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*Methodological article*

*Qualitative story completion: A creative and novel method for psychotherapy and counselling psychology research*

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*Story completion (SC) – where respondents are presented with the start of a story (the story 'stem' or 'cue') and asked to complete it – originally developed as a projective technique for clinical and research assessment. While SC continues to be used in this way, it has also evolved into a qualitative data generation technique, providing qualitative researchers with a creative and novel alternative to the self-report data typical of qualitative research. In this paper, we outline the growing interest in the method within psychotherapy and counselling psychology research and explain what we think the method offers to this field of research. To support psychotherapists and counselling psychologists in adding SC to their methodological toolkit, we also provide practical guidance on the design and implementation of SC, drawing on an example study exploring perceptions of ethnic/racial differences between a therapist and client.*

## Introduction

Story completion (SC) is a method where the respondent is given the beginning of a story (the story 'stem' or 'cue' crafted by the researcher) – say like this one from a study exploring perceptions of racial/ethnic differences between therapists and clients (discussed further below) – and asked to complete it:

> *Ahmed has recently been struggling with his mental health and it's starting to have an effect on his everyday life. He has decided to get some professional help in the form of therapy. When he walks into the therapist's room for his initial session, the first thing he notices is that the therapist is White…*

When using SC, researchers are not asking participants directly about their opinions, perceptions, understandings or experiences and the data consist of stories (fictions) that may be (variously) nonsensical, dull, intriguing, insightful, minimal, fantastical, hilarious or shocking. The rest of this paper explains why, in our capacity as members of the Story

Completion Research Group (see www.storycompletion.net) and psychotherapy researchers, we think SC offers something special and valuable, in particular for psychotherapy and counselling psychology researchers interested in intersectionality and social justice. In the first part of the paper, we provide a brief history of SC and projective techniques more broadly, and outline what we view as the key benefits of SC for psychotherapy and counselling psychology researchers. Then, in the second part of the paper, we provide practical guidance on designing and implementing qualitative SC research in psychotherapy and counselling psychology.

## History of story completion

SC was developed as a projective method for clinical/diagnostic assessment and research. The core feature of a projective assessment is that the patient provides a response to a minimal or ambiguous cue. In the clinical context, the most well-known example is probably the Rorschach Inkblot Test (Rorschach & Morgenthaler, 1921/1942), in which patients are given inkblots and asked to describe what they see in them, but there are also drawing projectives (e.g. Koch's Tree-Drawing test, Koch, 1952) and assessments where the patient has to complete a sentence (e.g. Rotter Incomplete Sentence Blank test, Rotter & Rafferty, 1950) or a story (e.g., the Thematic Apperception Test [Murray, 1943/1971] in which patients have to tell a story in response to an image). Conceptually, projectives derive from psychoanalytic theory (Rabin, 2001), and the idea that people 'project' from their unconscious to interpret the world. As such, projective assessment responses are understood to provide something very valuable for psychotherapeutic work – namely a window into a patient's unconscious (the 'unaware patient') as well as into the minds of patients who seek to hide relevant material from their clinician (the 'resistant patient').

The use of projective techniques in the clinical context has a long history - from the 1930s – but also a long history of critique (e.g. Mihura, 2019; Smith et al., 2018, 2020) and their use has been in abeyance in the UK since the 1960s (Hubbard & Hegarty, 2016). We argue that SC offers qualitative psychotherapy and counselling psychology researchers of today something important – but *not* as a projective method. While psychoanalytically-theorised projective SC assumes that there is a 'truth' of the self, even if it might not always be accessible (e.g. unconscious or denied/repressed), qualitative SC eschews essentialist understandings of the self of the story teller, arguing instead for a different epistemological starting point. One option, first mooted by Kitzinger and Powell (1995), is a social constructionist epistemology

that understands SC data as illustrating the range of social discourses about a topic circulating in the social context of the story tellers. From this perspective, it is not possible to assume that SC data says anything about the story tellers or what they might do if faced with a similar situation. A second option, proposed by Clarke et al. (2017), and further developed by Moller et al. (2021), is a contextualist stance, somewhere between essentialism and social constructionism, which understands story data as potentially influenced by personal experience of the story teller, but definitively shaped by their social context and positionality, and consequently as representing a portion of the circulating social understandings and perceptions available to them.

**Benefits of story completion for psychotherapy and counselling psychology research**

Much qualitative psychotherapy and counselling psychology research uses self-report methods such as interviews and focus groups because it is focussed on understanding *individual* experience and self-understanding. In contrast, SC data are not personal – and we argue that this is their advantage (Clarke et al., 2019). By providing access to social understandings/discourses, SC for example allows psychotherapy researchers to examine how researcher-chosen aspects of identity are constructed in stories set within a psychotherapy room/interaction by particular groups of participants. This allows a researcher to ask questions of the data such as:

- How is a white psychotherapist understood in the stories?
- How is a South Asian client understood in the stories by respondents who are white? Or who are racially marginalised?

SC data also allow researchers to explore how the race/ethnicity of a client impacts how their reason for seeking counselling is framed, for example in terms of the severity of their mental health difficulties or the origin of their difficulties. Because in western contexts, stories usually involve a beginning, middle and end (McCabe, 1997), researchers can learn about the kind of life trajectory that is storied for a client with a particular ethnicity (recovery or inevitable decline?). Additionally, because aspects of the story stem will be left deliberately vague, the way the stories 'fill in the gaps' can tell the researcher about other associations evoked by the idea of a therapy client of a particular race/ethnicity – what is assumed about their gender or social class or job status. The SC method also allows researchers to investigate not just meaning-making around identity categories (and their intersections; Bowleg, 2008) but

also physical locations (e.g. the therapy room) and relationships (e.g. between a white psychotherapist and a South Asian client). And if therapists are recruited as participants, researchers can explore the meanings they draw on to make sense of particular scenarios (e.g. Shah-Beckley's [2016] counselling psychology doctoral research powerfully illustrated the gender- and hetero-normative discourses therapists drew on to make sense of scenarios suggestive of sexual difficulties in heterosexual relationships).

Understanding social understandings/discourses as they pertain to ethnicity/race in the context of psychotherapy is important because they potentially may partly explain the evidence of poorer outcomes for racially and ethnically minoritised people. For example, recovery rates for white people in the Improving Access to Psychological Therapies service (England's predominant primary care psychological therapy service) were 52.1% in 2020-2021, while they were 47.9% for people who were Asian or Asian British. White men had a higher recovery rate (53.2%) than white women (51.6%) but outcomes were lower overall for Pakistani (44.5% for Pakistani men and 45.0% for Pakistani women) and Bangladeshi clients (42.4% for Bangladeshi men and 43.3% for Bangladeshi women) (NHS Digital, 2021). It was also lower for Muslim (43.1%) than Christian (55.1%) clients. Ensuring equality of service is important for social justice but also ethically (e.g. British Association for Counselling and Psychotherapy, 2018; British Psychological Society, 2018).

SC has other advantages for psychotherapy and counselling psychology researchers. The subject matter of psychotherapy and counselling psychology research is typically ethically sensitive or taboo since it concerns mental health difficulties and/or deeply personal issues; SC makes it easier to investigate such topics because it does not ask participants to talk about their own experience (participants do not even have to have experience of the SC topic/issue – though ethics applications still need to consider that participants *might* have personal experience of the topic/issue of the story and design their studies accordingly; Clarke et al., 2019). SC is also appealing (especially to students) because, if the SC task is run online, it is inexpensive and quick to collect data. The method is also flexible – something that is discussed further in the 'how to' section below.

To date there are only a handful of SC studies published in counselling and psychotherapy journals, as well as some unpublished doctoral theses, however most have appeared in the last three years – which signals a burgeoning interest in SC in the field. These studies have explored: perceptions of fat therapists (Moller & Tischner, 2019); perceptions of a friend becoming a psychotherapist (McPherson, 2022); therapists' constructions of heterosex (Shah-

Beckley, 2016; Shah-Beckley & Clarke, 2021; Shah-Beckley et al., 2020); constructions of shame in therapy (Drini, 2019); perceptions of infidelity (Cravens & Whiting, 2016; Crossman, 2022); and parents' constructions of children with gender variance (Butler et al., 2022). There is also some methodological guidance for counselling psychology and psychotherapy researchers (Moller et al., 2021). Within the wider story completion literature, there are examples of research relevant to mental health (Lloyd & Panagopoulos, 2022; Lloyd et al., 2022; Olstein & Finn, 2022; Vaughan et al., 2022; Walsh & Malson, 2010), and to typical presenting problems in therapy including relationship and sexual difficulties such as infidelity (Clarke et al., 2015; Kitzinger & Powell, 1995; Whitty, 2010), anorgasmia (Frith, 2013), and desire differences between partners (Beres et al., 2014, 2019).

## Using story completion methods in psychotherapy and counselling psychology research

We now use the example of a SC study conducted by one of our students – Amelia Sewell – for her undergraduate psychology project, to explore and illustrate key considerations in the design and implementation of SC methods in psychotherapy and counselling research. Amelia used SC to explore perceptions of racial/ethnic differences between a client and a therapist; she intended to explore intersections of race/ethnicity and gender by designing two versions of the stem with the main character – the client – either gendered as female or male through their name, but as we note below, gender differences were not apparent and gender barely figured in the stories. Amelia used the *Qualtrics* online survey platform to gather her data - online SC is now the norm, but researchers should consider the pros and cons of different modalities (for a discussion see, Braun & Clarke, 2013; Clarke et al., 2017). We start this section with the crucial matter of effective stem design, and then consider choosing between single and multi-stem designs, completion instructions, the number of completions/participants, potential challenges and data analysis.

## Stem design

Stems in existing research vary in length from a sentence fragment to a few sentences. For example, in Clarke and Braun's (2019) research on constructions of male body hair depilation, the stem was simply "David has decided to start removing his body hair…", but stems are typically longer. Stems should be detailed enough to enable participants to understand the scenario and the focus for their story but also open enough to allow them considerable scope

to determine the direction of the story. Stems which have an obvious outcome tend to produce rather banal and shallow stories. Braun and Clarke (2013) discussed the example of a stem centred on a university student feeling nervous about giving an assessed presentation that resulted in some rather thin and homogeneous stories about the student overcoming their nerves to successfully give their presentation. Stems should contain some kind of narrative 'hook' or tension to engage participants and provide some momentum for their storytelling. Following Moller and Tischner's (2019, p. 37) exploration of perceptions of fat therapists (with the stem - "Kate has been finding it really difficult to cope with life so she has decided to go for counselling. As she walks into the counselling room for the first time, her first thought is: "Oh, my counsellor is fat!"), the stem from the racial/ethnic differences study (referred to at the start of the paper), conducted by Amelia, featured a client (Ahmed or Imani) noticing that the therapist is white. This noticing is the 'hook', directing participants to write stories about how the ethnic/racial difference played out.

The participants were informed that the study was an exploration of racial/ethnic differences between therapists and clients, therefore, they were primed for this focus. Amelia chose Ahmed as the protagonist's name as it is one likely to be recognisable to participants as a non-white name (and perhaps also to many as a Muslim name). A second version of the stem was identical apart from the use of a female name – Imani – and she/her pronouns. Piloting the stem(s) on a small number of participants is recommended to check it is understood in the intended way, and that it generates appropriate data (Braun & Clarke, 2013; Clarke et al., 2017).

*Single or multi-stem designs*

Comparison is often not a feature of qualitative designs in some fields, but qualitative SC research has used comparison – varying an aspect of the character (to date, typically gender, but there are numerous other possibilities including race/ethnicity), or the scenario to explore differences in meaning-making around these. The standardised nature of the data generation tool allows for such comparisons, but they are not uncontroversial in the qualitative research community (see Braun et al., 2019; Clarke et al., 2019), as some view such designs as neo-positivist and not in keeping with the values of qualitative research. More practically, there might not be *any* discernible or meaningful differences in sense-making – using a comparative design does not guarantee this. There were virtually no meaningful differences between the Ahmed and Imani stems, and gender was barely mentioned (beyond the use of gendered

pronouns) - apart from one Ahmed story in which the therapist was presented as a woman and her gender and education alongside her Whiteness lead Ahmed to express concern about the therapist's ability to understand and relate to him and his struggles. Multi-stem designs do not have to involve comparisons – they can simply provide a way of presenting participants with a range of scenarios related to a particular topic to explore sense-making around these. For example, Braun et al. (2020) in their research exploring responses to COVID-19 lockdown restrictions, particularly with regard to rule following and rule breaching, used a variety of scenarios in which a character or characters contemplate breaking the lockdown restrictions (with mental health a common rationale for this in respondents' stories). They did so to capture a range of different circumstances in which people might break the rules - which often mapped onto media stories – as their aim was to understand the broader discourses that shaped peoples' sense making, rather than those that might be evoked by a particular potential rule-breaching scenario.

*Completion instructions*

Another important design consideration is the completion instructions, as participants need to understand what is expected of them – is there a particular timescale for their stories (do you want to know what happens in the following hours, weeks, months, or years)? Do you want participants to address a particular detail in their stories? Do you want them to write 'off the cuff' or to reflect on their responses first? Do you want to encourage detailed responses? For the Ahmed/Imani stems, Amelia could have, for example, directed participants to write about what happens in the first session or over the course of the therapy, or to write about whether Ahmed/Imani return for another session. Instead, we chose more open instructions as this was a new research area for us and for the SC method and we had no idea what to expect. We also encouraged participants to write "whatever first comes to mind" (to discourage as much as possible *self-censoring* socially desirable responding[1]) and to write detailed stories.

Following Braun and Clarke (2013), participants were given the following instructions on the study information sheet:

[1] Socially undesirable or stigmatising responses are a common feature of SC data – for example, in Moller and Tischner's (2019) fat therapist study there were numerous examples of dehumanising anti-fat depictions of the therapist. Therefore, one of the advantages of SC is that it has the potential to overcome social desirability barriers to access the stigmatising and prejudicial sense-making that participants may hesitate to express or reject but nonetheless share. Accessing discriminatory understandings that have wide social circulation is important because these understandings may help to explain the experience/treatment of particular groups.

> "There is no right or wrong way to complete the story, and you can be as creative as you like in completing the story! I am interested in the range of different stories that people tell. Don't spend too long thinking about what might happen next – just write about whatever first comes to mind. Because detailed stories are important for my research, you are asked to spend at least 10 minutes completing the story and to write a story that is at least about 200 words in length (about the length of this paragraph). Your story can unfold over the following hours, days, weeks, months or years – you can choose the timescale of the story. Some details of the opening sentences of the story are deliberately vague; it's up to you to be creative and 'fill in the blanks'!"

Immediately prior to the presentation of the stem, participants were instructed to: "Please read and complete the following story".

*Number of participants/completions*

As with other qualitative research designs, the aim is to generate sufficient rich and detailed data to facilitate a complex and nuanced analysis, but not so much that the researcher is overwhelmed and cannot manage practically the volume of data, especially if they are working to a concrete deadline (e.g. submission of a dissertation/thesis). Amelia collected 34 stems (18 Ahmed, 16 Imani) that ranged in length from 2-263 words; this is in our experience the lower end of what is sufficient for an undergraduate dissertation. There is wide variation across the published/doctoral literature with regard to the number of participants/completions – for example, from 45 participants/completions in Drini's (2019) one stem design to 111 participants and 222 completions (with each participant completing two stems) in Shah-Beckley's (2016) two stem (with two versions of each stem) design; both counselling psychology professional doctorate theses. Braun and Clarke (2013) advised aiming for at least 100 rich stories for a professional doctorate and at least 200 for a PhD. Important things to consider when determining the number of participants/completions include:

- The detail and richness of the individual stories – if there are a high proportion of short and shallow stories, a higher number of participants/completions will be needed for the dataset to have sufficient 'information power' (Malterud et al., 2016).
- Whether each participant completes one stem or several. We have found that asking participants to complete two stems does not impact negatively on story quality or length (this does diminish with three or more stems); however to avoid priming and repetitive

responses, the scenarios need to be substantially different (versions of the same stem with one detail varied such as character gender are not different enough). In the racial/ethnic differences study, participants were randomly assigned either the Ahmed or Imani stem.

- The number of stems and versions of each stem in the design. Generally speaking, the more stems/stem versions you have, the more completions you need to have sufficient responses to each stem/version.

*Challenges*

As with any method, there are potential pitfalls to be aware of with SC (see Braun et al., 2019; Clarke et al., 2019). Clarke et al. (2017) highlight the unpredictability of SC data - often participants respond in completely unexpected ways. It is relatively common for at least a few stories to contain elements of fantasy, humour or melodrama (e.g. one stem in the racial/ethnic differences study opened with "The second thing she noticed was the scarce and few speckles of white powder left on his red nostrils"). Sometimes these stories are completely irrelevant but often they provide useful insights into how the topic is understood. Another challenge is that some participants 'refuse' the task by not writing their response as a story or ignoring the cue (e.g. writing a story that evades or ignores the topic of race/ethnicity). Lenette et al. (2022) also recently highlighted the lack of attention to cultural safety in the SC literature and the reliance on western constructions of storytelling, which they argue may alienate participants from Indigenous and global majority cultural backgrounds. They encourage SC researchers to engage with diverse notions of storytelling. Probably the most common challenge is short stories – perhaps especially with student participants taking part in exchange for course credit. For example, one response in the racial/ethnic differences dataset was only two words "And male", and 22 of the 34 responses consisted of one sentence or a sentence fragment and were under 50 words in length. Short responses do not provide the depth and richness needed for a more complex analysis, but nonetheless *can* capture broader patterns that other responses unpack in more detail. For example, several of the shorter responses in the racial/ethnic differences dataset captured a broader pattern around 'I don't see colour' (see Box 1): "And it doesn't really matter what colour the therapist's skin is"; "He pays no attention to this as race should not be a factor when asking for help." An even shorter response - "And then sits down to start therapy" - similarly pointed to a refusal to engage with race. All of these challenges are

a reason for flexibility around recruitment and the size of the dataset – we recommend regularly reviewing the responses while data generation is ongoing so you can decide when the dataset has sufficient 'information power' (Malterud et al., 2016), and focusing primarily on the number of rich storied responses, rather than the number of completions.

**Data analysis**

Some type of thematic analysis (TA), or its close cousin qualitative content analysis, is the most commonly used data analysis technique in SC research. A wider range of approaches have been used in more recent research, alongside TA, including Foucauldian discourse analysis (Drini, 2019), rhizomatic data analysis (Gravett & Winstone, 2021), and, arguably the obvious choice of methodology for storied data (Clarke et al., 2017), narrative analysis (Williams et al., 2021). TA has been used in the conventional way to develop patterns of meaning *across* the dataset – Box 1 provides an example of this from the racial/ethnic differences study – and in a modified form, where researchers (before data analysis or following familiarisation) distinguish pertinent categories and then develop and report patterns within each category (Clarke et al., 2017). Following Kitzinger and Powell's (1995) ground-breaking SC study, which first used this modified form of TA, Shah-Beckley and Clarke (2021) reported their analysis of their two heterosexual sexual refusal stems (female or male partner refusing sex), with stories written by therapists and psychology undergraduates, under four headings. These were: 1) depictions of the absence of sex; 2) depictions of the reasons for sexual refusal; and 3) depictions of reactions to sexual refusal; and 4) depictions of relationship breakdown and repair.

Another analytic possibility is Clarke and Braun's (2019) story mapping technique. Rather than using TA, or another pattern-based analytic method/ology, to develop *horizontal* patterns cutting across the stories, story mapping - like narrative analysis - provides a more *vertical* analytic approach as it is used to explore patterns in how the stories develop and unfold, including in the story ending or resolution, and preserves the storied character of the data. Our experience is that this technique works well with some datasets but not others – there does need to be a fair amount of similarity/homogeneity in the way the central character is conceptualised and in how the stories are structured, which is not always the case – sometimes stories are very diverse in content and structure. Braun and Clarke (2013) refer to the notion of a 'model story'

– if there is a structure common to most of the stories, then story mapping could be a useful technique.

Five themes were developed from the data:

1) *Fear of racism* – in many of the stories Ahmed and Imani are portrayed as fearing racism from the therapist. Sometimes the racism was explicitly named as such, in other stories it was more euphemistically framed as "judgement". In several stories, the client's fear of experiencing racism was grounded in a history of having experienced racism from white people, and in a few, this history of racism was explicitly connected to Ahmed/Imani's mental health: *"He feels he is less comfortable opening up to a white therapist as he feels his mental health began to decline due to experiencing lots of racism through his life. He is worried that as a white person, the therapist may not be understanding of his issues, or even racist which makes him anxious."* In one story, these fears were realised when there was some clumsy/implicit racism from the therapist: *"Once the therapist made a generalised comment about cultural preferences which Imani thought was inaccurate and a bit rude. She didn't like the therapist's comment about her culture, and although she knew the therapist was trying to understand Imani, it made her feel a bit alone and conflicted about whether to mention it."*

2) *Concern about therapist's ability to understand* – Ahmed/Imani were also commonly portrayed as concerned about a white therapist's ability to fully understand and connect with their "struggles" because of their presumed lack of cultural knowledge or lack of lived experience of racism. In one story, it is not just the therapist's Whiteness that concerns and alienates Ahmed, but also her class, gender, and professional expertise (*"lots of certificates on the walls"*): *"Education with her certificates, her whiteness, her gender. He wondered if she'd even be able to understand at all. And he hasn't yet even opened his mouth."* Ahmed/Imani were often portrayed as reluctant to open up to and fully trust the therapist because of their concern about the therapist's ability to understand: *"She finds it hard to open up to the therapist. She feels the therapist might judge her and not relate to her difficulties as she is of different ethnicity."*

3) *People of colour have to find a way to "make the best" of such situations* – one of the more complex ideas expressed in the data was that people of colour are compelled to find ways to accommodate and live around racism and white normativity. Ahmed and Imani are portrayed as pushing or convincing themselves to engage in the session because of their

overwhelming need for mental health support: *"She does not see the point of building a rapport with someone with different characteristics but attempts to ignore these differences because Imani knows that she herself is struggling mentally and wants to get help no matter the cost."* The following extract vividly demonstrates Ahmed flickering between fear and faith: *"although worried, he manages to encourage himself to go through with the session. At first he didn't go into much depth of his feelings however, throughout the session the therapist showed a lot of understanding which made him feel more at ease. Following the session he felt more pleased than he expected to although, he still felt as though the therapist was secretly judgemental because of his race as that's what he's experienced through his life. Despite this, he decides to carry on with the sessions and the same therapist to give it more of a try."*

4) *"I don't see colour"* – probably the most strongly expressed concept in the data was the – problematically ableist – notion of "colour blindness" ('colour evasive' is a non-ableist alternative, Leonard, 2020), captured in the popular saying "I don't see colour, I see the person", a framing that serves to deny the material and experiential consequences of racism (McDowell & Jeris, 2004), and reinforce white normativity. In stories where Ahmed/Imani were portrayed as concerned about the therapist's ability to understand them or as fearful of racism, the therapist was often presented as *surprisingly* helpful and the therapy and the therapeutic relationship as transcending racial/ethnic differences: *"Much to Ahmed's surprise, the therapist is actually very understanding and helpful, and doesn't seem to care about his ethnicity."* In some stories, it is Ahmed/Imani who learns to look beyond race: *"Ahmed has worked for many years with a white man who is a builder and is only a few years older than himself and realises at times that he forgets that Jack is white, he's just Jack his mate."* In others, it is the therapist who creates a therapeutic space that transcends race: *"The therapist creates a comfortable and open environment for the patient, regardless of ethnicity. Imani is allowed to freely express her worries and receives understanding and consultation from the therapist."* In some stories, this notion of a common humanity transcending race was expressed as a general platitude, and in others as the moral lesson of the story: *"In the end, even though people have different lifestyles and religious and race etc. we all still have feelings and go through similar emotions as humans."*

5) *Good therapists name and understand ethnic/racial/cultural differences* – this final theme provides a sharp contrast to the previous theme. Here, the client, and in some stories the therapist, are portrayed as viewing race and racial difference as mattering in therapy and

therapists were presented as good or bad depending on whether they acknowledged, or responded positively to the client's acknowledgement of, this difference. In one story, Ahmed eventually tells the therapist about his initial feelings toward her, and this strengthens the therapeutic relationship: *"He finally plucked up the courage to tell her about his initial feelings towards her when he saw she was white. She says she is not shocked he felt like that after receiving so much prejudice his whole life. Ahmed feels like a weight has been lifted and continues talking to her about his problems."* In another story, the lack of acknowledgement of Ahmed's race contributes to his feelings of anxiety about the therapy and the therapist. In an Imani story, the therapist acknowledging the racial difference reassures her of the safety of the therapy. Therapists were also portrayed as good if they had educated themselves about different cultures and in so doing relieved the client of the burden of educating the therapist: *"It appeared that ethnic differences were not a problem between her and the therapist due to the fact that the therapist had taken some time to learn about different cultures. Finally, it felt like she wasn't the one teaching a therapist information."*

Box 1: *Overview of themes with illustrative data extracts from the racial/ethnic differences between client and therapist study*

**Conclusion**

SC offers counselling psychology and psychotherapy researchers a radical alternative to the self-report data typical of qualitative research in counselling psychology and psychotherapy – a way of exploring meaning-making (variously theorised as social perceptions or social constructions) around issues relevant to therapy. Some of the themes elucidated in this analysis - such as racially minoritised clients fearing lack of understanding and/or discrimination from white psychotherapists – interestingly echo evidence from first-person-testimony research with racially minoritised clients (e.g. Al-Roubaiy et al., 2017; Hall & Sandberg, 2012) as well as research that asks racially minoritised people about their perceptions of psychotherapy/psychotherapists (Thompson et al., 2004). SC can also explore group-based differences in social understandings. The data in this paper were generated by predominantly white participants, which may explain the predominance of the 'I don't see colour' theme, which dismisses or minimises the impact of racism. Colour evasive rhetoric has also been identified in the talk of white psychotherapy trainees (e.g. Gushue & Constantine, 2007). SC thus extends the reach of the counselling psychology and psychotherapy researcher,

particularly when the topic of the research is potentially sensitive or ethically risky, or when the researcher is time/resource poor. Further, SC's flexibility – which allows counselling psychology and psychotherapy researchers significant choice in terms of epistemology, design and method of analysis – permits researchers to adapt the method to their topic/circumstance. Beyond this, we think SC holds particular value, given broad concerns in the field around social justice and equality (see BACP, n.d.; BPS, n.d.), for counselling psychology and psychotherapy researchers interested in social justice matters – allowing exploration of perceptions and constructions of particular (marginalised) client groups, facets of therapists' social identities, mental health problems, likely therapeutic outcomes and so on, and the normative values and discourses that shape and constrain sense-making around these issues.

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