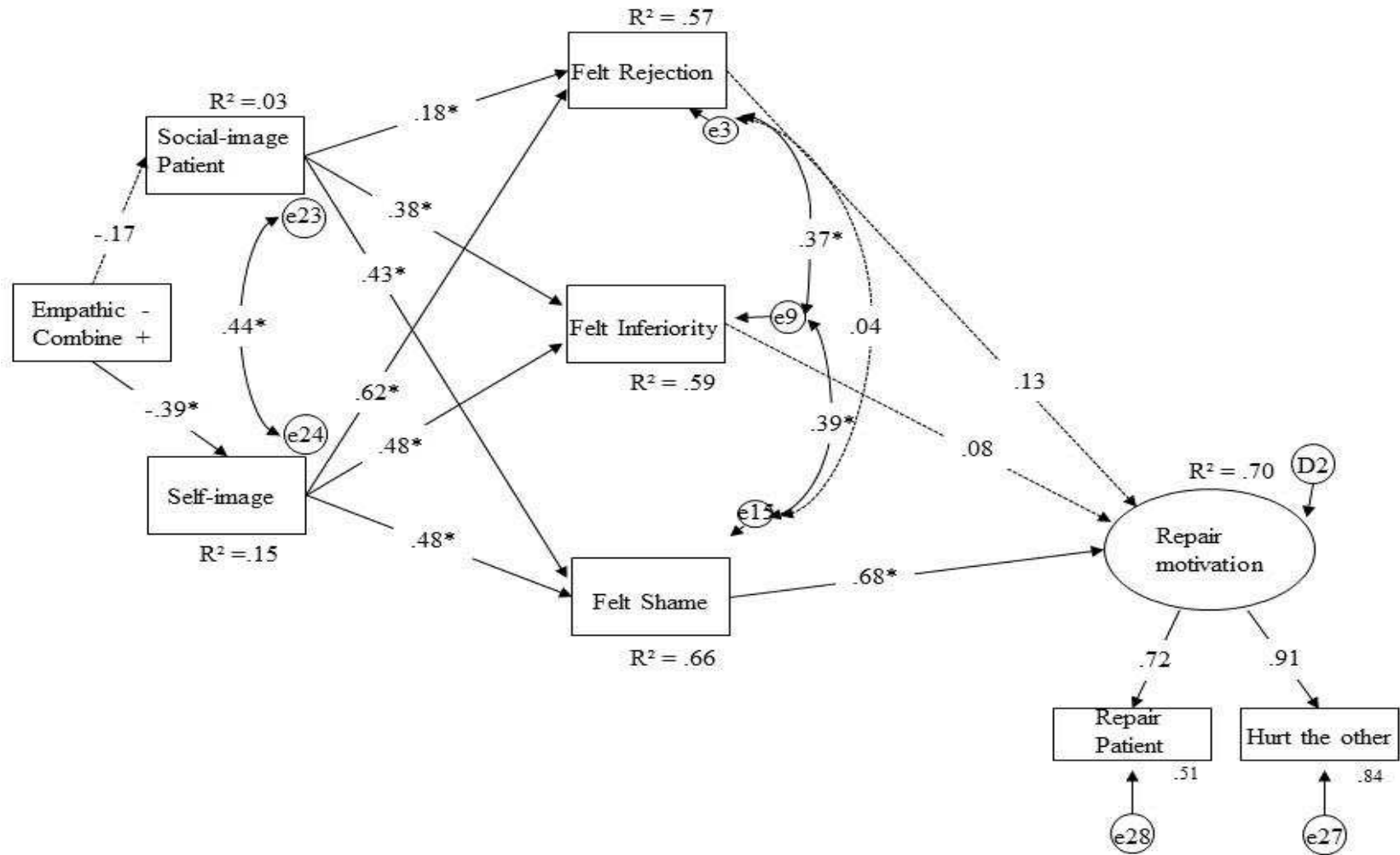
As shown in Figure 26, self-image positively predicted felt shame. The relationship between felt shame and repair motivation was significant. Appraising the situation as a concern for self-image positively predicted felt shame, felt inferiority and felt rejection. The relationship between felt rejection and repair motivation was not significant.

The empathic condition significantly (β = -.39, p < .001) predicted a concern for one's self-image (see Figure 13 e) and had a non-significant (β = -.17, p = .137) prediction of concern for self-image patient. Even though both appraisals predicted feelings of shame, it was the concern for one's self-image (β = .48, p < .001) that stood out as the strongest of these predictors. Supporting our hypothesis, the greater the shame felt, the greater the motivation to engage in repair motivation (β = .68, p < .001). Felt inferiority and repair motivation were non- significantly related (β = .08, p = .474). Finally, felt rejection and repair motivation were also non-significantly related (β = .13, p = .181).

Hypothesized model. My hypothesized empathic default supervisor model fitted the data as shown by several fit indices: χ^2 (11) = 24.83, p = .010, and a χ^2/df = 2.25 (IFI = .976, CFI = .975, RMSEA= .107).

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Figure 27. Nursing students repair empathic supervisor model. Structural model of the experimental effects on appraisals and feelings, and their relationship with the repair motivations. Solid lines p < .05*
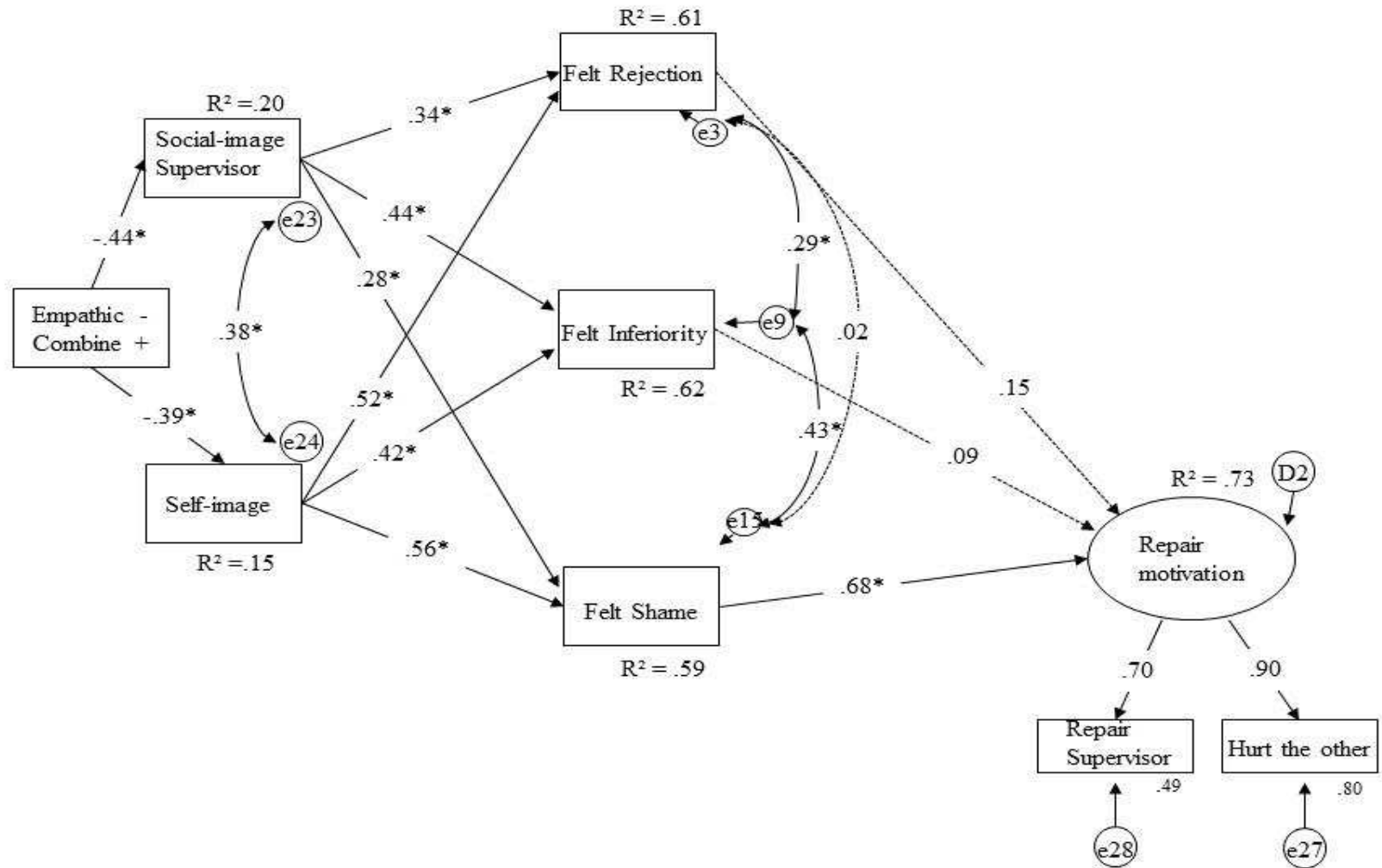
As shown in Figure 27, self-image positively predicted felt shame. The relationship between felt shame and repair motivation was significant. Appraising the situation as a concern for self-image positively predicted felt shame. The relationship between felt shame and defensive motivation was not significant.

The empathic condition predicted both the appraisals of concern for one's self-image and one's social-image (see Figure 27). Even though both appraisals predicted feelings of shame, it was the concern for one's self-image ($\beta = .56$, p < .001) that stood out as the strongest of these predictors. Supporting my hypothesis, the greater the shame felt, the greater the motivation to engage in repair motivation ($\beta = .68$, p = .001). Felt inferiority and repair motivation were non-significantly related ($\beta = .09$, p = .461). Finally, felt rejection and repair motivation were also non-significantly related ($\beta = .15$, p = .107).

Hypothesized model. My hypothesized objective repair default patient model had a poor fit to the data as shown by several fit indices: $\chi^2 (11) = 45.51$, p < .001, and a $\chi^2/df = 4.14$ (IFI = .944, CFI = .946, RMSEA= .169).

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See Figure 28 on the following page

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Figure 28. Nursing students repair objective patient model. Structural model of the experimental effects on appraisals and feelings, and their relationship with the repair motivations. Solid lines p < .05*
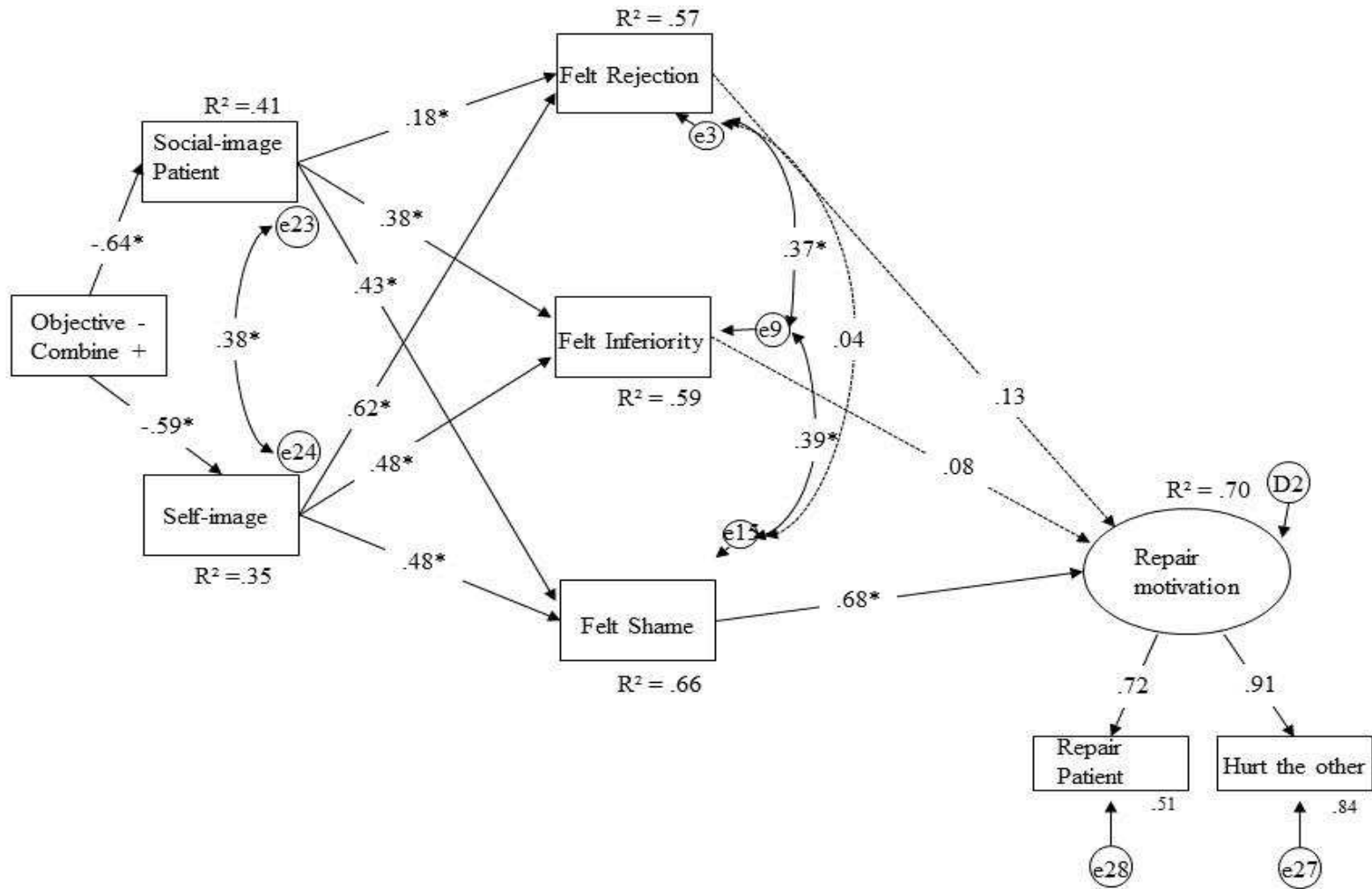
As shown in Figure 28, self-image positively predicted felt shame. The relationship between felt shame and repair motivation was significant. The relationship between felt rejection and repair motivation was non-significant.

The empathic condition predicted both the appraisals of concern for one's self-image and one's social-image (see Figure 28). Even though both appraisals predicted feelings of shame, it was the concern for one's self-image ($\beta = .48$, p < .001) that stood out as the strongest of these predictors. Supporting my hypothesis, the greater the shame felt, the greater the motivation to engage in repair motivation ($\beta = .68$, p < .001). Felt inferiority and repair motivation were non-significantly related ($\beta = .08$, p = .474). Finally, felt rejection and repair motivation were also non-significantly related ($\beta = .13$, p = .181).

Hypothesized model. My hypothesized objective default supervisor model did not fit the data as shown by several fit indices: χ^2 (11) = 50.97, p = .001, and a χ^2/df = 4.63 (IFI = .938, CFI = .935, RMSEA= .182).

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Figure 29. Nursing students repair objective supervisor model. Structural model of the experimental effects on appraisals and feelings, and their relationship with the repair motivations. Solid lines p < .05*
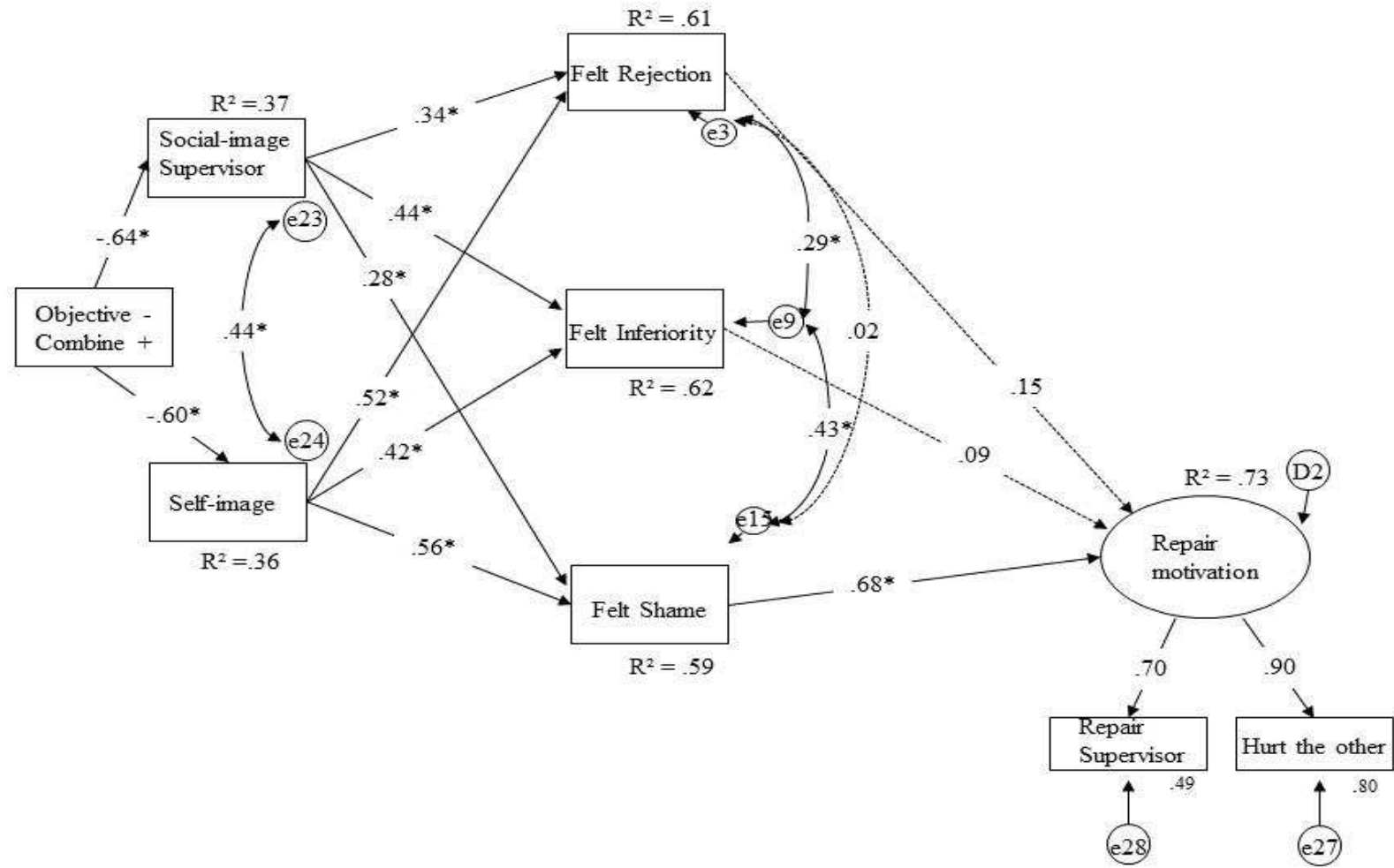
As shown in Figure 29, self-image positively predicted felt shame. The relationship between felt shame and repair motivation was significant. Appraising the situation as a concern for the self-image positively predicted felt shame. The relationship between felt shame and defensive motivation was non-significant.

The empathic condition predicted both the appraisals of concern for one's self-image and one's social-image (see Figure 29). Even though both appraisals predicted feelings of shame, it was the concern for one's self-image ($\beta = .56$, $p < .001$) that stood out as the strongest of these predictors. Supporting my hypothesis, the greater the shame felt, the greater the motivation to engage in pro-social repair ($\beta = .68$, $p = .001$). Felt inferiority and repair motivation were non-significantly related ($\beta = .09$, $p = .461$). Finally, felt rejection and repair motivation were also non-significantly related ($\beta = .15$, $p = .107$).

Discussion

In line with the results in Study 5, I found the manipulation conditions to be statistically significant with respect to each other. The 'objective condition caused significantly higher levels of concern for self-image and social-image than the 'person-centred' condition. I also found the participants to report the self-critical feelings higher in the 'objective' condition than in the combined condition. Finally, I found the participants to report the responses to be higher in the 'objective' condition compared to the 'person-centred' condition.

The models tested with SEM support my main structural hypothesis based on the moral failure model developed by Gausel and Leach (2011). The appraisal of a concern for the social-image predicted the feeling of rejection and also had a greater motivation to engage in distancing motivation to the patient and the supervisor. In

other words, I found that communicating in an objective way (e.g. giving a detailed account of the diagnosis and not focusing on being empathic with the patient), or in an empathic way (e.g. being empathic and not objective and not giving detailed information) gave reason for concern for the social and the self-image. The SEM model also controlled for the feelings to act with repair motivation or with distancing motivation. One can see that it was only for feelings of inferiority and rejection that distancing strategies became significant. Concern for one's self-image, by contrast, predicted the feeling of shame and also a greater motivation to engage in pro-social repair. Shame predicted repair motivation in two different directions. Firstly, the participants are motivated to acknowledge having hurt the other in the situation. Secondly, the participants are motivated to re-establish or repair the relationship with the patient and the supervisor, when feeling shame. This is in line with recent research showing that felt shame about a concern for the self-image is associated with responses related to pro-social repair (Gausel & Leach, 2011).

General Discussion

Study 5 and 6 were designed to investigate the phenomenon of giving unpleasant information in the medical field. Both studies demonstrate that the 'objective' communication strategy was appraised as more severe than the 'empathic' and the 'person-centred' strategies. I also found that the 'objective' communication strategy caused higher levels of negative appraisals, feelings and motivations compared to the 'person-centred' and 'empathic' communication strategies. In other words, my clinical studies demonstrate that both the medical students and the nursing students report less stress when they communicate using a person-centred communication strategy. This agrees with Schmid Mast et al. (2005);

that the way the unpleasant information is communicated makes a significant difference to the recipients. Schmid Mast et al. (2005) found in their experimental studies, where students were asked to put themselves in the shoes of a patient receiving the bad news of a cancer diagnosis, that a 'person-centred' strategy had significant positive outcomes for recipients of bad news on a cognitive and emotional level, compared to the 'objective' and the 'empathic' communication strategies (Schmid Mast et al., 2005; Sparks et al., 2007). In sum, both the conveyer and the receiver of unpleasant information could experience less distress if they convey or receive unpleasant information using a person-centred strategy.

One interesting finding is that in both studies the participants in the 'objective' condition were significantly more concerned for their social-image in the eyes of the patient, compared to being concerned for their social-image in the eyes of the supervisor. This may relate closely to the moral obligation that the patient has the legal right to know the truth about their illness, but, conversely, it must be set against the medical principle of primum non nocere (first, do no harm) based upon the Hippocratic Corpus Epidemics (Scofields, Butow, Thompson, Tattersall, Beeney & Dunn, 2003). The 'objective' condition in Studies 5 and 6 was defined as a communication strategy of being objective and to give detailed account of the diagnosis, and to not focus on being empathic with the patient. Even though Eid, Petty, Hutchins and Thompson (2009a; 2009b) found in their review papers that 50% to 90% of patients desired full disclosure, and Schofield and Butow (2004) and Schofield, Green and Creed (2008) found that telling a patient the truth about their situation can lead to less anxiety and depression, still being 'objective' can possibly hurt the receiver. Furthermore, healthcare professionals are at great risk of damaging their need to be accepted and to belong, and as a consequence damaging the

professional social bond with the patient when taking an 'objective' approach to the patient.

The self-image → felt shame → repair path

In both studies I found significant support for the appraisal of concern for one's self-image (moral failure and defective) to be mediated by felt shame and predicted a motivation to repair. It was only the manifest variable of felt shame that predicted a motivation to repair in the SEM model. That is in line with the conceptual model of Gausel and Leach (2011) that demonstrates that the more shame felt for a moral failure, the more motivated the person becomes in offering restitution and communicating their contrition to those hurt by the immorality (Gausel et al..2012).

This feeling of shame may be beneficial when it comes to the clinical field, motivating the professional to acknowledge the cause of the specific failure (e.g. failure of not wanting to hurt other people); they can turn their attention towards themselves as causing the problem, and this can be a first step to improving the self-image, and in that way securing the social bond with the patient (Gausel, 2013; Gausel & Leach, 2011). I still found the structural models with the manifest concern for social-image patient and the latent motivation variables related to the patient, to give a poorer fit to the empirical data, particularly the Root Mean Square Error of Approximation (RMSEA) where some of the badness-of-fit index indicated values above .10. Still I found the Bentler Comparative Fit Index (CFI) and Incremental Fix Index to be above acceptable estimates. According to Kenny (2015; 2003), the test statistics must be interpreted in an overall fashion.

The social-image → felt-rejection → distancing path

I did not find the concern for one's social-image in the eyes of the patient and in the eyes of the supervisor to be as significantly consistent as for the self-image pathway. In the conceptual model of Gausel and Leach (2011), they posit that a concern for social-image predicts feelings of rejection that lead to self-distancing motivations. Still, the social-bond between the healthcare professional and the patient or supervisor in the communication setting must be of importance, and there has to be some kind of emotional connection between them for the feeling of rejection to occur (Gausel, 2013). Both studies were related to a professional social-bond that could to some extent be more distant compared to a close friend social-bond (Mitchell, Sakraida, Kim, Bullian, & Chiappetta, 2009). However, I found support for the concern for social-image to predict distancing motivation, and also that felt rejection predicted distancing motivation.

In general I found the 'objective' condition and the 'empathic' condition to cause a concern for both their self-image and their social-image compared to the person-centred condition. As being objective is closely related to possibly hurting the other, and being empathic is closely related to a possibility of not being honest with the patient, one may assume these two conditions to be highly related to risking the social bond, compared to being person-centred, where the patient's perspectives are acknowledged, and therefore a minor threat to the social bond.

Taken together, I found that healthcare professionals adopting a person-centred communication strategy reported less negative appraisals, feelings and motivations compared to an 'objective' communication strategy. Furthermore, a motivation to repair was closely related to felt shame; conversely, a motivation to distancing was closely related to an appraisal of a concern for one's social-image and

felt rejection. Healthcare professionals need to be aware to this when in a position of communicating unpleasant information in the clinical field.

CHAPTER 9

General Discussion of the Thesis as a Whole

This line of research set out to understand how different communication strategies affect the participants' appraisals, feelings and motivations when dealing with unpleasant information. The primary goal was to explore what communication strategies cause most negative appraisals, feelings and motivations, and secondly, how this emotional experience can be understood and explained by adapting the conceptual model developed by Gausel and Leach (2011).

Are social Bonds so Important?

In all six studies I measured the participants' need for acceptance (i.e. accept, like, recognise and value) from the person they imagined conveying the unpleasant information and from others (e.g. supervisor). To be accepted is an essential psychological need, and for this reason people are highly motivated to form social bonds under adverse conditions and even despite unpleasant situations (Baumeister & Leary, 1995). Furthermore, people are in need of acceptance in both private and professional social bonds (Mitchell et al., 2009; Scheff, 1994). One could therefore assume that in all six studies one would find results in line with these general needs of gaining acceptance from other people.

I found across all six studies and across all condition groups that the participants reported the need for acceptance from Study 1 (M = 4.47, SD = 1.7), Study 2 (M = 6.19, SD = 1.15), Study 3 (M = 5.82, SD = 1.26), Study 4 (M = 6.01, SD = 1.04), Study 5 patient (M = 5.97, SD = 1.10), supervisor (M = 5.72, SD = 1.19) and to Study 6 patient (M = 5.95, SD = 1.23), supervisor (M = 5.90, SD = 1.24) to be high in all conditions. Interestingly, Study 1, which was designed as the most distant social bond (student friend), had the lowest mean levels compared to the other

studies. I also found the need for acceptance to be equally important in both private and professional social bonds. In other words, the results are sufficiently robust to claim that the participants in all six studies care about their social bonds, and are in great need of acceptance from the person they communicated the information to (student friend, friend, patient), and from the person observing the situation (supervisor). This is in line with Bowlby (1979), Scheff (1994) and Maslow (1987) who describe the basic need to be accepted, valued and liked as a pivotal part of human existence. This also accords with Clark and Brisette (2000): when people think they are close to the other, the conveyer is concerned about the receiver's welfare and has a general concern for the other person. They also found that people express more emotions in strong relationships, and consider the social bond as more important than in a distant relationship (Clark & Brisette, 2000). I therefore assume that professional social bonds also can be regarded as strong, according to the high mean levels of acceptance in Studies 5 and 6 that related to a professional social bond.

Should I withhold or should I disclose the Unpleasant Information?

In the introduction, I asked: "which will be the worst option for the communicator, to withhold or to disclose?" According to the results in Study 1, I found results to claim that to 'disclose' unpleasant information caused the communicator to significantly report less distress (lower mean levels of appraisals, feelings and motivations) compared to the 'withhold' and 'toning down' condition. Interestingly, even though the 'withhold' condition caused the highest mean levels of distress (negative appraisals, feelings and motivations), the strategy of 'toning down' was closely related to 'withhold', and therefore also caused high levels of negative appraisals, feelings and motivations.

In Study 2, I also found the same significant results that to 'disclose' unpleasant information caused the communicator to report less distress (lower mean levels of appraisals, feelings and motivations) compared to the 'disclose' strategy.

So what is the reason for this significantly more negative experience in the communicator when 'withholding' unpleasant information compared to 'disclosing'? One reason is that withholding can be considered as immoral (Ma et al., 2011). The data collections were conducted in Norway, a north-western European society where honesty and openness are considered to be highly important (Weil et al., 1994).

The results from Study 1 and 2 revealed that the 'withhold' strategy was considered to be significantly more severe, in the sense that to withhold was wrong, questionable, not good and bad according to the four items in the severity variable. A common strategy of communicating unpleasant information, particularly in the clinical field is to 'withhold' information in order to protect and not to upset the receiver (Fallowfield et al., 2004). The decision to 'withhold' information could be meant as a pre-emptive strategy to not upset the other, but it can damage the social bond in the long term if the other discovers the 'withholding'. This 'withhold' strategy can be at the expense of being viewed as an honest and trustworthy communicator (Gausel, 2013). In other words, this can be one explanation why communicating unpleasant information is considered to be stressful (Billson & Tyrrell, 2003; Fallowfield & Jenkins, 2004; Finset, 2012; Greening, 2008; Ungar, Alperin, Amiel, Beharier, & Reis, 2002). Based on the negative experience in the communicator when 'withholding' unpleasant information, it is reasonable to assume that it is important to 'disclose' unpleasant information to minimize the unpleasantness in the communicator.

When I first Disclose, how Should I do it?

In Studies 3, 4, 5 and 6 I demonstrate how the different prototypical communications strategies of disclosing unpleasant information are reported in the communicator. In all four studies significantly more distress (higher levels of appraisals, feelings and motivations) was reported when communicating the unpleasant information with a 'direct' strategy, compared to the 'indirect' and person-centred strategy. This strategy focuses on communicating the unpleasant information objectively and making sure the receiver is fully informed about the problem and its consequences, and is not concerned with the receiver's perspectives of the situation or to be empathic (Brewin, 1991; Muñoz Sastre, Sorum, & Mullet, 2014; Smith, Nicol, Devereux, & Cornbleet, 1999). When communicating with a 'direct' strategy one may hurt the receiver, particularly if the receiver does not want to receive all the unpleasant information. Also, the communicator is at risk that the receiver of the unpleasant information may withdraw from the communicator due to the disappointment of the news, and the social bond can dissolve.

The 'indirect' communication strategy was also reported to cause higher levels of negative appraisals, feelings and motivations compared to the 'person-centred' strategy. The indirect strategy 'tones down' the unpleasant information in order to protect the receiver from the hurtful message (Brewin, 1991; Muñoz Sastre, Sorum, & Mullet, 2014; Smith, Nicol, Devereux, & Cornbleet, 1999). To some extent this 'indirect' strategy is closely related to 'withholding' unpleasant information and for the same reasons as explained for the withholding condition in the previous section, this may cause the participants distress.

Interestingly the 'person-centred' strategy is in line with Rogers (1961); the importance of being concerned about the receiver's appraisal of the situation and

their emotional reactions, and at the same time balancing the receiver's need for information is reported to cause significantly less distress compared to the 'indirect' and the 'direct' strategy. These finding agrees with Schmid Mast et al. (2005) and Sparks et al. (2007) that a disclosing person-centred approach has the most positive outcome for bad news on a cognitive and emotional level in the receiver. In other words, by taking a disclosing person-centred approach, one may be at less risk of causing negative appraisals, feelings and motivations in both the conveyer and the receiver, when dealing with unpleasant information. As we know that the communicator of unpleasant information is also likely to experience discomfort simply by being in the same room as the one getting unpleasant information (Buckman, 2005; Buckman & Kason, 1992), these findings in my studies could help minimize the unpleasantness through the conveyor being conscious of taking a disclosing person-centred approach. There were no differences in the non-clinical studies (3 and 4) and the clinical studies (5 and 6) that a person-centred strategy was experienced as less unpleasant.

How do we Explain the Motivation to Distance and the Motivation to Repair?

Repair: The self-image → felt shame pathway.

In order to assess the strength and structure of the connections in a construct, I developed several SEM models (Gausel et al., 2012). I found good support for the concern for one's self-*image → felt shame → repair* motivation pathway in Studies 1 and 2. In support of my hypothesis, felt shame predicted pro-social repair motivation at different levels. In Study 1, shame was a modest predictor of pro-social repair motivation, accounting for 65% of the variance. Shame was also a modest predictor of pro-social repair motivation in Study 2, and accounted for 66% of the variance. This variance was represented by the R^2 and the percentage of variation in the

dependent variable listed above, explained by the independent variable (Filho, Silva & Rocha, 2011). Studies 3 and 4 also revealed strong structural support for the self-*image concern → felt shame → repair* pathway. In Study 3, shame was a modest predictor of repair motivation, accounting for 50% of the variance. In Study 4, shame explained 62% of the variance.

That is in line with previous research that acknowledged shame predicts pro-social motivation (Gausel, 2012; Gausel & Brown, 2012; Gausel et al., 2012; Lewis, 1971; Tangney et al., 2014; Tangney, Stuewig, & Hafez, 2011). Shame is associated with blaming oneself and being angry with oneself. It is also experienced as a serious self-criticism of a self-defect, and it should be a motivation to improve the self-image (Gausel & Leach, 2011). Apparently, the pro-social repair potential of perceived shame is underestimated, because evidence often refers to a connection between an irreparable and destroyed social-image or self-image (Gausel & Leach, 2011). A self-relevant failure indicating a specific self-defect has been shown to elicit felt shame (Gausel et al., 2012; Gausel & Brown, 2012). Although felt shame is highly unpleasant, being associated with self-criticism (Gausel & Leach, 2011; Lewis, 1971; Tangney & Dearing, 2002), it is precisely this self-criticism that motivates reform of the specific self-defect in need of repair (Gausel & Leach, 2011). Hence, even though shame is unpleasant, it has the potential to motivate improvement.

Studies 5 and 6 also revealed that a concern for the self-image is accompanied by strong feelings of felt shame and predicted the motivation to repair. Prior research on the pro-social potential of shame also finds a strong motivation of wanting to repair the relationship with the other (Berndsen & McGarty, 2012; Gausel et al., 2012; Lickel et al., 2014; Shepherd, Spears, & Manstead, 2012). In my studies, I

show that shame entails a stronger desire to repair the relationship with the receiver

of the bad news, than do inferiority and rejection.

I also show that rejection entails a stronger desire to wanting to distance the

patient and the supervisor, and also to cover up the situation. The theoretical

explanation of these findings is first and foremost a result that felt rejection poses a

threat to the helper's need to be accepted by the patient and the supervisor (Gausel et

al., 2012). And a threat to the helper's need for acceptance may motivate the helper

to defend their social-image from further damage by distancing from the patient and

the supervisor. Also, the pro-social function of shame and the need to repair the

relationship with the patient and the supervisor can be understood to mean that the

helper appraises a specific self-defect (e.g. acknowledges having hurt the other) and

therefore wants to repair the relationship with the patient and the supervisor (Gausel

& Leach, 2011).

Distancing: The social-image → felt rejection path.

I found support of my theoretical predictions that 'distancing motivation'

could be explained by a *"concern for one's social-image →felt rejection"* pathway.

Gausel and Leach (2011) argue that the appraisal of concern for the social-image is

closely linked to the subjective feeling of rejection. This feeling is highly negative

(Gausel & Leach, 2011), as it has been shown to have moderate to large associations

with lower self-esteem, negative mood and affect, and less perceived control (Gerber

& Wheeler, 2009). I did not find robust support that the felt rejection was a

significant predictor of distancing motivation. This is not in line with Gausel et al.

(2011; 2012), who find good evidence that this social-*image → rejection* sequence

elicits other-defensive motivations, such as distancing and cover-up (Gausel &

Leach, 2011; Gausel et al., 2012). One explanation for this weak relationship with

felt rejection and distancing motivation could be closely related to the fact that, in previous studies (Gausel et al., 2011; 2012; 2016), the model was tested on situations that had a more severe moral failure manipulation. Some of my studies (i.e. 1, 3 and 4) may be categorized as less severe, since they relate to regular student situations. The psychological explanation behind the social-*image → rejection* process is that, since felt rejection poses such a threat to their all-important need to belong, people are highly motivated to defend their social-image from further damage by distancing from the persons who are likely to condemn them (Gausel & Leach, 2011; Gausel et al., 2012).

Importance of Findings

Concern for the participant's social-image and their self-image emerged as important predictors of distancing and repair motivation across all six studies. Image concerns were suggested as important predictors of feelings and motivations in the Gausel and Leach (2011) model, but have never been tested in an experimental communication context. For the communicators of the unpleasant information, the image concerns were directly and positively related to the communication strategies. When the participant had to withhold the unpleasant information, they had significantly more image concerns compared to situations of disclosing the unpleasant information. The participants had also more image concerns when they had to disclose the unpleasant information with an objective and unempathic strategy, compared to an empathic or person-centred strategy. Furthermore, previous research on communication strategies and communication of unpleasant information has suggested that particular helpers have both concerns for condemnation from others or for themselves having a specific failure of some kind. But interestingly, my

research succeeded in finding the communication strategy that caused the highest image concerns.

The theoretical model of moral failure has suggested that a concern for social-image is closely related to felt rejection and distancing motivation. My research has consistently shown that concern for the social-image is closely related to felt rejection, and is well supported by the Gausel and Leach (2011) model. I also find a concern for the social-image as a main predictor of distancing motivations. My research also shows weaker support that felt rejection predicts distancing motivation than the moral failure model. I also find a strong support in my research for the suggested pattern in the moral failure model, that a concern for the self-image is closely related to felt shame. I also find strong support that felt shame predicts repair relationship motivations.

Perhaps the most important finding in the six studies of this research is that of communication strategies. How communication strategies influence individuals' emotional reactions is a concept yet to be measured in social psychology, communication and medical research. My research shows that communicating unpleasant information causes negatively emotional reactions in the conveyer. In particular, this emotional reaction is stronger when the conveyer withholds information, or communicates the information in an objective and unempathic way. I find that a close relationship between an appraisal closely related to the social-image causes a distancing motivation in the conveyer. Conversely, an appraisal closely related to the self-image causes a repair relationship motivation in the conveyer to. This is in line with Gausel et al. (2011; 2012; 2016). Interestingly, there is a consistent finding that the participants are more concerned for the receiver of the unpleasant information than other people not present in the situation. Nonetheless, in

Studies 5 and 6, the participants were also concerned for the supervisor present in the imagined situation. In Study 5, the participants were more concerned for the patient in the objective condition, compared to the empathic and the person-centred conditions, and they were more concerned for the supervisor in the empathic condition, compared to the objective and the person-centred condition. In Study 6, the participants were more concerned for the patient and the supervisor in the objective condition, compared to the empathic and the person-centred conditions. I find it interesting that objectively communicating unpleasant information is considered to break with the moral rules of being empathic with the patient. Also, the main concern for the supervisor in the empathic condition can be related to trying to withhold information and not being honest, and this may cause the health care professionals to think that the supervisor may view them as not being honest towards other people.

Sceptically, one might assume that it is obvious that people would have less emotional reaction when they pay attention to the receiver of the unpleasant information by being honest and empathic, and also, that having to imagine communicating a strategy they might not have preferred in an authentic situation could increase the emotional reaction in the participants. Although this accords with previous research, it is an interesting finding that being empathic and protective by toning down the unpleasantness, causes almost as much negative emotion as withholding and being objective. This contradicts the findings of Levine and Schweitzer (2014), who found people to view pro-social lies as being more moral than objectivity when communicating. However, the results from the studies show that telling unpleasant information in a straightforward manner is almost as problematic as being protective when communicating the unpleasant information.

Furthermore, the results from the experimental studies show stable findings no matter the type of relationship (e.g. close, distant or professional). In other words, people seem to be at higher risk of having a negatively emotional reaction when withholding unpleasant information, or when communicating unpleasant information in an objective way.

In line with the Gausel and Leach (2011) model, the communicator of unpleasant information is more motivated towards distancing the receiver and covering up their behaviour when they are concerned that other people may dislike and isolate them. Also, they are more motivated to repair the relationship with the receiver, or to acknowledge they have hurt the receiver, when they think they have some kind of moral or specific failure. This is an important finding for situations involving the communication of unpleasant information and gives a clearer picture of the social consequences of dealing with unpleasant information, and should be further examined in future research.

According to Bowlby (1979), Scheff (1994) and Maslow (1987), one may expect that people are in need of acceptance from others. We also know that the need for acceptance is an important part of the social bond (Scheff, 1994). Due to this important need, people may adopt communication strategies that are more suited to protecting the social bond, rather than taking into account the person whom the unpleasant information is directed towards. Eid et al. (2009) find that people have a tendency to withhold unpleasant information, even though the receiver wants to receive all the information. If the receiver of the unpleasant information has an expectation of receiving all the information, and the conveyer withholds information, this could harm the relationship between the parties, and in the long run affect the social bond. The findings by Schmid Mast et al. (2005) show that, if people do not

receive unpleasant information in a person-centred way, they are at risk of having a more negatively emotional and physiological reaction. In my studies, the participants could not choose what kind of communication strategy they could adopt, and were not informed about the preferred communication strategy for the receiver. It is possible that the participants would have different emotional reactions had they been able to decide their own communication strategy, and had they known what kind of strategy the receiver would have preferred.

This is only speculative, but if people who are in a position of knowing something unpleasant that another person should know about, one can assume that they would be less concerned about their image if they are aware of the receiver's preferred communication strategy and if they could choose their own communication strategy. This could also reduce the intensity of the self-critical feelings explained by Gausel and Leach (2011) that cause the negative motivations towards the receiver or other people closely related to the situation. A future study could examine the emotional reactions in the conveyer when they are in an authentic situation of communicating unpleasant information.

Although the conveyer of unpleasant information may expect the receiver of unpleasant information to react with negative emotions, this negative reaction could be minimized by taking the person-centred approach (Schmid Mast et al., 2005). In one study on reactions to unpleasant information and hurt feelings, people felt more positively towards the conveyer if they appraised that the intention was not to hurt their feelings (Vangelisti, 2000).

Image concerns, like concern for the conveyer's social-image showed a higher motivation to feel rejected and to distance the receiver of the unpleasant

information. This negative motivation was reduced when disclosing the information by taking a person-centred approach. Conversely, concern for the conveyer's self-image showed a higher motivation to feel shame and to want to repair the relationship and acknowledge having hurt the receiver of the unpleasant information. This provides an important perspective for the conveyers of unpleasant information, and that they should first and foremost be conscious of the image concerns they may have in those type of situations.

Another question this research explored was how different appraisals and feelings elicit either self-defensive or repair motivations. As proposed earlier, the model of moral failure theorises and distinguishes between different image concerns and the feelings of rejection, inferiority and shame in order to explain motivations (Gausel & Leach, 2011). As this is a new understanding of self-critical emotions, few studies have empirically tested this conceptual model. In particular, this model suggests a social-image concern → felt rejection → distancing motivation pattern, as well as a self-image concern → felt shame and felt inferiority → repair motivation pattern.

The conceptual model was supported in all six studies. However, this social-image → felt rejection → distancing motivation pattern was not directly supported in Studies 1 and 2. There was no significant relationship from felt rejection to distancing motivations. In Studies 3, 4, 5 and 6, I found support for the social-image pattern independent of the type of vignette and type of relationship (close, professional). Interestingly, this pattern was closely related to which social-image concerns the participants appraised. I found this relationship pattern stronger if the participants were concerned about being disliked or isolated from others, more than having a concern for the receiver of the unpleasant information.

In all six studies, I found strong support for the self-image concerns pattern. Independently of the type of vignette and type of relationship, I found the participants' self-image concern to be driven by felt shame, even though self-image concerns also predicted felt inferiority and felt rejection, it was felt shame that predicted a motivation of wanting to repair the relationship with others and with the receiver of the unpleasant information. This agrees with Gausel et al. (2011; 2012; 2016). As proposed by Gausel and Leach (2011) one should expect felt inferiority to motivate passivity or distancing towards the situation. The empirical results from my studies showed mixed support for this conceptual view. In all studies except for Study 6, felt inferiority was closely related to concern for self-image, while felt inferiority motivates both distancing and repair. According to Gausel and Leach (2011), felt inferiority is closely related to a global self-defect. In my studies I had items that were related to specific self-defects, and that is probably the main reason why the felt inferiority did not have this clear pattern of motivations, as demonstrated by previous results demonstrated (Gausel and Leach, 2011). For ethical reasons, I decided to only measure specific self-defects, as people with an appraisal of a global self-defect may be seen as having a psychological disease.

Outstanding Issues and Future Directions

One outstanding issue is that this conceptual model has scarcely been tested in other empirical studies than those conducted by Gausel et al. (2011; 2012; 2016). However, Lazarus (1991) demonstrated the validity of the emotional process with an appraisal → feelings → motivation pattern. Also, Tangney et al. (2014) demonstrated the pro-social potential of felt shame. One other potential issue is that, despite evidence that withholding information and disclosing information in an objective way predicts negative emotional reactions (as demonstrated in Studies 1, 2,

5 and 6), it is not clear how these strategies have a potential for repairing the relationship with others, nor how the image concerns can be minimized by taking the approaches mentioned above. There is evidence that communicating unpleasant information predicts feelings of guilt and shame (Buckman, 2005; Fallowfield & Jenkins, 2004), but there is less evidence demonstrating the emotional processes relating to an appraisals → feelings → motivations pathway. However, this is difficult to measure in an authentic situation and it is important to conduct further experimental studies, including comparing the conveyer's and the receiver's emotional experiences in relation to different communication strategies. I have demonstrated in my work, based on different severe situations and relationships, that, for the conveyer of the unpleasant information, the motivation to cope with distancing or repair motivations is based on concerns for both their social-image and their self-image and feelings of rejection, inferiority and shame. It would be of utmost importance to conduct studies on the sharing of unpleasant information to demonstrate how the receiver's emotional experiences are affected by different communication strategies. It is possible, even if they appraises the situation differently from the conveyer, that the receiver may have the same preferences as the conveyer when it comes to experiencing the withholding condition and the objective disclosing condition as more severe and emotional demanding, compared to disclosing the unpleasant information with a person-centred strategy, as seen in all six empirical studies.

One further outstanding issue is that, although both withholding and disclosing unpleasant information threatens social bonds, my studies took place in a setting where withholding information would be normatively seen as worse, and that is probably the main reason for the withholding condition being appraised as more

severe and emotionally demanding for the conveyer. According to Weil et al. (1994) one could assume that withholding information could be valued more positively in collectivistic cultures (e.g Asian) than in typical individualistic cultures (e.g Western Europe). The emotional unpleasantness of communicating unpleasant information might be worthwhile examining cross-culturally as there might be cultures that negatively value honest and direct approach.

Also, hypothetical or vignette studies have limitations, because the participants have to imagine a scenario. Nonetheless, I find the results in all six studies to be consistently valid. Another possible outstanding issue concerning these studies is the exclusive use of words to measure appraisals, feelings and responses. When measuring feelings of shame, I used words that are closely linked to acknowledging shame. We know from former research that unpleasant and distressing experience of shame often goes "unidentified" and is thus "unacknowledged" or "denied" (Gausel & Leach, 2011; Gausel et al., 2012; Lewis, 1971; Scheff, 2000). For researchers, it is difficult to fully assess the whole spectrum of the emotional experience of felt shame, but further development of such methods is needed.

One important issue that might contributed to the current findings is the potential role of the types of situations used in creating the scenarios across the different studies. For example, some studies use situations where participants were asked to think that they were instructed to give feedback over another (e.g. Study 3), whereas in other studies, participants were made to think that it was their own choice (e.g. Study 2). Yet, in others, the receiver asked for specific information to be disclosed (e.g. Study 1), whereas in other studies, this was not the case. Study 5 and

6 also included an authority figure and the other studies did not. These different vignettes could to some extent affect the results of the findings.

Future research should also be dedicated to further exploring the different "prototypical" strategies of communicating unpleasant information and how they affect the emotional experience in both the conveyer and receiver. The literature points out in particular three strategies that are in common use in the clinical field (Baxter, 1982; Brewin, 1991; Muñoz Sastre, Sorum, & Mullet, 2014).

There are also some outstanding issues to address in Studies 5 and 6. Firstly, the participants were asked to imagine a situation where they had communicated bad news to a patient. This is a common way of approaching meaningful events for people. Hence, this could be biased by people's natural resistance to imagining something they normally disagree with (e.g. telling the bad news objectively without empathy). Nevertheless, I believe this is safeguarded by the manipulation check explained in the method. Secondly, for some participants the comprehensive questionnaire could be challenging in terms of reading and focusing on all the different items.

To increase content validity, I used items in the questionnaires that had been used in previous studies and that were closely related to the construct being measured. The items used in my studies to measure different feelings variables were based on previous CFA analysis, in order to not include items that are too similar to others (Field & Hole, 2003). In order to ensure reliability and the ability to measure the same results under the same conditions, I used Cronbach's alpha by splitting the data in half and computing the correlation coefficient for each split. The average of these values was the Cronbach's alpha level and in all my studies was close to the

suggested level of .07 (Field & Hole, 2003). I was also interested in being able to generalize the finding of my studies to other groups of participants in different times and places (Field & Hole, 2003, p. 63). I therefore replicated the measurement experiment using different participants in other circumstances in all six studies (Field & Hole, 2003).

Conclusions and Implications

In summary, Studies 1 and 2 in this thesis demonstrate that 'disclosing' or 'withholding' unpleasant information elicits different coping strategies. The 'withholders' were more concerned about their social-image and their self-image than the 'disclosers', and consequently felt more shame, inferiority and rejection. In line with my expectations, repair motivations were mostly explained by concern for self-image and felt shame. It is important to acknowledge when a person is in a situation where they can decide whether to 'disclose' or 'withhold' something relevant to another who the conveyer thinks he or she is personally connected to (e.g. a friend).

By using the model developed by Gausel and Leach (2011), I was able to distinguish self-critical feelings (i.e. rejection, inferiority and shame) and possible coping strategies (i.e. distancing and repair motivation) from appraisals that are at risk of threatening a person's self-image or social-image. According to Gausel, Vignoles and Leach (2016, p. 137), it is important to view emotions in relation to cognate expressions, like appraisals within a particular relational context.

Following up the structural regression model, appraising a concern for the social-image predicted the feeling of rejection and yielded a greater motivation for engaging in -distancing motivation I also find in this study that rejection was not a

significant predictor of defensive motivation as in a *"concern for one's social*-image →*felt rejection"* pathway, Nevertheless, I found support for the first half of this pathway; that the more participants were concerned about their social-image, the more they also reported distancing motivation. Also in line with my hypothesis, felt inferiority and felt shame did not predict distancing motivation. In contrast, concern for one's self-image predicted the feeling of shame and a greater motivation to engage in pro-social repair. This was good support of our *"concern for one's self*-image →*shame"* pathway. Neither felt rejection, nor felt inferiority predicted repair motivation.

Shame predicted pro-social repair motivation in two different directions. Firstly, the participants were motivated to acknowledge having hurt the other in the situation. Secondly, the participants were motivated to re-establish or repair the relationship with their friend, when feeling shame. This is in line with recent research showing that felt shame about a concern for one's self-image is associated with responses related to pro-social repair (Gausel & Leach, 2011). In summary, I find the 'disclose' condition to also bring up moral concerns, even though the negative items were not close to the scale midpoint and were not experienced negatively as much as in the 'withhold' condition. One could also argue that the 'disclose' condition was seen as the more correct thing to do with little significantly wrong with it, compared to the 'withhold' condition.

I have also demonstrated from Studies 5 and 6 that, if the helper communicates the bad news in a person-centred way, the helper experiences significantly fewer negative feelings and responses compared to being objective or empathic. I have also demonstrated that the more the helper is concerned for their self-image, the more they feel shame and want to repair the relationship, and also

that the more the helper is concerned for their social-image, the more they adopt a defensive motivation.

There are several lines of work within the medical field on giving bad news. Taken together, growing evidence supports the negative effects that still seem to follow in terms of negative outcomes in both the conveyer and the receiver. Many everyday decision-making problems, like how to impart negative information, lack full guidelines and a theoretical framework. I would like a broader epistemic debate in the medical field on how to improve this stressful and difficult task. More research is needed to understand the phenomena that exist in healthcare professionals when communicating unpleasant information, which would then be able to pave the way for situations that promote self-improvements strategies (e.g., accepting, empathy, listening, approach, asking triggering questions and acknowledging patients' feelings).

Concluding Remarks

Perspectives from social psychology should be a starting point to further understanding and knowledge of this phenomenon in the field of medicine. Developing a theoretical understanding, as well as developing existing protocols for further conversations and implementing new knowledge about emotions, are crucial. Such developments may help the professionals to be more conscious about the emotional processes in specific situations. My hope is that healthcare professionals will increasingly feel more confident in situations where they have to impart bad news.

The results from this research have shown that the participants in the 'withhold' condition and the 'objective' and 'informational' condition find these

strategies to be more severe than the 'disclose', and 'person-centred' strategies. However, the participants in the 'empathic' and 'toning down' conditions also find these strategies severe. Image concerns (e.g. self-image and social-image) increase when participants 'withhold' or 'disclose' the information with an 'objective' strategy. The results also show that the participants in the 'withhold' condition and the 'objective' and 'informational' condition report more strongly feelings of 'rejection', 'inferiority' and 'shame'. Furthermore, the participants in the 'disclose' condition and the 'objective' and 'informational' condition are more motivated to 'distancing' and 'covering up' what has been done. They are also more motivated to acknowledge having hurt the other, and to want to repair and compensate what has been said and done to the other.

This research also posits a theoretical structural understanding of the emotional process involved in dealing with unpleasant information, both in private and professional settings. In line with Gausel and Leach (2011), the concern for the participant's social-image was closely related to a potential feeling of rejection. And the more the participants were concerned for their social-image, the more they were motivated to distance the person to whom the unpleasant information was addressed. The research also shows that a concern for self-image is closely related to a potential feeling of shame, and also feelings of inferiority. This motivates the participants to want to repair the relationship with the receiver of the unpleasant information. However, this structural model needs to be tested in other experimental settings to gain a broader understanding of the emotional processes taking place in both the conveyer and receiver when dealing with unpleasant information.

As a final concluding remark, I will emphasize people who are in a position of getting to know something that is unpleasant for another, they can minimize the

unpleasantness for themselves by disclosing the unpleasant information with a person-centred strategy taking an objective and empathic approach. I have demonstrated in six studies with various social bonds and contexts, that the unpleasantness can be significantly reduced if people are conscious of taking person-centred communication strategies when communicating unpleasant information.

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End Notes

Ruling out multicollinearity Study 1, 2, 3, 4, 5 and 6

As the correlations between the three feelings in all six studies were high, I tested for multicollinearity with variance inflation factors (VIF). When shame, inferiority and rejection were entered into single linear regression analysis using collinearity diagnostics, the tolerance values ranged from .21 to .63 and the VIF values ranged from 2.14 to 4.72, suggesting that the correlations were not affected by multicollinearity.

Original Design of Study 1

Note that in the original design of Study 1 there were six conditions as I were trying to manipulate exposure (your friend is going to explain to other people what you just told him/her) versus non-exposure (you are 100% sure that your friend will keep this conversation confidential) in order to increase the concern for social-image versus the concern for self-image. However, these attempts to disentangle exposure versus non-exposure proved unsuccessful as n ANOVA demonstrated that there was no significant difference on exposure versus non-exposure on severity in the 'disclose' condition, $F(1, 58) = 2.87$, $p = .10$, $_{partial}\eta^2 = .05$, in the 'toning down' condition $F(1, 53) = 0.17$, $p = .68$, $\eta^2_{partial} = .00$ and in the 'withhold' condition $F(1, 52) = 0.54$, $p = .47$, $_{partial}\eta^2 = .01$. Moreover, a MANOVA on exposure versus non-exposure showed a non-significant overall effect on the two main appraisals of concern for self-image and social-image in the 'disclose' condition, $F(2, 56) = 1.19$, $p = .31$, $_{partial}\eta^2 = .04$, in the 'toning down' condition, $F(2, 51) = .04$, $p = .96$, $\eta^2_{partial} = .00$ and in the 'withhold' condition, $F(2, 51) = 1.13$, $p = .33$, $\eta^2_{partial} = .04$. In line with this, a MANOVA on exposure versus non-exposure showed a non-significant

overall effect on the feelings of shame, rejection and inferiority in the 'disclose' condition, $F(3, 55) = 0.98$, $p = .41$, $\eta^2_{partial} = .05$, in the 'toning down' condition, $F(3, 50) = 0.43$, $p = .74$, $_{partial}\eta^2 = .03$, and in the 'withhold' condition, $F(3, 50) = 2.56$, $p = .07$, $\eta^2_{partial} = .13$. Finally, a MANOVA on exposure versus non-exposure showed a non-significant overall effect on the motivations in the 'disclose' condition $F(4, 54) = 1.92$, $p = .12$, $_{partial}\eta^2 = .13$, in the 'toning down' condition $F(4, 49) = 1.04$, $p = .40$, $\eta^2_{partial} = .08$ and the 'withhold' condition $F(4, 45) = 1.36$, $p = .26$, $\eta^2_{partial} = .11$. Based on this, I decided to collapse the six conditions into to three more meaningful conditions.

Confirmatory Factor Analysis in Study 5

I also conducted a separate CFA in Study 5 as these items have not been applied in a medical communication context before. Further, I conducted a Confirmatory Factor Analysis in order to demonstrate that the two appraisals (self-image and social-image supervisor) and the three feelings (rejection, inferiority and shame) could be measured as distinct constructs in Study 5. I used the same conservative procedure in AMOS 23 as for the scale validation for the pooled data for Studies 5 and 6.

The Chi square was moderate in size $\chi^2 (44) = 64.23$, $p = .025$, values of CFI $= .985$ and RMSEA $= .056$, indicating an acceptable fit to the data. As shown in Figure 9, all the items presented as manifest variables loaded strongly on their respective factors (standardized λ's $\geq .60$, all p's $< .001$) and indicated that all of the latent variables were well-defined by their items. Correlations among the five latent variables ranged from moderate (.57) to high (.91).
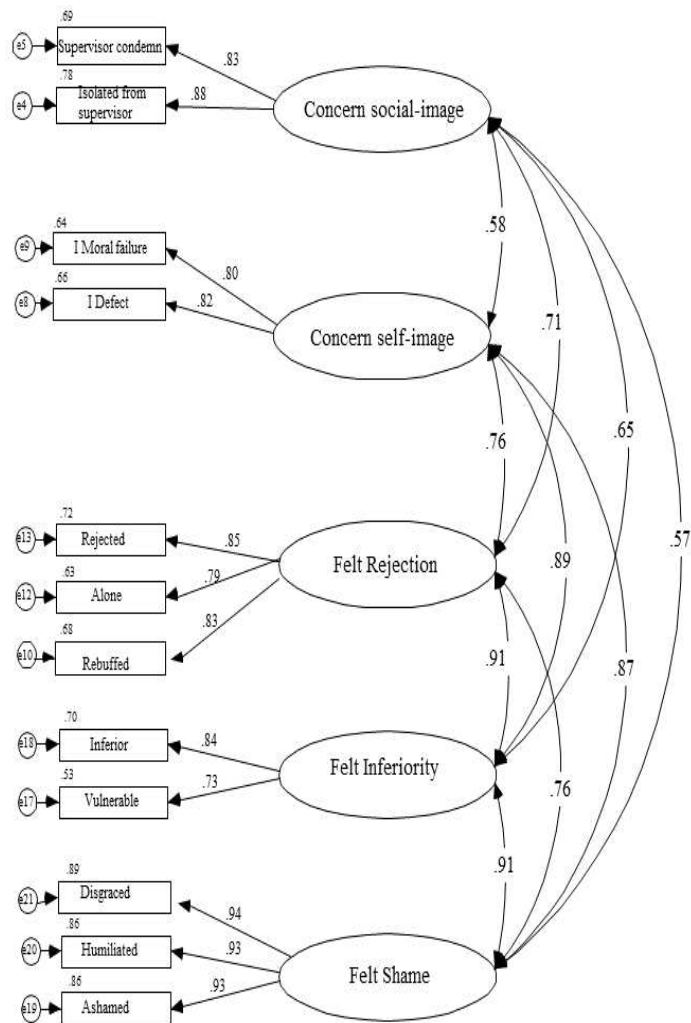
Figure 30. Confirmatory factor analysis (appraisals and feelings)

I also conducted a Confirmatory Factor Analysis in order to demonstrate that the two appraisals (self-image and social-image patient) and the three feelings (rejection, inferiority and shame) could be measured as distinct constructs in Study 5. I repeated the same procedure as explained in the previous sections.

The Chi square was moderate in size χ^2 (44) = 86.94, p < .001, values of CFI = .972 and RMSEA = .081 indicated an acceptable fit to the data. As shown in Figure 12, all the items presented as manifest variables loaded strongly on their respective factors (standardized λ's ≥ .60, all p's < .001) and indicated that all of the latent

variables were well-defined by their items. Correlations among the five latent

variables ranged from moderate (.56) to high (.91).
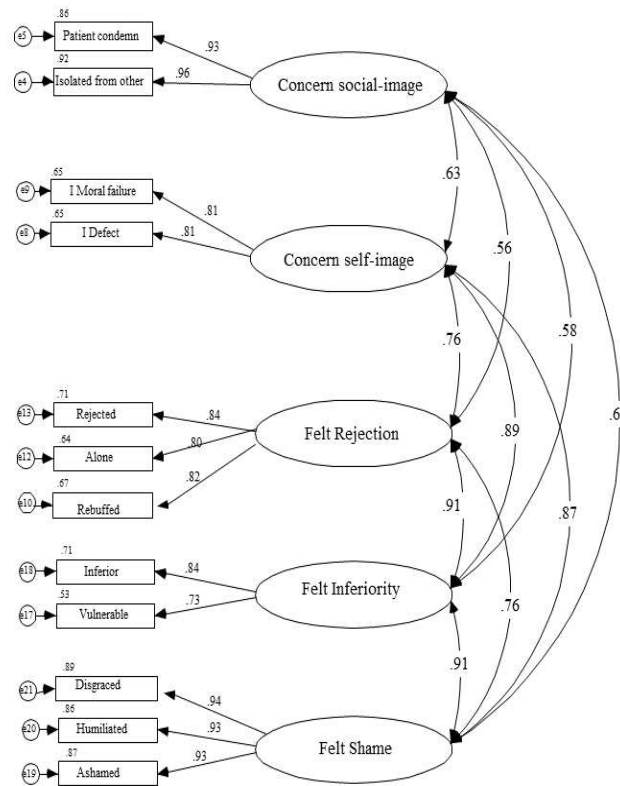
Figure 31. Confirmatory factor analysis (appraisals and feelings)

What About Guilt?

In Study 5 there was also a significant univariate effect on felt guilt, $F(2, 144)$ = 15.61, $p < .001$, $\eta^2_{partial}$ = .18. The pairwise comparison showed that felt guilt was significantly higher ($p < .001$) in the 'objective' condition ($M = 4.12$, $SD = 1.65$) than in the 'person-centred' condition ($M = 2.75$, $SD = 1.28$). Felt guilt was non-significantly higher ($p = .99$) in the 'empathic' condition ($M = 2.76$, $SD = 1.23$) than in the 'combined' condition. There was a significant difference ($p < .001$) between the 'objective' condition and the 'empathic' condition.

I also tested guilt as a predicted variable in the structural model in Study 5, as previous research on medical doctors communicating bad news has reported feelings

of guilt. Firstly, I tested the concern for the 'social-image supervisor' in an objective and a person-centred condition. I used planned contrast and coded the objective condition -1 and the objective/empathic condition 1. I found that the objective and defensive default model fitted the data as shown by several fit indices: χ^2 (10) = 13.57, p = .193, and a χ^2/df = 1.36 (IFI = .993, CFI = .992, RMSEA= .049). Social-image negatively predicted felt guilt and felt inferiority. Self-image positively predicted felt guilt and felt rejection. The relationship between felt guilt and defensive motivation was non-significant. Appraising the situation as a concern for the self-image positively predicted felt guilt.

The objective supervisor condition predicted both the appraisals of concern for one's self-image and one's social-image. Even though both appraisals predicted feelings of guilt, it was the concern for one's self-image (β = .47, p < .001) that stood out as the strongest of these predictors, compared to the concern for one's social-image (β = .14, p = .078). Supporting my hypothesis, felt guilt did not predict distancing motivation (β = .01, p = .920). Felt inferiority and distancing motivation were marginally related (β = .25, p = .084). Finally, while the predicted relationship from social-image mediated by felt rejection was non-significant (β = .15, p = .313), I found a significant relationship from concern for social-image to distancing motivation (β = .36, p = .002).

The next model tested guilt as a predicted variable in the same model, except that this time I applied the manifest variable of a concern for social-image towards the patient. I found that the objective condition and defensive motivation had a less favourable model fit as the data showed by several fit indices: χ^2 (10) = 21.27, p = .017, and a χ^2/df = 2.17 (IFI = .977, CFI = .976, RMSEA= .089). Social-image positively predicted felt guilt, felt inferiority and felt rejection. The relationship

between felt guilt and defensive motivation was non-significant. Appraising the situation as a concern for the self-image positively predicted felt rejection, felt inferiority and felt guilt.

The objective patient condition predicted both the appraisals of concern for one's self-image and social-image. Even though both appraisals predicted feelings of guilt, it was the concern for self-image (β = .40, p < .001) that stood out as the strongest of these predictors, compared to the concern for one's social-image (β = .24, p = .004). Supporting my hypothesis, felt guilt did not predict distancing motivation (β = .04, p = .732). Felt inferiority (β = .32, p = .044), and felt rejection (β = .32, p = .044) and distancing motivation were significantly related.

I also tested guilt as a predicted variable in a repair model with a manifest variable on concern for social-image towards the supervisor. I used planned contrast, and the objective condition was coded -1 and the objective/empathic condition was coded 1. I found that the objective repair model had a poor model fit as the data showed by several fit indices: χ^2 (11) = 43.93, p < .001, and a χ^2/df = 3.99 (IFI = .943, CFI = .941, RMSEA= .142). Self-image positively predicted felt guilt, and stood out as the strongest of these predictors (β = .47, p < .001) in line with felt inferiority (β = .53, p < .001). Felt guilt positively predicted repair motivation (β = .33, p < .001), and also felt inferiority (β = .33, p = .006). Social-image was a marginal predictor of felt guilt (β = .14, p = .076). And felt rejection predicted a lesser prediction of repair motivation (β = .23, p = .044).

The objective patient condition predicted both the appraisals of concern for one's self-image and social-image. Even though both appraisals predicted feelings of guilt, it was the concern for self-image (β = .40, p < .001) that stood out as the

strongest of these predictors, compared to the concern for one's social-image (β = .24, p = .004). Supporting my hypothesis, felt guilt did not predict distancing motivation (β = .04, p = .732). Felt inferiority (β = .32, p = .044), and felt rejection (β = .32, p = .044) and distancing motivation were significantly related.

Confirmatory Factor Analysis in Study 6

In Study 6 I also controlled for multicollinearity, and conducted a Confirmatory Factor Analysis in order to demonstrate that the two appraisals (self-image and social-image supervisor) and the three feelings (rejection, inferiority and shame) could be measured as distinct constructs. I also adapted the core items used in Gausel et al. (2012; 2012; 2011) and examined the items in a CFA.

I used AMOS 23 and repeated the same conservative approach as for Study 5. The Chi square was moderate in size, χ^2 (44) = 97.12, p < .001, values of CFI = .955 and RMSEA = .105 indicating an acceptable fit to the data. As shown in Figure 14, all the items presented as manifest variables loaded strongly on their respective factors (standardized λ's $\geq$ .60. all p's < .001) and indicated that all of the latent variables was well defined by their items. Correlations among the five latent variables ranged from moderate (.65) to high (.91).
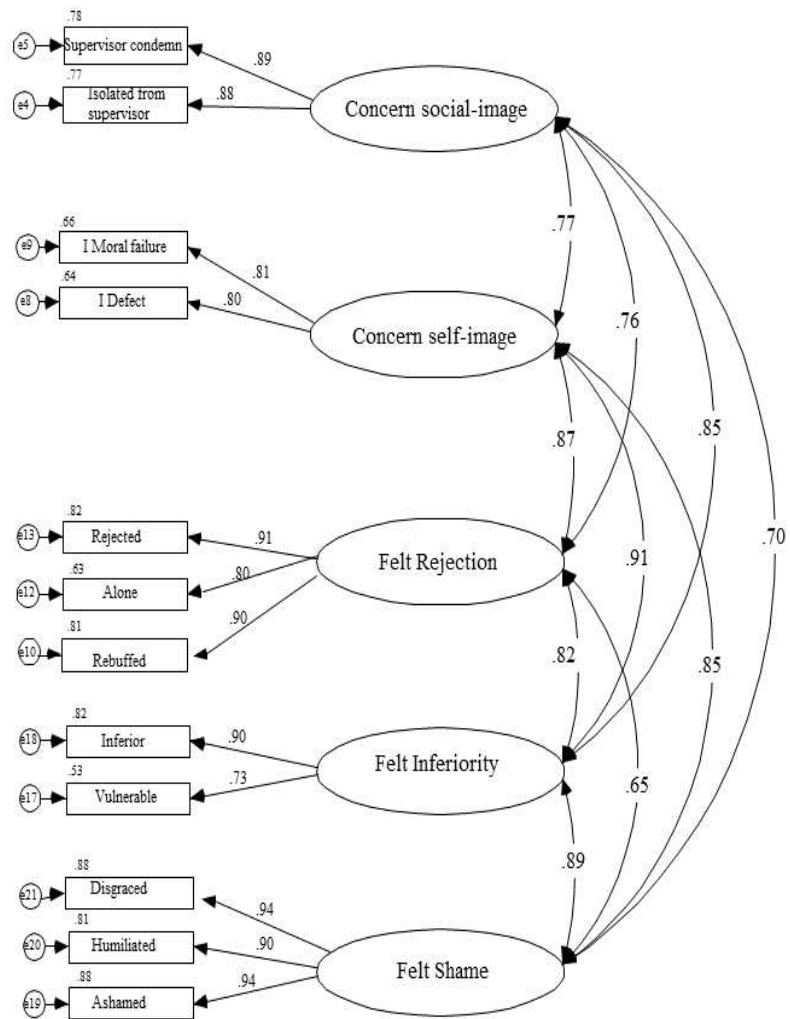
Figure 32. Confirmatory factor analysis (appraisals and feelings)

I also conducted a Confirmatory Factor Analysis in order to demonstrate that the two appraisals (self-image and social-image patient) and the three feelings (rejection, inferiority and shame) could be measured as distinct constructs. I repeated the same procedure as explained in the previous section.

The Chi square was moderate in size, $\chi^2 (44) = 109.52$, $p < .001$, values of CFI = .947 and RMSEA = .116, indicating an acceptable fit to the data. As shown in Figure 15, all the items presented as manifest variables loaded strongly on their respective factors (standardized λ's $\geq$ .60. all p's < .001), indicating that all of the

latent variables were well defined by their items. Correlations among the five latent

variables ranged from moderate (.62) to high (.89).
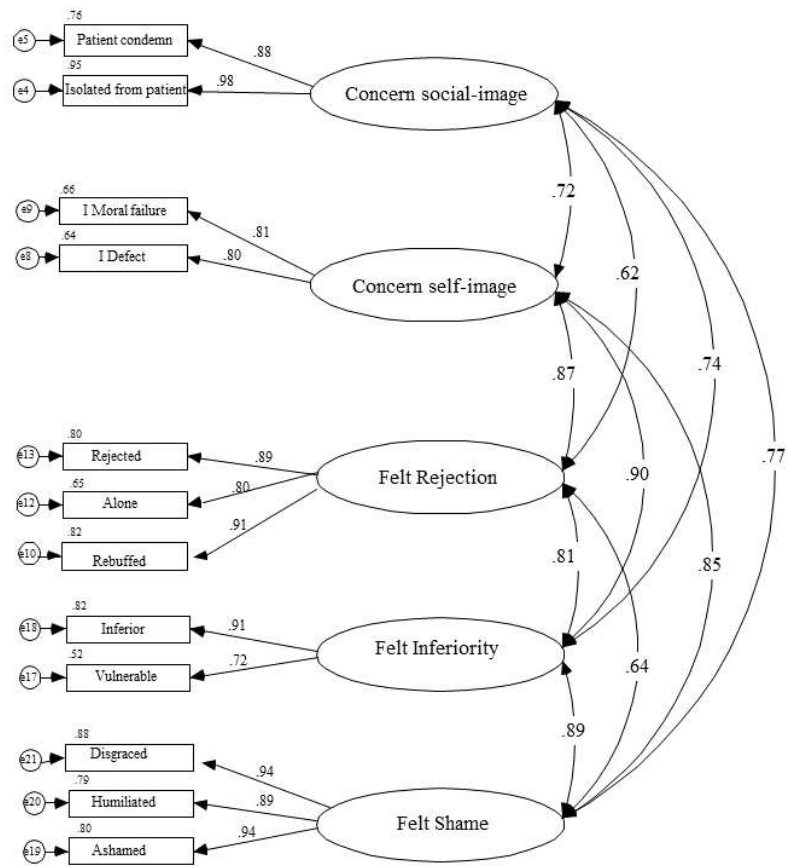
Figure 33. Confirmatory factor analysis (appraisals and feelings)

Appendix

Study 1: Frontpage of condition 1 English version

Dear participant!

Thank you very much for taking part in this study. Your participation is 100% anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you.

You are free to withdraw at any time during the investigation. On the last page you can also write down any thoughts, complaints or ideas about this study.

Please provide gender	☐ Hankjønn ☐ Hunkjønn
Please provide your age:	
Please provide your current or last level of education:	

		Not at all						Very much
1	I feel a bond with other students	1	2	3	4	5	6	7
2	I feel solidarity with other students	1	2	3	4	5	6	7
3	I feel committed to other students	1	2	3	4	5	6	7
4	I am glad to be a student	1	2	3	4	5	6	7
5	I think that students have a lot to be proud of	1	2	3	4	5	6	7
6	It is pleasant to be a student	1	2	3	4	5	6	7
7	Being a student gives me a good feeling	1	2	3	4	5	6	7
8	I often think about the fact that I am a student	1	2	3	4	5	6	7
9	The fact that I am a student is an important part of my identity	1	2	3	4	5	6	7
10	Being a student is an important part of how I see myself	1	2	3	4	5	6	7
11	I have a lot in common with the average student	1	2	3	4	5	6	7
12	I am similar to the average student	1	2	3	4	5	6	7
13	I am a typical student	1	2	3	4	5	6	7
14	Students have a lot in common with each other	1	2	3	4	5	6	7
15	Students are very similar to each other	1	2	3	4	5	6	7
16	Students share a lot of the same characteristics	1	2	3	4	5	6	7

Please turn the page and carefully read the instruction provided!

Please read the following text and imagine yourself in this situation;

One of the students in your class calls you and asks if you could check the marks he/she got on the exam because he/she can't get online. He/she have told you the candidate number. You find out the marks are very poor. He/she asks you to tell what you know about his/her results while you are talking in the phone.

Now imagine you do the following:

> You decide to tell this student what you have found out about his/her exam

You are 100% sure that he/her **IS** going to tell other students what you just told him/her

You are 100% sure that he/her **IS NOT** going to tell anyone else what you just told him/her

Please write a summary of the answer you imagine giving this student:	

Please turn the page and respond to the following statements!

Study 1: Frontpage of condition 2 English version

Dear participant!

Thank you very much for taking part in this study. Your participation is 100% anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you.

You are free to withdraw at any time during the investigation. On the last page you can also write down any thoughts, complaints or ideas about this study.

Please provide gender	☐ Hankjønn ☐ Hunkjønn
Please provide your age:	
Please provide your current or last level of education:	

		Not at all						**Very much**
1	I feel a bond with other students	1	2	3	4	5	6	7
2	I feel solidarity with other students	1	2	3	4	5	6	7
3	I feel committed to other students	1	2	3	4	5	6	7
4	I am glad to be a student	1	2	3	4	5	6	7
5	I think that students have a lot to be proud of	1	2	3	4	5	6	7
6	It is pleasant to be a student	1	2	3	4	5	6	7
7	Being a student gives me a good feeling	1	2	3	4	5	6	7
8	I often think about the fact that I am a student	1	2	3	4	5	6	7
9	The fact that I am a student is an important part of my identity	1	2	3	4	5	6	7
10	Being a student is an important part of how I see myself	1	2	3	4	5	6	7
11	I have a lot in common with the average student	1	2	3	4	5	6	7
12	I am similar to the average student	1	2	3	4	5	6	7
13	I am a typical student	1	2	3	4	5	6	7
14	Students have a lot in common with each other	1	2	3	4	5	6	7
15	Students are very similar to each other	1	2	3	4	5	6	7
16	Students share a lot of the same characteristics	1	2	3	4	5	6	7

Please turn the page and carefully read the instruction provided!

Please read the following text and imagine yourself in this situation;

One of the students in your class calls you and asks if you could check the marks he/she got on the exam because he/she can't get online. He/she have told you the candidate number. You find out the marks are very poor. He/she asks you to tell what you know about his/her results while you are talking in the phone.

Now imagine you do the following:

> You decide to withhold the information about the marks, and rather focus on the positive side of him/her having passed the exam

You are 100% sure that he/her **IS** going to tell other students what you just told him/her

You are 100% sure that he/her **IS NOT** going to tell anyone else what you just told him/her

Please write a summary of the answer you imagine giving this student:	

Please turn the page and respond to the following statements!

Study 1: Frontpage of condition 3 English version

Dear participant!

Thank you very much for taking part in this study. Your participation is 100% anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you.

You are free to withdraw at any time during the investigation. On the last page you can also write down any thoughts, complaints or ideas about this study.

Please provide gender	☐Hankjønn ☐Hunkjønn
Please provide your age:	
Please provide your current or last level of education:	

		Not at all						**Very much**
1	I feel a bond with other students	1	2	3	4	5	6	7
2	I feel solidarity with other students	1	2	3	4	5	6	7
3	I feel committed to other students	1	2	3	4	5	6	7
4	I am glad to be a student	1	2	3	4	5	6	7
5	I think that students have a lot to be proud of	1	2	3	4	5	6	7
6	It is pleasant to be a student	1	2	3	4	5	6	7
7	Being a student gives me a good feeling	1	2	3	4	5	6	7
8	I often think about the fact that I am a student	1	2	3	4	5	6	7
9	The fact that I am a student is an important part of my identity	1	2	3	4	5	6	7
10	Being a student is an important part of how I see myself	1	2	3	4	5	6	7
11	I have a lot in common with the average student	1	2	3	4	5	6	7
12	I am similar to the average student	1	2	3	4	5	6	7
13	I am a typical student	1	2	3	4	5	6	7
14	Students have a lot in common with each other	1	2	3	4	5	6	7
15	Students are very similar to each other	1	2	3	4	5	6	7
16	Students share a lot of the same characteristics	1	2	3	4	5	6	7

Please turn the page and carefully read the instruction provided!

Please read the following text and imagine yourself in this situation;

One of the students in your class calls you and asks if you could check the marks he/she got on the exam because he/she can't get online. He/she have told you the candidate number. You find out the marks are very poor. He/she asks you to tell what you know about his/her results while you are talking in the phone.

Now imagine you do the following:

> You decide to not tell what you have found

You are 100% sure that he/her **IS** going to tell other students what you just told him/her

You are 100% sure that he/her **IS NOT** going to tell anyone else what you just told him/her

Please write a summary of the answer you imagine giving this student:	

Please turn the page and respond to the following statements!

Full Questionnaire of Study 1 in English version

When thinking about what you were told to communicate to the student. How much of the following would you think or feel?

		Not at all					Very much	
17	What I did in that situation was wrong	1	2	3	4	5	6	7
18	My behaviour in that situation was questionable	1	2	3	4	5	6	7
19	My actions in that situation were not good	1	2	3	4	5	6	7
20	What I did was bad	1	2	3	4	5	6	7
21	Other students can condemn me for what I said	1	2	3	4	5	6	7
22	Other students no longer think well of me for what I said	1	2	3	4	5	6	7
23	I think I could be isolated from other students because of this situation	1	2	3	4	5	6	7
24	Other students may not have the same respect for me because of what I said	1	2	3	4	5	6	7
25	The student that called me can condemn me for what I said	1	2	3	4	5	6	7
26	I think I could be isolated from the student that called me because of this situation	1	2	3	4	5	6	7
27	The student that called me may not have the same respect for me because of what I said	1	2	3	4	5	6	7
28	The student that called me will no longer think well of me for what I said	1	2	3	4	5	6	7
29	I think I have some moral failure because of what I said	1	2	3	4	5	6	7
30	I think I am defective in some way because of what I said	1	2	3	4	5	6	7
31	I think what Is aid would be a "black mark" in my memory	1	2	3	4	5	6	7
32	I feel disgraced when I think about what I said	1	2	3	4	5	6	7
33	I feel humiliated when I think about what I said	1	2	3	4	5	6	7
34	I feel ashamed when I think about what I said	1	2	3	4	5	6	7
35	I feel inferior when I think about what I said	1	2	3	4	5	6	7
36	I feel that I am vulnerable when I think about what I said	1	2	3	4	5	6	7
37	I feel rebuffed when I think about what I said	1	2	3	4	5	6	7
38	I feel rejected when I think about what I said	1	2	3	4	5	6	7

When thinking about what you were told to communicate to the student. How much of the following would you think or feel?

		Not at all					**Very much**	
39	I feel withdrawn when I think about what I said	1	2	3	4	5	6	7
40	I feel alone when I think about what I said	1	2	3	4	5	6	7
41	If I could I would like to avoid this student	1	2	3	4	5	6	7
42	I would rather not get mixed up in discussions about what I said	1	2	3	4	5	6	7
43	If I were to confront the student that called me, I would control my thoughts and think of something else than what I said	1	2	3	4	5	6	7
44	I would like to forget about this	1	2	3	4	5	6	7
45	I would like to forget about everything I said to this student	1	2	3	4	5	6	7
46	I think I will make it less clear to others what I said	1	2	3	4	5	6	7
47	I think I will be cautious sharing this information with others	1	2	3	4	5	6	7
48	I will make the impact of this story less important to others	1	2	3	4	5	6	7
49	I think I will self-censor myself on this issue	1	2	3	4	5	6	7
50	I think I would encourage people to focus on the "other side of the story"	1	2	3	4	5	6	7
51	I think my this student is the cause of what I did	1	2	3	4	5	6	7
52	I think my this student was to blame for what I said	1	2	3	4	5	6	7
53	I think this student could have stopped the situation from evolving	1	2	3	4	5	6	7
54	I think this student is responsible for what happened	1	2	3	4	5	6	7
55	If I could I would like to tell this student how I feel	1	2	3	4	5	6	7
56	It is important that this student get to know what I feel about this	1	2	3	4	5	6	7
57	I would like to express my concern to this student	1	2	3	4	5	6	7
58	I think I am the cause of what I said	1	2	3	4	5	6	7
59	I think I am to blame for what I said	1	2	3	4	5	6	7
60	I think I am responsible for what I said	1	2	3	4	5	6	7

		Not at all					**Very much**	
	When thinking about what you were told to communicate to the student. How much of the following would you think or feel?							

61	I think I could have stopped the situation from evolving	1	2	3	4	5	6	7
62	I will try to repair some of the damage I have caused	1	2	3	4	5	6	7
63	I feel I should compensate this student for what I said	1	2	3	4	5	6	7
64	I feel I should re-establish the relationship with this student	1	2	3	4	5	6	7
65	I feel I should offer emotional support to the student that called me	1	2	3	4	5	6	7
66	I want the student that called me to like me	1	2	3	4	5	6	7
67	I want the student that called me to accept me	1	2	3	4	5	6	7
68	I would like the student that called me to accept me	1	2	3	4	5	6	7
69	I would like the student that called me to value me	1	2	3	4	5	6	7
70	If I could I would like to tell the student that called me that called me how sorry I feel	1	2	3	4	5	6	7
71	It is important that the student that called me know that I feel bad about this	1	2	3	4	5	6	7
72	I would feel better if the student that called knew my unease about this	1	2	3	4	5	6	7
73	I would like to express my concerns to the student that called me	1	2	3	4	5	6	7
74	I feel close to the student that called me	1	2	3	4	5	6	7
75	I feel that I and the student that called me have something in common	1	2	3	4	5	6	7
76	I feel connected to the student that called me	1	2	3	4	5	6	7
77	I feel that I and the student that called me have a connection	1	2	3	4	5	6	7
78	I think the student that called me will be hurt for what I said	1	2	3	4	5	6	7
79	I think the student that called me will be unwell because of what I said	1	2	3	4	5	6	7
80	I think the student that called me will not be happy for what I said	1	2	3	4	5	6	7
81	I formulated the content in what I said to the student that called me	1	2	3	4	5	6	7

	Not at all						Very much

When thinking about what you were told to communicate to the student. How much of the following would you think or feel?

		Not at all						Very much
82	I think I am liable for the content in the message that I said to the student that called me	1	2	3	4	5	6	7
83	I think I am responsible for the delivery of the message to the person that called me	1	2	3	4	5	6	7
84	I think I am responsible for communicating the message to the person that called me	1	2	3	4	5	6	7
85	I think I am responsible for my this student possibly hurt feelings	1	2	3	4	5	6	7

1   2   3   84   5   6   7

Who did you imagined giving this message; Please circle **one** option only:

Family member   Romantic partner   A close friend   A friend   An acquaintance

Finally, we hope you can describe a situation when you had to talk to another person about an unpleasant subject, when you were in risk of hurting the other (e.g thoughts before the communication, what did you say, how did you say this, what was your feelings, how was your and the others reactions)

Finally, here you can write down your thoughts or ideas about this study if you wish to do so:

Thank you very much for helping us!

Study 1: Frontpage of Condition 1 Norwegian version

Kjære deltager!

Tusen takk for at du vil delta i denne studien. Din deltagelse er 100% anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien. Om du skulle ha lyst, så kan du skrive ned dine tanker om deltagelsen på siste side.

Vennligst oppgi kjønn	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din pågående utdanning:	

	Vennligst fyll ut spørreskjemaet ved å sirkle rundt det tallet som passer din mening:	Ikke i det hele tatt					Veldig enig	
1	Jeg føler et bånd til andre studenter	1	2	3	4	5	6	7
2	Jeg føler solidaritet med andre studenter	1	2	3	4	5	6	7
3	Jeg føler forpliktelse til andre studenter	1	2	3	4	5	6	7
4	Jeg er glad for å være en student	1	2	3	4	5	6	7
5	Jeg tenker at studenter har mye å være stolte av	1	2	3	4	5	6	7
6	Det er hyggelig å være student	1	2	3	4	5	6	7
7	Å være en student gir meg en god følelse	1	2	3	4	5	6	7
8	Jeg tenker ofte på det faktum at jeg er en student	1	2	3	4	5	6	7
9	Det faktum at jeg er en student er en viktig del av min identitet	1	2	3	4	5	6	7
10	Det å være student er en viktig del av hvordan jeg ser på meg selv	1	2	3	4	5	6	7
11	Jeg har mye til felles med den gjennomsnittlige student	1	2	3	4	5	6	7
12	Jeg er lik den gjennomsnittlige student	1	2	3	4	5	6	7
13	Jeg er en typisk student	1	2	3	4	5	6	7
14	Studenter har mye til felles med hverandre	1	2	3	4	5	6	7
15	Studenter er veldig like hverandre	1	2	3	4	5	6	7
16	Studenter deler mange av de samme trekkene	1	2	3	4	5	6	7

Tusen takk! Snu over til neste side og les det som blir presentert for deg!

Vær vennlig å lese teksten nedenfor og forestill deg selv at du er i denne situasjonen:

En av studentene i klassen din ringer deg og spør om du kan gå inn på nettet og sjekke resultatene på eksamen siden de selv ikke kommer inn på nettet. Når du senere finner det ut, ser du at eksamensresultatene til denne studenten er veldig dårlig, men at det er bestått.

Du bestemmer deg for å fortelle denne studenten hva du har funnet ut om eksamensresultatet.

Nå er det viktig at du forestiller deg det følgende:

Du er **100%** sikker på at denne studenten **ikke** kommer til å fortelle andre studenter hva du akkurat har fortalt.

På en skala fra 0% til 100% - hvor sikker er du på følgende:

Denne studenten **vil** fortelle om dette til andre: _____%

Denne studenten vil **ikke** fortelle om dette til andre: _____%

Vennligst skriv meget kort hva du ble bedt om å forestille deg i den innledende fortellingen:

Vennligst snu over til neste side og svar på påstandene nedenfor!

Study1: Frontpage of Condition 2 Norwegian version

 Høgskolen i Østfold

Kjære deltager!

Tusen takk for at du vil delta i denne studien. Din deltagelse er 100% anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien. Om du skulle ha lyst, så kan du skrive ned dine tanker om deltagelsen på siste side.

Vennligst oppgi kjønn	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din pågående utdanning:	

Vennligst fyll ut spørreskjemaet ved å sirkle rundt det tallet som passer din mening:

		Ikke i det hele tatt					**Veldig enig**	
1	Jeg føler et bånd til andre studenter	1	2	3	4	5	6	7
2	Jeg føler solidaritet med andre studenter	1	2	3	4	5	6	7
3	Jeg føler forpliktelse til andre studenter	1	2	3	4	5	6	7
4	Jeg er glad for å være en student	1	2	3	4	5	6	7
5	Jeg tenker at studenter har mye å være stolte av	1	2	3	4	5	6	7
6	Det er hyggelig å være student	1	2	3	4	5	6	7
7	Å være en student gir meg en god følelse	1	2	3	4	5	6	7
8	Jeg tenker ofte på det faktum at jeg er en student	1	2	3	4	5	6	7
9	Det faktum at jeg er en student er en viktig del av min identitet	1	2	3	4	5	6	7
10	Det å være student er en viktig del av hvordan jeg ser på meg selv	1	2	3	4	5	6	7
11	Jeg har mye til felles med den gjennomsnittlige student	1	2	3	4	5	6	7
12	Jeg er lik den gjennomsnittlige student	1	2	3	4	5	6	7
13	Jeg er en typisk student	1	2	3	4	5	6	7
14	Studenter har mye til felles med hverandre	1	2	3	4	5	6	7
15	Studenter er veldig like hverandre	1	2	3	4	5	6	7
16	Studenter deler mange av de samme trekkene	1	2	3	4	5	6	7

Tusen takk! Snu over til neste side og les det som blir presentert for deg!

Vær vennlig å lese teksten nedenfor og forestill deg selv at du er i denne situasjonen:

En av studentene i klassen din ringer deg og spør om du kan gå inn på nettet og sjekke resultatene på eksamen siden de selv ikke kommer inn på nettet. Når du senere finner det ut, ser du at eksamensresultatene til denne studenten er veldig dårlig, men at det er bestått.

Du bestemmer deg for å holde tilbake den negative informasjonen, og heller fokusere på det positive, at han/henne har stått til eksamen.

Nå er det viktig at du forestiller deg det følgende:

Du er **100%** sikker på at denne studenten **ikke** kommer til å fortelle andre studenter hva du akkurat har fortalt.

På en skala fra 0% til 100% - hvor sikker er du på følgende:

Denne studenten **vil** fortelle om dette til andre: _____%

Denne studenten vil **ikke** fortelle om dette til andre: _____%

Vennligst skriv meget kort hva du ble bedt om å forestille deg i den innledende fortellingen:

Vennligst snu over til neste side og svar på påstandene nedenfor!

Study 1: Frontpage of Condition 3 Norwegian version

Kjære deltager!

Høgskolen i Østfold

Tusen takk for at du vil delta i denne studien. Din deltagelse er 100% anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien. Om du skulle ha lyst, så kan du skrive ned dine tanker om deltagelsen på siste side.

Vennligst oppgi kjønn	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din pågående utdanning:	

Vennligst fyll ut spørreskjemaet ved å sirkle rundt det tallet som passer din mening:							
	Ikke i det hele tatt					**Veldig enig**	

1	Jeg føler et bånd til andre studenter	1	2	3	4	5	6	7
2	Jeg føler solidaritet med andre studenter	1	2	3	4	5	6	7
3	Jeg føler forpliktelse til andre studenter	1	2	3	4	5	6	7
4	Jeg er glad for å være en student	1	2	3	4	5	6	7
5	Jeg tenker at studenter har mye å være stolte av	1	2	3	4	5	6	7
6	Det er hyggelig å være student	1	2	3	4	5	6	7
7	Å være en student gir meg en god følelse	1	2	3	4	5	6	7
8	Jeg tenker ofte på det faktum at jeg er en student	1	2	3	4	5	6	7
9	Det faktum at jeg er en student er en viktig del av min identitet	1	2	3	4	5	6	7
10	Det å være student er en viktig del av hvordan jeg ser på meg selv	1	2	3	4	5	6	7
11	Jeg har mye til felles med den gjennomsnittlige student	1	2	3	4	5	6	7
12	Jeg er lik den gjennomsnittlige student	1	2	3	4	5	6	7
13	Jeg er en typisk student	1	2	3	4	5	6	7
14	Studenter har mye til felles med hverandre	1	2	3	4	5	6	7
15	Studenter er veldig like hverandre	1	2	3	4	5	6	7
16	Studenter deler mange av de samme trekkene	1	2	3	4	5	6	7

Tusen takk! Snu over til neste side og les det som blir presentert for deg!

Vær vennlig å lese teksten nedenfor og forestill deg selv at du er i denne situasjonen:

En av studentene i klassen din ringer deg og spør om du kan gå inn på nettet og sjekke resultatene på eksamen siden de selv ikke kommer inn på nettet. Når du senere finner det ut, ser du at eksamensresultatene til denne studenten er veldig dårlig, men at det er bestått.

Du bestemmer deg for ikke å fortelle hva du har funnet ut

Nå er det viktig at du forestiller deg det følgende:

Du er **100%** sikker på at denne studenten **ikke** kommer til å fortelle andre studenter hva du akkurat har fortalt.

På en skala fra 0% til 100% - hvor sikker er du på følgende:

Denne studenten **vil** fortelle om dette til andre: _____%

Denne studenten vil **ikke** fortelle om dette til andre: _____%

Vennligst skriv meget kort hva du ble bedt om å forestille deg i den innledende fortellingen:

Vennligst snu over til neste side og svar på påstandene nedenfor!

Full Questionnaire of Study 1 in Norwegian version

	Når du tenker på det du ble fortalt å fokusere på. Hvor mye tenker og føler du om følgende?							
		Ikke i det hele tatt				**Veldig enig**		
17	Det jeg sa i denne situasjonen var galt	1	2	3	4	5	6	7
18	Min oppførsel i denne situasjonen var tvilsom	1	2	3	4	5	6	7
19	Det jeg sa i denne situasjonen var feil	1	2	3	4	5	6	7
20	Det jeg sa var ikke bra	1	2	3	4	5	6	7
21	Andre studenter kan mislike meg på grunn av det jeg sa	1	2	3	4	5	6	7
22	Andre studenter vil ikke lenger tenke godt om meg på grunn av det jeg sa	1	2	3	4	5	6	7
23	Andre studenter kan «holde meg utenfor» på grunn av det jeg sa	1	2	3	4	5	6	7
24	Andre studenter vil ikke ha den samme respekten for meg pga det jeg sa	1	2	3	4	5	6	7
25	Studenten som ringte meg kan mislike meg på grunn av det jeg sa	1	2	3	4	5	6	7
26	Studenten som ringte meg kan «holde meg utenfor» på grunn av det jeg sa	1	2	3	4	5	6	7
27	Studenten som ringte meg vil ikke ha den samme respekten for meg pga det jeg sa	1	2	3	4	5	6	7
28	Studenten som ringte meg vil ikke lenger tenke godt om meg pga det jeg sa	1	2	3	4	5	6	7
29	Det jeg sa avslørte en moralsk feil hos meg	1	2	3	4	5	6	7
30	Jeg tror jeg er defekt på en eller annen måte på grunn av det jeg sa	1	2	3	4	5	6	7
31	Jeg tror det som har skjedd vil bli et «svart hull» i hukommelsen min	1	2	3	4	5	6	7
32	Jeg skjems når jeg tenker på hva jeg har sagt	1	2	3	4	5	6	7
33	Jeg føler meg ydmyket når jeg tenker på hva jeg har sagt	1	2	3	4	5	6	7
34	Jeg skammer meg når jeg tenker på hva jeg har sagt	1	2	3	4	5	6	7
35	Jeg føler meg mindreverdig når jeg tenker på hva jeg har sagt	1	2	3	4	5	6	7
36	Jeg føler meg sårbar når jeg tenker på hva jeg har sagt	1	2	3	4	5	6	7
37	Jeg føler meg avvist når jeg tenker på hva jeg har sagt	1	2	3	4	5	6	7
38	Jeg føler meg alene når jeg tenker på hva jeg har sagt	1	2	3	4	5	6	7

Når du tenker over det som du gjorde. Hvor mye føler du av det følgende:

		Ikke i det hele tatt				Veldig enig		
39	Jeg føler meg tilbaketrukket når jeg tenker på hva jeg sa	1	2	3	4	5	6	7
40	Jeg føler meg avslått når jeg tenker på hva jeg sa	1	2	3	4	5	6	7
41	Hvis jeg hadde kunnet, ville jeg unngått denne studenten som ringte meg	1	2	3	4	5	6	7
42	Jeg vil helst ikke bli blandet inn i diskusjoner om det jeg sa	1	2	3	4	5	6	7
43	Hvis jeg treffer denne studenten som ringte meg, så ville jeg ha tenkt på noe annet enn det jeg sa	1	2	3	4	5	6	7
44	Jeg skulle likt å glemme dette	1	2	3	4	5	6	7
45	Jeg skulle likt å glemme alt jeg sa til denne studenten som ringte meg	1	2	3	4	5	6	7
46	Jeg vil gjøre det mindre klart for andre studenter når det gjelder det jeg sa	1	2	3	4	5	6	7
47	Jeg vil være forsiktig med å dele informasjon om det som skjedde	1	2	3	4	5	6	7
48	Jeg tenker jeg vil gjøre betydningen av denne historien mindre viktig for andre	1	2	3	4	5	6	7
49	Jeg tenker jeg vil sensurere meg selv i denne saken	1	2	3	4	5	6	7
50	Jeg tenker jeg vil oppmuntre folk til å fokusere på «den andre siden av historien»	1	2	3	4	5	6	7
51	Jeg synes studenten er årsaken til det jeg sa	1	2	3	4	5	6	7
52	Jeg synes studenten har skylden for det jeg har sagt	1	2	3	4	5	6	7
53	Jeg tror denne studenten kunne ha hindret denne situasjonen i å utvikle seg	1	2	3	4	5	6	7
54	Jeg tror denne studentene er ansvarlig for det jeg har sagt	1	2	3	4	5	6	7
55	Hadde jeg kunnet så ville jeg gjerne ha fortalt studenten som ringte meg om hvordan jeg føler det	1	2	3	4	5	6	7
56	Det er viktig at studenten som ringte meg får vite hvordan jeg føler om dette	1	2	3	4	5	6	7
57	Jeg ville ha likt å uttrykke min bekymring til denne studenten som ringte meg	1	2	3	4	5	6	7
58	Jeg tror jeg er årsaken til det jeg sa	1	2	3	4	5	6	7
59	Jeg tror jeg har skylden for det jeg har sagt	1	2	3	4	5	6	7

Når du tenker over det som du gjorde. Hvor mye føler du av det følgende:

		Ikke i det hele tatt					Veldig enig	
60	Jeg tror jeg er ansvarlig for det jeg har sagt	1	2	3	4	5	6	7
61	Jeg tror jeg kunne ha stoppet situasjonen fra å utvikle seg	1	2	3	4	5	6	7
62	Jeg vil prøve å reparere noe av den skaden jeg har forårsaket	1	2	3	4	5	6	7
63	Jeg føler jeg burde kompensere for det jeg sa til studenten som ringte meg	1	2	3	4	5	6	7
64	Jeg føler jeg burde fikse forholdet mellom meg og studenten som ringte	1	2	3	4	5	6	7
65	Jeg føler jeg burde tilby følelsesmessig støtte til studenten som ringte meg	1	2	3	4	5	6	7
66	Jeg vil gjerne at studenten som ringte meg skal like meg	1	2	3	4	5	6	7
67	Jeg vil gjerne at studenten som ringte meg skal akseptere meg	1	2	3	4	5	6	7
68	Jeg vil gjerne at studenten som ringte meg skal anerkjenne meg	1	2	3	4	5	6	7
69	Jeg vil gjerne at studenten som ringte meg skal verdsette meg	1	2	3	4	5	6	7
70	Hadde jeg kunnet, ville jeg likt å fortelle studenten som ringte meg at jeg er lei meg	1	2	3	4	5	6	7
71	Det er viktig at studenten som ringte meg får vite at jeg føler meg uvel på grunn av det jeg har sagt	1	2	3	4	5	6	7
72	Det er viktig at studenten som ringte meg får vite at jeg ikke har det bra pga det jeg har sagt	1	2	3	4	5	6	7
73	Jeg skulle likt å uttrykke min medfølelse til studenten som ringte meg	1	2	3	4	5	6	7
74	Jeg føler meg nær studenten som ringte meg	1	2	3	4	5	6	7
75	Jeg føler jeg og studenten som ringte meg har noe til felles	1	2	3	4	5	6	7
76	Jeg føler meg knyttet til studenten som ringte meg	1	2	3	4	5	6	7
77	Jeg føler at jeg og studenten som ringte meg har en tilhørighet	1	2	3	4	5	6	7
78	Jeg tror studenten som ringte meg ville bli såret for det jeg sa	1	2	3	4	5	6	7
79	Jeg tror studenten som ringte meg vil føle seg uvel pga det jeg sa	1	2	3	4	5	6	7
80	Jeg tror studenten som ringte meg ikke vil bli glad for det jeg har sagt	1	2	3	4	5	6	7
81	Jeg utformet innholdet i det jeg sa til studenten som ringte meg	1	2	3	4	5	6	7
82	Jeg er ansvarlig for selve innholdet i det jeg sa til studenten som ringte meg	1	2	3	4	5	6	7

Når du tenker over det som du gjorde. Hvor mye føler du av det følgende:

		Ikke i det hele tatt					Veldig enig	
83	Jeg er ansvarlig for å ha overlevert budskapet til den som ringte meg	1 2 3 4 5 6 7
84	Jeg er ansvarlig for å ha kommunisert budskapet til den som ringte meg	1 2 3 4 5 6 7
85	Jeg tror jeg er ansvarlig for denne studentens mulige sårede følelser	1 2 3 4 5 6 7

Hvem så du for deg at du ga denne beskjeden til; sett sirkel rundt kun **ETT** av alternativene:

Familiemedlem   Romantisk partner   En nær venn   En venn   En bekjent

Til slutt, kanskje du kunne ha beskrevet en gang du har snakket med en annen person om et ubehagelig tema, hvor du sto i fare for å såre den andre? (Stikkord; Hva tenkte du før du skulle si det, hva sa du, hvordan sa du det, hva følte du i situasjonen, hvordan reagerte du i situasjonen, hvordan reagerte den du snakket med)?

Her kan du skrive ned tanker eller ideer om denne studien dersom du ønsker det:

Tusen takk for deltagelsen din!

Study 2:Frontpage of Condition 1 English version

Dear participant!

Your participation is 100% anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you. You are free to withdraw at any time during the investigation.

Please provide gender	☐ Hankjønn ☐ Hunkjønn
Please provide your age:	
Please provide your current or last level of education:	

Please think of a specific person that is your friend. Imagine that you find out something unpleasant that is relevant to your friend. You know that your friend will be very upset when he/she gets to hear it, so you decide NOT to tell your friend what you have found out.

Please say exactly what kind of unpleasant news you were thinking about:

How likely is it that your friend would have figured it out if you did not tell him/her about it? Please mark by circling what you think is the most likely percentage. 100% = they will definitely find out, and 0% = is unlikely.

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

Who did you imagined giving this message;

Family member   Romantic partner   A close friend   A friend   An acquaintance

Please turn the page!

Study 2:Frontpage of Condition 2 English version

Dear participant!

Your participation is 100% anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you. You are free to withdraw at any time during the investigation.

Please provide gender	☐ Hankjønn ☐ Hunkjønn
Please provide your age:	
Please provide your current or last level of education:	

Please think of a specific person that is your friend. Imagine that you find out something unpleasant that is relevant to your friend. You know that your friend will be very upset when he/she gets to hear it, so you decide to tell your friend what you have found out.

Please say exactly what kind of unpleasant news you were thinking about:

How likely is it that your friend would have figured it out if you did not tell him/her about it? Please mark by circling what you think is the most likely percentage. 100% = they will definitely find out, and 0% = is unlikely.

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

Who did you imagined giving this message;

Family member   Romantic partner   A close friend   A friend   An acquaintance

Please turn the page!

Full Questionnaire of Study 2, Condition 1 English version

Keep in mind, you decide NOT to tell your friend what you have found out.

		Not at all					Very much	
1	What I did in that situation was wrong	1	2	3	4	5	6	7
2	My behaviour in that situation was questionable	1	2	3	4	5	6	7
3	What I did in that situation was a mistake	1	2	3	4	5	6	7
4	What I did was bad	1	2	3	4	5	6	7
5	Other people will isolate me for what I did	1	2	3	4	5	6	7
6	Other people will no longer think well of me for what I did	1	2	3	4	5	6	7
7	I think I could be isolated from other students because of this situation	1	2	3	4	5	6	7
8	Other students may not have the same respect for me because of what I did	1	2	3	4	5	6	7
9	My friend can condemn me for what I did	1	2	3	4	5	6	7
10	I think I could be isolated from my friend because of this situation	1	2	3	4	5	6	7
11	My friend may not have the same respect for me because of what I did	1	2	3	4	5	6	7
12	My friend will isolate me because of what I did	1	2	3	4	5	6	7
13	What I did revealed a moral failure in me	1	2	3	4	5	6	7
14	I think I am defective in some way because of what I did	1	2	3	4	5	6	7
15	I feel disgraced when I think about what I did	1	2	3	4	5	6	7
16	I feel humiliated when I think about what I did	1	2	3	4	5	6	7
17	I feel ashamed when I think about what I did	1	2	3	4	5	6	7
18	I feel inferior when I think about what I did	1	2	3	4	5	6	7
19	I feel that I am vulnerable when I think about what I did	1	2	3	4	5	6	7
20	I feel rejected when I think about what I did	1	2	3	4	5	6	7
21	I feel alone when I think about what I did	1	2	3	4	5	6	7
22	I feel withdrawn when I think about what I did	1	2	3	4	5	6	7

	Keep in mind, you decide NOT to tell your friend what you have found out.							

		Not at all						**Very much**
23	I feel rebuffed when I think about what I did	1	2	3	4	5	6	7
24	I feel guilty when I think about what I did	1	2	3	4	5	6	7
25	Thinking about the message I gave, I feel guilty	1	2	3	4	5	6	7
26	I feel responsible when I think about what I did	1	2	3	4	5	6	7
27	I feel remorse reflecting on what I did	1	2	3	4	5	6	7
28	If I could I would like to avoid my friend	1	2	3	4	5	6	7
29	I would rather not get mixed up in discussions about what I did	1	2	3	4	5	6	7
30	If I were to confront my friend, I would control my thoughts and think of something else than what I did	1	2	3	4	5	6	7
31	I would like to forget about this	1	2	3	4	5	6	7
32	I would like to forget about everything I did to my friend	1	2	3	4	5	6	7
33	I think I will make it less clear to others what I said	1	2	3	4	5	6	7
34	I think I will be cautious sharing this information about what happened	1	2	3	4	5	6	7
35	I think I will make the impact of this story less important to others	1	2	3	4	5	6	7
36	I would like to cover-up what happened	1	2	3	4	5	6	7
37	I think I would encourage people to focus on the "other side of the story"	1	2	3	4	5	6	7
38	I think my friend is the cause of what I did	1	2	3	4	5	6	7
39	I think my friend was to blame for what I did	1	2	3	4	5	6	7
40	I think my friend could have stopped the situation from evolving	1	2	3	4	5	6	7
41	I think my friend is responsible for what happened	1	2	3	4	5	6	7
42	If I could I would like to tell my friend how I feel	1	2	3	4	5	6	7
43	It is important that my friend get to know what I feel about this	1	2	3	4	5	6	7

	Keep in mind, you decide NOT to tell your friend what you have found out.							

		Not at all						**Very much**
44	I would like to express my concern to my friend	1	2	3	4	5	6	7
45	I would like to express my empathy to my friend	1	2	3	4	5	6	7
46	I think I am the cause of what I did	1	2	3	4	5	6	7
47	I think I am to blame for what I did	1	2	3	4	5	6	7
48	I think I am responsible for what I did	1	2	3	4	5	6	7
49	I think I could have stopped the situation from evolving	1	2	3	4	5	6	7
50	I will try to repair some of the damage I have caused	1	2	3	4	5	6	7
51	I feel I should compensate to my friend for what I said	1	2	3	4	5	6	7
52	I feel I should re-establish the relationship between me and my friend	1	2	3	4	5	6	7
53	I feel I should offer emotional support to my friend	1	2	3	4	5	6	7
54	I think about how my friend must feel about the message	1	2	3	4	5	6	7
55	I can imagine that the message is unpleasant for my friend	1	2	3	4	5	6	7
56	I can picture myself the distress my friend must feel	1	2	3	4	5	6	7
57	I feel bad for my friend	1	2	3	4	5	6	7
58	I feel awful for what my friend is going through	1	2	3	4	5	6	7
59	I can feel my friends' suffering	1	2	3	4	5	6	7
60	I want my friend to like me	1	2	3	4	5	6	7
61	I want my friend to accept me	1	2	3	4	5	6	7
62	I would like my friend to recognize me	1	2	3	4	5	6	7
63	I would like my friend to value me	1	2	3	4	5	6	7

	Keep in mind, you decide NOT to tell your friend what you have found out.							

		Not at all						**Very much**
64	I feel close to my friend	1	2	3	4	5	6	7
65	I feel that I and my friend have something in common	1	2	3	4	5	6	7
66	I feel connected to my friend	1	2	3	4	5	6	7
67	I think my friend will be hurt for what I did	1	2	3	4	5	6	7
68	I think my friend will be unwell because of what I did	1	2	3	4	5	6	7
69	I think my friend will not be happy for what I did	1	2	3	4	5	6	7
70	The feedback I gave will unbalance the relationship between the two of us	1	2	3	4	5	6	7
71	The feedback I gave will make the two of us less equal	1	2	3	4	5	6	7
72	What I did was dishonest	1	2	3	4	5	6	7
73	What I did was the same as lying	1	2	3	4	5	6	7
74	I deceived my friend	1	2	3	4	5	6	7
75	I broke the rule that you should always tell the truth	1	2	3	4	5	6	7
76	I think what I did was right	1	2	3	4	5	6	7
77	I think what I did was moral	1	2	3	4	5	6	7
78	I think what I did was immoral	1	2	3	4	5	6	7
79	Because of the unpleasant information, my friend will think he/she has some moral failure	1	2	3	4	5	6	7
80	Because of the unpleasant information, my friend will think he/she is defective	1	2	3	4	5	6	7
81	Because of the unpleasant information, my friend will think other people can condemn him/her	1	2	3	4	5	6	7

Keep in mind, you decide NOT to tell your friend what you have found out.

		Not at all						Very much
82	Because of the unpleasant information, my friend will think other people will no longer think well of her	1	2	3	4	5	6	7
83	Because of the unpleasant information, my friend could be isolated from other people	1	2	3	4	5	6	7
84	Because of the unpleasant information, other people may not have the same respect for him/her	1	2	3	4	5	6	7

There are other ways to communicate unpleasant information. Could we ask you how likely it would be, that you would actually take each of these approaches:

	Not at all						Very much
I would have provided the message in a detailed way	1	2	3	4	5	6	7
I would have provided the message in an empathic way	1	2	3	4	5	6	7
I would avoided to be detailed when I told this message	1	2	3	4	5	6	7
I would avoided to be empathic when I told this message	1	2	3	4	5	6	7
I would have provided the message without focusing on the person, but instead focused on providing the message in detail	1	2	3	4	5	6	7
I would have provided the message by being empathic with the person, while downplaying the seriousness of the situation	1	2	3	4	5	6	7
I would have provided the message by being empathic with the person, while focusing on providing the message in detail	1	2	3	4	5	6	7

Thank you very much for helping us!

Full Questionnaire of Study 2, Condition 2 English version

Keep in mind, you decide to tell your friend what you have found out.

		Not at all					Very much	
1	What I did in that situation was wrong	1	2	3	4	5	6	7
2	My behaviour in that situation was questionable	1	2	3	4	5	6	7
3	What I did in that situation was a mistake	1	2	3	4	5	6	7
4	What I did was bad	1	2	3	4	5	6	7
5	Other people will isolate me for what I did	1	2	3	4	5	6	7
6	Other people will no longer think well of me for what I did	1	2	3	4	5	6	7
7	I think I could be isolated from other students because of this situation	1	2	3	4	5	6	7
8	Other students may not have the same respect for me because of what I did	1	2	3	4	5	6	7
9	My friend can condemn me for what I did	1	2	3	4	5	6	7
10	I think I could be isolated from my friend because of this situation	1	2	3	4	5	6	7
11	My friend may not have the same respect for me because of what I did	1	2	3	4	5	6	7
12	My friend will isolate me because of what I did	1	2	3	4	5	6	7
13	What I did revealed a moral failure in me	1	2	3	4	5	6	7
14	I think I am defective in some way because of what I did	1	2	3	4	5	6	7
15	I feel disgraced when I think about what I did	1	2	3	4	5	6	7
16	I feel humiliated when I think about what I did	1	2	3	4	5	6	7
17	I feel ashamed when I think about what I did	1	2	3	4	5	6	7
18	I feel inferior when I think about what I did	1	2	3	4	5	6	7
19	I feel that I am vulnerable when I think about what I did	1	2	3	4	5	6	7
20	I feel rejected when I think about what I did	1	2	3	4	5	6	7
21	I feel alone when I think about what I did	1	2	3	4	5	6	7
22	I feel withdrawn when I think about what I did	1	2	3	4	5	6	7

Keep in mind, you decide to tell your friend what you have found out.

		Not at all					Very much	
		1	2	3	4	5	6	7
23	I feel rebuffed when I think about what I did	1	2	3	4	5	6	7
24	I feel guilty when I think about what I did	1	2	3	4	5	6	7
25	Thinking about the message I gave, I feel guilty	1	2	3	4	5	6	7
26	I feel responsible when I think about what I did	1	2	3	4	5	6	7
27	I feel remorse reflecting on what I did	1	2	3	4	5	6	7
28	If I could I would like to avoid my friend	1	2	3	4	5	6	7
29	I would rather not get mixed up in discussions about what I did	1	2	3	4	5	6	7
30	If I were to confront my friend, I would control my thoughts and think of something else than what I did	1	2	3	4	5	6	7
31	I would like to forget about this	1	2	3	4	5	6	7
32	I would like to forget about everything I did to my friend	1	2	3	4	5	6	7
33	I think I will make it less clear to others what I said	1	2	3	4	5	6	7
34	I think I will be cautious sharing this information about what happened	1	2	3	4	5	6	7
35	I think I will make the impact of this story less important to others	1	2	3	4	5	6	7
36	I would like to cover-up what happened	1	2	3	4	5	6	7
37	I think I would encourage people to focus on the "other side of the story"	1	2	3	4	5	6	7
38	I think my friend is the cause of what I did	1	2	3	4	5	6	7
39	I think my friend was to blame for what I did	1	2	3	4	5	6	7
40	I think my friend could have stopped the situation from evolving	1	2	3	4	5	6	7
41	I think my friend is responsible for what happened	1	2	3	4	5	6	7
42	If I could I would like to tell my friend how I feel	1	2	3	4	5	6	7
43	It is important that my friend get to know what I feel about this	1	2	3	4	5	6	7

	Keep in mind, you decide to tell your friend what you have found out.							
		Not at all						**Very much**
44	I would like to express my concern to my friend	1	2	3	4	5	6	7
45	I would like to express my empathy to my friend	1	2	3	4	5	6	7
46	I think I am the cause of what I did	1	2	3	4	5	6	7
47	I think I am to blame for what I did	1	2	3	4	5	6	7
48	I think I am responsible for what I did	1	2	3	4	5	6	7
49	I think I could have stopped the situation from evolving	1	2	3	4	5	6	7
50	I will try to repair some of the damage I have caused	1	2	3	4	5	6	7
51	I feel I should compensate to my friend for what I said	1	2	3	4	5	6	7
52	I feel I should re-establish the relationship between me and my friend	1	2	3	4	5	6	7
53	I feel I should offer emotional support to my friend	1	2	3	4	5	6	7
54	I think about how my friend must feel about the message	1	2	3	4	5	6	7
55	I can imagine that the message is unpleasant for my friend	1	2	3	4	5	6	7
56	I can picture myself the distress my friend must feel	1	2	3	4	5	6	7
57	I feel bad for my friend	1	2	3	4	5	6	7
58	I feel awful for what my friend is going through	1	2	3	4	5	6	7
59	I can feel my friends' suffering	1	2	3	4	5	6	7
60	I want my friend to like me	1	2	3	4	5	6	7
61	I want my friend to accept me	1	2	3	4	5	6	7
62	I want my friend to recognize me	1	2	3	4	5	6	7
63	I want my friend to value me	1	2	3	4	5	6	7

hat I did

1　2　3　4　5　6　7

Keep in mind, you decide to tell your friend what you have found out.

		Not at all						Very much
64	I feel close to my friend	1	2	3	4	5	6	7
65	I feel that I and my friend have something in common	1	2	3	4	5	6	7
66	I feel connected to my friend	1	2	3	4	5	6	7
67	I think my friend will be hurt for what I did	1	2	3	4	5	6	7
68	I think my friend will be unwell because of what I did	1	2	3	4	5	6	7
69	I think my friend will not be happy for what I did	1	2	3	4	5	6	7
70	The feedback I gave will unbalance the relationship between the two of us	1	2	3	4	5	6	7
71	The feedback I gave will make the two of us less equal	1	2	3	4	5	6	7
72	What I did was dishonest	1	2	3	4	5	6	7
73	What I did was the same as lying	1	2	3	4	5	6	7
74	I deceived my friend	1	2	3	4	5	6	7
75	I broke the rule that you should always tell the truth	1	2	3	4	5	6	7
76	I think what I did was right	1	2	3	4	5	6	7
77	I think what I did was moral	1	2	3	4	5	6	7
78	I think what I did was immoral	1	2	3	4	5	6	7
79	Because of the unpleasant information, my friend will think he/she has some moral failure	1	2	3	4	5	6	7
80	Because of the unpleasant information, my friend will think he/she is defective	1	2	3	4	5	6	7
81	Because of the unpleasant information, my friend will think other people can condemn him/her	1	2	3	4	5	6	7

	Keep in mind, you decide to tell your friend what you have found out.								

		Not at all						**Very much**
82	Because of the unpleasant information, my friend will think other people will no longer think well of her	1	2	3	4	5	6	7
83	Because of the unpleasant information, my friend could be isolated from other people	1	2	3	4	5	6	7
84	Because of the unpleasant information, other people may not have the same respect for him/her	1	2	3	4	5	6	7

There are other ways to communicate unpleasant information. Could we ask you how likely it would be, that you would actually take each of these approaches:

	Not at all						**Very much**
I would have provided the message in a detailed way	1	2	3	4	5	6	7
I would have provided the message in an empathic way	1	2	3	4	5	6	7
I would avoided to be detailed when I told this message	1	2	3	4	5	6	7
I would avoided to be empathic when I told this message	1	2	3	4	5	6	7
I would have provided the message without focusing on the person, but instead focused on providing the message in detail	1	2	3	4	5	6	7
I would have provided the message by being empathic with the person, while downplaying the seriousness of the situation	1	2	3	4	5	6	7
I would have provided the message by being empathic with the person, while focusing on providing the message in detail	1	2	3	4	5	6	7

Thank you very much for helping us!

Study 2: Frontpage of Condition 1 Norwegian version

Kjære deltager!

Deltagelsen din er 100 % anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien.

Vennligst oppgi kjønn:	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din evt. utdanning:	

Vær vennlig å tenke på en bestemt person som er din venn. Forestill deg at du finner ut noe ubehagelig som angår vennen din. Du vet at vennen din vil bli veldig opprørt hvis han/henne får vite om dette ubehagelige, så du bestemmer deg for IKKE å fortelle vennen din det du har funnet ut.

Vær vennlig å skrive ned den ubehagelige nyheten du tenkte på:

Hvor sannsynlig er det at vennen din ville ha funnet ut av dette siden du ikke fortalte han/henne om det? Sett ring rundt den prosenten som du synes virker sannsynlig. 100% er helt garantert at de finner ut av det, og 0% er helt usannsynlig:

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

Hvem så du for deg at du ga denne beskjeden til; sett sirkel rundt kun **ETT** av alternativene:

Familiemedlem   Romantisk partner   En nær venn   En venn   En bekjent

Vær vennlig å snu arket!

Study 2: Frontpage of Condition 2 Norwegian version

Kjære deltager!

Deltagelsen din er 100 % anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien.

Vennligst oppgi kjønn:	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din evt. utdanning:	

Vær vennlig å tenke på en bestemt person som er din venn. Forestill deg at du finner ut noe ubehagelig som angår vennen din. Du vet at vennen din vil bli veldig opprørt hvis han/henne får vite om dette ubehagelige, så du bestemmer deg for å fortelle vennen din alt du har funnet ut.

Vær vennlig å skrive ned den ubehagelige nyheten du tenkte på:

Hvor sannsynlig er det at vennen din ville ha funnet ut av dette hvis du ikke hadde fortalt han/henne om det? Sett ring rundt den prosenten som du synes virker sannsynlig. 100% er helt garantert at de finner ut av det, og 0% er helt usannsynlig:

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

Hvem så du for deg at du ga denne beskjeden til; sett sirkel rundt kun **ETT** av alternativene:

Familiemedlem   Romantisk partner   En nær venn   En venn   En bekjent

Vær vennlig å snu arket!

Full Questionnaire of Study 2, Condition 1 Norwegian version

Husk at du IKKE fortalte det du visste om dette ubehagelige!

		Ikke i det hele tatt					**Veldig enig**	
1	Det jeg gjorde i denne situasjonen var galt	1	2	3	4	5	6	7
2	Oppførselen min i denne situasjonen var tvilsom	1	2	3	4	5	6	7
3	Det jeg gjorde i denne situasjonen var feil	1	2	3	4	5	6	7
4	Det jeg gjorde var ikke bra	1	2	3	4	5	6	7
5	Andre folk vil isolere meg på grunn av det jeg gjorde	1	2	3	4	5	6	7
6	Andre folk vil ikke lenger tenke godt om meg på grunn av det jeg gjorde	1	2	3	4	5	6	7
7	Andre folk kan «holde meg utenfor» på grunn av denne situasjonen	1	2	3	4	5	6	7
8	Andre folk vil ikke ha den samme respekten for meg pga det jeg gjorde	1	2	3	4	5	6	7
9	Vennen min kan mislike meg på grunn av det jeg gjorde	1	2	3	4	5	6	7
10	Vennen min kan «holde meg utenfor» på grunn av denne dette	1	2	3	4	5	6	7
11	Vennen min vil ikke ha den samme respekten for meg pga dette	1	2	3	4	5	6	7
12	Vennen min vil isolere meg pga det jeg gjorde	1	2	3	4	5	6	7
13	Det jeg gjorde avslørte en moralsk feil hos meg	1	2	3	4	5	6	7
14	Jeg tror jeg er defekt på en eller annen måte på grunn av det jeg gjorde	1	2	3	4	5	6	7
15	Jeg skjems når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
16	Jeg føler meg ydmyket når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
17	Jeg skammer meg når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
18	Jeg føler meg mindreverdig når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
19	Jeg føler meg sårbar når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7

	Husk at du IKKE fortalte det du visste om dette ubehagelige!							
		Ikke i det hele tatt					**Veldig enig**	
20	Jeg føler meg avvist når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
21	Jeg føler meg alene når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
22	Jeg føler meg tilbaketrukket når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
23	Jeg føler meg avslått når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
24	Jeg føler meg skyldig når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
25	Når jeg tenker på den tilbakemeldingen jeg ga, føler jeg meg skyldig	1	2	3	4	5	6	7
26	Jeg føler meg ansvarlig når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
27	Jeg føler anger når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
28	Hvis jeg hadde kunnet, ville jeg unngått vennen min	1	2	3	4	5	6	7
29	Jeg vil helst ikke bli blandet inn i diskusjoner om det jeg gjorde	1	2	3	4	5	6	7
30	Hvis jeg treffer vennen min, så ville jeg ha tenkt på noe annet enn det jeg gjorde	1	2	3	4	5	6	7
31	Jeg skulle likt å glemme dette	1	2	3	4	5	6	7
32	Jeg skulle likt å glemme det jeg gjorde mot vennen min	1	2	3	4	5	6	7
33	Jeg vil gjøre det mindre klart for andre når det gjelder det jeg gjorde	1	2	3	4	5	6	7
34	Jeg vil være forsiktig med å dele informasjon om det som skjedde	1	2	3	4	5	6	7
35	Jeg tenker jeg vil gjøre betydningen av denne historien mindre viktig for andre	1	2	3	4	5	6	7
36	Jeg kunne tenke meg å dekke over dette her	1	2	3	4	5	6	7
37	Jeg tenker jeg vil oppmuntre folk til å fokusere på «den andre siden av historien»	1	2	3	4	5	6	7
38	Jeg synes vennen min er årsaken til dette	1	2	3	4	5	6	7
39	Jeg synes vennen min har skylden for dette	1	2	3	4	5	6	7

	Husk at du IKKE fortalte det du visste om dette ubehagelige!							
		Ikke i det hele tatt					**Veldig enig**	
40	Jeg tror vennen min kunne ha hindret dette i å utvikle seg	1	2	3	4	5	6	7
41	Jeg tror vennen min er ansvarlig for dette	1	2	3	4	5	6	7
42	Hadde jeg kunnet så ville jeg gjerne ha fortalt vennen min at jeg er lei meg pga dette	1	2	3	4	5	6	7
43	Det er viktig at vennen min får vite at jeg føler meg uvel pga dette	1	2	3	4	5	6	7
44	Jeg ville ha likt å uttrykke at jeg er bekymret pga dette	1	2	3	4	5	6	7
45	Jeg skulle likt å uttrykke min medfølelse til vennen min	1	2	3	4	5	6	7
46	Jeg tror jeg er årsaken til det jeg gjorde	1	2	3	4	5	6	7
47	Jeg tror jeg har skylden for det jeg gjorde	1	2	3	4	5	6	7
48	Jeg tror jeg er ansvarlig for det jeg gjorde	1	2	3	4	5	6	7
49	Jeg tror jeg kunne ha stoppet situasjonen fra å utvikle seg	1	2	3	4	5	6	7
50	Jeg vil prøve å reparere noe av den skaden jeg har forårsaket	1	2	3	4	5	6	7
51	Jeg føler jeg burde kompensere for det jeg sa til vennen min	1	2	3	4	5	6	7
52	Jeg føler jeg burde fikse forholdet mellom meg og vennen min	1	2	3	4	5	6	7
53	Jeg føler jeg burde tilby følelsesmessig støtte til vennen min	1	2	3	4	5	6	7
54	Jeg tenker på hvordan vennen min må ha følt om tilbakemeldingen jeg gav	1	2	3	4	5	6	7
55	Jeg kan forestille meg at vennen min følte tilbakemeldingen min var ubehagelig	1	2	3	4	5	6	7
56	Jeg kan se for meg at vennen min følte tilbakemeldingen var oppskakende	1	2	3	4	5	6	7
57	Jeg føler meg dårlig når jeg tenker på vennen min	1	2	3	4	5	6	7
58	Jeg føler meg forferdelig for det som vennen min gikk igjennom	1	2	3	4	5	6	7
59	Jeg kan føle min venns lidelse	1	2	3	4	5	6	7
60	Jeg vil at min venn skal like meg	1	2	3	4	5	6	7

	Husk at du IKKE fortalte det du visste om dette ubehagelige!							
		Ikke i det hele tatt					**Veldig enig**	
61	Jeg vil at vennen min skal akseptere meg	1	2	3	4	5	6	7
62	Jeg vil gjerne at vennen min skal anerkjenne meg	1	2	3	4	5	6	7
63	Jeg vil gjerne at vennen min skal verdsette meg	1	2	3	4	5	6	7
64	Jeg føler meg nær vennen min	1	2	3	4	5	6	7
65	Jeg føler jeg og min venn har noe til felles	1	2	3	4	5	6	7
66	Jeg føler meg knyttet til vennen min	1	2	3	4	5	6	7
67	Jeg tror min venn ville bli såret for det jeg gjorde	1	2	3	4	5	6	7
68	Jeg tror min venn vil føle seg uvel pga det jeg gjorde	1	2	3	4	5	6	7
69	Jeg tror vennen min vil bli lei seg for det jeg gjorde	1	2	3	4	5	6	7
70	Det jeg sa vil ødelegge balansen i forholdet mellom oss	1	2	3	4	5	6	7
71	Det jeg gjorde vil endre på likeverdigheten som var mellom oss	1	2	3	4	5	6	7
72	Jeg var uærlig i det jeg gjorde	1	2	3	4	5	6	7
73	Det jeg gjorde var det samme som å lyve	1	2	3	4	5	6	7
74	Jeg har lurt vennen min	1	2	3	4	5	6	7
75	Jeg brøt regelen om at sannheten alltid skal frem	1	2	3	4	5	6	7
76	Det jeg gjorde var rett	1	2	3	4	5	6	7

	Husk at du IKKE fortalte det du visste om dette ubehagelige!							
	Ikke i det hele tatt						**Veldig enig**	
77	Det jeg gjorde var moralsk rett	1	2	3	4	5	6	7
78	Det jeg gjorde var umoralsk	1	2	3	4	5	6	7
79	På grunn av de dårlige nyhetene, vil vennen min tenke at han/hun har en moralsk feil	1	2	3	4	5	6	7
80	På grunn av de dårlige nyhetene, vil vennen min tenke at han/hun er defekt	1	2	3	4	5	6	7
81	På grunn av de dårlige nyhetene, vil vennen min tenke at andre mennesker kan mislike ham/henne	1	2	3	4	5	6	7
82	På grunn av de dårlige nyhetene, vil vennen min tenke at andre ikke vil ha den samme respekten for ham/henne	1	2	3	4	5	6	7
83	På grunn av de dårlige nyhetene, vil vennen min kunne bli «holdt utenfor» av andre folk	1	2	3	4	5	6	7

Det finnes mange måter å kommunisere ubehagelig informasjon. Hvordan ville du likt og kommunisert på de måtene som er oppgitt nedenfor her:

	Ikke i det hele tatt						**Veldig enig**	
Jeg ville fortalt dette på en detaljert måte	1	2	3	4	5	6	7
Jeg ville fortalt dette på en empatisk måte	1	2	3	4	5	6	7
Jeg ville unngått å være detaljert når jeg fortalte dette	1	2	3	4	5	6	7
Jeg ville unngått å være empatisk når jeg fortalte dette	1	2	3	4	5	6	7
Jeg ville fortalt dette ved ikke å fokusere på personen, men isteden fokusert på en detaljert gjennomgang av hendelsen	1	2	3	4	5	6	7
Jeg ville fortalt dette ved å være empatisk med personen, mens jeg nedtonet de alvorlige sidene ved hendelsen	1	2	3	4	5	6	7
Jeg ville fortalt dette ved å være empatisk med personen, samtidig som jeg ville fokusert på en detaljert gjennomgang av hendelsen	1	2	3	4	5	6	7

Tusen takk for hjelpen din!

Full Questionnaire of Study 2, Condition 2 Norwegian version

Husk at du fortalte alt du visste om dette ubehagelige!

		Ikke i det hele tatt					**Veldig enig**	
1	Det jeg gjorde i denne situasjonen var galt	1	2	3	4	5	6	7
2	Oppførselen min i denne situasjonen var tvilsom	1	2	3	4	5	6	7
3	Det jeg gjorde i denne situasjonen var feil	1	2	3	4	5	6	7
4	Det jeg gjorde var ikke bra	1	2	3	4	5	6	7
5	Andre folk vil isolere meg på grunn av det jeg gjorde	1	2	3	4	5	6	7
6	Andre folk vil ikke lenger tenke godt om meg på grunn av det jeg gjorde	1	2	3	4	5	6	7
7	Andre folk kan «holde meg utenfor» på grunn av denne situasjonen	1	2	3	4	5	6	7
8	Andre folk vil ikke ha den samme respekten for meg pga det jeg gjorde	1	2	3	4	5	6	7
9	Vennen min kan mislike meg på grunn av det jeg gjorde	1	2	3	4	5	6	7
10	Vennen min kan «holde meg utenfor» på grunn av denne dette	1	2	3	4	5	6	7
11	Vennen min vil ikke ha den samme respekten for meg pga dette	1	2	3	4	5	6	7
12	Vennen min vil isolere meg pga det jeg gjorde	1	2	3	4	5	6	7
13	Det jeg gjorde avslørte en moralsk feil hos meg	1	2	3	4	5	6	7
14	Jeg tror jeg er defekt på en eller annen måte på grunn av det jeg gjorde	1	2	3	4	5	6	7
15	Jeg skjems når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
16	Jeg føler meg ydmyket når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
17	Jeg skammer meg når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
18	Jeg føler meg mindreverdig når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
19	Jeg føler meg sårbar når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7

	Husk at du fortalte alt du visste om dette ubehagelige!							
	Ikke i det hele tatt						**Veldig enig**	
20	Jeg føler meg avvist når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
21	Jeg føler meg alene når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
22	Jeg føler meg tilbaketrukket når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
23	Jeg føler meg avslått når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
24	Jeg føler meg skyldig når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
25	Når jeg tenker på den tilbakemeldingen jeg ga, føler jeg meg skyldig	1	2	3	4	5	6	7
26	Jeg føler meg ansvarlig når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
27	Jeg føler anger når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
28	Hvis jeg hadde kunnet, ville jeg unngått vennen min	1	2	3	4	5	6	7
29	Jeg vil helst ikke bli blandet inn i diskusjoner om det jeg gjorde	1	2	3	4	5	6	7
30	Hvis jeg treffer vennen min, så ville jeg ha tenkt på noe annet enn det jeg gjorde	1	2	3	4	5	6	7
31	Jeg skulle likt å glemme dette	1	2	3	4	5	6	7
32	Jeg skulle likt å glemme det jeg gjorde mot vennen min	1	2	3	4	5	6	7
33	Jeg vil gjøre det mindre klart for andre når det gjelder det jeg gjorde	1	2	3	4	5	6	7
34	Jeg vil være forsiktig med å dele informasjon om det som skjedde	1	2	3	4	5	6	7
35	Jeg tenker jeg vil gjøre betydningen av denne historien mindre viktig for andre	1	2	3	4	5	6	7
36	Jeg kunne tenke meg å dekke over dette her	1	2	3	4	5	6	7
37	Jeg tenker jeg vil oppmuntre folk til å fokusere på «den andre siden av historien»	1	2	3	4	5	6	7
38	Jeg synes vennen min er årsaken til dette	1	2	3	4	5	6	7
39	Jeg synes vennen min har skylden for dette	1	2	3	4	5	6	7

	Husk at du fortalte alt du visste om dette ubehagelige!							
		Ikke i det hele tatt					**Veldig enig**	
40	Jeg tror vennen min kunne ha hindret dette i å utvikle seg	1	2	3	4	5	6	7
41	Jeg tror vennen min er ansvarlig for dette	1	2	3	4	5	6	7
42	Hadde jeg kunnet så ville jeg gjerne ha fortalt vennen min at jeg er lei meg pga dette	1	2	3	4	5	6	7
43	Det er viktig at vennen min får vite at jeg føler meg uvel pga dette	1	2	3	4	5	6	7
44	Jeg ville ha likt å uttrykke at jeg er bekymret pga dette	1	2	3	4	5	6	7
45	Jeg skulle likt å uttrykke min medfølelse til vennen min	1	2	3	4	5	6	7
46	Jeg tror jeg er årsaken til det jeg gjorde	1	2	3	4	5	6	7
47	Jeg tror jeg har skylden for det jeg gjorde	1	2	3	4	5	6	7
48	Jeg tror jeg er ansvarlig for det jeg gjorde	1	2	3	4	5	6	7
49	Jeg tror jeg kunne ha stoppet situasjonen fra å utvikle seg	1	2	3	4	5	6	7
50	Jeg vil prøve å reparere noe	1	2	3	4	5	6	7
51	Jeg føler jeg burde kompensere for det jeg sa til vennen min	1	2	3	4	5	6	7
52	Jeg føler jeg burde fikse forholdet mellom meg og vennen min	1	2	3	4	5	6	7
53	Jeg føler jeg burde tilby følelsesmessig støtte til vennen min	1	2	3	4	5	6	7
54	Jeg tenker på hvordan vennen min må ha følt om tilbakemeldingen jeg gav	1	2	3	4	5	6	7
55	Jeg kan forestille meg at vennen min følte tilbakemeldingen min var ubehagelig	1	2	3	4	5	6	7
56	Jeg kan se for meg at venner oppskakende	1	2	3	4	5	6	7
57	Jeg føler meg dårlig når jeg tenker på vennen min	1	2	3	4	5	6	7
58	Jeg føler meg forferdelig for det som vennen min gikk igjennom	1	2	3	4	5	6	7
59	Jeg kan føle min venns lidelse	1	2	3	4	5	6	7
60	Jeg vil at min venn skal like meg	1	2	3	4	5	6	7

	Husk at du fortalte alt du visste om dette ubehagelige!							
		Ikke i det hele tatt					**Veldig enig**	
61	Jeg vil at vennen min skal akseptere meg	1	2	3	4	5	6	7
62	Jeg vil gjerne at vennen min skal anerkjenne meg	1	2	3	4	5	6	7
63	Jeg vil gjerne at vennen min skal verdsette meg	1	2	3	4	5	6	7
64	Jeg føler meg nær vennen min	1	2	3	4	5	6	7
65	Jeg føler jeg og min venn har noe til felles	1	2	3	4	5	6	7
66	Jeg føler meg knyttet til vennen min	1	2	3	4	5	6	7
67	Jeg tror min venn ville bli såret for det jeg gjorde	1	2	3	4	5	6	7
68	Jeg tror min venn vil føle seg uvel pga det jeg gjorde	1	2	3	4	5	6	7
69	Jeg tror vennen min vil bli lei seg for det jeg gjorde	1	2	3	4	5	6	7
70	Det jeg sa vil ødelegge balansen i forholdet mellom oss	1	2	3	4	5	6	7
71	Det jeg gjorde vil endre på likeverdigheten som var mellom oss	1	2	3	4	5	6	7
72	Jeg var uærlig i det jeg gjorde	1	2	3	4	5	6	7
73	Det jeg gjorde var det samme som å lyve	1	2	3	4	5	6	7
74	Jeg har lurt vennen min	1	2	3	4	5	6	7
75	Jeg brøt regelen om at sannheten alltid skal frem	1	2	3	4	5	6	7
76	Det jeg gjorde var rett	1	2	3	4	5	6	7

Husk at du fortalte alt du visste om dette ubehagelige!								

		Ikke i det hele tatt						**Veldig enig**
77	Det jeg gjorde var moralsk rett	1	2	3	4	5	6	7
78	Det jeg gjorde var umoralsk	1	2	3	4	5	6	7
79	På grunn av de dårlige nyhetene, vil vennen min tenke at han/hun har en moralsk feil	1	2	3	4	5	6	7
80	På grunn av de dårlige nyhetene, vil vennen min tenke at han/hun er defekt	1	2	3	4	5	6	7
81	På grunn av de dårlige nyhetene, vil vennen min tenke at andre mennesker kan mislike ham/henne	1	2	3	4	5	6	7
82	På grunn av de dårlige nyhetene, vil vennen min tenke at andre ikke vil ha den samme respekten for ham/henne	1	2	3	4	5	6	7
83	På grunn av de dårlige nyhetene, vil vennen min kunne bli «holdt utenfor» av andre folk	1	2	3	4	5	6	7

Det finnes mange måter å kommunisere ubehagelig informasjon. Hvordan ville du likt og kommunisert på de måtene som er oppgitt nedenfor her:

	Ikke i det hele tatt						**Veldig enig**
Jeg ville fortalt dette på en detaljert måte	1	2	3	4	5	6	7
Jeg ville fortalt dette på en empatisk måte	1	2	3	4	5	6	7
Jeg ville unngått å være detaljert når jeg fortalte dette	1	2	3	4	5	6	7
Jeg ville unngått å være empatisk når jeg fortalte dette	1	2	3	4	5	6	7
Jeg ville fortalt dette ved ikke å fokusere på personen, men isteden fokusert på en detaljert gjennomgang av hendelsen	1	2	3	4	5	6	7
Jeg ville fortalt dette ved å være empatisk med personen, mens jeg nedtonet de alvorlige sidene ved hendelsen	1	2	3	4	5	6	7
Jeg ville fortalt dette ved å være empatisk med personen, samtidig som jeg ville fokusert på en detaljert gjennomgang av hendelsen	1	2	3	4	5	6	7

Tusen takk for hjelpen din!

Study 3: Frontpage of Condition 1 English version

Dear participant!

Thank you very much for taking part in this study. Your participation is 100% anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you.

You are free to withdraw at any time during the investigation. On the last page you can also write down any thoughts, complaints or ideas about this study.

Please provide gender	☐ Hankjønn ☐ Hunkjønn
Please provide your age:	
Please provide your current or last level of education:	

Please read the following text and imagine yourself in this situation:

Imagine that you are supposed to provide feedback to a close student friend on their seminar presentation in the classroom with other students. Their presentation was of low quality. However, you have been instructed by the seminar leader to:

> **Provide feedback that does not focus on the person, but instead focus on an objective and detailed account of the weak sides of their presentation**

Your student friend doesn't know about the instructions of the seminar leader.

Please, write very shortly what you were asked to imagine, and write a few of the things you might say and why you might say it:

Please turn the page and respond to the following statements!

Study 3: Frontpage of Condition 2 English version

Dear participant!

Thank you very much for taking part in this study. Your participation is 100% anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you.

You are free to withdraw at any time during the investigation. On the last page you can also write down any thoughts, complaints or ideas about this study.

Please provide gender	☐ Hankjønn ☑ Hunkjønn
Please provide your age:	
Please provide your current or last level of education:	

Please read the following text and imagine yourself in this situation:

Imagine that you are supposed to provide feedback to a close student friend on their seminar presentation in the classroom with other students. Their presentation was of low quality. However, you have been instructed by the seminar leader to:

Provide feedback that focus on being empathic with the person while toning down the details of the weak sides of their presentation

Your student friend doesn't know about the instructions of the seminar leader.

Please, write very shortly what you were asked to imagine, and write a few of the things you might say and why you might say it:

Please turn the page and respond to the following statements!

Study 3: Frontpage of Condition 3 English version

Dear participant!

Thank you very much for taking part in this study. Your participation is 100% anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you.

You are free to withdraw at any time during the investigation. On the last page you can also write down any thoughts, complaints or ideas about this study.

Please provide gender	☐ Hankjønn ☑ Hunkjønn
Please provide your age:	
Please provide your current or last level of education:	

Please read the following text and imagine yourself in this situation:

Imagine that you are supposed to provide feedback to a close student friend on their seminar presentation in the classroom with other students. Their presentation was of low quality. However, you have been instructed by the seminar leader to:

Provide feedback that focus on being empathic with the person while objectively account for the weak sides of their presentation

Your student friend doesn't know about the instructions of the seminar leader.

Please, write very shortly what you were asked to imagine, and write a few of the things you might say and why you might say it:

Please turn the page and respond to the following statements!

Full Questionnaire of Study 3 English version

When thinking about what you were told to do. How much of the following would you think or feel?							
	Not at all					**Very much**	

		1	2	3	4	5	6	7
1	What I did in that situation was wrong	1	2	3	4	5	6	7
2	My behaviour in that situation was questionable	1	2	3	4	5	6	7
3	What I did in that situation was a mistake	1	2	3	4	5	6	7
4	What I did was bad	1	2	3	4	5	6	7
5	Other students can dislike me for what I did	1	2	3	4	5	6	7
6	Other students will no longer think well of me for what I did	1	2	3	4	5	6	7
7	I think I could be isolated from other students because of this situation	1	2	3	4	5	6	7
8	Other students may not have the same respect for me because of what I did	1	2	3	4	5	6	7
9	My friend can condemn me for what I did	1	2	3	4	5	6	7
10	I think I could be isolated from my friend because of this situation	1	2	3	4	5	6	7
11	My friend may not have the same respect for me because of what I did	1	2	3	4	5	6	7
12	My friend will no longer think well of me for what I did	1	2	3	4	5	6	7
13	What I did revealed a moral failure in me	1	2	3	4	5	6	7
14	I think I am defective in some way because of what I did	1	2	3	4	5	6	7
15	I feel disgraced when I think about what I did	1	2	3	4	5	6	7
16	I feel humiliated when I think about what I did	1	2	3	4	5	6	7
17	I feel ashamed when I think about what I did	1	2	3	4	5	6	7
18	I feel inferior when I think about what I did	1	2	3	4	5	6	7
19	I feel that I am vulnerable when I think about what I did	1	2	3	4	5	6	7
20	I feel rejected when I think about what I did	1	2	3	4	5	6	7
21	I feel alone when I think about what I did	1	2	3	4	5	6	7
22	I feel withdrawn when I think about what I did	1	2	3	4	5	6	7

	When thinking about what you were told to do. How much of the following would you think or feel?							
		Not at all					**Very much**	
23	I feel rebuffed when I think about what I did	1	2	3	4	5	6	7
24	I feel guilty when I think about what I did	1	2	3	4	5	6	7
25	Thinking about the feedback I gave, I feel guilty	1	2	3	4	5	6	7
26	I feel responsible when I think about what I did	1	2	3	4	5	6	7
27	I feel remorse reflecting on what I did	1	2	3	4	5	6	7
28	If I could I would like to avoid my friend	1	2	3	4	5	6	7
29	I would rather not get mixed up in discussions about what I did	1	2	3	4	5	6	7
30	If I were to confront my friend, I would control my thoughts and think of something else than what I did	1	2	3	4	5	6	7
31	I would like to forget about this	1	2	3	4	5	6	7
32	I would like to forget about everything I did to my friend	1	2	3	4	5	6	7
33	I think I will make it less clear to others what I said	1	2	3	4	5	6	7
34	I think I will be cautious sharing this information about what happened	1	2	3	4	5	6	7
35	I think I will make the impact of this story less important to others	1	2	3	4	5	6	7
36	I think I will censor myself on this issue	1	2	3	4	5	6	7
37	I think I would encourage people to focus on the "other side of the story"	1	2	3	4	5	6	7
38	I think my friend is the cause of what I did	1	2	3	4	5	6	7
39	I think my friend was to blame for what I did	1	2	3	4	5	6	7
40	I think my friend could have stopped the situation from evolving	1	2	3	4	5	6	7
41	I think this student is responsible for what happened	1	2	3	4	5	6	7
42	If I could I would like to tell my friend how I feel	1	2	3	4	5	6	7
43	It is important that my friend get to know what I feel about this	1	2	3	4	5	6	7

	When thinking about what you were told to do. How much of the following would you think or feel?	**Not at all**					**Very much**	
44	I would like to express my concern to my friend	1	2	3	4	5	6	7
45	I think I am the cause of what I did	1	2	3	4	5	6	7
46	I think I am to blame for what I did	1	2	3	4	5	6	7
47	I think I am responsible for what I did	1	2	3	4	5	6	7
48	I think I could have stopped the situation from evolving	1	2	3	4	5	6	7
49	I will try to repair some of the d	1	2	3	4	5	6	7
50	I feel I should compensate to my friend for what I did	1	2	3	4	5	6	7
51	I feel I should re-establish the relationship between me and my friend	1	2	3	4	5	6	7
52	I feel I should offer emotional support to my friend	1	2	3	4	5	6	7
53	I think about how my friend must feel about the feedback	1	2	3	4	5	6	7
54	I can imagine that the feedback is unpleasant for my friend	1	2	3	4	5	6	7
55	I can picture myself the distress my friend must feel	1	2	3	4	5	6	7
56	I feel bad for my friend	1	2	3	4	5	6	7
57	I feel awful for what my friend is going through	1	2	3	4	5	6	7
58	I can feel my friends' suffering	1	2	3	4	5	6	7
59	I want my friend to like me	1	2	3	4	5	6	7
60	I want my friend to accept me	1	2	3	4	5	6	7
61	I would like my friend to recognize me	1	2	3	4	5	6	7
62	I would like my friend to value me	1	2	3	4	5	6	7
63	If I could, I would like to tell my friend how sorry I feel	1	2	3	4	5	6	7
64	It is important that my friend know that I feel bad about what I did	1	2	3	4	5	6	7
65	It is important that my close friend knew my unease about this	1	2	3	4	5	6	7

When thinking about what you were told to do. How much of the following would you think or feel?

		Not at all					Very much	
66	I would like to express my concerns to my friend	1	2	3	4	5	6	7
67	I feel close to my friend	1	2	3	4	5	6	7
68	I feel that I and my friend have something in common	1	2	3	4	5	6	7
69	I feel connected to my friend	1	2	3	4	5	6	7
70	I feel connected to my friend	1	2	3	4	5	6	7
71	I think my friend will be hurt for what I did	1	2	3	4	5	6	7
72	I think my friend will be unwell because of what I did	1	2	3	4	5	6	7
73	I think my friend will not be happy for what I did	1	2	3	4	5	6	7
74	I formulated the content in what I said to the my friend	1	2	3	4	5	6	7
75	I think I am liable for the content in the message that I said to my friend	1	2	3	4	5	6	7
76	I think I am responsible for the delivery of the message to my friend	1	2	3	4	5	6	7
77	I think I am responsible for communicating the message to my friend	1	2	3	4	5	6	7
78	I think I am responsible for my friend's possibly hurt feelings	1	2	3	4	5	6	7
79	The feedback I gave will unbalance the relationship between the two of us	1	2	3	4	5	6	7
80	The feedback I gave will make the two of us less equal	1	2	3	4	5	6	7
81	Giving feedback will make my close friend in debt to me	1	2	3	4	5	6	7
82	My friend will owe me a favor after me giving this feedback	1	2	3	4	5	6	7
83	I will owe my friend a favor after this feedback	1	2	3	4	5	6	7
84	I will be in debt to my friend after giving this feedback	1	2	3	4	5	6	7
85	Giving this feedback would make me less than other people	1	2	3	4	5	6	7
86	I would think other people are better than me after giving this feedback	1	2	3	4	5	6	7

When thinking about what you were told to do. How much of the following would you think or feel?

		Not at all						Very much
87	After giving this feedback I need to get back at level with other people	1	2	3	4	5	6	7
88	After giving this feedback I need to raise myself up above others	1	2	3	4	5	6	7
89	After giving this feedback I'm on a lower level than other people	1	2	3	4	5	6	7

You were told to imagine one way of providing feedback. However, there are other ways. Could we ask you how likely it would be, when giving feedback WITHOUT instructions you would take the approach in the class exercise:

	"I would never act that way"						"I would always act that way"
Provide feedback that does not focus on the person, but instead focus on an objective and detailed account of the weak sides of their presentation	1	2	3	4	5	6	7
Provide feedback that focus on being empathic with the person while downplaying the details of the weak sides of their presentation	1	2	3	4	5	6	7
Provide feedback that focus on being empathic with the person while objectively account for the weak sides of their presentation	1	2	3	4	5	6	7

Finally, here you can write down your thoughts or ideas about this study if you wish to do so:

Thank you very much for helping us!

Study 3: Frontpage of Condition 1 Norwegian version

Kjære deltager!

Tusen takk for at du vil delta i denne studien. Din deltagelse er 100% anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien. Om du skulle ha lyst, så kan du skrive ned dine tanker om deltagelsen på siste side.

Vennligst oppgi kjønn:	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din pågående utdanning:	

Vær vennlig å lese teksten nedenfor og forestill deg at du selv er i denne situasjonen:

Du er i et seminarrom med andre studenter. Der må du gi tilbakemelding til en nær studentvenn på en seminarpresentasjon den har hatt. Presentasjonen var av lav kvalitet. Men, du har blitt instruert av seminarlederen til følgende:

Gi tilbakemelding som ikke fokuserer på personen, men isteden fokuserer på en objektiv og detaljert gjennomgang av de dårlige sidene av presentasjonen deres.

Din studentvenn og dine medstudenter vet ikke om instruksjonen du har fått av seminarlederen

Vær vennlig å skrive veldig kort hva du ble bedt om å forestille deg, og noen eksempler på hva du ville ha sagt til studentvennen din basert på instruksjonen til seminarlederen:

Vær vennlig å snu arket og svar på følgende påstander:

Study 3: Frontpage of Condition 2 Norwegian version

Kjære deltager!

Tusen takk for at du vil delta i denne studien. Din deltagelse er 100% anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien. Om du skulle ha lyst, så kan du skrive ned dine tanker om deltagelsen på siste side.

Vennligst oppgi kjønn:	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din pågående utdanning:	

Vær vennlig å lese teksten nedenfor og forestill deg at du selv er i denne situasjonen:

Du er i et seminarrom med andre studenter. Der må du gi tilbakemelding til en nær studentvenn på en seminarpresentasjon den har hatt. Presentasjonen var av lav kvalitet. Men, du har blitt instruert av seminarlederen til følgende:

Gi tilbakemelding som fokuserer på å være empatisk med personen, mens du nedtoner de svake sidene ved presentasjonen deres.

Din studentvenn og dine medstudenter vet ikke om instruksjonen du har fått av seminarlederen

Vær vennlig å skrive veldig kort hva du ble bedt om å forestille deg, og noen eksempler på hva du ville ha sagt til studentvennen din basert på instruksjonen til seminarlederen:

Vær vennlig å snu arket og svar på følgende påstander:

Study 3: Frontpage of Condition 3 Norwegian version

Kjære deltager!

Tusen takk for at du vil delta i denne studien. Din deltagelse er 100% anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien. Om du skulle ha lyst, så kan du skrive ned dine tanker om deltagelsen på siste side.

Vennligst oppgi kjønn:	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din pågående utdanning:	

Vær vennlig å lese teksten nedenfor og forestill deg at du selv er i denne situasjonen:

Du er i et seminarrom med andre studenter. Der må du gi tilbakemelding til en nær studentvenn på en seminarpresentasjon den har hatt. Presentasjonen var av lav kvalitet. Men, du har blitt instruert av seminarlederen til følgende:

Gi tilbakemelding som fokuserer på å være empatisk med personen, mens du fokuserer på en objektiv og detaljert gjennomgang av de dårlige sidene av presentasjonen deres.

Din studentvenn og dine medstudenter vet ikke om instruksjonen du har fått av seminarlederen

Vær vennlig å skrive veldig kort hva du ble bedt om å forestille deg, og noen eksempler på hva du ville ha sagt til studentvennen din basert på instruksjonen til seminarlederen:

Vær vennlig å snu arket og svar på følgende påstander:

Full Questionnaire of Study 3 Norwegian version

		Ikke i det hele tatt					Veldig enig	
1	Det jeg gjorde i denne situasjonen var galt	1	2	3	4	5	6	7
2	Oppførselen min i denne situasjonen var tvilsom	1	2	3	4	5	6	7
3	Det jeg gjorde i denne situasjonen var feil	1	2	3	4	5	6	7
4	Det jeg gjorde var ikke bra	1	2	3	4	5	6	7
5	Andre studenter kan mislike meg på grunn av det jeg gjorde	1	2	3	4	5	6	7
6	Andre studenter vil ikke lenger tenke godt om meg på grunn av det jeg gjorde	1	2	3	4	5	6	7
7	Andre studenter kan «holde meg utenfor» på grunn av denne situasjonen	1	2	3	4	5	6	7
8	Andre studenter vil ikke ha den samme respekten for meg pga det jeg gjorde	1	2	3	4	5	6	7
9	Vennen min kan mislike meg på grunn av det jeg gjorde	1	2	3	4	5	6	7
10	Vennen min kan «holde meg utenfor» på grunn av denne situasjonen	1	2	3	4	5	6	7
11	Vennen min vil ikke ha den samme respekten for meg pga det jeg gjorde	1	2	3	4	5	6	7
12	Vennen min vil ikke lenger tenke godt om meg pga det jeg gjorde	1	2	3	4	5	6	7
13	Det jeg gjorde avslørte en moralsk feil hos meg	1	2	3	4	5	6	7
14	Jeg tror jeg er defekt på en eller annen måte på grunn av det jeg gjorde	1	2	3	4	5	6	7
15	Jeg skjems når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
16	Jeg føler meg ydmyket når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
17	Jeg skammer meg når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
18	Jeg føler meg mindreverdig når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
19	Jeg føler meg sårbar når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7

Når du tenker på det du ble fortalt å fokusere på. Hvor mye tenker og føler du om følgende?

	Når du tenker på det du ble fortalt å fokusere på. Hvor mye tenker og føler du om følgende?							
		Ikke i det hele tatt					**Veldig enig**	
20	Jeg føler meg avvist når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
21	Jeg føler meg alene når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
22	Jeg føler meg tilbaketrukket når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
23	Jeg føler meg avslått når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
24	Jeg føler meg skyldig når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
25	Når jeg tenker på den tilbakemeldingen jeg ga, føler jeg meg skyldig	1	2	3	4	5	6	7
26	Jeg føler meg ansvarlig når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
27	Jeg føler anger når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
28	Hvis jeg hadde kunnet, ville jeg unngått vennen min	1	2	3	4	5	6	7
29	Jeg vil helst ikke bli blandet inn i diskusjoner om det jeg gjorde	1	2	3	4	5	6	7
30	Hvis jeg treffer vennen min, så ville jeg ha tenkt på noe annet enn det jeg gjorde	1	2	3	4	5	6	7
31	Jeg skulle likt å glemme dette	1	2	3	4	5	6	7
32	Jeg skulle likt å glemme alt jeg gjorde mot vennen min	1	2	3	4	5	6	7
33	Jeg vil gjøre det mindre klart for andre når det gjelder det jeg gjorde	1	2	3	4	5	6	7
34	Jeg vil være forsiktig med å dele informasjon om det som skjedde	1	2	3	4	5	6	7
35	Jeg tenker jeg vil gjøre betydningen av denne historien mindre viktig for andre	1	2	3	4	5	6	7
36	Jeg tenker jeg vil sensurere meg selv i denne saken	1	2	3	4	5	6	7
37	Jeg tenker jeg vil oppmuntre folk til å fokusere på «den andre siden av historien»	1	2	3	4	5	6	7
38	Jeg synes vennen min er årsaken til det jeg gjorde	1	2	3	4	5	6	7
39	Jeg synes vennen min har skylden for det jeg gjorde	1	2	3	4	5	6	7

	Når du tenker på det du ble fortalt å fokusere på. Hvor mye tenker og føler du om følgende?							
		Ikke i det hele tatt					**Veldig enig**	
40	Jeg tror vennen min kunne ha hindret denne situasjonen i å utvikle seg	1	2	3	4	5	6	7
41	Jeg tror vennen min er ansvarlig for det som skjedde	1	2	3	4	5	6	7
42	Hadde jeg kunnet så ville jeg gjerne ha fortalt vennen hvordan jeg føler det	1	2	3	4	5	6	7
43	Det er viktig at vennen min får vite hva jeg føler om dette	1	2	3	4	5	6	7
44	Jeg ville ha likt å uttrykke min bekymring til vennen min	1	2	3	4	5	6	7
45	Jeg tror jeg er årsaken til det jeg gjorde	1	2	3	4	5	6	7
46	Jeg tror jeg har skylden for det jeg gjorde	1	2	3	4	5	6	7
47	Jeg tror jeg er ansvarlig for det jeg gjorde	1	2	3	4	5	6	7
48	Jeg tror jeg kunne ha stoppet situasjonen fra å utvikle seg	1	2	3	4	5	6	7
49	Jeg vil prøve å reparere noe av den skaden jeg har forårsaket	1	2	3	4	5	6	7
50	Jeg føler jeg burde kompensere for det jeg sa til vennen min	1	2	3	4	5	6	7
51	Jeg føler jeg burde fikse forholdet mellom meg og vennen min	1	2	3	4	5	6	7
52	Jeg føler jeg burde tilby følelsesmessig støtte til vennen min	1	2	3	4	5	6	7
53	Jeg tenker på hvordan vennen min må ha følt om tilbakemeldingen jeg gav	1	2	3	4	5	6	7
54	Jeg kan forestille meg at vennen min følte tilbakemeldingen min var ubehagelig	1	2	3	4	5	6	7
55	Jeg kan se for meg at vennen min følte tilbakemeldingen var oppskakende	1	2	3	4	5	6	7
56	Jeg føler meg dårlig når jeg tenker på vennen min	1	2	3	4	5	6	7
57	Jeg føler meg forferdelig for det som vennen min gikk igjennom	1	2	3	4	5	6	7
58	Jeg kan føle min venns lidelse	1	2	3	4	5	6	7
59	Jeg vil at min venn skal like meg	1	2	3	4	5	6	7

	Når du tenker på det du ble fortalt å fokusere på. Hvor mye tenker og føler du om følgende?							
	Ikke i det hele tatt						**Veldig enig**	
60	Jeg vil at vennen min skal akseptere meg	1	2	3	4	5	6	7
61	Jeg vil gjerne at vennen min skal anerkjenne meg	1	2	3	4	5	6	7
62	Jeg vil gjerne at vennen min skal verdsette meg	1	2	3	4	5	6	7
63	Hadde jeg kunnet, ville jeg likt å fortelle min venn at jeg er lei meg	1	2	3	4	5	6	7
64	Det er viktig at vennen min får vite at jeg føler meg uvel på grunn av det jeg gjorde	1	2	3	4	5	6	7
65	Det er viktig at min venn får vite at jeg føler meg uvel på grunn av det jeg gjorde	1	2	3	4	5	6	7
66	Jeg skulle likt å uttrykke min medfølelse til vennen min	1	2	3	4	5	6	7
67	Jeg føler meg nær vennen min	1	2	3	4	5	6	7
68	Jeg føler jeg og min venn har noe til felles	1	2	3	4	5	6	7
69	Jeg føler meg knyttet til vennen min	1	2	3	4	5	6	7
70	Jeg tror min nære venn ville bli såret for det jeg gjorde	1	2	3	4	5	6	7
71	Jeg tror min nære venn vil føle seg uvel pga det jeg gjorde	1	2	3	4	5	6	7
72	Jeg tror vennen min ikke vil bli glad for det jeg gjorde	1	2	3	4	5	6	7
73	Jeg utformet innholdet i det jeg sa til min venn	1	2	3	4	5	6	7
74	Jeg er ansvarlig for selve innholdet i det jeg sa til min venn	1	2	3	4	5	6	7
75	Jeg er ansvarlig for å ha overlevert budskapet til min venn	1	2	3	4	5	6	7
76	Jeg er ansvarlig for å ha kommunisert budskapet til min venn	1	2	3	4	5	6	7
77	Jeg tror jeg er ansvarlig for min venn's mulige sårede følelser	1	2	3	4	5	6	7
78	Tilbakemeldingen jeg gav vil ødelegge balansen i forholdet mellom oss	1	2	3	4	5	6	7
79	Tilbakemeldingen jeg gav vil endre på likeverdigheten som var mellom oss	1	2	3	4	5	6	7

	Når du tenker på det du ble fortalt å fokusere på. Hvor mye tenker og føler du om følgende?							
		Ikke i det hele tatt					**Veldig enig**	
80	Å gi denne tilbakemeldingen vil gjøre at vennen min «står i gjeld» til meg	1	2	3	4	5	6	7
81	Vennen min skylder meg en tjeneste etter at jeg har gitt denne tilbakemeldingen	1	2	3	4	5	6	7
82	Jeg skylder vennen min en tjeneste etter denne tilbakemeldingen	1	2	3	4	5	6	7
83	Jeg står «står i gjeld» til vennen min etter å ha gitt denne tilbakemeldingen	1	2	3	4	5	6	7
84	Å gi denne tilbakemeldingen vil gjøre meg mindre verdt enn andre	1	2	3	4	5	6	7
85	Jeg ville tenke at andre folk er bedre enn meg etter å ha gitt denne tilbakemeldingen	1	2	3	4	5	6	7
86	Etter å ha gitt denne tilbakemeldingen har jeg behov for å komme opp på nivå med andre folk	1	2	3	4	5	6	7
87	Etter å ha gitt denne tilbakemeldingen har jeg behov for å heve meg over andre folk	1	2	3	4	5	6	7
88	Etter å ha gitt denne tilbakemeldingen er jeg på et lavere nivå enn andre folk	1	2	3	4	5	6	7

Du ble bedt om å forestille deg en spesifikk måte å gi tilbakemelding. Men, det finnes også andre måter det kan gjøres på. Hvis det er i orden, kan vi spørre deg om du kan rangere hvordan du ville ha gitt tilbakemelding uten å ta hensyn til de instruksjonene du fikk innledningsvis? Med andre ord, hvordan du selv ville ha gjort det:

	Aldri					**Alltid**	
Gi tilbakemelding som ikke fokuserer på personen, men istedet fokuserer på en objektiv og detaljert gjennomgang av de dårlige sidene av presentasjonen deres.	1	2	3	4	5	6	7
Gi tilbakemelding som fokuserer på å være empatisk med personen, mens du nedtoner de svake sidene ved presentasjonen deres.	1	2	3	4	5	6	7
Gi tilbakemelding som fokuserer på å være empatisk med personen, samtidig som du objektivt gjennomgår de svake sidene ved presentasjonen deres.	1	2	3	4	5	6	7

Avslutningsvis kan du skrive ned dine tanker eller ideer om denne studien dersom du ønsker det:

Tusen takk for hjelpen din!

Study 4: Frontpage of Condition 1 English version

Dear participant!

Thank you very much for taking part in this study. Your participation is 100% anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you.

You are free to withdraw at any time during the investigation. On the last page you can also write down any thoughts, complaints or ideas about this study.

Please provide gender	☐ Hankjønn ☐ Hunkjønn
Please provide your age:	
Please provide your current or last level of education:	

Please read the following text and imagine yourself in this situation:

Imagine that you are supposed to provide feedback to a close student friend on their seminar presentation in the classroom with other students. Their presentation was of low quality.

Your communication was objective and gave a detailed account of the weak sides of their presentation. It did not focus being empathic with the person.

In what situation did you communicate this? (please circle)

Private   Public

What did the communication focus on? (please circle)

Objectivity   Empathy   Objectivity and Empathy

Please turn the page and respond to the following statements!

Study 4: Frontpage of Condition 2 English version

Dear participant!

Thank you very much for taking part in this study. Your participation is 100%anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you.

You are free to withdraw at any time during the investigation. On the last page you can also write down any thoughts, complaints or ideas about this study.

Please provide gender	☐ Hankjønn ☐ Hunkjønn
Please provide your age:	
Please provide your current or last level of education:	

Please read the following text and imagine yourself in this situation:

Imagine that you are supposed to provide feedback to a close student friend on their seminar presentation in the classroom with other students. Their presentation was of low quality.

Your communication focused on being empathic with the person. It was not objective and did not give a detailed account of the seminar presentation.

In what situation did you communicate this? (please circle)
Private   Public
What did the communication focus on? (please circle)
Objectivity   Empathy   Objectivity and Empathy

Please turn the page and respond to the following statements!

Study 4: Frontpage of Condition 3 English version

Dear participant!

Thank you very much for taking part in this study. Your participation is 100% anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you.

You are free to withdraw at any time during the investigation. On the last page you can also write down any thoughts, complaints or ideas about this study.

Please provide gender	☐ Hankjønn ☐ Hunkjønn
Please provide your age:	
Please provide your current or last level of education:	

Please read the following text and imagine yourself in this situation:

Imagine that you provided feedback to a close student friend on his/her seminar presentation while you were in a room with other students. His/her presentation was of low quality.

Your communication focused on being empathic with the person while objectively giving a detailed account of the seminar presentation.

In what situation did you communicate this? (please circle)

Private   Public

What did the communication focus on? (please circle)

Objectivity   Empathy   Objectivity and Empathy

Please turn the page and respond to the following statements!

Full Questionnaire of Study 4 English version

	When thinking about your communication in this example. How much of the following would you think or feel?							
		Not at all					**Very much**	
1	What I did in that situation was wrong	1	2	3	4	5	6	7
2	My behaviour in that situation was questionable	1	2	3	4	5	6	7
3	What I did in that situation was a mistake	1	2	3	4	5	6	7
4	What I did was bad	1	2	3	4	5	6	7
5	Other students can dislike me for what I did	1	2	3	4	5	6	7
6	Other students will no longer think well of me for what I did	1	2	3	4	5	6	7
7	I think I could be isolated from other students because of this situation	1	2	3	4	5	6	7
8	Other students may not have the same respect for me because of what I did	1	2	3	4	5	6	7
9	My friend can condemn me for what I did	1	2	3	4	5	6	7
10	I think I could be isolated from my friend because of this situation	1	2	3	4	5	6	7
11	My friend may not have the same respect for me because of what I did	1	2	3	4	5	6	7
12	My friend will no longer think well of me for what I did	1	2	3	4	5	6	7
13	What I did revealed a moral failure in me	1	2	3	4	5	6	7
14	I think I am defective in some way because of what I did	1	2	3	4	5	6	7
15	I feel disgraced when I think about what I did	1	2	3	4	5	6	7
16	I feel humiliated when I think about what I did	1	2	3	4	5	6	7
17	I feel ashamed when I think about what I did	1	2	3	4	5	6	7
18	I feel inferior when I think about what I did	1	2	3	4	5	6	7
19	I feel that I am vulnerable when I think about what I did	1	2	3	4	5	6	7
20	I feel rejected when I think about what I did	1	2	3	4	5	6	7
21	I feel alone when I think about what I did	1	2	3	4	5	6	7
22	I feel withdrawn when I think about what I did	1	2	3	4	5	6	7

When thinking about your communication in this example. How much of the following would you think or feel?

		Not at all					Very much	
23	I feel rebuffed when I think about what I did	1	2	3	4	5	6	7
24	I feel guilty when I think about what I did	1	2	3	4	5	6	7
25	Thinking about the feedback I gave, I feel guilty	1	2	3	4	5	6	7
26	I feel responsible when I think about what I did	1	2	3	4	5	6	7
27	I feel remorse reflecting on what I did	1	2	3	4	5	6	7
28	If I could I would like to avoid my friend	1	2	3	4	5	6	7
29	I would rather not get mixed up in discussions about what I did	1	2	3	4	5	6	7
30	If I were to confront my friend, I would control my thoughts and think of something else than what I did	1	2	3	4	5	6	7
31	I would like to forget about this	1	2	3	4	5	6	7
32	I would like to forget about everything I did to my friend	1	2	3	4	5	6	7
33	I think I will make it less clear to others what I said	1	2	3	4	5	6	7
34	I think I will be cautious sharing this information about what happened	1	2	3	4	5	6	7
35	I think I will make the impact of this story less important to others	1	2	3	4	5	6	7
36	I think I will censor myself on this issue	1	2	3	4	5	6	7
37	I think I would encourage people to focus on the "other side of the story"	1	2	3	4	5	6	7
38	I think my friend is the cause of what I did	1	2	3	4	5	6	7
39	I think my friend was to blame for what I did	1	2	3	4	5	6	7
40	I think my friend could have stopped the situation from evolving	1	2	3	4	5	6	7
41	I think this student is responsible for what happened	1	2	3	4	5	6	7
42	If I could I would like to tell my friend how I feel	1	2	3	4	5	6	7
43	It is important that my friend get to know what I feel about this	1	2	3	4	5	6	7

	When thinking about your communication in this example. How much of the following would you think or feel?							
		Not at all					**Very much**	
44	I would like to express my concern to my friend	1	2	3	4	5	6	7
45	I think I am the cause of what I did	1	2	3	4	5	6	7
46	I think I am to blame for what I did	1	2	3	4	5	6	7
47	I think I am responsible for what I did	1	2	3	4	5	6	7
48	I think I could have stopped the situation from evolving	1	2	3	4	5	6	7
49	I will try to repair some of the damage I have caused	1	2	3	4	5	6	7
50	I feel I should compensate to my friend for what I did	1	2	3	4	5	6	7
51	I feel I should re-establish the relationship between me and my friend	1	2	3	4	5	6	7
52	I feel I should offer emotional support to my friend	1	2	3	4	5	6	7
53	I think about how my friend must feel about the feedback	1	2	3	4	5	6	7
54	I can imagine that the feedback is unpleasant for my friend	1	2	3	4	5	6	7
55	I can picture myself the distress my friend must feel	1	2	3	4	5	6	7
56	I feel bad for my friend	1	2	3	4	5	6	7
57	I feel awful for what my friend is going through	1	2	3	4	5	6	7
58	I can feel my friends' suffering	1	2	3	4	5	6	7
59	I want my friend to like me	1	2	3	4	5	6	7
60	I want my friend to accept me	1	2	3	4	5	6	7
61	I would like my friend to recognize me	1	2	3	4	5	6	7
62	I would like my friend to value me	1	2	3	4	5	6	7
63	If I could, I would like to tell my friend how sorry I feel	1	2	3	4	5	6	7
64	It is important that my friend know that I feel bad about what I did	1	2	3	4	5	6	7
65	It is important that my close friend knew my unease about this	1	2	3	4	5	6	7

When thinking about your communication in this example. How much of the following would you think or feel?

		Not at all					Very much	
66	I would like to express my concerns to my friend	1	2	3	4	5	6	7
67	I feel close to my friend	1	2	3	4	5	6	7
68	I feel that I and my friend have something in common	1	2	3	4	5	6	7
69	I feel connected to my friend	1	2	3	4	5	6	7
70	I feel connected to my friend	1	2	3	4	5	6	7
71	I think my friend will be hurt for what I did	1	2	3	4	5	6	7
72	I think my friend will be unwell because of what I did	1	2	3	4	5	6	7
73	I think my friend will not be happy for what I did	1	2	3	4	5	6	7
74	I formulated the content in what I said to the my friend	1	2	3	4	5	6	7
75	I think I am liable for the content in the message that I said to my friend	1	2	3	4	5	6	7
76	I think I am responsible for the delivery of the message to my friend	1	2	3	4	5	6	7
77	I think I am responsible for communicating the message to my friend	1	2	3	4	5	6	7
78	I think I am responsible for my friend's possibly hurt feelings	1	2	3	4	5	6	7
79	The feedback I gave will unbalance the relationship between the two of us	1	2	3	4	5	6	7
80	The feedback I gave will make the two of us less equal	1	2	3	4	5	6	7
81	Giving feedback will make my close friend in debt to me	1	2	3	4	5	6	7
82	My friend will owe me a favor after me giving this feedback	1	2	3	4	5	6	7
83	I will owe my friend a favor after this feedback	1	2	3	4	5	6	7
84	I will be in debt to my friend after giving this feedback	1	2	3	4	5	6	7
85	Giving this feedback would make me less than other people	1	2	3	4	5	6	7
86	I would think other people are better than me after giving this feedback	1	2	3	4	5	6	7

When thinking about your communication in this example. How much of the following would you think or feel?

		Not at all						**Very much**
87	After giving this feedback I need to get back at level with other people	1	2	3	4	5	6	7
88	After giving this feedback I need to raise myself up above others	1	2	3	4	5	6	7
89	After giving this feedback I'm on a lower level than other people	1	2	3	4	5	6	7

You were told to imagine one way of providing feedback. However, there are other ways. Could we ask you how likely it would be, when giving feedback that you would take the approach in the class exercise:

	"I would never act that way"						**"I would always act that way"**
Your communication was objective and gave a detailed account of the weak sides of their presentation. It did not focus being empathic with the person.	1	2	3	4	5	6	7
Your communication focused on being empathic with the person. It was not objective and did not give a detailed account of the seminar presentation.	1	2	3	4	5	6	7
Your communication focused on being empathic with the person while objectively giving a detailed account of the seminar presentation.	1	2	3	4	5	6	7

What are some of the concerns that might motivate your communicating with your studentfriend in that specific way? Please list as many possible reasons for taking the communication style described as you can:

Thank you very much for helping us!

Study 4: Frontpage of Condition 1 Norwegian version

Kjære deltager!

Tusen takk for at du vil delta i denne studien. Din deltagelse er 100% anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien. Om du skulle ha lyst, så kan du skrive ned dine tanker om deltagelsen på siste side.

Vennligst oppgi kjønn:	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din pågående utdanning:	

Vær vennlig å lese teksten nedenfor og forestill deg at du selv er i denne situasjonen:

Du er i et seminarrom med andre studenter. Der må du gi tilbakemelding til en nær studentvenn på en seminarpresentasjon den har hatt. Presentasjonen var av lav kvalitet. Når du kommuniserer det offentlig er du i et rom med andre studenter.

Gi tilbakemelding som ikke fokuserer på personen, men isteden fokuserer på en objektiv og detaljert gjennomgang av de dårlige sidene av presentasjonen deres.

I hvilken situasjon kommuniserte du dette? (Sett ring rundt) Privat   Offentlig
Hva fokuserte kommunikasjonen på? (Sett ring rundt) Objektivitet   Empati   Objektivitet og empati

Vær vennlig å snu arket og svar på følgende påstander:

Study 4: Frontpage of Condition 2 Norwegian version

Kjære deltager!

Tusen takk for at du vil delta i denne studien. Din deltagelse er 100% anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien. Om du skulle ha lyst, så kan du skrive ned dine tanker om deltagelsen på siste side.

Vennligst oppgi kjønn:	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din pågående utdanning:	

Vær vennlig å lese teksten nedenfor og forestill deg at du selv er i denne situasjonen:

Du er i et seminarrom med andre studenter. Der må du gi tilbakemelding til en nær studentvenn på en seminarpresentasjon den har hatt. Presentasjonen var av lav kvalitet. Når du kommuniserer det offentlig er du i et rom med andre studenter.

Gi tilbakemelding som fokuserer på å være empatisk med personen, mens du nedtoner de svake sidene ved presentasjonen deres.

I hvilken situasjon kommuniserte du dette? (Sett ring rundt)
Privat   Offentlig
Hva fokuserte kommunikasjonen på? (Sett ring rundt)
Objektivitet   Empati   Objektivitet og empati

Vær vennlig å snu arket og svar på følgende påstander:

Study 4: Frontpage of Condition 3 Norwegian version

Kjære deltager!

Tusen takk for at du vil delta i denne studien. Din deltagelse er 100% anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien. Om du skulle ha lyst, så kan du skrive ned dine tanker om deltagelsen på siste side.

Vennligst oppgi kjønn:	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din pågående utdanning:	

Vær vennlig å lese teksten nedenfor og forestill deg at du selv er i denne situasjonen:

Du er i et seminarrom med andre studenter. Der må du gi tilbakemelding til en nær studentvenn på en seminarpresentasjon den har hatt. Presentasjonen var av lav kvalitet. Når du kommuniserer det offentlig er du i et rom med andre studenter.

Gi tilbakemelding som fokuserer på å være empatisk med personen, mens du fokuserer på en objektiv og detaljert gjennomgang av de dårlige sidene av presentasjonen deres.

I hvilken situasjon kommuniserte du dette? (Sett ring rundt)

Privat   Offentlig

Hva fokuserte kommunikasjonen på? (Sett ring rundt)

Objektivitet   Empati   Objektivitet og empati

Vær vennlig å snu arket og svar på følgende påstander:

Full Questionnaire of Study 4 Norwegian version

Når du tenker på det du ble fortalt å fokusere på. Hvor mye tenker og føler du om følgende?

		Ikke i det hele tatt					Veldig enig	
1	Det jeg gjorde i denne situasjonen var galt	1	2	3	4	5	6	7
2	Oppførselen min i denne situasjonen var tvilsom	1	2	3	4	5	6	7
3	Det jeg gjorde i denne situasjonen var feil	1	2	3	4	5	6	7
4	Det jeg gjorde var ikke bra	1	2	3	4	5	6	7
5	Andre studenter kan mislike meg på grunn av det jeg gjorde	1	2	3	4	5	6	7
6	Andre studenter vil ikke lenger tenke godt om meg på grunn av det jeg gjorde	1	2	3	4	5	6	7
7	Andre studenter kan «holde meg utenfor» på grunn av denne situasjonen	1	2	3	4	5	6	7
8	Andre studenter vil ikke ha den samme respekten for meg pga det jeg gjorde	1	2	3	4	5	6	7
9	Vennen min kan mislike meg på grunn av det jeg gjorde	1	2	3	4	5	6	7
10	Vennen min kan «holde meg utenfor» på grunn av denne situasjonen	1	2	3	4	5	6	7
11	Vennen min vil ikke ha den samme respekten for meg pga det jeg gjorde	1	2	3	4	5	6	7
12	Vennen min vil ikke lenger tenke godt om meg pga det jeg gjorde	1	2	3	4	5	6	7
13	Det jeg gjorde avslørte en moralsk feil hos meg	1	2	3	4	5	6	7
14	Jeg tror jeg er defekt på en eller annen måte på grunn av det jeg gjorde	1	2	3	4	5	6	7
15	Jeg skjems når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
16	Jeg føler meg ydmyket når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
17	Jeg skammer meg når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
18	Jeg føler meg mindreverdig når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
19	Jeg føler meg sårbar når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7

	Når du tenker på det du ble fortalt å fokusere på. Hvor mye tenker og føler du om følgende?							
		Ikke i det hele tatt					**Veldig enig**	
20	Jeg føler meg avvist når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
21	Jeg føler meg alene når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
22	Jeg føler meg tilbaketrukket når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
23	Jeg føler meg avslått når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
24	Jeg føler meg skyldig når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
25	Når jeg tenker på den tilbakemeldingen jeg ga, føler jeg meg skyldig	1	2	3	4	5	6	7
26	Jeg føler meg ansvarlig når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
27	Jeg føler anger når jeg tenker på hva jeg gjorde	1	2	3	4	5	6	7
28	Hvis jeg hadde kunnet, ville jeg unngått vennen min	1	2	3	4	5	6	7
29	Jeg vil helst ikke bli blandet inn i diskusjoner om det jeg gjorde	1	2	3	4	5	6	7
30	Hvis jeg treffer vennen min, så ville jeg ha tenkt på noe annet enn det jeg gjorde	1	2	3	4	5	6	7
31	Jeg skulle likt å glemme dette	1	2	3	4	5	6	7
32	Jeg skulle likt å glemme alt jeg gjorde mot vennen min	1	2	3	4	5	6	7
33	Jeg vil gjøre det mindre klart for andre når det gjelder det jeg gjorde	1	2	3	4	5	6	7
34	Jeg vil være forsiktig med å dele informasjon om det som skjedde	1	2	3	4	5	6	7
35	Jeg tenker jeg vil gjøre betydningen av denne historien mindre viktig for andre	1	2	3	4	5	6	7
36	Jeg tenker jeg vil sensurere meg selv i denne saken	1	2	3	4	5	6	7
37	Jeg tenker jeg vil oppmuntre folk til å fokusere på «den andre siden av historien»	1	2	3	4	5	6	7
38	Jeg synes vennen min er årsaken til det jeg gjorde	1	2	3	4	5	6	7
39	Jeg synes vennen min har skylden for det jeg gjorde	1	2	3	4	5	6	7

	Når du tenker på det du ble fortalt å fokusere på. Hvor mye tenker og føler du om følgende?							
		Ikke i det hele tatt					**Veldig enig**	
40	Jeg tror vennen min kunne ha hindret denne situasjonen i å utvikle seg	1	2	3	4	5	6	7
41	Jeg tror vennen min er ansvarlig for det som skjedde	1	2	3	4	5	6	7
42	Hadde jeg kunnet så ville jeg gjerne ha fortalt vennen hvordan jeg føler det	1	2	3	4	5	6	7
43	Det er viktig at vennen min får vite hva jeg føler om dette	1	2	3	4	5	6	7
44	Jeg ville ha likt å uttrykke min bekymring til vennen min	1	2	3	4	5	6	7
45	Jeg tror jeg er årsaken til det jeg gjorde	1	2	3	4	5	6	7
46	Jeg tror jeg har skylden for det jeg gjorde	1	2	3	4	5	6	7
47	Jeg tror jeg er ansvarlig for det jeg gjorde	1	2	3	4	5	6	7
48	Jeg tror jeg kunne ha stoppet situasjonen fra å utvikle seg	1	2	3	4	5	6	7
49	Jeg vil prøve å reparere noe av den skaden jeg har forårsaket	1	2	3	4	5	6	7
50	Jeg føler jeg burde kompensere for det jeg sa til vennen min	1	2	3	4	5	6	7
51	Jeg føler jeg burde fikse forholdet mellom meg og vennen min	1	2	3	4	5	6	7
52	Jeg føler jeg burde tilby følelsesmessig støtte til vennen min	1	2	3	4	5	6	7
53	Jeg tenker på hvordan vennen min må ha følt om tilbakemeldingen jeg gav	1	2	3	4	5	6	7
54	Jeg kan forestille meg at vennen min følte tilbakemeldingen min var ubehagelig	1	2	3	4	5	6	7
55	Jeg kan se for meg at vennen min følte tilbakemeldingen var oppskakende	1	2	3	4	5	6	7
56	Jeg føler meg dårlig når jeg tenker på vennen min	1	2	3	4	5	6	7
57	Jeg føler meg forferdelig for det som vennen min gikk igjennom	1	2	3	4	5	6	7
58	Jeg kan føle min venns lidelse	1	2	3	4	5	6	7
59	Jeg vil at min venn skal like meg	1	2	3	4	5	6	7

	Når du tenker på det du ble fortalt å fokusere på. Hvor mye tenker og føler du om følgende?							
		Ikke i det hele tatt					**Veldig enig**	
60	Jeg vil at vennen min skal akseptere meg	1	2	3	4	5	6	7
61	Jeg vil gjerne at vennen min skal anerkjenne meg	1	2	3	4	5	6	7
62	Jeg vil gjerne at vennen min skal verdsette meg	1	2	3	4	5	6	7
63	Hadde jeg kunnet, ville jeg likt å fortelle min venn at jeg er lei meg	1	2	3	4	5	6	7
64	Det er viktig at vennen min får vite at jeg føler meg uvel på grunn av det jeg gjorde	1	2	3	4	5	6	7
65	Det er viktig at min venn får vite at jeg føler meg uvel på grunn av det jeg gjorde	1	2	3	4	5	6	7
66	Jeg skulle likt å uttrykke min medfølelse til vennen min	1	2	3	4	5	6	7
67	Jeg føler meg nær vennen min	1	2	3	4	5	6	7
68	Jeg føler jeg og min venn har noe til felles	1	2	3	4	5	6	7
69	Jeg føler meg knyttet til vennen min	1	2	3	4	5	6	7
70	Jeg tror min nære venn ville bli såret for det jeg gjorde	1	2	3	4	5	6	7
71	Jeg tror min nære venn vil føle seg uvel pga det jeg gjorde	1	2	3	4	5	6	7
72	Jeg tror vennen min ikke vil bli glad for det jeg gjorde	1	2	3	4	5	6	7
73	Jeg utformet innholdet i det jeg sa til min venn	1	2	3	4	5	6	7
74	Jeg er ansvarlig for selve innholdet i det jeg sa til min venn	1	2	3	4	5	6	7
75	Jeg er ansvarlig for å ha overlevert budskapet til min venn	1	2	3	4	5	6	7
76	Jeg er ansvarlig for å ha kommunisert budskapet til min venn	1	2	3	4	5	6	7
77	Jeg tror jeg er ansvarlig for min venns mulige sårede følelser	1	2	3	4	5	6	7
78	Tilbakemeldingen jeg gav vil ødelegge balansen i forholdet mellom oss	1	2	3	4	5	6	7
79	Tilbakemeldingen jeg gav vil endre på likeverdigheten som var mellom oss	1	2	3	4	5	6	7

	Når du tenker på det du ble fortalt å fokusere på. Hvor mye tenker og føler du om følgende?							
		Ikke i det hele tatt					**Veldig enig**	
80	Å gi denne tilbakemeldingen vil gjøre at vennen min «står i gjeld» til meg	1	2	3	4	5	6	7
81	Vennen min skylder meg en tjeneste etter at jeg har gitt denne tilbakemeldingen	1	2	3	4	5	6	7
82	Jeg skylder vennen min en tjeneste etter denne tilbakemeldingen	1	2	3	4	5	6	7
83	Jeg står «står i gjeld» til vennen min etter å ha gitt denne tilbakemeldingen	1	2	3	4	5	6	7
84	Å gi denne tilbakemeldingen vil gjøre meg mindre verdt enn andre	1	2	3	4	5	6	7
85	Jeg ville tenke at andre folk er bedre enn meg etter å ha gitt denne tilbakemeldingen	1	2	3	4	5	6	7
86	Etter å ha gitt denne tilbakemeldingen har jeg behov for å komme opp på nivå med andre folk	1	2	3	4	5	6	7
87	Etter å ha gitt denne tilbakemeldingen har jeg behov for å heve meg over andre folk	1	2	3	4	5	6	7
88	Etter å ha gitt denne tilbakemeldingen er jeg på et lavere nivå enn andre folk	1	2	3	4	5	6	7

Du ble bedt om å forestille deg en spesifikk måte å gi tilbakemelding. Men, det finnes også andre måter det kan gjøres på. Hvis det er i orden, kan vi spørre deg om du kan rangere hvordan du ville ha gitt tilbakemelding uten å ta hensyn til de instruksjonene du fikk innledningsvis? Med andre ord, hvordan du selv ville ha gjort det:

	Aldri					**Alltid**	
Gi tilbakemelding som ikke fokuserer på personen, men isteden fokuserer på en objektiv og detaljert gjennomgang av de dårlige sidene av presentasjonen deres.	1	2	3	4	5	6	7
Gi tilbakemelding som fokuserer på å være empatisk med personen, mens du nedtoner de svake sidene ved presentasjonen deres.	1	2	3	4	5	6	7
Gi tilbakemelding som fokuserer på å være empatisk med personen, samtidig som du objektivt gjennomgår de svake sidene ved presentasjonen deres.	1	2	3	4	5	6	7

Hvilke av disse kommunikasjonsmåtene ville du ha foretrukket i det virkelige livet? Kan du være så vennlig å ramse opp så mange mulige grunner til å velge denne kommunikasjonsmåten:

Tusen takk for hjelpen din!

Study 5: Frontpage of Condition 1 English version

Dear participant!

Thank you very much for taking part in this study. Your participation is 100% anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you.

You are free to withdraw at any time during the investigation. On the last page you can also write down any thoughts, complaints or ideas about this study.

Please provide gender	☐ Hankjønn ☐ Hunkjønn
Please provide your age:	
What degree programme are you currently enrolled in, and what year?	

Please read the following text and imagine yourself in this situation:

Imagine that you are doing an internship and at one point you have to deliver a diagnosis of serious cancer to a patient. While you are doing this, you are observed by a senior doctor. Afterwards, the senior doctor gives you the following feedback:

Your communication was objective and gave a detailed account of the diagnosis. It did not focus on being empathic with the person.

Please, write very shortly what you were asked to imagine, and write a few of the things you might have said in the communication given this feedback from the supervisor.

Please turn the page and respond to the following statements!

Study 5: Frontpage of Condition 2 English version

Dear participant!

Thank you very much for taking part in this study. Your participation is 100% anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you.

You are free to withdraw at any time during the investigation. On the last page you can also write down any thoughts, complaints or ideas about this study.

Please provide gender	☐ Hankjønn ☐ Hunkjønn
Please provide your age:	
What degree programme are you currently enrolled in, and what year?	

Please read the following text and imagine yourself in this situation:

Imagine that you are doing an internship and at one point you have to deliver a diagnosis of serious cancer to a patient. While you are doing this, you are observed by a senior doctor. Afterwards, the senior doctor gives you the following feedback:

Your communication focused on being empathic with the person. It was not objective and did not give a detailed account of the diagnosis.

Please, write very shortly what you were asked to imagine, and write a few of the things you might have said in the communication given this feedback from the supervisor.

Please turn the page and respond to the following statements!

Study 5: Frontpage of Condition 3 English version

Dear participant!

Thank you very much for taking part in this study. Your participation is 100% anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you.

You are free to withdraw at any time during the investigation. On the last page you can also write down any thoughts, complaints or ideas about this study.

Please provide gender	☐ Hankjønn ☐ Hunkjønn
Please provide your age:	
What degree programme are you currently enrolled in, and what year?	

Please read the following text and imagine yourself in this situation:

Imagine that you are doing an internship and at one point you have to deliver a diagnosis of serious cancer to a patient. While you are doing this, you are observed by a senior doctor. Afterwards, the senior doctor gives you the following feedback:

Your communication focused on being empathic with the person while objectively giving a detailed account of the diagnosis.

Please, write very shortly what you were asked to imagine, and write a few of the things you might have said in the communication given this feedback from the supervisor.

Please turn the page and respond to the following statements!

Full Questionnaire of Study 5 English version

When thinking about your communication in this example. How much of the following would you think or feel?

		Not at all					Very much	
1	My style of communication was wrong	1	2	3	4	5	6	7
2	My style of communication was questionable	1	2	3	4	5	6	7
3	My style of communication was not good	1	2	3	4	5	6	7
4	My style of communication was bad	1	2	3	4	5	6	7
5	The supervisor can condemn me for my communication style	1	2	3	4	5	6	7
6	I think I could be isolated from my supervisor because of this situation	1	2	3	4	5	6	7
7	The patient can condemn me for what my communication style	1	2	3	4	5	6	7
8	I think I could be isolated from the patient because of this situation	1	2	3	4	5	6	7
9	My communication style revealed a moral failure in me	1	2	3	4	5	6	7
10	I think I am defective in some way because of my communication style	1	2	3	4	5	6	7
11	I feel disgraced when I think about my communication style	1	2	3	4	5	6	7
12	I feel humiliated when I think about my communication style	1	2	3	4	5	6	7
13	I feel ashamed when I think about my communication style	1	2	3	4	5	6	7
14	I feel inferior when I think about my communication style	1	2	3	4	5	6	7
15	I feel that I am vulnerable when I think about my communication style	1	2	3	4	5	6	7
16	I feel rejected when I think about my communication style	1	2	3	4	5	6	7
17	I feel alone when I think about my communication style	1	2	3	4	5	6	7
18	I feel withdrawn when I think about my communication style	1	2	3	4	5	6	7
19	I feel rebuffed when I think about my communication style	1	2	3	4	5	6	7
20	I feel guilty when I think about my communication style	1	2	3	4	5	6	7
21	I feel responsible when I think about my communication style	1	2	3	4	5	6	7
22	If I could I would like to avoid the supervisor	1	2	3	4	5	6	7

	When thinking about your communication in this example. How much of the following would you think or feel?							

		Not at all					Very much	
23	I would rather not have further discussions with the supervisor about my communication style	1	2	3	4	5	6	7
24	If I were to confront the supervisor, I would control my thoughts and think of something else than my communication style	1	2	3	4	5	6	7
25	If I could I would like to avoid the patient	1	2	3	4	5	6	7
26	I would rather not have further discussions with the patient about my communication style	1	2	3	4	5	6	7
27	If I were to confront the patient, I would control my thoughts and think of something else than my communication style	1	2	3	4	5	6	7
28	I would like to forget about this	1	2	3	4	5	6	7
29	I would like to forget about everything I did to the patient	1	2	3	4	5	6	7
30	I think I will make it less clear to others what I said	1	2	3	4	5	6	7
31	I think I will be cautious sharing this information about what happened	1	2	3	4	5	6	7
32	I think I will make the impact of this story less important to others	1	2	3	4	5	6	7
33	I think I will censor myself on this issue	1	2	3	4	5	6	7
34	I think I would encourage people to focus on the "other side of the story"	1	2	3	4	5	6	7
35	I think the patient is the cause of what I did	1	2	3	4	5	6	7
36	I think the patient was to blame for what I did	1	2	3	4	5	6	7
37	I think the patient could have stopped the situation from evolving	1	2	3	4	5	6	7
38	I think the patient is responsible for what happened	1	2	3	4	5	6	7
39	I think the supervisor is the cause of what I did	1	2	3	4	5	6	7
40	I think the supervisor was to blame for what I did	1	2	3	4	5	6	7
41	I think the supervisor could have stopped the situation from evolving	1	2	3	4	5	6	7
42	I think the supervisor is responsible for what happened	1	2	3	4	5	6	7
43	If I could I would like to tell the supervisor how I feel about the feedback I got	1	2	3	4	5	6	7

	When thinking about your communication in this example. How much of the following would you think or feel?							
		Not at all						**Very much**
44	It is important that the supervisor get to know what I feel about the feedback I got	1	2	3	4	5	6	7
45	I would like to express my concern to the supervisor	1	2	3	4	5	6	7
46	If I could I would like to tell the patient how I feel about the feedback I got	1	2	3	4	5	6	7
47	It is important that the patient get to know what I feel about the feedback I got	1	2	3	4	5	6	7
48	I would like to express my concern to the patient	1	2	3	4	5	6	7
49	I think I am the cause of what I did	1	2	3	4	5	6	7
50	I think I am to blame for what I did	1	2	3	4	5	6	7
51	I think I am responsible for what I did	1	2	3	4	5	6	7
52	I think I could have stopped the situation from evolving	1	2	3	4	5	6	7
53	I will try to repair some of the damage I have caused to the supervisor	1	2	3	4	5	6	7
54	I feel I should compensate the supervisor for what I did	1	2	3	4	5	6	7
55	I feel I should re-establish the relationship between me and the supervisor	1	2	3	4	5	6	7
56	I will try to repair some of the damage I have caused to the patient	1	2	3	4	5	6	7
57	I feel I should compensate the patient for what I did	1	2	3	4	5	6	7
58	I feel I should re-establish the relationship between me and the patient	1	2	3	4	5	6	7
59	I feel I should offer emotional support to the patient	1	2	3	4	5	6	7
60	I can picture myself the distress the patient must feel about the diagnosis of cancer	1	2	3	4	5	6	7
61	I feel bad for the patient about the diagnosis of cancer	1	2	3	4	5	6	7
62	I feel awful for what the patient went through concerning the diagnosis of cancer	1	2	3	4	5	6	7
63	I can picture myself the distress the patient must feel about my communication style	1	2	3	4	5	6	7
64	I feel bad for the patient about my communication style	1	2	3	4	5	6	7
65	I feel awful for what the patient went through concerning my communication style	1	2	3	4	5	6	7

	When thinking about your communication in this example. How much of the following would you think or feel?							
		Not at all						**Very much**
66	I want the supervisor to like me	1	2	3	4	5	6	7
67	I want the supervisor to accept me	1	2	3	4	5	6	7
68	I would like the supervisor to recognize me	1	2	3	4	5	6	7
69	I would like the supervisor to value me	1	2	3	4	5	6	7
70	I want the patient to like me	1	2	3	4	5	6	7
71	I want the patient to accept me	1	2	3	4	5	6	7
72	I would like the patient to recognize me	1	2	3	4	5	6	7
73	I would like the patient to value me	1	2	3	4	5	6	7
74	I think the patient will be hurt by my communication style	1	2	3	4	5	6	7
75	I think the patient will not be happy about my communication style	1	2	3	4	5	6	7
76	The communication I gave will put myself and the patient more on the same level	1	2	3	4	5	6	7
77	The communication I gave will make me and the patient more equal	1	2	3	4	5	6	7
78	The communication I gave will unbalance the relationship between myself and the patient	1	2	3	4	5	6	7
79	The communication I gave will make me and the patient less equal	1	2	3	4	5	6	7
80	The communication I gave will put myself and the supervisor more on the same level	1	2	3	4	5	6	7
81	The communication I gave will make me and the supervisor more equal	1	2	3	4	5	6	7
82	The communication I gave will unbalance the relationship between myself and the supervisor	1	2	3	4	5	6	7
83	The communication I gave will make me and the supervisor less equal	1	2	3	4	5	6	7
84	Giving this communication would make me less than other people	1	2	3	4	5	6	7
85	I would think other people are better than me after giving this communication	1	2	3	4	5	6	7

	When thinking about your communication in this example. How much of the following would you think or feel?							
		Not at all						**Very much**
86	After giving this communication I need to get back at level with other people	1	2	3	4	5	6	7
87	After giving this communication I need to raise myself up above others	1	2	3	4	5	6	7
88	After giving this communication I'm on a lower level than other people	1	2	3	4	5	6	7

You were told to imagine one way of providing communication with the patient. However, there are other ways. Could we ask you how likely it would be, when giving feedback WITHOUT instructions you would take the approach in the communication exercise:

	"I would never act that way"						**"I would always act that way"**
Provide feedback that does not focus on the person, but instead focus on an objective and detailed account of the weak sides of their diagnosis	1	2	3	4	5	6	7
Provide feedback that focus on being empathic with the person while downplaying the details of the weak sides of their diagnosis	1	2	3	4	5	6	7
Provide feedback that focus on being empathic with the person while objectively account for the weak sides of their diagnosis	1	2	3	4	5	6	7

What are some of the concerns that might motivate your communicating with the patient in that specific way?

Thank you very much for helping us!

Study 5: Frontpage of Condition 1 Norwegian version

Kjære deltager!

Tusen takk for at du vil delta i denne studien. Din deltagelse er 100 % anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien.

Vennligst oppgi kjønn:	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din pågående utdanning, og hvilket år?	

Vær vennlig å lese teksten nedenfor og forestill deg at du selv er i denne situasjonen:

Forestill deg at du er i praksis og du blir bedt om å levere en alvorlig kreft diagnose til en pasient. Mens du gjør dette blir du observert av en overlege. Etter seansen gir overlegen deg følgende tilbakemelding:

Kommunikasjonen din fokuserte på å være objektiv og gi en detaljert beskrivelse av diagnosen. Den var ikke empatisk overfor pasienten.

Vær vennlig og skriv veldig kort hva du ble bedt om å forestille deg, og skriv ned noen få setninger av hva du ville sagt i kommunikasjonen om den ble gjort slik som overlegen beskrev.

Vær vennlig å snu til neste side og svar på følgende påstander!

Study 5: Frontpage of Condition 2 Norwegian version

Kjære deltager!

Tusen takk for at du vil delta i denne studien. Din deltagelse er 100 % anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien.

Vennligst oppgi kjønn:	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din pågående utdanning, og hvilket år?	

Vær vennlig å lese teksten nedenfor og forestill deg at du selv er i denne situasjonen:

Forestill deg at du er i praksis og du blir bedt om å levere en alvorlig kreft diagnose til en pasient. Mens du gjør dette blir du observert av en overlege. Etter seansen gir overlegen deg følgende tilbakemelding:

Kommunikasjonen din fokuserte på å være empatisk med pasienten. Den var ikke objektiv og den gav ikke en detaljert beskrivelse av diagnosen.

Vær vennlig og skriv veldig kort hva du ble bedt om å forestille deg, og skriv ned noen få setninger av hva du ville sagt i kommunikasjonen om den ble gjort slik som overlegen beskrev.

Vær vennlig å snu til neste side og svar på følgende påstander!

Study 5: Frontpage of Condition 3 Norwegian version

3.Kjære deltager!

Tusen takk for at du vil delta i denne studien. Din deltagelse er 100 % anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien.

Vennligst oppgi kjønn:	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din pågående utdanning, og hvilket år?	

Vær vennlig å lese teksten nedenfor og forestill deg at du selv er i denne situasjonen:

Forestill deg at du er i praksis og du blir bedt om å levere en alvorlig kreft diagnose til en pasient. Mens du gjør dette blir du observert av en overlege. Etter seansen gir overlegen deg følgende tilbakemelding:

Kommunikasjonen din fokuserte på å være empatisk med pasienten samtidig som den gav en objektiv og detaljert beskrivelse av diagnosen.

Vær vennlig og skriv veldig kort hva du ble bedt om å forestille deg, og skriv ned noen få setninger av hva du ville sagt i kommunikasjonen om den ble gjort slik som overlegen beskrev.

Vær vennlig å snu til neste side og svar på følgende påstander!

Full Questionnaire of Study 5 Norwegian version

	Hvor mye av det følgende tenker og føler du?							
		Ikke i det hele tatt						**Veldig enig**
1	Det var galt å kommunisere på denne måten	1	2	3	4	5	6	7
2	Det var tvilsomt å kommunisere på denne måten	1	2	3	4	5	6	7
3	Det var feil å kommunisere på denne måten	1	2	3	4	5	6	7
4	Det var ikke bra å kommunisere på denne måten	1	2	3	4	5	6	7
5	Overlegen kan mislike meg pga måten jeg kommuniserte	1	2	3	4	5	6	7
6	Jeg tror jeg kan bli "holdt utenfor" av overlegen på grunn av denne situasjonen.	1	2	3	4	5	6	7
7	Pasienten kan mislike meg pga måten jeg kommuniserte	1	2	3	4	5	6	7
8	Jeg tror jeg kan bli "holdt utenfor" av pasienten på grunn av denne situasjonen.	1	2	3	4	5	6	7
9	Måten jeg kommuniserte på avslørte en moralsk feil hos meg.	1	2	3	4	5	6	7
10	Jeg tror jeg er defekt på en eller annen måte på grunn av måten jeg kommuniserte	1	2	3	4	5	6	7
11	Jeg skjems når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
12	Jeg føler meg ydmyket når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
13	Jeg skammer meg når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
14	Jeg føler meg mindreverdig når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
15	Jeg føler meg sårbar når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
16	Jeg føler meg avvist når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
17	Jeg føler meg alene når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
18	Jeg føler meg tilbaketrukket når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
19	Jeg føler meg avslått når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
20	Jeg føler meg skyldig når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
21	Jeg føler meg ansvarlig når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
22	Hvis jeg hadde kunnet ville jeg unngått overlegen	1	2	3	4	5	6	7

	Hvor mye av det følgende tenker og føler du?							
	Ikke i det hele tatt						**Veldig enig**	
23	Jeg vil helst ikke bli blandet inn i diskusjoner med overlegen om måten jeg kommuniserte	1	2	3	4	5	6	7
24	Hvis jeg treffer overlegen, så ville jeg ha tenkt på noe annet enn måten jeg kommuniserte	1	2	3	4	5	6	7
25	Hvis jeg hadde kunnet ville jeg unngått min pasient	1	2	3	4	5	6	7
26	Jeg vil helst ikke bli blandet inn i diskusjoner med min pasient om måten jeg kommuniserte	1	2	3	4	5	6	7
27	Hvis jeg treffer pasienten min, så ville jeg ha tenkt på noe annet enn måten jeg kommuniserte	1	2	3	4	5	6	7
28	Jeg skulle likt å glemme dette	1	2	3	4	5	6	7
29	Jeg skulle likt å glemme alt jeg gjorde mot pasienten min	1	2	3	4	5	6	7
30	Jeg vil gjøre det mindre klart for andre når det gjelder det jeg sa	1	2	3	4	5	6	7
31	Jeg vil være forsiktig med å dele informasjon om det som skjedde	1	2	3	4	5	6	7
32	Jeg tenker jeg vil gjøre betydningen av denne historien mindre viktig for andre	1	2	3	4	5	6	7
33	Jeg tenker jeg vil sensurere meg selv i denne saken	1	2	3	4	5	6	7
34	Jeg tenker jeg vil oppmuntre folk til å fokusere på den «andre siden av historien»	1	2	3	4	5	6	7
35	Jeg synes pasienten er årsaken til det jeg gjorde	1	2	3	4	5	6	7
36	Jeg synes pasienten har skylden for det jeg gjorde	1	2	3	4	5	6	7
37	Jeg tror pasienten min kunne ha hindret denne situasjonen i å utvikle seg	1	2	3	4	5	6	7
38	Jeg tror pasienten min er ansvarlig for det som skjedde	1	2	3	4	5	6	7
39	Jeg tror overlegen er årsaken til det jeg gjorde	1	2	3	4	5	6	7
40	Jeg tror overlegen har skylden for det jeg gjorde	1	2	3	4	5	6	7
41	Jeg tror overlegen kunne ha hindret denne situasjonen i å utvikle seg	1	2	3	4	5	6	7
42	Jeg tror overlegen er ansvarlig for det som skjedde	1	2	3	4	5	6	7
43	Hadde jeg kunnet så ville jeg gjerne ha fortalt overlegen hvordan jeg føler det om tilbakemeldingen jeg fikk	1	2	3	4	5	6	7

	Hvor mye av det følgende tenker og føler du?							
		Ikke i det hele tatt					**Veldig enig**	
44	Det er viktig at overlegen får vite hvordan jeg føler det om tilbakemeldingen jeg fikk	1	2	3	4	5	6	7
45	Jeg ville ha likt å uttrykke min bekymring til overlegen	1	2	3	4	5	6	7
46	Hadde jeg kunnet så ville jeg gjerne ha fortalt pasienten hvordan jeg føler det om tilbakemeldingen jeg fikk	1	2	3	4	5	6	7
47	Det er viktig at pasienten min får vite hvordan jeg føler det om tilbakemeldingen jeg fikk	1	2	3	4	5	6	7
48	Jeg ville ha likt å uttrykke min bekymring til pasienten	1	2	3	4	5	6	7
49	Jeg tror jeg er årsaken til det jeg gjorde	1	2	3	4	5	6	7
50	Jeg tror jeg har skylden for det jeg gjorde	1	2	3	4	5	6	7
51	Jeg tror jeg er ansvarlig for det jeg gjorde	1	2	3	4	5	6	7
52	Jeg tror jeg kunne ha stoppet situasjonen fra å utvikle seg	1	2	3	4	5	6	7
53	Jeg vil prøve å reparere noe av den skaden jeg har forårsaket til overlegen	1	2	3	4	5	6	7
54	Jeg føler jeg burde kompensere til overlegen for det jeg gjorde	1	2	3	4	5	6	7
55	Jeg føler jeg burde fikse forholdet mellom meg og overlegen	1	2	3	4	5	6	7
56	Jeg vil prøve å reparere noe av den skaden jeg har forårsaket til pasienten	1	2	3	4	5	6	7
57	Jeg føler jeg burde kompensere til pasienten for det jeg gjorde	1	2	3	4	5	6	7
58	Jeg føler jeg burde fikse forholdet mellom meg og min pasient	1	2	3	4	5	6	7
59	Jeg føler jeg burde tilby følelsesmessig støtte til pasienten	1	2	3	4	5	6	7
60	Jeg kan se for meg at pasienten min følte tilbakemeldingen min om kreft diagnosen var oppskakende	1	2	3	4	5	6	7
61	Jeg føler meg dårlig når jeg tenker på pasienten med kreftdiagnosen	1	2	3	4	5	6	7
62	Jeg føler meg forferdelig for det pasienten min måtte gå igjennom i forhold til kreftdiagnosen	1	2	3	4	5	6	7
63	Jeg kan se for meg det ubehaget pasienten må ha følt om måten jeg kommuniserte	1	2	3	4	5	6	7
64	Jeg føler meg dårlig for pasienten og måten jeg kommuniserte	1	2	3	4	5	6	7

	Hvor mye av det følgende tenker og føler du?							
	Ikke i det hele tatt							**Veldig enig**
		1	2	3	4	5	6	7
65	Jeg føler meg forferdelig for det pasienten min måtte gå igjennom i forhold til måten jeg kommuniserte							
66	Jeg vil at overlegen skal like meg	1	2	3	4	5	6	7
67	Jeg vil at overlegen skal akseptere meg	1	2	3	4	5	6	7
68	Jeg vil at overlegen skal anerkjenne meg	1	2	3	4	5	6	7
69	Jeg vil at overlegen skal verdsette meg	1	2	3	4	5	6	7
70	Jeg vil at min pasient skal like meg	1	2	3	4	5	6	7
71	Jeg vil at min pasient skal akseptere meg	1	2	3	4	5	6	7
72	Jeg vil at min pasient skal anerkjenne meg	1	2	3	4	5	6	7
73	Jeg vil at min pasient skal verdsette meg	1	2	3	4	5	6	7
74	Jeg tror pasienten vil bli såret pga måten jeg kommuniserte	1	2	3	4	5	6	7
75	Jeg tror pasienten ikke vil bli glad for måten jeg kommuniserte	1	2	3	4	5	6	7
76	Måten jeg kommuniserte på vil sette meg selv og pasienten mer på det samme nivå	1	2	3	4	5	6	7
77	Måten jeg kommuniserte på vil gjøre meg og pasienten mer likeverdige	1	2	3	4	5	6	7
78	Måten jeg kommuniserte på vil ødelegge balansen i forholdet mellom meg og pasienten	1	2	3	4	5	6	7
79	Måten jeg kommuniserte på vil gjøre meg og pasienten mindre likeverdige	1	2	3	4	5	6	7
80	Måten jeg kommuniserte på vil sette meg selv og overlegen mer på det samme nivå	1	2	3	4	5	6	7
81	Måten jeg kommuniserte på vil gjøre meg og overlegen mer likeverdige	1	2	3	4	5	6	7
82	Måten jeg kommuniserte på vil ødelegge balansen i forholdet mellom meg og overlegen	1	2	3	4	5	6	7
83	Måten jeg kommuniserte på vil gjøre meg og overlegen mindre likeverdige	1	2	3	4	5	6	7
84	Å gi denne tilbakemeldingen vil gjøre meg mindre verdt enn andre	1	2	3	4	5	6	7

	Hvor mye av det følgende tenker og føler du?							
		Ikke i det hele tatt					**Veldig enig**	
85	Jeg vil tenke at andre folk er bedre enn meg etter å ha gitt denne tilbakemeldingen	1	2	3	4	5	6	7
86	Etter å ha gitt denne tilbakemeldingen har jeg behov for å komme opp på nivå med andre folk	1	2	3	4	5	6	7
87	Etter å ha gitt denne tilbakemeldingen har jeg behov for å heve meg over andre folk	1	2	3	4	5	6	7
88	Etter å ha gitt denne tilbakemeldingen er jeg på et lavere nivå enn andre folk	1	2	3	4	5	6	7

Du ble bedt om å forestille deg at du ga tilbakemelding på en spesifikk måte. Men, det finnes også andre måter det kan gjøres på. Hvis det er i orden, kan vi spørre deg om du kan rangere hvordan du ville ha gitt tilbakemelding uten å ta hensyn til den måten du utførte det på innledningsvis. Med andre ord, hvordan du selv ville ha gjort det:

	"Aldri"					**"Alltid"**	
Gi tilbakemelding som ikke fokuserer på pasienten, men isteden fokuserer på en objektiv og detaljert gjennomgang av de dårlige sidene ved diagnosen	1	2	3	4	5	6	7
Gi tilbakemelding som fokuserer på å være empatisk med pasienten, mens du nedtoner de svake sidene ved diagnosen	1	2	3	4	5	6	7
Gi tilbakemelding som fokuserer på å være empatisk med pasienten, samtidig som du objektivt gjennomgår de svake sidene ved diagnosen	1	2	3	4	5	6	7

> Hvilke bekymringer (hvis du har noen) har du omkring den måten du ble bedt om å kommunisere?

Tusen takk for hjelpen din!

Study 6: Frontpage of Condition 1 English version

Dear participant!

Thank you very much for taking part in this study. Your participation is 100% anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you.

You are free to withdraw at any time during the investigation. On the last page you can also write down any thoughts, complaints or ideas about this study.

Please provide gender	☐ Hankjønn ☐ Hunkjønn
Please provide your age:	
What degree programme are you currently enrolled in, and what year?	

Please read the following text and imagine yourself in this situation:

Imagine that you are doing an internship and at one point you must follow-up the doctors communication and tell a patient that their diagnosis of serious cancer will cause death. While you are doing this, you are observed by a senior head nurse. Afterwards, the head nurse gives you the following feedback:

> **Your communication was objective and gave a detailed account of the diagnosis. It did not focus on being empathic with the person.**

Please, write very shortly what you were asked to imagine, and write a few of the things you might have said in the communication given this feedback from the supervisor.

Please turn the page and respond to the following statements!

Study 6: Frontpage of Condition 2 English version

Dear participant!

Thank you very much for taking part in this study. Your participation is 100% anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you.

You are free to withdraw at any time during the investigation. On the last page you can also write down any thoughts, complaints or ideas about this study.

Please provide gender	☐ Hankjønn ☐ Hunkjønn
Please provide your age:	
What degree programme are you currently enrolled in, and what year?	

Please read the following text and imagine yourself in this situation:

Imagine that you are doing an internship and at one point you must follow-up the doctors communication and tell a patient that their diagnosis of serious cancer will cause death. While you are doing this, you are observed by a senior head nurse. Afterwards, the head nurse gives you the following feedback:

> **Your communication focused on being empathic with the person. It was not objective and did not give a detailed account of the diagnosis.**

Please, write very shortly what you were asked to imagine, and write a few of the things you might have said in the communication given this feedback from the supervisor.

Please turn the page and respond to the following statements!

Study 6: Frontpage of Condition 3 English version

Dear participant!

Thank you very much for taking part in this study. Your participation is 100% anonymous, and all information from your part will be hold entirely confidential. No replies can be traced back to you.

You are free to withdraw at any time during the investigation. On the last page you can also write down any thoughts, complaints or ideas about this study.

Please provide gender	☐ Hankjønn ☐ Hunkjønn
Please provide your age:	
What degree programme are you currently enrolled in, and what year?	

Please read the following text and imagine yourself in this situation:

Imagine that you are doing an internship and at one point you must follow-up the doctors communication and tell a patient that their diagnosis of serious cancer will cause death. While you are doing this, you are observed by a senior head nurse. Afterwards, the head nurse gives you the following feedback:

Your communication focused on being empathic with the person while objectively giving a detailed account of the diagnosis.

Please, write very shortly what you were asked to imagine, and write a few of the things you might have said in the communication given this feedback from the supervisor.

Please turn the page and respond to the following statements!

Full Questionnaire of Study 6 English version

	When thinking about your communication in this example. How much of the following would you think or feel?							
		Not at all						**Very much**
1	My style of communication was wrong	1	2	3	4	5	6	7
2	My style of communication was questionable	1	2	3	4	5	6	7
3	My style of communication was not good	1	2	3	4	5	6	7
4	My style of communication was bad	1	2	3	4	5	6	7
5	The supervisor can condemn me for my communication style	1	2	3	4	5	6	7
6	I think I could be isolated from my supervisor because of this situation	1	2	3	4	5	6	7
7	The patient can condemn me for what my communication style	1	2	3	4	5	6	7
8	I think I could be isolated from the patient because of this situation	1	2	3	4	5	6	7
9	My communication style revealed a moral failure in me	1	2	3	4	5	6	7
10	I think I am defective in some way because of my communication style	1	2	3	4	5	6	7
11	I feel disgraced when I think about my communication style	1	2	3	4	5	6	7
12	I feel humiliated when I think about my communication style	1	2	3	4	5	6	7
13	I feel ashamed when I think about my communication style	1	2	3	4	5	6	7
14	I feel inferior when I think about my communication style	1	2	3	4	5	6	7
15	I feel that I am vulnerable when I think about my communication style	1	2	3	4	5	6	7
16	I feel rejected when I think about my communication style	1	2	3	4	5	6	7
17	I feel alone when I think about my communication style	1	2	3	4	5	6	7
18	I feel withdrawn when I think about my communication style	1	2	3	4	5	6	7
19	I feel rebuffed when I think about my communication style	1	2	3	4	5	6	7
20	I feel guilty when I think about my communication style	1	2	3	4	5	6	7
21	I feel responsible when I think about my communication style	1	2	3	4	5	6	7
22	If I could I would like to avoid the supervisor	1	2	3	4	5	6	7

	When thinking about your communication in this example. How much of the following would you think or feel?							
		Not at all					**Very much**	
		1	2	3	4	5	6	7
23	I would rather not have further discussions with the supervisor about my communication style	1	2	3	4	5	6	7
24	If I were to confront the supervisor, I would control my thoughts and think of something else than my communication style	1	2	3	4	5	6	7
25	If I could I would like to avoid the patient	1	2	3	4	5	6	7
26	I would rather not have further discussions with the patient about my communication style	1	2	3	4	5	6	7
27	If I were to confront the patient, I would control my thoughts and think of something else than my communication style	1	2	3	4	5	6	7
28	I would like to forget about this	1	2	3	4	5	6	7
29	I would like to forget about everything I did to the patient	1	2	3	4	5	6	7
30	I think I will make it less clear to others what I said	1	2	3	4	5	6	7
31	I think I will be cautious sharing this information about what happened	1	2	3	4	5	6	7
32	I think I will make the impact of this story less important to others	1	2	3	4	5	6	7
33	I think I will censor myself on this issue	1	2	3	4	5	6	7
34	I think I would encourage people to focus on the "other side of the story"	1	2	3	4	5	6	7
35	I think the patient is the cause of what I did	1	2	3	4	5	6	7
36	I think the patient was to blame for what I did	1	2	3	4	5	6	7
37	I think the patient could have stopped the situation from evolving	1	2	3	4	5	6	7
38	I think the patient is responsible for what happened	1	2	3	4	5	6	7
39	I think the supervisor is the cause of what I did	1	2	3	4	5	6	7
40	I think the supervisor was to blame for what I did	1	2	3	4	5	6	7
41	I think the supervisor could have stopped the situation from evolving	1	2	3	4	5	6	7
42	I think the supervisor is responsible for what happened	1	2	3	4	5	6	7
43	If I could I would like to tell the supervisor how I feel about the feedback I got	1	2	3	4	5	6	7

When thinking about your communication in this example. How much of the following would you think or feel?

		Not at all					Very much	
44	It is important that the supervisor get to know what I feel about the feedback I got	1	2	3	4	5	6	7
45	I would like to express my concern to the supervisor	1	2	3	4	5	6	7
46	If I could I would like to tell the patient how I feel about the feedback I got	1	2	3	4	5	6	7
47	It is important that the patient get to know what I feel about the feedback I got	1	2	3	4	5	6	7
48	I would like to express my concern to the patient	1	2	3	4	5	6	7
49	I think I am the cause of what I did	1	2	3	4	5	6	7
50	I think I am to blame for what I did	1	2	3	4	5	6	7
51	I think I am responsible for what I did	1	2	3	4	5	6	7
52	I think I could have stopped the situation from evolving	1	2	3	4	5	6	7
53	I will try to repair some of the damage I have caused to the supervisor	1	2	3	4	5	6	7
54	I feel I should compensate the supervisor for what I did	1	2	3	4	5	6	7
55	I feel I should re-establish the relationship between me and the supervisor	1	2	3	4	5	6	7
56	I will try to repair some of the damage I have caused to the patient	1	2	3	4	5	6	7
57	I feel I should compensate the patient for what I did	1	2	3	4	5	6	7
58	I feel I should re-establish the relationship between me and the patient	1	2	3	4	5	6	7
59	I feel I should offer emotional support to the patient	1	2	3	4	5	6	7
60	I can picture myself the distress the patient must feel about the diagnosis of cancer	1	2	3	4	5	6	7
61	I feel bad for the patient about the diagnosis of cancer	1	2	3	4	5	6	7
62	I feel awful for what the patient went through concerning the diagnosis of cancer	1	2	3	4	5	6	7
63	I can picture myself the distress the patient must feel about my communication style	1	2	3	4	5	6	7
64	I feel bad for the patient about my communication style	1	2	3	4	5	6	7
65	I feel awful for what the patient went through concerning my communication style	1	2	3	4	5	6	7

		Not at all					Very much	
66	I want the supervisor to like me	1	2	3	4	5	6	7
67	I want the supervisor to accept me	1	2	3	4	5	6	7
68	I would like the supervisor to recognize me	1	2	3	4	5	6	7
69	I would like the supervisor to value me	1	2	3	4	5	6	7
70	I want the patient to like me	1	2	3	4	5	6	7
71	I want the patient to accept me	1	2	3	4	5	6	7
72	I would like the patient to recognize me	1	2	3	4	5	6	7
73	I would like the patient to value me	1	2	3	4	5	6	7
74	I think the patient will be hurt by my communication style	1	2	3	4	5	6	7
75	I think the patient will not be happy about my communication style	1	2	3	4	5	6	7
76	The communication I gave will put myself and the patient more on the same level	1	2	3	4	5	6	7
77	The communication I gave will make me and the patient more equal	1	2	3	4	5	6	7
78	The communication I gave will unbalance the relationship between myself and the patient	1	2	3	4	5	6	7
79	The communication I gave will make me and the patient less equal	1	2	3	4	5	6	7
80	The communication I gave will put myself and the supervisor more on the same level	1	2	3	4	5	6	7
81	The communication I gave will make me and the supervisor more equal	1	2	3	4	5	6	7
82	The communication I gave will unbalance the relationship between myself and the supervisor	1	2	3	4	5	6	7
83	The communication I gave will make me and the supervisor less equal	1	2	3	4	5	6	7
84	Giving this communication would make me less than other people	1	2	3	4	5	6	7
85	I would think other people are better than me after giving this communication	1	2	3	4	5	6	7

When thinking about your communication in this example. How much of the following would you think or feel?								
		Not at all						**Very much**
86	After giving this communication I need to get back at level with other people	1	2	3	4	5	6	7
87	After giving this communication I need to raise myself up above others	1	2	3	4	5	6	7
88	After giving this communication I'm on a lower level than other people	1	2	3	4	5	6	7

You were told to imagine one way of providing communication with the patient. However, there are other ways. Could we ask you how likely it would be, when giving feedback WITHOUT instructions you would take the approach in the communication exercise:

	"I would never act that way"						"I would always act that way"
Provide feedback that does not focus on the person, but instead focus on an objective and detailed account of the weak sides of their diagnosis	1	2	3	4	5	6	7
Provide feedback that focus on being empathic with the person while downplaying the details of the weak sides of their diagnosis	1	2	3	4	5	6	7
Provide feedback that focus on being empathic with the person while objectively account for the weak sides of their diagnosis	1	2	3	4	5	6	7

What are some of the concerns that might motivate your communicating with the patient in that specific way?

Thank you very much for helping us!

Study 6: Frontpage of Condition 1 Norwegian version

Kjære deltager!

Tusen takk for at du vil delta i denne studien. Din deltagelse er 100 % anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien.

Vennligst oppgi kjønn:	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din pågående utdanning, og hvilket år?	

Vær vennlig å lese teksten nedenfor og forestill deg at du selv er i denne situasjonen:

Forestill deg at du er i praksis og at du blir bedt om å følge opp en leges samtale for å fortelle en pasient at den alvorlige kreftdiagnosen er dødelig. Mens du gjør dette blir du observert av oversykepleieren. Etterpå gir oversykepleieren deg følgende tilbakemelding:

> Kommunikasjonen din fokuserte på å være objektiv og gi en detaljert beskrivelse av diagnosen. Den var ikke empatisk overfor pasienten.

Vær vennlig og skriv veldig kort hva du ble bedt om å forestille deg, og skriv ned noen få setninger av hva du ville sagt i kommunikasjonen om den ble gjort slik som overlegen beskrev.

Vær vennlig å snu til neste side og svar på følgende påstander!

Study 6: Frontpage of Condition 2 Norwegian version

Kjære deltager!

Tusen takk for at du vil delta i denne studien. Din deltagelse er 100 % anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien.

Vennligst oppgi kjønn:	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din pågående utdanning, og hvilket år?	

Vær vennlig å lese teksten nedenfor og forestill deg at du selv er i denne situasjonen:

Forestill deg at du er i praksis og at du blir bedt om å følge opp en leges samtale for å fortelle en pasient at den alvorlige kreftdiagnosen er dødelig. Mens du gjør dette blir du observert av oversykepleieren. Etterpå gir oversykepleieren deg følgende tilbakemelding:

> Kommunikasjonen din fokuserte på å være empatisk med pasienten. Den var ikke objektiv og den gav ikke en detaljert beskrivelse av diagnosen.

Vær vennlig og skriv veldig kort hva du ble bedt om å forestille deg, og skriv ned noen få setninger av hva du ville sagt i kommunikasjonen om den ble gjort slik som oversykepleieren beskrev.

Vær vennlig å snu til neste side og svar på følgende påstander!

Study 6: Frontpage of Condition 3 Norwegian version

3. Kjære deltager!

Tusen takk for at du vil delta i denne studien. Din deltagelse er 100 % anonym, og alle opplysninger du oppgir i spørreskjemaet vil holdes konfidensielt. Det er altså ingenting som vil kunne spores tilbake til deg. Du kan når som helst trekke deg fra studien.

Vennligst oppgi kjønn:	☐ Hankjønn ☐ Hunkjønn
Vennligst oppgi alderen din i hele år:	
Vennligst oppgi din pågående utdanning, og hvilket år?	

Vær vennlig å lese teksten nedenfor og forestill deg at du selv er i denne situasjonen:

Forestill deg at du er i praksis og at du blir bedt om å følge opp en leges samtale for å fortelle en pasient at den alvorlige kreftdiagnosen er dødelig. Mens du gjør dette blir du observert av oversykepleieren. Etterpå gir oversykepleieren deg følgende tilbakemelding:

> Kommunikasjonen din fokuserte på å være empatisk med pasienten samtidig som den gav en objektiv og detaljert beskrivelse av diagnosen.

Vær vennlig og skriv veldig kort hva du ble bedt om å forestille deg, og skriv ned noen få setninger av hva du ville sagt i kommunikasjonen om den ble gjort slik som oversykepleieren beskrev.

Vær vennlig å snu til neste side og svar på følgende påstander!

Full Questionnaire of Study 6 Norwegian version

	Hvor mye av det følgende tenker og føler du?							
		Ikke i det hele tatt						**Veldig enig**
1	Det var galt å kommunisere på denne måten	1	2	3	4	5	6	7
2	Det var tvilsomt å kommunisere på denne måten	1	2	3	4	5	6	7
3	Det var feil å kommunisere på denne måten	1	2	3	4	5	6	7
4	Det var ikke bra å kommunisere på denne måten	1	2	3	4	5	6	7
5	Oversykepleieren kan mislike meg pga måten jeg kommuniserte	1	2	3	4	5	6	7
6	Jeg tror jeg kan bli "holdt utenfor" av oversykepleieren på grunn av denne situasjonen.	1	2	3	4	5	6	7
7	Pasienten kan mislike meg pga måten jeg kommuniserte	1	2	3	4	5	6	7
8	Jeg tror jeg kan bli "holdt utenfor" av pasienten på grunn av denne situasjonen.	1	2	3	4	5	6	7
9	Måten jeg kommuniserte på avslørte en moralsk feil hos meg.	1	2	3	4	5	6	7
10	Jeg tror jeg er defekt på en eller annen måte på grunn av måten jeg kommuniserte	1	2	3	4	5	6	7
11	Jeg skjems når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
12	Jeg føler meg ydmyket når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
13	Jeg skammer meg når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
14	Jeg føler meg mindreverdig når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
15	Jeg føler meg sårbar når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
16	Jeg føler meg avvist når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
17	Jeg føler meg alene når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
18	Jeg føler meg tilbaketrukket når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
19	Jeg føler meg avslått når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
20	Jeg føler meg skyldig når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
21	Jeg føler meg ansvarlig når jeg tenker på måten jeg kommuniserte	1	2	3	4	5	6	7
22	Hvis jeg hadde kunnet ville jeg unngått oversykepleieren	1	2	3	4	5	6	7

	Hvor mye av det følgende tenker og føler du?							
		Ikke i det hele tatt						**Veldig enig**
23	Jeg vil helst ikke bli blandet inn i diskusjoner med oversykepleieren om måten jeg kommuniserte	1	2	3	4	5	6	7
24	Hvis jeg treffer oversykepleieren, så ville jeg ha tenkt på noe annet enn måten jeg kommuniserte	1	2	3	4	5	6	7
25	Hvis jeg hadde kunnet ville jeg unngått min pasient	1	2	3	4	5	6	7
26	Jeg vil helst ikke bli blandet inn i diskusjoner med min pasient om måten jeg kommuniserte	1	2	3	4	5	6	7
27	Hvis jeg treffer pasienten min, så ville jeg ha tenkt på noe annet enn måten jeg kommuniserte	1	2	3	4	5	6	7
28	Jeg skulle likt å glemme dette	1	2	3	4	5	6	7
29	Jeg skulle likt å glemme alt jeg gjorde mot pasienten min	1	2	3	4	5	6	7
30	Jeg vil gjøre det mindre klart for andre når det gjelder det jeg sa	1	2	3	4	5	6	7
31	Jeg vil være forsiktig med å dele informasjon om det som skjedde	1	2	3	4	5	6	7
32	Jeg tenker jeg vil gjøre betydningen av denne historien mindre viktig for andre	1	2	3	4	5	6	7
33	Jeg tenker jeg vil sensurere meg selv i denne saken	1	2	3	4	5	6	7
34	Jeg tenker jeg vil oppmuntre folk til å fokusere på den «andre siden av historien»	1	2	3	4	5	6	7
35	Jeg synes pasienten er årsaken til det jeg gjorde	1	2	3	4	5	6	7
36	Jeg synes pasienten har skylden for det jeg gjorde	1	2	3	4	5	6	7
37	Jeg tror pasienten min kunne ha hindret denne situasjonen i å utvikle seg	1	2	3	4	5	6	7
38	Jeg tror pasienten min er ansvarlig for det som skjedde	1	2	3	4	5	6	7
39	Jeg tror oversykepleieren er årsaken til det jeg gjorde	1	2	3	4	5	6	7
40	Jeg tror oversykepleieren har skylden for det jeg gjorde	1	2	3	4	5	6	7
41	Jeg tror oversykepleieren kunne ha hindret denne situasjonen i å utvikle seg	1	2	3	4	5	6	7
42	Jeg tror oversykepleieren er ansvarlig for det som skjedde	1	2	3	4	5	6	7
43	Hadde jeg kunnet så ville jeg gjerne ha fortalt oversykepleieren hvordan jeg føler det om tilbakemeldingen jeg fikk	1	2	3	4	5	6	7

	Hvor mye av det følgende tenker og føler du?							
		Ikke i det hele tatt					**Veldig enig**	
44	Det er viktig at oversykepleieren får vite hvordan jeg føler det om tilbakemeldingen jeg fikk	1	2	3	4	5	6	7
45	Jeg ville ha likt å uttrykke min bekymring til oversykepleieren	1	2	3	4	5	6	7
46	Hadde jeg kunnet så ville jeg gjerne ha fortalt pasienten hvordan jeg føler det om tilbakemeldingen jeg fikk	1	2	3	4	5	6	7
47	Det er viktig at pasienten min får vite hvordan jeg føler det om tilbakemeldingen jeg fikk	1	2	3	4	5	6	7
48	Jeg ville ha likt å uttrykke min bekymring til pasienten	1	2	3	4	5	6	7
49	Jeg tror jeg er årsaken til det jeg gjorde	1	2	3	4	5	6	7
50	Jeg tror jeg har skylden for det jeg gjorde	1	2	3	4	5	6	7
51	Jeg tror jeg er ansvarlig for det jeg gjorde	1	2	3	4	5	6	7
52	Jeg tror jeg kunne ha stoppet situasjonen fra å utvikle seg	1	2	3	4	5	6	7
53	Jeg vil prøve å reparere noe av den skaden jeg har forårsaket til oversykepleieren	1	2	3	4	5	6	7
54	Jeg føler jeg burde kompensere til oversykepleieren for det jeg gjorde	1	2	3	4	5	6	7
55	Jeg føler jeg burde fikse forholdet mellom meg og oversykepleieren	1	2	3	4	5	6	7
56	Jeg vil prøve å reparere noe av den skaden jeg har forårsaket til pasienten	1	2	3	4	5	6	7
57	Jeg føler jeg burde kompensere til pasienten for det jeg gjorde	1	2	3	4	5	6	7
58	Jeg føler jeg burde fikse forholdet mellom meg og min pasient	1	2	3	4	5	6	7
59	Jeg føler jeg burde tilby følelsesmessig støtte til pasienten	1	2	3	4	5	6	7
60	Jeg kan se for meg at pasienten min følte tilbakemeldingen min om kreft diagnosen var oppskakende	1	2	3	4	5	6	7
61	Jeg føler meg dårlig når jeg tenker på pasienten med kreftdiagnosen	1	2	3	4	5	6	7
62	Jeg føler meg forferdelig for det pasienten min måtte gå igjennom i forhold til kreftdiagnosen	1	2	3	4	5	6	7
63	Jeg kan se for meg det ubehaget pasienten må ha følt om måten jeg kommuniserte	1	2	3	4	5	6	7
64	Jeg føler meg dårlig for pasienten og måten jeg kommuniserte	1	2	3	4	5	6	7

	Hvor mye av det følgende tenker og føler du?							
		Ikke i det hele tatt						**Veldig enig**
65	Jeg føler meg forferdelig for det pasienten min måtte gå igjennom i forhold til måten jeg kommuniserte	1 2 3 4 5 6 7						
66	Jeg vil at oversykepleieren skal like meg	1 2 3 4 5 6 7						
67	Jeg vil at oversykepleieren skal akseptere meg	1 2 3 4 5 6 7						
68	Jeg vil at oversykepleieren skal anerkjenne meg	1 2 3 4 5 6 7						
69	Jeg vil at oversykepleieren skal verdsette meg	1 2 3 4 5 6 7						
70	Jeg vil at min pasient skal like meg	1 2 3 4 5 6 7						
71	Jeg vil at min pasient skal akseptere meg	1 2 3 4 5 6 7						
72	Jeg vil at min pasient skal anerkjenne meg	1 2 3 4 5 6 7						
73	Jeg vil at min pasient skal verdsette meg	1 2 3 4 5 6 7						
74	Jeg tror pasienten vil bli såret pga måten jeg kommuniserte	1 2 3 4 5 6 7						
75	Jeg tror pasienten ikke vil bli glad for måten jeg kommuniserte	1 2 3 4 5 6 7						
76	Måten jeg kommuniserte på vil sette meg selv og pasienten mer på det samme nivå	1 2 3 4 5 6 7						
77	Måten jeg kommuniserte på vil gjøre meg og pasienten mer likeverdige	1 2 3 4 5 6 7						
78	Måten jeg kommuniserte på vil ødelegge balansen i forholdet mellom meg og pasienten	1 2 3 4 5 6 7						
79	Måten jeg kommuniserte på vil gjøre meg og pasienten mindre likeverdige	1 2 3 4 5 6 7						
80	Måten jeg kommuniserte på vil sette meg selv og oversykepleieren mer på det samme nivå	1 2 3 4 5 6 7						
81	Måten jeg kommuniserte på vil gjøre meg og oversykepleieren mer likeverdige	1 2 3 4 5 6 7						
82	Måten jeg kommuniserte på vil ødelegge balansen i forholdet mellom meg og oversykepleieren	1 2 3 4 5 6 7						
83	Måten jeg kommuniserte på vil gjøre meg og oversykepleieren mindre likeverdige	1 2 3 4 5 6 7						
84	Å gi denne tilbakemeldingen vil gjøre meg mindre verdt enn andre	1 2 3 4 5 6 7						

Hvor mye av det følgende tenker og føler du?							
Ikke i det hele tatt						**Veldig enig**	

85	Jeg vil tenke at andre folk er bedre enn meg etter å ha gitt denne tilbakemeldingen	1	2	3	4	5	6	7
86	Etter å ha gitt denne tilbakemeldingen har jeg behov for å komme opp på nivå med andre folk	1	2	3	4	5	6	7
87	Etter å ha gitt denne tilbakemeldingen har jeg behov for å heve meg over andre folk	1	2	3	4	5	6	7
88	Etter å ha gitt denne tilbakemeldingen er jeg på et lavere nivå enn andre folk	1	2	3	4	5	6	7

Du ble bedt om å forestille deg at du ga tilbakemelding på en spesifikk måte. Men, det finnes også andre måter det kan gjøres på. Hvis det er i orden, kan vi spørre deg om du kan rangere hvordan du ville ha gitt tilbakemelding uten å ta hensyn til den måten du utførte det på innledningsvis. Med andre ord, hvordan du selv ville ha gjort det:

	"Aldri"					**"Alltid"**	
Gi tilbakemelding som ikke fokuserer på pasienten, men isteden fokuserer på en objektiv og detaljert gjennomgang av de dårlige sidene ved diagnosen	1	2	3	4	5	6	7
Gi tilbakemelding som fokuserer på å være empatisk med pasienten, mens du nedtoner de svake sidene ved diagnosen	1	2	3	4	5	6	7
Gi tilbakemelding som fokuserer på å være empatisk med pasienten, samtidig som du objektivt gjennomgår de svake sidene ved diagnosen	1	2	3	4	5	6	7

Hvilke bekymringer (hvis du har noen) har du omkring den måten du ble bedt om å kommunisere?

Tusen takk for hjelpen din!