



# European Journal for Qualitative Research in Psychotherapy

www.EJQRP.org



## “Are you analysing me?” A story completion exploration of having a friend who is becoming a psychotherapist

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**Abstract:** Many assumptions and myths about the role and identity of counsellors and psychotherapists persist among the public and within popular culture, often perpetuated by anecdotal experience. In this article, I explore how the therapist role may be viewed by a friend, and how this may both reflect and contribute to public perceptions of therapists. 103 participants from around the world completed an online survey in which they were invited to complete a story and supply demographic information about themselves. In line with a novel research approach known as Story Completion, participants responded to a story stem, exploring what happens when one friend asks another what it would be like to have a friend who is training as a therapist. Following the elimination of some (incomplete or overly short) responses, quantitative and qualitative data gathered from a total of 83 stories were analysed: the former through statistical analysis, and the latter via Reflexive Thematic Analysis. The findings indicate that while the stereotypical image of a therapist as male and practising psychoanalysis remains widespread, there is greater public awareness of the difficulties and costs that stem from working as a therapist. The stories also shed light on the importance of friendship, along with the special qualities required of people intending to train as therapists. The article ends with some reflections on the value and usefulness of the mixed-methods approach used for this study.

**Keywords:** Assumptions about psychotherapists, mixed-methods survey, Story Completion, Reflexive Thematic Analysis

During my training as an integrative counsellor and psychotherapist, I remember watching the television series *In Treatment* (Garcia, 2008) with its powerful depiction of a psychotherapist. Gabriel Byrne’s interpretation of the role, particularly the enigmatic curiosity he brought to his meetings with clients, seemed to incarnate the type of therapist I wished to be.

Looking back, I can now see the character’s ethical stance was less than ideal, littered with assumptions and prejudices against the humanity of the therapeutic role. From my current vantage point in private practice, I am aware of the powerful role played by visual and social media in defining what it means to be a therapist (Robison, 2013). Fictional depictions and anecdotal experiences have created wild expectations of how therapists *should* be, *should* behave, *should* act.

In this article, I explore these *shoulds* by using Story Completion as a research method (Clarke et al., 2017). Using

online mixed-methods survey and Reflexive Thematic Analysis methodology (Braun et al., 2020), I explore how participants respond to a story stem in which one friend informs another of their intention to start training as a therapist. In the data analysis, I draw out the perspectives contained within participants' stories and relate them to the quantitative data obtained through the survey. I then reflexively discuss the findings and their relevance to how therapists may be viewed as friends and how this view may contribute to their professional identity and clinical practice. At the end of the article, I reflect on the usefulness of Story Completion as a potential research method for other therapist-researchers.

### **What does the existing literature have to tell us about popular perceptions of our profession?**

For many psychotherapy trainees, the journey starts with their efforts to alleviate their own pain (Guy, 1987). This conjures up images of the wounded healer, laying down their own needs to be the saviour of others (Finlay, 2022). From this perspective, the therapist becomes a paid friend (Nickerson, 1991), a friend in need (Schofield, 1970), or a witness (Schwensen, 2020) providing a bridge between therapy and everyday life.

However, research suggests that public perceptions of the therapy profession are distinctly mixed. In a meta-content analysis of 60 studies published between 1948 and 1995, von Sydow and Reimer (1998) found the profession evoking ambivalent feelings that ranged from idealization to disdain. This ambivalence resurfaces in research by McGuire and Borowy (1979) which found that while counselling psychologists were consistently rated highly, the opposite applied to psychoanalysts, whose ratings were among the most negative.

Szykiersky and Raviv (1995) argue that therapists' image has suffered because of the one-way gaze fostered through the inherent asymmetry of the psychoanalytic therapist-patient relationship. Whilst the blank screen facilitates clients in projecting their inner world onto the psychoanalyst, this distances the analyst from the relationship. Not all interactions are projections and sometimes therapists do make mistakes (Wile, 1984). Ogrodniczuk et al. (1999) found that the more therapists interpreted the transference, the greater the negative impact on the therapeutic alliance and less favourable outcomes for clients.

Further research carried out by von Sydow and colleagues in the late 1990s suggested that public perceptions of psychotherapy were still dominated by one specific field: that of psychoanalysis (von Sydow et al., 1998). Therapists were also assumed to be male; depictions of women in the

profession were rare (von Sydow et al., 1998); and other forms of talking therapy remained hidden from the public eye. Therapists were generally believed to make others feel uncomfortable in social situations (von Sydow & Reimer, 1998).

More recent research confirms the persistence of such perceptions. For example, it is still widely believed that therapists have a Freudian-style couch in their therapy room (Löffler-Stastka et al., 2008). For those in the United Kingdom (UK) with experience of talking therapies, the National Health Service's IAPT (Improving Access to Psychological Therapies) initiative (NHS England, 2018) is anecdotally fostering a growing perception that all therapy is CBT (Cognitive-Behavioural Therapy). Other popular perceptions of therapists include the view that they are prone to countertransferences (Bram, 1997), particularly when they themselves have unresolved issues (Gelso & Hayes, 2007).

While research by Venter and Roets (2007) found therapists to be generally viewed in negative terms, the trustworthiness of therapists has been found to rise in step with their level of professional qualification (Fall et al., 2000). Patel et al. (2017) uncovered a degree of stigma surrounding public perceptions of psychiatrists and psychologists, while research by Lilienfeld (2012) indicated public skepticism towards psychologists and the scientific basis of their practice. Kühne et al. (2021) explored laypersons' perceptions of the characteristics of competent therapists, finding that the professional interpersonal behaviour of therapists plays a central role in their public perception.

With this study, I hope to address the lack of recent research into public perceptions of therapists, particularly following the advent of social media and the internet. I am interested in how counsellors and psychotherapists are generally thought about by the general public, and how such perceptions may inform the training and practice of contemporary therapists. I explore the question:

*What are the typically held assumptions regarding being in a friendship with a counsellor/psychotherapist?*

## **Method**

For this study, I applied a mixed-methods approach involving both quantitative and qualitative elements. Since psychotherapy can be considered both an art and a science, the mixed methods route seems particularly suited to the exploration of this field (Bager-Charleson et al., 2020; Bondi & Fewell, 2016; Johnson, 2017).

In terms of ontology, I position myself roughly mid-way on the spectrum between realism and relativism. I believe human experience to be a construct of personal and relational experiences (Etherington, 2004) shaped by demographic attributes and cultural, social, and political elements (Frost & Bailey-Rodriguez, 2020). It is through language that an individual's experiences and worldview are (re)constructed and communicated (Burr, 2015) to others. Critical realism (Bhaskar, 2015a, 2015b; Finlay & Ballinger, 2006) reflects this way of understanding reality. McLeod (2011) invites us to see all research knowledge as a jigsaw piece in an ever-growing picture of understanding.

This study represents an attempt to combine quantitative and qualitative forms of data collection and analysis. Its core element is a mixed-methods online survey (Braun et al., 2020), designed to collect both quantitative data (via closed demographic questions) and data gathered via an open question for qualitative analysis through Reflexive Thematic Analysis (Braun & Clarke, 2006, 2013, 2014, 2021a). The open question involves a Story Completion task.

## Story Completion

Story Completion is an innovative way of discovering meanings behind stories (Gravett, 2019). It first emerged in the 1950s as a projective technique for the assessment of psychopathology (Anderson & Anderson, 1951). Such techniques were traditionally used to elicit unconscious aspects of an individual's personality through their interpretation of ambiguous stimuli (Rabin, 1981). The techniques were believed to provide the patient with ambiguous stimuli onto which to project their thoughts, feelings, and motivations, revealing something of their unconscious (Clarke et al., 2019). Projective techniques were believed to sidestep consciousness barriers, creating a space in which unacceptable feelings and motivations could emerge by distancing the patient from their direct ownership. The Rorschach inkblot test, involving the recording and analysis of respondents' perceptions of inkblots, is perhaps the best-known example (Rorschach et al., 1998).

Story Completion transitioned from an assessment tool to a qualitative research method in the 1970s (Horner, 1972). It was primarily used in developmental research exploring narratives of attachment with children (Bowlby, 1969). In the 1990s, feminist psychologists Celia Kitzinger and Deborah Powell (1995) offered a reconceptualisation of Story Completion, which they saw as having the potential to elicit both psychological essentialist meanings and participants' wider social constructionist discourse (Clarke et al., 2017).

Interest in the value of stories for research has grown considerably in the last 20 years, with narrative research coming into its own (Andrews et al., 2013). As O'Toole (2018,

p. 175) notes, "people are storied beings and to generate a more in-depth understanding of people and their experiences, researchers need to begin with their stories."

To date, however, only a handful of research studies have been undertaken using Story Completion, mostly on topics related to gender, sexuality, and relationships (Clarke et al., 2019). From a psychotherapeutic perspective, examples of this research method in practice include Moller and Tischner's (2018) explorations of young people's perceptions of fat counsellors, and work by Shah-Beckley and Clarke (2021) on therapists' and psychology students' constructions of sexual refusal in heterosexual relationships.

In Story Completion research the data can be analysed in several ways: as a window into the unconscious world of the participant; an illumination of the attitudes, perceptions and values of the participant; and/or a means of access to the socially available meanings of the topic being studied. The data can also be considered as purely fictional, constructed from the participant's fantasies and imagination. Story Completion is particularly suited to the exploration of social meanings or meaning-making around a topic (Story Completion Research Group, n.d.). The indirect method of data collection makes the method less suited to questions of personal experience. Data collected via Story Completion is also less amenable to analysis via complete methodologies such as Interpretative Phenomenological Analysis (IPA) (Smith et al., 2021) or Grounded Theory (Glaser & Strauss, 1967) due to the storied nature of the data. It remains unclear whether the data is a description of the participant's actual lived experience or just a work of fiction.

Story Completion as a research method involves inviting research participants to complete a hypothetical story or stories on the basis of a pre-determined story stem (Braun et al., 2017). The stem consists of an opening sentence or sentences which sets the scene of a story, which involves one or more characters. The participant then continues or completes the story, either unconstrained or by following explicit guidelines. Most qualitative Story Completion research to date involves written storytelling, although it is possible to combine written storytelling with visual methods.

Story Completion story stems are often written in the third person, enabling the topic to be addressed indirectly (Gravett, 2019), thereby reducing participants' personal accountability (Clarke et al., 2017). However, Story Completion studies can also be written in the first person; here, the participant imagines themselves in the role of the character in the story stem (see Beres et al., 2017). Story stems are typically followed by instructions for completion. For example, they might specify a time frame for the story, or highlight specific aspects the story should address. An instruction can be as simple as asking: *What happens next?*

Following Clarke et al. (2017), I designed a story stem intended to be both inviting and accessible to participants. I chose a third-person stem to encourage participants to share their assumptions rather than their personal experiences. I described an existing friendship between the characters as I wanted participants to feel the storied response in relating to and drawing from their own experiences of friendship. I wanted participants to step into the shoes of the character being asked for a response. I hoped that a third-person story stem would generate a wider range of stories, including socially controversial responses (Clarke et al., 2017). Gender-neutral names were specifically used in the story stem to facilitate greater flexibility in the story for the participant and elicit any sex/gender or other biases. I used the generic term therapist, defined in the story stem as: *a person who works in talking therapies, for example, a counsellor or psychotherapist*. However, I also encouraged participants to use words which best fitted their story.

In the story stem used for this study, the first character, Sam, who is considering starting training as a therapist, asks the second character, Ash, what it would be like for them to have a friend who is a therapist:

*Sam is thinking about training to become a therapist. Sam asks Ash what it would be like for them to have a friend who is a therapist.*

The story stem was followed by the question: *What happens next?*

### **Pilot Test**

I piloted the Story Completion task with four trusted colleagues to test the story stem and associated instructions for completion (Clarke et al., 2017). These colleagues were tasked with checking whether the structure of the story stem was sufficient to generate stories and the instructions detailed enough.

Clarke et al. (2017) recommend a pilot sample of 10-20% of the intended final sample size. At this stage in the study, I was unsure how many responses I would receive, and my pilot was 5% of the final sample size.

Following the pilot test, I changed the language of the story stem to clarify that the two characters were friends rather than involved in some other type of relationship. The colleagues involved in the pilot also recommended the introduction of the prompt questions to help focus participants' stories. I therefore added the following prompt questions:

*How does Ash think/feel about having a friend who is a therapist?*

*How does Ash respond to Sam's question?  
What happens to their friendship?*

While the prompt questions could be seen as directive, I was seeking a balance between participants providing data relevant to the study and there being enough scope for creativity (Gravett, 2019).

After completing their story, participants were invited to provide information on their age, sex/gender, sexual orientation, and ethnicity. The options for the ethnicity dropdown list were drawn from guidelines from the Office for National Statistics (n.d.), with an additional free-text box for participants to describe their ethnicity. For context, I also asked whether participants were themselves therapists and whether they had had a real experience of having a friend who is a therapist.

### **Ethical Approval**

This study has been conducted solely by me as a practitioner-researcher. Since ethical approval through a recognised body is not currently possible in the UK for independent research, I conducted the research on the basis of the principles set out in the BACP's *Ethical Guidelines for Research in the Counselling Professions* (2019). In line with these, this study was reviewed prior to its start by three people with relevant qualifications, knowledge, and experience, working to provide an Independent Ethical Review (BACP, 2019). This panel consisted of a UKCP-registered Psychotherapist, a second UKCP-registered Psychotherapist and Supervisor, and a PhD qualified lecturer at a UK University working in an allied subject area.

During my contact with participants, I sought no personal information from them, and they had the option to remain anonymous regarding the demographic data they were asked to supply. At the end of the survey, I encouraged participants who had found any aspect of the survey upsetting to seek therapeutic support. For UK-based participants, I included links to relevant directories listing therapists. I also included contact details for the BACP's professional conduct department should any participant wish to make a complaint against me regarding their experiences of the research study. Options for debriefing or having their data removed (gov.uk, 2018) from the study were given to participants, along with my contact details (to date, no participants have contacted me).

In view of the potentially emotive nature of this study, I hoped to reduce the risk of participants becoming upset or psychologically triggered by using a third person story stem. Whilst participants' story could include elements of their own lived experiences, it could also be completely made up, thus reducing concerns over confidentiality and risk of harm (Moller et al., 2021).

I provided written guidance as part of the online survey to participants prior to the consent form and throughout the survey, explaining what was required and my expectations for their stories (Gravett, 2019), with an aim of “fostering comfort, safety, and rapport with the participant” (Mueller, 2019, p.6).

## Recruitment of Participants

Participants were recruited via an online qualitative survey (Braun et al., 2020) created using Google Forms. To foster maximum anonymity and to ensure GDPR compliance, no identifiable data was collected from participants. The survey was made available on the online survey sharing platform SurveyCircle (2022) which is available across the world to anyone with access to the internet. This website is designed on the principle of mutual support, with registrants participating in the surveys of others in the hope that others will complete theirs. The survey was available for three months and was closed once the number of respondents had exceeded a count of 100.

A total of 103 participants completed the quantitative aspect of the online survey. Most of those who responded were young heterosexual women, aged 18-25, and of White European ethnicity (see tables in the Results section, below). Most were not therapists themselves, nor did they have a friend who was a therapist. Taken together, these features are likely to reflect the demographics of participants who use online survey sharing platforms.

As I had not stipulated a minimum word count, stories that detailed the practical steps to becoming a therapist, rather than being narrative, or concluded the story without describing what happened, were sifted out (Kitzinger & Powell, 1995). However, particularly fantastical stories were left in to illustrate the expansive nature of the Story Completion method (Clarke et al., 2017). At the end of the sifting process, I was left with a total of 83 stories.

## Sample Size

While there is no agreement on the ideal sample size for Story Completion research (Clarke et al., 2019), 100-200 completed stories are typical (Moller et al., 2021). For Braun and Clarke (2013), my 83 stories would constitute a medium size study. This research study was purely exploratory in nature with the aim of drawing out some of the commonly held assumptions about the role of a therapist. I am not claiming the results to be a grand narrative (Etherington, 2007) description of layperson’s perceptions of therapists, but rather a snapshot of

some of the assumptions currently held. I believe this number of stories was sufficient for the purposes of this study.

In line with previous Story Completion research studies, participants’ engagement with the story stem was varied, with some stories being long and involved and others being hasty and short (Clarke et al., 2017). This may have been due to the online survey sharing platform I chose, where users gain points by contributing to other surveys, thereby raising the ranking of their own survey.

In total, 20 stories were eliminated. Seven participants did not complete the story, offering responses such as “NONE”, “Who knows?” and “I have no idea what I’m talking about”. Four participants gave more reflective responses such as “someone who can be professional and be able to separate job and real life” and “therapy that can assist people in resolving their problems” and thus not offering a narrative description of the relationship between Ash and Sam. A third group of nine participants offered partially completed narratives. Examples included, “Ash answers honestly”, “They thought about it all week long” and “Ash says it would be nice”. Whilst these stories offered a window into these participants’ experiences, their narratives were insufficiently detailed for thematic analysis.

The remaining 83 stories varied considerably in length (the longest was 637 words), with an average length of 100 words. I was impressed by the generosity of the participants, whose narratives were often detailed and explorative of the story stem. Participants typically fell into two camps: 61 stories (73%) which documented Ash’s support for Sam’s training and 22 stories (27%) which opposed it. I was interested to note that the more creative stories were generally those which detailed Ash being against Sam’s venture or held a more negative view of therapy and therapists.

## Data Analysis

### Quantitative Analysis

Descriptive statistics (Mann, 1995) was used for the quantitative analysis of the biographical and contextual data collected by the online survey. Frequency distribution graphs (McBeath, 2020) were used to visually represent the participants’ age, sex/gender, sexual orientation and ethnicity, whether participants were themselves therapists, and whether they had had a real experience of having a friend who is a therapist. The represented data was descriptively interpreted.

## Qualitative Analysis

Reflexive Thematic Analysis (Braun & Clarke, 2006, 2013, 2014, 2021a) was used for the qualitative analysis of the stories. This reflexive approach to thematic analysis emphasises the active role the researcher plays in the production of knowledge (Braun & Clarke, 2019) and can help researchers identify and attend to distinctive aspects of a thematic analysis (Byrne, 2021). Whilst the six phases (Braun & Clarke, 2021b) are presented here in a linear manner, the analysis of qualitative data can be recursive and iterative (Byrne, 2021), moving backwards and forwards through the phases as the stories dictate.

Phase one of Reflexive Thematic Analysis involves familiarisation with the data. I read and re-read all 83 stories to start to become intimately familiar with the data and identify information relevant to the research question. I also documented my initial observations of trends in the data, alongside my own thoughts and feelings.

The second phase is the generation of initial codes. Here I systematically engaged with each story individually, allocating succinct, shorthand descriptive and interpretive labels to data that might be of relevance to the research question. Braun and Clarke advise that codes should be of sufficient detail to be able to stand alone and inform the researcher of the underlying commonality amongst constituent data items (2021b). Coding is an iterative process; for each iteration I documented new codes as well as marked up where I changed or clarified previous codes.

The third phase is where themes are elicited from the data. This phase generally begins once all relevant data items have been coded. In the case of my study, however, I was identifying potential relationships between codes earlier, during phase two, and these later became themes and sub-themes. Braun and Clarke (2021b) stress that themes do not reside in the data, simply waiting to be found; rather, it is the researcher who actively elicits the thematic relationship between codes. The researcher is the active player in the analysis of the data. Themes should produce a coherent and lucid picture of the dataset (Byrne, 2021), meaning that some codes and potential themes may not fit within the overall analysis.

In phase four, the potential themes and sub-themes are reviewed (Braun & Clarke, 2021b) in relation to the entire dataset. Here, I reviewed the quality and boundary of each identified theme to check whether there was sufficient meaningful data to support it and that such data was not too wide-ranging or diverse. I also checked the validity of each theme, ensuring that it was not just a code. In this phase, I often returned to the previous three phases to re-visit my interpretation of the stories and the codes I had allocated to them.

The fifth phase involves the definition and naming of themes. Here, each individual theme and sub-theme is expressed in relation to both the dataset and the research question (Byrne, 2021). Braun and Clarke (2021b) recommend that the names given to themes should be informative, memorable and concise -- to capture the attention of the reader whilst also communicating a relevant facet of the theme itself. I sought to ensure that the names of the themes created a clear narrative of the dataset. I also strove to identify extracts which provided a vivid and compelling analytical illustration of the associated theme.

The sixth and final phase of Reflexive Thematic Analysis is the writing up. In my own case, however, I began producing draft versions of my write-up much earlier on in the research process.

I viewed the collected stories as a reflection of participants' internal state of the participants (Braun & Clarke, 2014), against a specific demographic context and with the potential to reflect aspects of contemporary social reality (Terry et al., 2017).

## Findings

In line with the mixed-methods approach used in this research, findings are presented in two sections: results from the quantitative analysis of demographic data, and results from the qualitative analysis (through Reflexive Thematic Analysis) of the content of stories.

Extracts from stories are included in both sections. For the purposes of clarity, I have corrected errors in grammar and spelling. It was impossible to check meanings with participants due to the anonymous nature in which the data was collected. For readability, I have deviated from the guidelines for quotations specified in American Psychological Association's 7<sup>th</sup> edition referencing system (2020) when quoting from participants' stories.

The use of "[. . .]" indicates my editing of the story to remove unnecessary text or add my own words to help the extract make sense. The story extracts are tagged with their story number along with the sex/gender and ethnicity of the participant (#nn, F/M/T/N/X, ethnicity). In the case of sex/gender, F indicates female, M male, T transgender, N non-binary, and X prefer not to answer. Where the participant has provided a description of their ethnicity, I have included this rather than the selected option from the dropdown list.

## Findings from Quantitative Data Analysis

A striking finding here was the preponderance of females in those responding to my survey: 74 per cent of participants were women (see Figure 1):

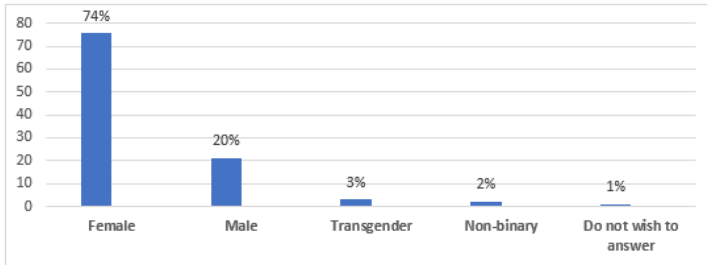


Figure 1: Identified sex/gender of participants

Statistical analysis of the specific use of pronouns in the stories found that 46% of participants assigned gendered pronouns to Ash (the friend) at a male to female ratio of 2.8:1 (Figure 2):

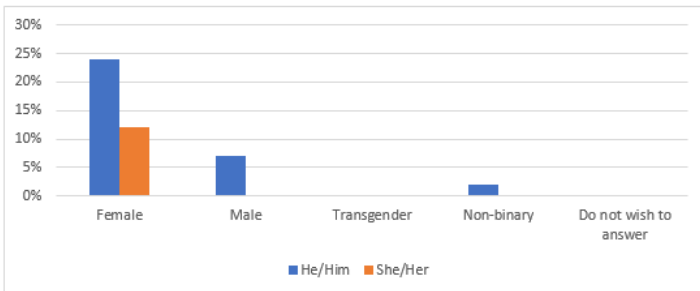


Figure 2: Participant-assigned pronouns for Ash

For Sam (the therapist), 39% of participants assigned gendered pronouns at a ratio of 2:1 of male to female (Figure 3):

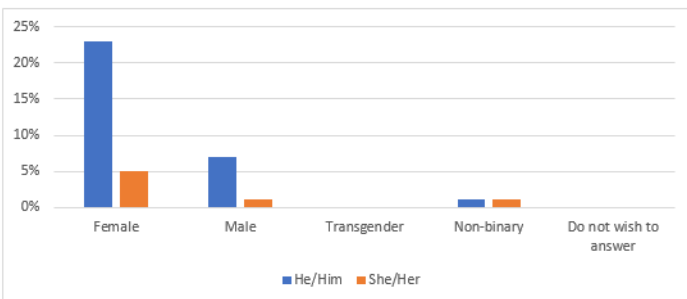


Figure 3: Participant assigned pronouns for Sam

Given that males remain a minority among therapy practitioners (Michel et al., 2013; Crockett et al., 2018), these findings may suggest an ongoing gender bias, re-affirming von Sydow et al.'s (1998) earlier findings. However, this may be an area for further study, as my choice of the names Ash and Sam may be less sex/gender neutral than I initially supposed.

Two stories acknowledge the lack of clarity in the story stem regarding the sex/gender of the two protagonists.

In the first example, Ash is given female pronouns while Sam is left open to being he or she:

Ash says she thinks it would be great for Sam to pursue what he/she wants to do (#29, F, White British).

The second narrator does not specify the sex/gender of either protagonist:

Ash doesn't really understand why Sam might want to be a therapist. Ash feels uneasy and wonders if Sam might analyse him/her. Ash raises these concerns. Sam doesn't really see the issue; he/she feels that it wouldn't make a difference to their friendship (#50, F, White British).

Beyond participants' sex/gender, other demographic factors made little appearance in their narratives. I believe this to result from the design of my story stem, which did not specify the age, sexual orientation and ethnicity of either Ash or Sam.

51% of participants placed themselves in the age category of 18-25, a finding which likely reflects the demographics of the survey-sharing platform (Figure 4).

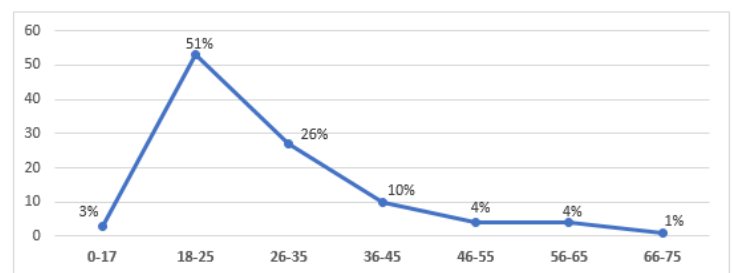
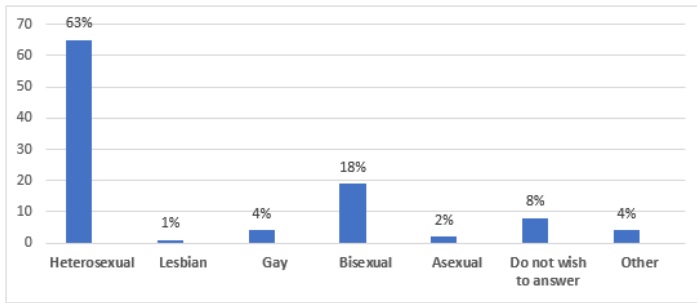


Figure 4: Age range of participants

Participants' stories did not specifically indicate the ages of either Sam or Ash.

An age range is inferred in the language of just one story, which has Sam and Ash's friend Jo arriving "on a skateboard" (#11, F, Indian).

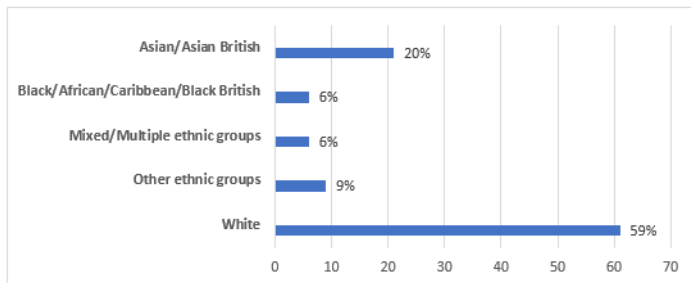
Regarding sexual orientation, 63% of participants described themselves as heterosexual (Figure 5):



**Figure 5: Sexual orientation of participants**

In view of this it is perhaps not surprising that respondents in general did not mention the sexual orientation of either Sam or Ash. However, in one story Ash talks about “his girlfriend” (#4, M, White British), implying that Ash is not gay. And in another, Ash mentions that his mum’s therapist has “moved away because of her wife’s job” (#78, F, Indian), identifying this third character in the story as lesbian.

In terms of ethnicity, 59% of participants placed themselves in the category of White, while 20% reported being Asian or British Asian (Figure 6):



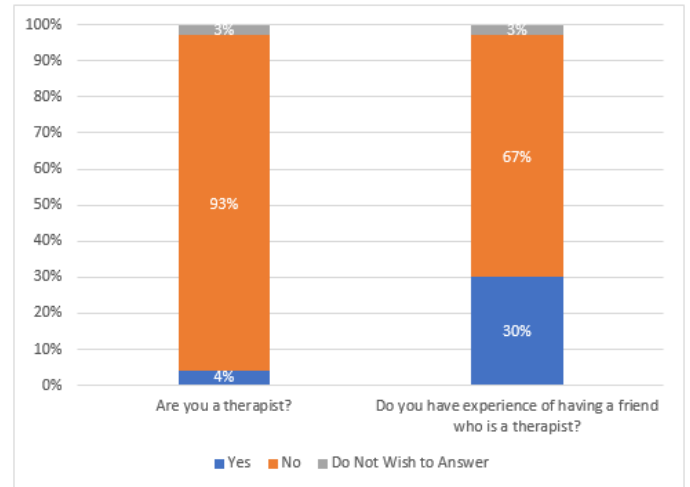
**Figure 6: Participants' ethnicity**

In some cases, respondents offered a personal description of their ethnicity. Whilst this free-text box was initially intended for those who wished to identify their "other" ethnicity, the analysis of completed data indicated a desire in this cohort to specify their ethnicity. This is perhaps another interesting quirk of the online survey platform and its generic focus towards higher education students.

Significantly, there was no mention of the ethnicity of either Ash or Sam in participants’ stories. I find this fascinating and worthy of further study.

Regarding participants’ direct experience of issues raised by the research topic, most participants (93%) reported not being

therapists themselves. However, two thirds (67%) reported having a friend who was a therapist (Figure 7):



**Figure 7: Research topic experience of participants**

For these participants, there was no indication of specific bias towards the experiences of therapists in their stories. This, too, seems worthy of further research.

## Qualitative Data Analysis

I identified three themes from the participants’ stories: (1) Freud remains the archetypal therapist; (2) therapists are a special kind of person; and (3) the importance of friendship. These themes, and the subthemes associated with them, are set out in Table 1:

Theme	Sub-Theme
<i>Freud remains the archetypal therapist</i>	Prevalence of Psychoanalysis
	Role confusion?
	Mind-readers and x-ray vision
	It's a difficult job
<i>Therapists are a special kind of person</i>	An inherent way of being
	Good training makes a good therapist
	What's in it for the therapist?
	Saviour or spy?
<i>The importance of friendship</i>	Free therapy
	Ethical responsibilities
	Depth of friendship

**Table 1: Themes and sub-themes**



## Theme One: Freud remains the archetypal therapist

Fifteen (18%) stories used the terms analyze, analyse or psychoanalyzed when describing the therapist role, demonstrating the continuing sway of Sigmund Freud and his theories within contemporary Western thought and popular culture:

If he feels the need to be psychoanalyzed, Ash doesn't even have to set up an appointment with an expensive professional! (#6, F, Scandinavian).

Knowing that Sam is a therapist can create a feeling that he will analyze all that she is saying about life (#39, F, Russian).

What if his friend starts to analyse aspects of his life that he doesn't want analysed? (#40, F, White British).

Ash feels uneasy and wonders if Sam might analyse him/her (#50, F, White British).

Ash makes a joke about Sam 'the therapist friend' who will analyze everyone's thoughts and feelings (#55, F, Italian).

In one story, Freud emerges in a particularly poor light:

...like Freud, who basically had no ethics whatsoever and none of his claims are scientific (#49, M, White British).

In another story, psychoanalysis has become synonymous with a generic way of being for the public:

Most people tend to psychoanalyze others anyway, but someone with a background in psychology and therapy would probably be unable to help themselves (#57, F, White British).

Despite the fact that much has changed within the talking therapies since the days of Freud, the psychoanalytic approach to counselling and psychotherapy still seems to dominate public discourse, reaffirming von Sydow et al.'s findings (1998) that little has changed in this regard in the past 20 years. The mass media (Gordon, 1994) and social media (Furlonger et al., 2015) may be contributing to this, despite psychoanalysis no longer being the predominant therapeutic modality.

In terms of terminology, a few stories (five in total) made use of the term shrink, either in place of the word therapist or in addition to it:

Ash says, "It would mean you get to help people who need it and do something you're great at. Plus, I'd get my own personal shrink!" (#3, X, Caucasian).

Ash smiles and says it would be awesome. He says it would be cool to have a shrink friend. (#41, F, Middle Eastern).

Ash responds happily that he would be his first client as he has several issues that he would like to say to a shrink (#49, M, White British).

While use of the term shrink could indicate a certain level of confusion regarding the respective training and roles of psychiatrists and therapists, it needs to be remembered that shrink has long been a popular colloquialism for a therapist (albeit with slightly deprecating connotations). At the same time, lack of clarity among the public regarding the different functions of mental health professionals remains a concern, in the UK at least. Here, the upcoming Scope of Practice and Education (SCoPEd) framework (<https://www.bacp.co.uk/about-us/advancing-the-profession/scoped/scoped-framework/>), while controversial (Yuen, 2021), offers an opportunity to spell out the training and (at least) initial experience behind the unprotected titles of counsellor and psychotherapist.

## Theme Two: Therapists are a special kind of person

In general, participants' stories had much to say about therapists' way of being: their personality, how they are perceived within friendship groups, the nature of their work, and their relationship with the wider social sphere, whether government or society in general.

In stories which supported Sam's idea of training to become a therapist, Ash gave examples of when Sam had been a good, empathetic listener:

You love helping people out and I think it's a really good career for you. You really helped out Sophie last week. She was really in a mess with her break-up with Billy (#8, M, White British).

Ash told Sam that he is a good listener and a person with the ability to get someone's point of view and take it into consideration (#82, F, Indian).

Interestingly, one story implied that being empathetic would make the therapist's role more difficult for Sam:

Ash explains that Sam has always been an empathetic person, which makes it quite difficult for him to counsel anyone (#10, F, Hispanic).

Another story describes Sam as already being the therapist in their friendship:

Ash responds to Sam, "Sam, you already therapize your friends, so nothing will change once you're qualified!" (#72, F, White British).

In these stories, specific qualities are attributed to the role of being a therapist: it takes a special kind of person to consider this career. Being able to listen, to empathise and to help others see different perspectives are seen as important traits for therapists. For one participant, this is experienced more as a way of being (Rogers, 1995); the person is the therapist rather than therapy being simply something they do.

However, some stories reveal a level of wariness regarding the impact of Sam's career shift on Sam's friendship with Ash:

Ash would have to watch his words carefully at all times, and he would have to keep Sam from visiting (#2, M, American).

I might feel a little weird thinking that you might be constantly psychoanalyzed when we spend time together, or that you're always trying to therapize me (#13, M, Chinese).

Will he start analyzing everything I say? Diagnose me with this and that? Should I start to be more careful with what I tell him? (#46, F, Mixed Ethnic Group – Asian and White).

Ash replies, "I think it would be a bit weird. It would feel like they were trying to psychoanalyze me all the time." Sam considers this and says, "Okay, maybe that's true, but what if I just never mentioned what I thought or tried my hardest not to psychoanalyze you?" Ash smiles and replies, "You could try but I think it's done subconsciously (#57, F, White British).

Two stories allude to therapists having special powers, whether those of a "mind reader" (#75, F, Indian) or a "foreteller" (#83, F, Polish). One participant thought Sam's training would make him able to:

detect all those non-verbal cues hidden from the sensory channels of a non-therapist individual. It was not a pleasant thought and Ash doesn't want to become so transparent to his friend (#83, F, Polish).

The notion of being completely transparent to a therapist is evident in 25 (30%) of the stories. Perpetuated by the media (Gabbard, 2001), the idea persists of the therapist as a miracle worker, perhaps even one with X-ray vision.

Stories also consider whether being a therapist might be a difficult job: "a job that requires tough skin" (#10, F, Hispanic); "being a therapist is a tough job" (#78, F, Indian). However, others see it as "just a job" (#43, F, White) and "It's just like any

other job" (#51, M, Indian). Another participant notes that "having a friend who is a therapist is no different from having a friend who does any other kind of job" (#65, T, Italian).

Some stories touch on the emotional impact of the role:

the possible emotional ties and weight that one would possibly bear while being a therapist (#71, F, Chinese).

One story stressed the importance of having "some serious self-care in place if you are going to work with trauma" (#23, N, Iranian/Burmese). Sam is also given some guidance:

As a therapist you must be very sure that you maintain a sense of self. That you have creative and physical (gym or running) outlets. (#22, M, White British).

This cautionary note is struck by other narratives: for example,

Ash says they believe it would be an honourable career but that Sam should be aware of any compassion fatigue (#77, T, Italian).

One story has Ash highlighting,

the ability to support your patients without getting overly personally involved" [whilst also providing] the services that are demanded of you without having them be overly personally reliant on you (#78, F, Indian).

In another story, Ash asks, "don't you think it can be overwhelming, though? It's too much responsibility" (#11, F, Indian).

One participant clearly does not regard those seeking therapy in a positive light. In this story, Ash asks whether Sam wishes

to spend the rest of this life listening to people he doesn't know complaining about their life and their own dramas (#27, F, Mediterranean).

Such narratives show awareness of the impact of being a therapist on individual practitioners. While self-care is an ethical responsibility within many ethical frameworks (BACP, 2018), mental health professionals are among the highest risk groups for burnout (Rivera-Kloepffel & Mendenhall, 2021; Singh et al., 2020).

When describing the training of therapists, stories mention going to university:

Sam tells Ash he has decided to go to university to do some training to become a therapist (#57, F, White British).

[Sam] applies to Harvard University to get into their psychology program (#59, M, Indian).

One story described a rogue therapist who was

a charlatan and probably someone without a PhD, and just a bachelor's degree and a few workshops (#49, M, White British).

The importance of proper training is highlighted in other stories, one of which has Sam wanting to:

do this the proper way and not just get one certificate and call himself a therapist (#27, F, Mediterranean).

In another story, Ash emphasises the importance of training by explaining to Sam that:

after taking the education, you'll actually know what you are talking about (#31, F, Scandinavian).

Stories also raise the question of whether good training makes a good therapist or whether therapists are born that way (Wheeler, 2002). For those stories supportive of Sam, the answers seem to be "yes":

Sam is a good fit. They've always been kind, considerate and were always there when Ash needed someone to talk to (#81, F, Broader European descent).

"Wouldn't it be a bit weird if I were analysing your actions?" Sam asks hesitatingly. "Nah, you already do it! That's why you would make a great therapist." (#31, F, Scandinavian).

Some stories introduce negative perspectives on becoming a therapist. In one example, a third character, Jo, says that Sam

must be doing [it] so to get more opportunities for sex ...since women seem to be 'building connections' with therapists (#11, F, Indian).

Significantly, Jo's view is immediately challenged by Ash, who says:

The only reason women prefer therapists is because they are unable to form meaningful bonds with superficial and ignorant men like you! (#11, F, Indian).

Other stories depict Sam as doing this for money. In one story, Ash alludes to "an expensive professional!" (#6, F, Scandinavian). In another, Ash

doesn't believe that a stranger, who is getting paid to listen to him actually cares about him and can provide

meaningful guidance as he is only doing this for the money (#27, F, Mediterranean).

In a further story, Ash thinks that Sam "is going to make a lot of money from desperate people" (#47, F, African).

Such negative representations of therapists appear to reflect portrayals of therapists in films and other popular media. In their study of the role played by sex/gender in film presentations of mental health clinicians, Bischoff & Reiter (1999) found that male characters tended to be portrayed as incompetent while female ones were more sexualised. Research by Vogel et al. (2008) found that the breaching of ethical boundaries fostered popular storylines.

Other stories reveal elements of a wider socio-political perspective on the therapy profession. In some cases, this is negative, as in this story which portrays Sam as being

effectively conscripted to be a spy ... the government requires shrinks to report things like suicidal thoughts, child abuse, stalking, violent thoughts, possession of illegal substances, association with unaccepted political ideas or groups, and other kinds of crimethink (#2, M, American).

In another narrative, Ash describes feeling "monitored by Sam" (#27, F, Mediterranean).

However, other stories highlight the social value of therapists:

We really need therapists in this country. I mean the waiting lists are crazy (#46, F, Mixed Ethnic Group – Asian and White).

In another story, Sam describes his belief that he "can be of use to the society" and his desire to make his services

affordable for students like us. The youth is stressed and overwhelmed... climate change, reducing resources, increasing burdens and competition... I would reserve an hour every day for students that cannot afford my services, who knows, maybe it will catch on and many therapists will adopt a similar policy (#11, F, Indian).

As another story points out:

many individuals today suffer silently from personal, interpersonal, and mental health issues that could use Sam's skills and abilities as a trained therapist (#38, F, White and Aboriginal (Metis, Algonquin, Haida Gwai).

### Theme Three: The importance of friendship

In many of the stories, the nature and depth of the friendship between Ash and Sam are either explicitly communicated or implied. A significant number (roughly 20 per cent) of stories portray Ash as gaining from having Sam as a therapist friend. It could be a matter of gaining access to free therapy:

Ash says, "Bro, I think it would be fun. You could help me with my problems for free." (#1, F, Black Afro-Cuban American).

Sam becomes his therapist free of charge (#24, F, Gypsy or Irish Traveler).

Or it could be Sam's availability to help Ash with problems and difficulties:

It would be great to have easy access to a therapist (#19, F, Irish).

Ash supports Sam's endeavours to become a therapist, and only casually jokes around about venting to Sam all the time (#37, F, Eastern European).

Ash replies with a joke, "I'll be coming over to your house a LOT" (#48, F, White British).

Some stories touch on the ethical dilemmas confronting a friend who is a therapist:

Ash responds that everything should be fine because it would be unethical for Sam to "be a therapist" with Ash (#17, F, White British).

Sam responds, "I'm actually not allowed to give you free sessions -- it's against ethical conduct" (#34, M, Chinese).

A therapist as a friend never will be able to solve our problems as it is not ethical (#62, F, French).

These stories indicate friendship-related expectations similar to those experienced by other healthcare workers: for example, the view that a doctor is always a doctor, whether at work or not. Participants note the potential within a friendship for therapists to use their skills to alleviate their friend's difficulties. In the UK, BACP's ethical framework (2018) sets out rules here: for example, in relation to whether a former client can become a friend (an area also explored by Vesentini et al., 2020). However, the implications and unintended consequences of offering therapeutic support to friends remain largely unexplored.

Some describe the friendship between Ash and Sam in terms of the non-verbal communication between them: for example, the fact that they are looking at each other, smiling or laughing together.

Other stories describe Ash's emotional response to Sam's idea, using a variety of expressions: for example, "aghast" (#2, M, American), "proud" (#16, F, Indian), "upset" (#42, F, Black British), "excited" (#59, M, Indian), and becoming "overwhelmed with emotions of rage, fear, and anxiety" (#70, F, White British).

For those stories with positive outcomes, there is a sense of a deepening of the friendship because of their "honest conversation" (#5, T, White British). Here, Ash may encourage Sam to "follow your dreams" (#6, F, Scandinavian), or reassure Sam that their "friendship will not break because of this" (#35, M, Italian). Other examples of this positive take include:

What matters are the true values of friendship and if that remains the same then all is good (#7, F, Chinese).

I will be very proud to call you my friend - the therapist! (#20, F, White British).

Ash and Sam continue to have a nice flourishing friendship based on trust and support (#32, M, European).

In one instance,

Ash celebrates with Sam when Sam qualifies, and they forget that Sam ever asked what it would be like for Ash to have a friend who is a therapist, except those times when they've had one too many ciders and Ash brings it up to tease Sam (#21, F, White British).

In other stories, however, Sam's decision has a negative impact on the friendship. In one story, Sam psychoanalyses Ash and

this leads to them drifting apart, as Ash feels uncomfortable having a relationship like this. He arranges plans with Sam less and less frequently until eventually they become nothing more than acquaintances (#57, F, White British).

Two stories describe rivalry between Ash and Sam. In one, Ash's decision to also train to become a therapist ultimately ends their friendship:

The two friends start a very fierce competition over who gets the most clients and thus end their friendship (#61, F, European).

In the second, there are dramatic consequences when Ash tells of his success in securing a place on the training course ahead of Sam:

Sam looks at the open letter, takes a moment to let everything sink in and looks back at Ash and says, "It would be crazy for them to not let me in" and proceeds to grab the statue of the Buddha that Ash had bought him during their trip to Bali, and hit him over the head with it. Sam stands towering over Ash, starts hammering down the statue into Ash's head, with each hit going deeper and deeper into his skull. The blood splattering everywhere, but Sam was relentless, he continued to hammer down even as the blood squirted into his eyes. Sam places the Buddha back to its original resting place, now dripping with blood. The face of Ash left unrecognizable. He steps away and bends down to pick up the letter that was addressed to Ash, "now look what you made me do. I am glad that you got in Ash". With a smile of his bloodied face, "or should I say Sam" (#59, M, Indian).

However, these two stories were exceptions to the general rule, with 61 (73%) of the stories concluding with a positive outcome for the friendship.

## Discussion

The findings of this study share common features with the results of research by von Sydow et al. (1998) more than twenty years ago. Therapists are generally assumed to be male, to be practising psychoanalysis, to have special mind-reading powers, and analyse everything and everyone. However, the findings also point to greater public awareness of the realities, difficulties and limitations of the role of therapist. Participants were aware of the toll imposed on practitioners by having to listen to clients' problems, day in day out, and of the need for therapists to care for themselves.

These stories also shed light on public perspectives regarding the motivations of therapists. Some participants believed that therapists do it for sex or relationships with women, or to make money, particularly from desperate people. Lamb et al. (1994) identified that, of those therapists who do enter into sexual or business relationships with former clients, these are more often male therapists, agreeing with the sex/gender perceptions held within these stories. Other participants believed that therapists were spying for governments, reporting behaviours such as suicidal thoughts; possession of illegal substances; association with unaccepted political ideas or groups. Whilst statutory regulation of therapists is a complex issue and certainly, in the UK, fraught with dilemmas and criticisms (McGivern et al., 2009), engagement in these

discussions provides all therapists with nuanced opportunities to reflect on our practice in light of changing public perception.

These stories indicate the importance of clarity and transparency of the functions of therapists, including the limits of the role either enforced by law or encouraged through ethical practice within the remit of individual competency. For those therapists who are members of professional organisations, this will be embedded within the ethical codes they sign up to along with their presence on any voluntary register. However, this is not always the case for all practising as therapists.

The predominant motivation identified in participants' stories is therapists' response to a "call to service" (Mander, 2004) and an inherent desire to help others.

Participants identified the need for mental health support, particularly for young people and already stretched services, and for those who suffering in silence and alone. The findings also point to the importance of good quality training and support, also identified by Hadjiosif (2021). Whilst these stories favour training at a doctorate level, there is a sense within the stories that good therapists have received good training from quality providers.

A key finding to emerge from this study is the importance of friendship in the decision-making process to become a therapist and the support offered by friends through the process. Here, too, the impact of the myths that surround therapists is evident. Some stories touch on the importance of boundaries between the roles of friend and therapist; here, trust is seen as fostered by therapists not therapizing their friends, even when asked to offer their services.

The stories also touch on the importance of transparency and clarity in respect of the therapist's role. We carry ethical dilemmas all the time, but much of this uncertainty remains out of sight of her clients and the public at large. The findings presented here suggest the need for more openness on our part, and a greater willingness to bring ourselves forward. This may help to swing the tide away from the still popular understanding of therapists as, above all, expert male practitioners of psychoanalysis.

## Revisiting the Methodology

For me, engaging with mixed-methods research has been a liberating experience. Being free of the constraints of a single, defined approach has fostered flexibility and reflexivity within me. My desire to understand my participants has felt akin to the movement within a therapeutic relationship. I have been

moved by the generosity of the participants and by the creativity and honesty of their stories.

At the same time, I experienced confusion, tension, and internal disagreement when negotiating the challenge of drawing together stories with statistical data. The data collection phase produced considerably more data than I anticipated, requiring considerable distillation. I found I needed to develop my technical skills in both quantitative and qualitative research data analysis. The process of writing the report was more time consuming than I had anticipated: at times it felt as if I was writing three articles in one: a quantitative one, a qualitative one, and a third one drawing these two threads together.

Overall, however, I have found using Story Completion as a research method to be both fascinating and rewarding. As a fledgling independent practitioner-researcher, I have found the narrative nature of the data produced through this method to align with many aspects of my practice as a psychotherapist as well as my own research interests. Working with stories has facilitated my engagement with self, others, and cultural systems of being. Through my mixed-methods approach, I found myself able to collect, with relative ease and minimal expense, a large amount of data for the exploration of my research question, whilst maintaining high levels of anonymity for participants. I agree with Shah-Beckley when she describes Story Completion as being “the best of both qualitative and quantitative worlds” (Clarke, et al., 2017, p. 65).

### Limitations of the Study

When using Story Completion as a research method, the construction of the story stem is crucial: while it should guide the participant towards the experiences under study, it should not limit that participant to a single, anticipated response. In my own case, I sought to offer the widest of possible scenarios to participants in my story stem, and this resulted in data which tended not to reflect participants’ wider socio-cultural perspectives. By not inviting participants to state what the word therapist meant to them, I also missed the opportunity to draw out further meaning in context of their story.

Reflecting on the demographic of the participants themselves, these stories were predominately created by young, heterosexual women of White European ethnicity. Most were not therapists themselves, nor did they have a friend who was a therapist. Taken together, these features are likely to reflect the demographics of participants who use this particular online survey sharing platform. By only using an online survey sharing platform specifically designed to support tertiary education students with their research, this study lacks the stories which consider how therapists are perceived by other

sections of the public, including non-students, older people and those not identifying as heterosexual.

Another limitation of this study is the lack of consideration of geographical variations in the registration and licensing of practicing therapists. Whilst I asked participants to describe their ethnicity, I did not ask for their current location in the world. For example, the fact that a participant said they were Italian does not mean they were living in Italy at the time of completing the survey. Without knowing the physical location of a particular participant, I am unable to say whether their view is consistent with their country’s legal position, or simply a reflection of their own personal assumptions.

I believe further research is needed to draw out the ways in which perspectives on the role and function of the therapist vary across different cultures and demographics.

## Concluding Thoughts

The findings of this study shed lights on how counsellors and psychotherapists may be viewed as friends and how this may contribute to the identity of a therapist. I now understand that when clients meet me for the first time, curiosity and/or fear are likely to be present. I also understand that the responsibility lies with me to share my own experience thus far of being a therapist. Whilst a therapist myself, I do not represent all therapists. However, I notice that I never really feel off-duty as a therapist, the role having become synonymous with my identity.

This study has also been an opportunity to explore a way of researching which may be useful to other practitioner-researchers. As a research method, Story Completion offers flexibility in design and relative ease in application. The dialectical pluralism of mixed-methods research may suit the purposes of busy professionals wishing to engage in independent research.

Finally, this study is an invitation to fellow therapists to write and share more about our experiences, from all our individual modalities and perspectives. I believe that, by exploring our difficulties and dilemmas through discourse and dialogue, we all can flourish and grow.

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