A qualitative study on how therapists negotiate gendered perceptions of the division of parental responsibility and labour, using a story completion and vignette task.

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Abstract

Aims: The argument that therapeutic practice affirms a reductionist paradigm of distress and overlooks socio-environmental understandings of suffering suggests that Psychology may collude with systems of power, privilege, and oppression. As key proponents of social justice it is critical that Counselling Psychologists add to the literature exploring this. This thesis employed a scenario depicting a couple's distress over divisions of parental labour, to explore the dominant discourses that therapeutic practitioners draw upon in formulating a situation of distress situated in a socio-environmental context.

Methods: A combination of story completion (SC) and vignette stimuli were used to obtain qualitative data in this study, from forty-three practitioners qualified in an integrative therapeutic approach. Using a constructionist thematic analysis three themes were identified: 1) the recreation of gender roles, 2) the motherhood penalty and 3) reformulating distress.

Findings: Therapeutic practitioners drew on two overarching discourses across their stories: heteronormative and biomedical. The dominant story type across the dataset reaffirmed these dominant regulatory, whilst a 'secondary' or less common story type simultaneously challenged the dominant rhetoric.

Implications: The thesis provides evidence that therapists reaffirm and challenge reductionist paradigms of distress, thus engaging in a complex reproduction/subversion of dominant cultural discourses. Importantly, the results highlight that therapists are influenced by the same stereotypes as everyone else and remind us that psychology as a profession rest upon a set of social practices with implications beyond those which we are immediately aware of.

The discussion inquires into the discipline's current stance on the intersection between models of human suffering and social justice. Furthermore, this work highlights opportunities posed by transposing the locus of change from the individual to wider contexts, aiding a more realistic assessment of therapeutic change and nudging the discipline into greater alignment and coherence with the social justice narrative (Woodger, 2020). Clinical implications, limitations and avenues for future research are also discussed.

Key words: story completion, social justice, counselling psychology, division of parenting responsibilities, constructionist thematic analysis, psychotherapy.

Background and rationale

This thesis describes using a combination of story completion (SC) and vignette stimuli for data collection, to thematically analyse the dominant discourses that therapeutic practitioners draw upon and speak within when formulating clients' difficulties, occurring in the context of parenting disputes and responsibilities. Across this document, the terms "therapists," "therapeutic practitioners" and "practitioners" are used interchangeably to refer to "psychological therapists," invoking the applied practice of psychology. The thesis is situated within the discipline of UK counselling psychology (CoP), in which I trained, in the context of global movements such as Black Lives Matter and #metoo which, somewhat, counterbalanced the adverse effects of the covid-19 pandemic, the escalation of the climate emergency and various other local/global crises.

The thread that binds this thesis together is a critique of psychotherapy, accusing therapy to be regulatory as opposed to transformative (Davis, 1986). An example of how therapy can be regulatory is by converting distress to symptoms and disorders through the use of a clinical formulation; that is, to use a theoretically-based framework (formulation) in psychotherapy to revise a client's mental distress into a pathology, and present the client's difficulties in line with medical theories of distress, possessing questionable evidential basis of support to them (Watson, 2019; in Woodger, 2020). Medicalising valid human distress is regulatory in the sense that it is a normative

pressure, introducing a prescriptive, evaluative, and almost obligatory dimension into one's social life. The medicalisation of misery, mutes' consideration of any life experience that spells out the broader conditions under which people arrive at these experiences. In addition, the biomedical understanding of human distress supports the pathologisation of social problems such as deprivation or poverty. Concurring with Rapley et al.'s (2011) suggestion, this stance to psychotherapy, which forms the applied practice of psychology, positions the discipline to "essentially support the positivist psychiatric project of codifying human suffering into disease like categories" (p. 1), affirming mental illness to present as an objective truth independent of medical discourses.

Standing by the psychotherapist and activist Jo Watson's (2020) work, I take the view that, while "turning metaphoric suffering into biological disease" once presented benefits (such as retracting from primitive notions of distress as a demonological concept), today, the cost of "medicalising misery on humankind is such that it outweighs potential advantages" (p. 2). In this thesis, I draw together a literature review exploring and analysing the published scholarly material on the normative potential of therapy. I present findings which indicate that the regulatory facet of therapy should be a particular concern to CoP and set my work as a vehicle of exploration on the application the combined SC and vignette methods for CoP research. Lastly, extending the work of Shah-Beckley et al., (2020) my work will add to the limited research publications employing SC as a methodological tool (cf. Clarke et al., 2014; Frith, 2013; Walsh & Malson, 2010).

What follows is a critical reflection depicting my motivations for pursuing this research is presented, prior to the introduction of my literature review.

Reflexive account

Early on in my journey on the Professional Doctorate in Counselling Psychology at the University of the West of England, I took note of the below paragraph on the ethos of CoP, which has accompanied and guided my work and time at the university:

> Counselling Psychologists will consider at all times their responsibilities to the wider world. They will be attentive to life experience, modes of inquiry and areas of knowledge beyond the immediate environs of counselling psychology and seek to draw this knowledge to aid communication or understanding within and outside of their work. (DCoP, 2005; p. 7)

This message is central to my critical reflection because it depicts my motivations for pursuing this research - to consider my responsibility to the wider world as a practitioner and continue to attend (beyond training) to modes of inquiry and potential areas of perceived knowledge in my practice. Research has been a major component of my professional trajectory, but above all, I am a practitioner, and it is to fellow practitioners that my thesis speaks. My position with this research is not that I consider therapy as more regulatory than transformative, nor do I wish to claim evidence of good and bad practices among the professions in my research. Instead, my thesis is an open invitation for practitioners to explore their own stories and interrelations with dominant discourses. This is particularly with regard to discourses

that infiltrate the therapy room, intersect with various markers of diversity, and consequently perpetuate social injustice.

I acknowledge there is a gap between the stories completed by practitioners and their therapeutic practice, particularly in terms of what is real and what is 'fabricated.' And I acknowledge and delineate that it was not my intent to reproduce practice; instead, I aimed to explore the dominant sociocultural understandings reproduced via discourses in the therapy room. As I will introduce shortly, therapy has the potential to reinforce oppression by reaffirming regulatory discourses of prevailing societal ideologies, which can in turn overlook the social significance of clients' troubles by individualising them. I hope to use the stories that follow to illustrate the influences of wider discourses on practitioners' work, broadening practitioners' awareness and allowing them the opportunity to identify, deconstruct and address these discourses. My research is a reminder of the opportunity that the exploration of ideological discourses presents in advancing our use of selves and supporting continuous reflection as a profession.

Literature review

In preparing the material to include in the literature review that follows, I sought to provide the reader with an overview of the critical findings and debates in each topic, identifying relevant theories, methods, and gaps in literature, whilst scaffolding classical studies with current knowledge and research.

Broadly, the literature review is divided into areas of research which centre around the plot I will now describe. Initially, the review delivers an introduction to the centrality of social justice within Counselling Psychology orienting readers to the importance of the concept within the discipline. This section considers the challenges the field faces as proponents of social justice, given the penetration of normative cultural discourses in the therapy room. Drawing on the theory of gender as a social construction, I exemplify normative cultural narratives by drawing on gendered discourses and discussing how these are re-enacted in gendered parenting practices. The focus of the task, consisting in discourses of both men's and women's gendered roles, rather than systems of power and oppression of one over the other, was inherently incompatible with a feminist analysis, but is, nonetheless, sympathetic to feminism and, as such, introduces contributory feminist ideas.

My literature review begins with an introduction to social justice, outlining the implications that the regulatory facet of psychotherapy may have on the concept. Social justice is a concept proclaimed by many psychologists as central to their professional identity. Although the definition is debated, the social justice movement is rooted in the argument that individual freedoms relates to wider social commitments. In this thesis,

the term 'social justice' refers to the opportunity to participate equally in social and political life (Fraser, 2009). This definition is important because it reflects some of the 'essential values' of counselling psychology (e.g. "minimising the power differential in therapeutic relations to empower clients and approach them in the context of their experiences", Cooper, 2009, p. 120) in the United Kingdom (UK) (Cooper, 2009), the context under which this study was conducted.

Therapy and the reinforcement of normative practices

Despite psychologists' concern with social justice (Pugh & Coyle, 2000; Strawbridge & Woolfe, 2010), its practice – which involves therapeutic work – has been argued to reinforce oppression by reaffirming privileged regulatory discourses (Davis, 1986). This idea, that psychological practice could legislate normality and pathologise social marginalisation (Aitken et al., 1996) is present across historical literature as exemplified by the work of the feminist psychologist Rachel Hare-Mustin (1994). In their research on discourses governing the therapeutic room, Hare-Mustin used a postmodern approach to explore the discourses that circulate in the therapy room. Illustrating the regulatory dynamics of therapy, the scholar argued that therapeutic practitioners' dominant discourses are reflective of the prevailing ideologies in society, thus suggesting that the dominant discourses of the language, community and culture of the client and therapeutic practitioner predetermine the content of the therapy. Hare-Mustin (1994) described the therapeutic space as a "room lined with mirrors" and posited that that this "space reflects only what is voiced within it" (p. 553). The importance of Hare-

Mustin's argument is that it suggests therapeutic practitioners may perpetuate social injustice, making clients comfortable with their own oppression, by failing to call into the room discourses of marginalisation.

More recent work is seen in Shah-Beckley and colleagues' (2020) research. Twenty-three years on from Hare-Mustin, the scholars conducted a UK-based story completion (SC) study on therapists' constructions of heterosexual sex (heterosex). The scholars built on Hare-Mustin's work concerning therapists' discourses, concluding that therapists draw on the same "hegemonic patriarchal discourses" as non-therapists (p. 138). Using the scenario of sexual experimentation in a heterosexual relationship, the authors explored therapists and non-therapists' responsive constructions. One hundred SCs were written by 49 therapists (28 female and 21 male) and 51 non-therapists (29 female and 22 male). Shah-Beckley et al., (2020) found that therapists drew on the same heteronormative discourses as non-therapists in response to heterosex experimentation. That is, therapists' accounts of heterosex were tantamount to non-therapists' accounts. Shah-Beckley et al., (2020)) concluded that, collectively, therapists' and non-therapists' accounts of heterosex experimentation were moulded by the ideologies of their cultural context, thus mirroring the "dominant patriarchal ideology" of their environment (p. 138). The significance of Shah-Beckley and colleagues' (2020) study to my discussion is that, similarly to Hare-Mustin's (1994), it implies that therapists fair equally to non-therapists in fortuitously affirming cultural and political ideologies.

Returning to the matter of hegemonic patriarchal discourses, Penny and Cross' (2014) work is of relevance. The authors analysed male heterosexual therapists' discourses of sexual attraction and the enactment of sexual desires in therapy. Using a sample of eight male therapists, online interviews were completed. Discourses of hegemonic masculinity were observed by Penny and Cross. Therapists drew on erotic countertransference by positioning themselves, naturally and passively, the recipients of the inciting female advances. Penny and Cross' (2014) work extends the aforementioned research, illustrating how therapists' discourses may affirm dominant cultural, and in this case, sexological norms (Shah-Beckley et al., 2020). Concerningly, such affirmations highlight gender power operating at multiple levels, and have the potential to produce and reproduce inequalities in the therapy room.

Of further significance to the matter of cultural discourses is Guerin's (2009) work, also exemplifying the potential for therapists to reaffirm rather than challenge dominant discourses. In the context of a therapy room, Guerin used interviews to elicit accounts of contemporary sex therapy practice with therapists. The researcher found that therapists drew on heteronormative dominant sexological norms, naturalising heterosexuality and making other sexual identities invisible, ultimately, restricting possibilities for alternative sexual practices. Guerin's (2009) findings support those of Hare-Mustin et al.'s (1994) and Penny and Cross' (2014). Highlighting the impact of therapists personal and political stances in the therapy room and presenting these stances as unique opportunities to open up psychotherapeutic practice, challenge and deconstruct dominant discourses (Shah-Beckley et al., 2020, p. 8).

Further on the matter of affirming dominant discourses as a normative aspect of therapy, I draw on the great sociologist, Kathy Davis's (1986) classic study. Davis used the video recording of an initial therapy interview (available for teaching purposes at a university in Amsterdam) to demonstrate how a therapist can take the client's version of her troubles and 'shape' them into a more 'appropriate' therapeutic problem; Davis termed this process a 'reformulation.' The power held by the therapist in shaping the discourse in the therapy room, or as Davis put it, reformulating, is further illustrated in Hart's (2002) more recent study. In contrast to Davis, Hart studied the issue of power dynamics as intrinsic to the therapeutic alliance. Hart analysed a video-tape of a therapeutic session taking place in 1973, titled 'Carl Rogers counsels an individual on anger and hurt'. Rogers' client, a leukaemia patient in remission, was a Black man, whose ethnicity was purposely selected to offer the "possibility of more contextually based issues arising within the therapeutic encounter" (Hart, 2002, p. 65). Studying the influence of power within the encounter Hart highlighted that, beyond the information voiced in the room, talk was used as a technique by the therapist as a means of controlling the interactions. Hart argued that 1) the power process is an important understanding, which may be approached as a positive and inevitable part of the therapeutic work, 2) any therapeutic interaction has implicit rules and boundaries spelling power, and 3) the dynamic of power is one of many functions used to manage the relationship. Hart urged for this power to be explored as an "active ingredient" in the contextual and personal constraints governing the encounter (2002, p. 144), and to approach it as a dynamic that is shared in the room.

Crowe et al. (2012) corroborated the therapeutic techniques that Hart termed "active ingredients". Crowe et al. (2012) positioned reformulation as the regulatory technique and the primary vessel for the therapist's power in their relationship with client. This study on the process of change of depression in psychotherapy, used a thematic analysis. Forty clients' audio tapes using cognitive-behavioural-therapy (CBT) and interpersonal therapy (IPT) approaches were analysed for the treatment of depression. The authors concluded that clients who reported their symptoms of depression as "improved," were able to identify and acknowledge their own role in maintaining the problem. Further, clients who adhered to the "reformulation'" of their initial trouble telling, more specifically through the use of the psychotherapy model and language focusing on their own role in their struggles, were deemed more "successful" in terms of outcomes. Those who struggled to see their role in maintaining the problem were deemed "resistant" to treatment and "unsuccessful" in it (p. 685). Crowe et al.'s (2012) work is a direct illustration of the normative potential within the therapeutic space. In this example, it was the therapeutic approach that dictated where the client's problem resided, stripping the presentation of its context. It was not the approach that was unfitting, or the therapist's theory, it was the client. This study evidenced an approach individualising the problem and problematising the client.

As an overview, the research outlined above (e.g., Davis, 1986; Hare-Mustin, 1994; Shah-Beckley et al., 2020) raised concerns for the regulatory potential of therapy. It evidenced that therapy can potentially reinforce and legitimise oppression by reaffirming the regulatory discourses of prevailing societal ideologies. In addition, the

literature shows that therapy may transform discourses and overlook the social significance of clients' troubles by individualising them, thus "elaborating…upon the conventional ways people are described in [a] particular society" (Potter & Wetherell, 1987, p. 103 in Hadjiosif, 2012).

Authors (for example, Beaudoin, 2004; Gavey, 1989; Hare-Mustin, 1994) have highlighted how the power of dominant discourses may be invisible to those who speak within them. The aforementioned scholars in particular, highlight how individuals are led to embrace their own subjugation through the influence of certain presumed truths. According to Gonzalez Rey (2019) "discourses are organized in human communicative activities". They are "living systems of symbolical constructions and processes defining social realities" (p.182). The power of discourses is particularly poignant with regards to therapeutic work. Clinical Psychologist Rachel Hare-Mustin (2001) highlighted this in a follow up study from her earlier work (Hare-Mustin, 1994).

The scholar, and commendably the first woman to serve as an American Psychological Association (APA) parliamentarian, explored the influences of dominant discourses and biases towards therapists from a feminist perspective, arguing that the discourses that govern the wider social context also govern therapy. Hare-Mustin's (2001) study is an example of how ideologies regarding gender relations (such as that of the male sex drive and insatiable sexuality) are reflected and reproduced in a therapy setting. Further on the matter of ideologies in gender relations, Shachar and peers' (2013) conducted a study with a group of therapists at a family therapy centre. The aim was

to explore how the dominant social norms and discourses of singlehood in women influenced therapists. The therapists brought many stories of single women who seemed unhappy and troubled. Each member of the group was interviewed, and participants described single women's adversity resulting from the dominant social discourses that award higher status to couple-hood than to singlehood. The findings evidenced that therapists' expressions of their particular prejudices and beliefs reflected dominant discourses in the therapy room illustrating the extent to which therapists were influenced by the stigmatising social discourses regarding single women.

Of further relevance to the matter of discourses governing the therapy room is research by Lee and colleagues (2018). Using the transcripts of therapy of a White Canadian female therapist with two clients in an outpatient clinic, the authors concluded that the therapist contributed to silencing the voices of the two Pakistani immigrants. Seemingly harmless discursive techniques (e.g., confirmation and reflection), unwittingly sanctioned the exploration of cultural views in the therapy space through the enactment of the therapists' cultural assumptions which imposed reified norms and ideas upon the clients.

Levitt and Piazza-Bonnin's (2011) research on the process and content of what is said in psychotherapy further demonstrates the argument that therapy can potentially involve an element of oppression for clients. In their United States-based exploration of clients' and therapists' significant experiences, the authors found clients were hesitant to communicate discomfort to their therapists. This was due to three dominant worries: that the therapist might be offended, the therapist might judge

them as not working hard enough in therapy, or that the therapist might know better with regards to the process of the therapy than they (the client) did. Levitt and Piazza-Bonnin's (2011) work illustrates the power that the therapist may have in the therapy room.

As this body of research highlights, implicit societal norms infiltrate the therapy room, reproducing dominant discourses and influencing the therapist' s direction, often in ways that are hard to reflect on in the moment or in practice that is not sensitive to critical psychology and psychotherapy (Hadjiosif (2021) in Milton, 2021; Kagan et al., 2019). This research emphasised the need for therapists to explore their own stories and interrelations with such dominant discourses. The literature discussed here has the potential to sensitise therapists to the covert processes that unfold within sessions. It highlights the importance of fostering a therapeutic climate in which threatening topics can be discussed (Levitt & Piazza-Bonin 2011), and of broadening the therapists' awareness of the influences of wider discourses on their work. This self-awareness can guide therapists in being continuously reflexive, to advance the use of self as a 'tool' in therapy for better monitoring, and consequently, management, of the reproduction of dominant discourses in therapy.

Research on therapist's discourses around gender and heterosexuality

As I have demonstrated above, research on therapists' gendered discourses highlights that unexamined assumptions that therapists bring to the therapy room can become an obstacle to therapy. Sutherland et al.'s (2017) words resonate with this notion: "by leaving undisturbed the social processes through which gendered relations of power are produced, therapists may inadvertently become complicit in the very dynamics of power they seek to undermine" (p. 686). Focusing on couple work specifically, when the therapist holds unchallenged gendered discourses, these can manifest as one spouse being "held accountable for gender-related choices" (Janusz et al., 2018, p. 437). Alternatively, they can render gender-related power issues "invisible" (Sutherland et al., 2017, p. 686). Power issues cannot be called into the therapeutic process, if they are simply "unseen" they must first gain visibility (Janusz et al., 2018, p. 436). Williams and Knudson-Martin's (2013) research on therapists' approach to gender and power in infidelity provides an example of how power issues connected with gender can be overlooked and shut down the conversation. Drawing on feminist theory, the authors collected publications and books dated between 2000-2010. Twenty-nine texts on infidelity in heterosexual couples were analysed, seeking themes of "gender and power issues in treatment" (p. 271). One of the themes resulting from this study that is of particular interest, referred to men and women as (now) equal. This was a significant finding because it implied that therapists overlooked how societal patterns in gender and power impact relationship dynamics and power. In conclusion, my review of publications on therapists' discourses around gender and heterosexuality highlights the

importance of the therapist consciously and mindfully inviting power disparities into the room, as unvoiced; the power disparity between genders will inevitably harm both men and women, and the therapist will risk inadvertently reinforcing the inequities in their work with heterosexual couples. Consistent with the methodology used in the present study, the next section of this thesis will review published research using SC on gendered discourses.

Story completion research on relationships and gendered discourses

Given the relative novelty of the SC method (which I will discuss more in depth in the methodology section) few published research studies drew on the use of SC. Instead, research employed more established ways of gathering data such as interviews and surveys. Albeit, as I will demonstrate subsequently with a review of the published SC literature, interest in the method appears to be growing. Importantly to this study in particular, the literature that is covered in this section will focus on SC regarding relationships and gendered discourses.

To begin I draw on Clarke et al.'s (2019) work, identifying a study conducted in 1972 exploring sex differences in achievement motivation as the first to use qualitative SC (Horner, 1972). Lewin's (1985) research on the difficulty of saying no to intercourse follows this, and later, Moore (1995) researched girls' understanding of menstruation. Moore interpreted SC data as revealing the psychological "make up" of their

participants (p. 88). It was not until 1995 that Kitzinger and Powell (1995) revolutionised the field by reconceptualising the technique as a method to access social discourses (Clarke et al., 2019), which the present study focuses on.
More recently, qualitative social constructionist SC research on relationships and gendered discourses has included infidelity in heterosexual relationships (Schnarre & Adam, 2018; Whitty, 2005) and same-sex relationships (Clarke et al., 2015), sexual refusal (Beres et al., 2019), sexual experimentation (Shah-Beckley et al., 2020), and orgasmic absence (Frith, 2013). What follows is a description of some of these studies, and the overall themes across findings, in greater detail.

On the history of SC, Kitzinger and Powell's (1995) are introduced as the pioneers in SC and social discourse. The scholars used SC to "explore male and female participants perceptions of heterosexual infidelity" (p. 345). Two stories were presented featuring suspected infidelity on the part of the story character's heterosexual partner. One story featured a same-sex protagonist, whereas another story featured an other-sex protagonist. The authors explored what the gender of the protagonist meant in infidelity and investigated assumptions regarding the meaning of infidelity. There were important differences in how male and female participants responded to the stories, men "sexualised" the relationship, whereas women "romanticised" it (p. 345). Whereas women constructed an emotional commitment between the culprits and highlighted the emotional impact, men minimised the impact across their stories, constructing indifference on the part of same-sex protagonist (Huxley et al., 2011).

Beres et al. (2019) used SC to provide a representation of heterosex and found the stories represented a spectrum of responses that reify and subvert dominant understandings of heterosex. The authors used inductive qualitative content analysis of SC data to reveal the different ways that heterosex was constructed by both male and female participants in scenarios where women initiated sex and men, at first, refused. The authors concluded that men and women drew on the same problematic heteronormative discourses when constructing heterosex.

Shah-Beckley et al., (2020) drew similar conclusions in their SC study exploring therapists' and non-therapists' constructions of heterosex. Shah-Beckley and colleagues' findings are presented here again as they are pertinent in further corroborating findings by Beres et al. (2019). That is, both studies concluded that participants accounted for heterosexual relationships through the lens of restrictive discourses governing heteronormative gender relations. Similar to Kitzinger and Powell, a study by Clarke et al. (2015) used SC to "explore constructions of same-sex and different-sex infidelity" (p. 153). The authors presented a story stem in four versions. The versions involved variations of infidelity. Presenting the husband, engaging (sexually or emotionally) with a same sex or different sex partner. Clarke et al. (2015) concluded that participants responses were "underpinned by a heteronormative framing of repressed homosexuality" (p. 153). Contrary to Kitzinger and Powell's (1995) aforementioned study which described participants to construct indifference relating to infidelity with a same-sex partner, Clarke et al.'s (2015) study described that same-sex infidelity was conceptualised as the "worst-case scenario" (p. 153). Kitzinger and Powell's and Clarke and peers' contrasting conclusions may result

from changing attitudes towards same-sex relationships or more significantly, they may illustrate the change in attitudes, or interpretations towards infidelity with a same-sex partner, as the studies are twenty-three years apart.

Further on the theme of infidelity, Whitty (2005) adapted Kitzinger and Powell's (1995) story stems. Similarly, to the original authors of the story stems, Whitty aimed to observe men and women's representations of online emotional and sexual infidelity in heterosexual relationships. Whitty (2005) found that participants approached online relationships as infidelity. In line with Kitzinger and Powell’s results, the findings captured gender differences in attitudes to infidelity, with female participants emphasising emotional elements of betrayal more than males. Given that few story completions portrayed same-sex infidelities, I could not contextualise these findings in light of the contrasting conclusions of Clarke and colleagues and Kitzinger and Powell’s findings above.

A further application of SC methods can be seen in Frith’s (2013) work, focusing on heterosexual sex and “sexual normality” (p. 310). Analysing discourses on orgasmic absence, Frith’s work sums up my conclusion for the body of literature here discussed, illustrating a dominant narrative on heteronormative discourses, whereby gendered discourses of sexuality “reproduce the inequality of gendered relationships, constructing different entitlements and obligations for men and women” (p. 320).

A short introduction to gender as a social construct

Thus far I have discussed at length research pertaining to gender. I will now introduce the notion of gender that most appropriately aligns with my research; that of gender as a social construct. The notion that gender is a social construct is an important principle in feminism (Lindsey, 2015). According to the theory regarding the operation of gender and gender differences, gender roles are created through culture and society prescribing appropriate standards of behaviour for different genders. The difference between men and women in terms of "doing gender" or adhering to the male and female characteristics including norms and behaviours associated with these two genders, that are socially constructed, is the result of the scripts (or social norms) accessible to them (Connell, 1995; 1997, West & Zimmerman, 1987, p. 125). These scripts, which are often promoted and encouraged in family life and roles, can serve to segregate males and females into homogeneous groups (Ridgeway & Smith-Lovin, 1999), such as mothers versus fathers.

As I will now introduce, childcare, is one of the most gendered activities segregating people by gender and dictating roles dependent upon gender (Craig & Powell, 2011).

Gendered parenting roles

Throughout centuries of English and American feminism, marriage and family have been amongst the foremost institutions critiqued (Okin, 2016). For example, heterosexual families are argued to be oppressive to women (Hartmann, 1979).

Feminist scholars emphasise that family relationships are infused with power and provide gendered socialisation and power distribution which is prevalent across generations (Allen & Jaramillo-Sierra, 2015).

For feminists, mothering is closely intertwined with gender ideals. Feminist critics argue that motherhood is the subject of many essentialist interpretations; the reproductive capacity of most women contributes to the notion of motherhood as natural (Gaertner et al., 2007). Mothering is enmeshed with femininity and seen as a synonym central to the woman's identity.

To deconstruct this entrenched concept of motherhood, feminists have worked to develop theories that acknowledge a social origin to the concept of mothering. A classic argument comes from Fraser and Nicholson (1988) who argued that the relational theorist Nancy Chodorow (1978) is influential in the critical analysis of mothering. Chodorow (1978) drew on the theory of psychoanalytic object relations to explain a girl's orientation toward nurturance and care. Chodorow explained that this speculated orientation of girls towards nurturance and care is derived from the script that girls learn from their mothers, through continuous attachment and identification with female influences present in their life (Benjamin, 2013). In more recent publications, which I will expand on later in this text, feminist scholars have also linked motherhood to gender socialisation and discredited the qualities innately assigned to motherhood. In sum, the exclusivity of motherhood for women is seen here as a social construct, an argument which strips motherhood of its femininity and opens it up as genderless (Corradi, 2021), and takes the position that childrearing is a practical and emotional responsibility that does not need to rely on the gender of the parent.

Feminist research on the meanings of childcare responsibility

Liberating women from the primary responsibility for childcare, along with encouraging men's contributions to childcare, were goals of many second-wave feminists (cf. Friedan in Schor & Holt, 2011). For feminists, childcare is a woman's right: it holds the capacity to liberate women from the position of the natural and sole caregiver (McKenna, 2015). However, research on the meanings of childcare distributions has highlighted that gendered inequalities, such as those seen in childcare responsibility, can be understood, and explained by couples as something other than a matter of gender (Dryden, 1999; Nyman et al., 2018).

In one of the first psychological studies of women in heterosexual relationships Caroline Dryden (1999) used qualitative interviews to explore heterosexual couples' accounts of married life. The author noted that, when reporting a traditionally gendered pattern to their division of household labour, participants placed great emphasis on the justifications for this division. These justifications would often describe the division of household labour between couples as ungendered and resulting from practical concerns. Dryden defined these justifications as "traditional claims to fairness" (p. 16), where participants actively engaged in defending their arrangements as just, and their "partnerships" as equal (p. 1), for example, the wife would present her husbands role as breadwinner to justify her role in taking on all house related duties, as if a matter of an equal partnership transaction.

Taylor and Bennett (2010) provided further evidence for this, reporting that despite housework and childcare being performed disproportionately by women, women in this study did not necessarily express the thought that the arrangement was 'unfair'. Dixon and Wetherell (2004) highlighted that, women's sense of fairness in relationships is key in understanding the perpetuated gender inequalities present in the home. A later study by Riggs and Bartholomeus (2018) can shed light on this. Damien Riggs, a professor in education, psychology and social work and Clare Bartholomeus,' a research fellow in the Melbourne Graduate School of Education published case studies of four heterosexual couples in the United States, identifying common themes regarding the division of childcare responsibilities. The scholars described that couples accounted for unequal divisions of childcare by drawing on discourses positioning childcare work as "not being work", constructing men's primary orientation around breadwinning, and depicting women as "lucky" if their different sex partner is "helpful" (p. 21), drawing on the male breadwinner/female caregiver model of family was, therefore, used as a further argument.

Nyman et al.'s (2018) work further substantiates Dryden's (1999) findings. The scholars found that the skewed gender distribution of housework, acknowledged by both partners, was constructed as something other than concerning gender norms or social practices. Instead, it was constructed through what they termed 'unsuitability' - referring to two distinct aspects: competence (for example, the wife is more competent at cooking meals), and traits and personality (for example, the husband prefers to do heavy work). Placement of responsibility highlighted, for example, that the husband makes the wife responsible for him not doing the laundry, as he lacks

knowledge regarding the washing machine, and this is his wife's area of expertise. The third social practice the authors described from their interviews was comparison. One example involved a husband using a comparison over time ("I've been bad in the past six months but prior to this…," p. 43) to construct his relationship as gender equal. This study suggests that, although couples acknowledge there is a skewed distribution of household chores, their account of this division indicates that they are unaware of the disadvantageous gender norms and social practices governing their lives.

In further relevance to couples' justifications for gendered divisions of care Rose et al.'s (2015) work is noteworthy. The scholars concluded that the participating fathers' involvement in childcare was "discretionary". That is, fathers "opted-out" of certain caring duties (p. 48) and this was justified and normalised by drawing on biological concepts of motherhood. The authors posited that notions of parenting were implicitly threaded by the "subjective assumption of gender specialisation" (p. 52). In this case, caring for the infant was assumedly a female specialisation, justifying the fathers' position in childcare with inferior caring abilities.

Despite feminist scholars routinely focusing on mothering as a site of women's oppression and political action (e.g., Colaner & Rittenour, 2015), published research indicates that heterosexual couples do not necessarily perceive it in the same manner; as the above findings illustrate, heterosexual couples justify their childcare arrangements as fair, and based on practicalities. Given that gender is not seen as a reference in the justifications of the literature presented, this suggests that heterosexual couples do not understand or acknowledge their arrangements as gendered.

Throughout the literature, there is a focus on attributions of responsibility in childcare (Morison & Macleod, 2014; Nyman et al., 2018; Riggs & Bartholomeus 2018). Research suggests that it is more common than not for attitudes regarding childcare to diverge from practices. Gender role attitudes towards childcare responsibility are commonly assessed as mildly egalitarian, despite the practice of childcare to be unequally distributed across heterosexual couples (Morison & Macleod, 2014; Nyman et al., 2018; Riggs & Bartholomeus 2018). As such, discourses on the meaning of responsibility of childcare appear superficially to be nonideological. Inegalitarian childcare practices are understood by couples through accounts of fairness concerning men's suitability for childcare, placement of responsibility (such as the breadwinner versus homemaker ideology), and comparisons between men and women (Davis, 1988; Dryden, 1999; Morison & Macleod, 2014; Nyman et al., 2018; Riggs & Bartholomeus 2018, Taylor et al., 2010).

Divisions of childcare in heterosexual couples

Recent research indicates that gendered divisions of time and tasks in housework and childcare are moving toward greater gender equity (Doucet, 2015; Riggs & Bartholomaeus, 2020). Despite this move, the change in family roles has been slow

(von Gleichen & Seeleib-Kaiser, 2018). Until 40 years ago, parental leave was granted only to mothers; fathers did not have this right. The Nordic Council of Ministers reported that in "1974, Sweden became the first country in the world to create a

system of subsidised paternity leave" (Cederström, 2019, p. 18). It remains a pioneer in this arena, currently providing the most robust support for an equal sharing of work and childcare responsibilities (Rocha, 2020).

By comparison, the UK government has introduced policies for paternal leave which largely unchallenged the" deep-seated cultural expectations that hold mothers to a primary caregiving position in infants' lives" (Atkinson, 2017, p. 360). The 2010 introduction of additional paternity leave (APL) provided fathers the opportunity of having 26 weeks of paternal leave, from 20 weeks post-birth of a child. The introduction of this policy was welcomed, as a finally remunerated role for fathers, who until 2010 had accessed two weeks of unpaid leave with their offspring. However much welcomed the remuneration was, the uptake of the policy was exceptionally low (Javornik, & Oliver, 2019) and it has since been reformed for another, equally slow in uptake policy (shared-parental-leave). Despite Jones et al.'s (2018) claim that the gender gap has narrowed over time, with an increasing rate of female participation in employment, significant disparities remain which confirm that paternal leave policies did not have the desired outcome or impact.

Women's greater parental responsibility are illustrated by mothers' lesser money earnings, and decreased likelihood to work in upper-echelon occupations (deSimone, 2020). Part-time work and long absences naturally give women a professional disadvantage over men (Office for National Statistics, 2019).

Although relatively little research examined whether longer periods of paternity leave promote a more egalitarian division of childcare (Hass & Hwang, 2019), it is unlikely

that egalitarianism in childcare can ever be achieved by subsidising a mother 50 weeks more than the father (Olivetti & Petrongolo, 2017).

In this way, the traditional heterosexual family is a cultural system that serves to constrain parents' behaviours by gender, both professionally and economically (Fulcher et al., 2015). In the UK, the policies on maternity leave push the mother into taking extended leave and remaining at home following the birth of a child, whilst it is unfeasible for the father to take primary responsibility for the baby (although, anecdotally, this does happen), due to the inegalitarian nature of the policy. As the example from Sweden illustrates, policy changes concerning parental leave can address the non-egalitarian divisions of childcare through the encouragement of a dual-earner carer model of parenting (Ma et al., 2019). This is demonstrated by the greater proportion of fathers (54%) in Sweden taking longer parental leaves. Promoting changes in the norm of fatherhood, where caregiving becomes more central, is one way to address the non-egalitarian divisions of childcare (Duvander et al., 2017). Nevertheless, reforming the contrasting traditional expectations between maternal and paternal cultural norms is a complex task. In addition, studies reporting greater paternal involvement in childcare illustrate that the type of care provided by mothers and fathers continues to pertain gendered elements to it (e.g., Rose et al., 2015). Women tend to retain overall responsibility for domestic labour, deciding what needs doing when, and by whom (Rose et al., 2015). Although paternity leave is described as a positive experience, it also has major consequences for the future prioritisation of family over work (Newton et al., 2018). Research indicates that when fathers take extended periods of paternity leave (over two weeks), both household

and childcare duties are shared more equally thereafter by the parents. Taking a substantial amount of paternity leave has also been correlated with fathers' enhanced closeness with mothers, as they understand each other's situation better (Petts et al., 2020). In their 2017 study, Duvander et al. explored the meaning of parental leave for men who became primary caregivers taking paternal leave, whilst the women returned to work, in Quebec. The researchers interviewed ten fathers in Montreal, each of whom had taken parental leave, for a minimum of four weeks. Whilst on paternity leave, fathers found their capability as primary caregivers. The challenges they faced were not different to the challenges faced by mothers on maternity leave; being at home evoked feelings of ambivalence, in both fathers and mothers. This suggests that the breadwinner/caregiver model is complex even in the absence of gender performativity.

Benefits of egalitarian divisions of childcare

To expand on egalitarian divisions of childcare, I will look to Evertsson (2014) next. In a study based in Sweden, Evertsson (2014) explored gender ideology and the division of routine housework and childcare between men and women. In families with greater divisions of care consequently less gendered divisions of childcare, men were reported to dedicate a greater amount of time on housework. Possessing a strong egalitarian ideology was, therefore, linked to a more gender-equal division of childcare. Patterson's (1995) work on the psycho-social adjustment of children is of further relevance to the matter of the benefits of egalitarian divisions of childcare, reporting

that children's wellbeing is greater when parents care for them equally. Recruiting 26 lesbian couples (in the United States of America), with one or more (4-9 year old) children, Patterson reached this understanding through an assessment of children's psycho-social adjustment in light of their mothers' arrangements of labour divisions, and their satisfaction with the latter. Whilst both parents reported a more egalitarian arrangement and preference for the division of household tasks, the non-birth parents' remunerated labour hours were longer, and the birth parents' involvement in childcare greater (Patterson, 1995, p. 115). This finding was similar to heterosexual couples, the mother who bears the child has less involvement in the workforce as previously discussed.

This finding is relevant to my research study and design because it suggests that egalitarian divisions of childcare are not just important to ease the burden on the mother, but equally if not more important to the children’s wellbeing. Mangiavacchi et al.’s (2020) study can further support this assertion. Exploring children’s wellbeing and male same-sex couples’ household work in Italy, the researchers used real-time survey data during the first national COVID-19 lockdown. The authors found that the lockdown imposed particular restrictions to the labour market which disabled many fathers from working, restricting them to the home. These restrictions led to a reallocation of intra-household responsibilities for a period of time, causing a variation in parents’ childcare involvement. Children's emotional wellbeing was observed as moderated by the re-allocation of intrahousehold responsibilities, in particular the variation of involvement on the fathers' part. An increase in care from fathers was therefore seen to be linked with increased wellbeing for children.

Research by Dommermuth et al. (2017) shows the impact of equality and equity beyond children's wellbeing. In this study, the scholar found that equality and equity in the household have important implications for women's desire to bear children. In couples with one child, participants who were unsatisfied with the division of childcare were less likely to want to have a second child (Dommermuth et al., 2017). Bernhardt et al. (2016) extended on this, suggesting that this inequality has an impact beyond women's theoretical wishes to bear children. The authors suggested inegalitarian divisions of household labour may affect conception in practice, as the chance of first and subsequent births is associated with inegalitarian divisions in the household. The division of labour can, therefore, have implications on family size and reproductive decision making.

The body of published literature on the fathers' role in child development is based primarily on research using different-sex couples' parenting (e.g., previously discussed Evertsson, 2014). However, Sumontha et al. (2017) conducted more gender diverse research, exploring the experiences of 172 parents (44 homosexual women, 52 homosexual men, 76 heterosexual) and their adopted children (mean age = 8). The authors examined the impact of parents' gender ideology and behaviour on children's gender development. Similarly to Evertsson's (2017) findings, children's gender attitudes were seen as associated with parents' sexual orientations, but sexual orientation was not found to be correlated with children's sex-typing. Sumontha et al. (2017) also found attitudes towards gender to be more flexible among daughters of same-sex couples, in contrast to daughters of different-sex couples. An example used was that of memories of heterosexual men remembering their fathers caring for

them, and reporting feeling more competent in childcare tasks themselves (Sumontha et al., 2017).

McGinn et al. (2015) explored the impact of the mothers' role (i.e., breadwinner or homemaker) as a measure of children's outcomes. McGinn et al. (2015) recruited 100,000 daughters and sons from over 29 countries. The outcomes had implications for gender roles - sons of employed mothers spent more time in caring roles in contrast to sons raised by stay-at-home mothers. Daughters raised by working mothers had a greater likelihood of being in employment with higher ranking positions than daughters of stay-at-home mothers. In addition, the employed mothers' daughters spent less time on housework in comparison to the daughters of the unemployed mothers (McGinn et al. 2015). Similarly, Almqvist and Duvander (2014) found that when fathers took an extended period of leave from work, both parents mentioned that the child related to the father as much as to the mother in everyday life.

To conclude, the body of literature reviewed here suggests that there are several benefits to modelling egalitarian divisions of childcare and housework. Firstly, children's gender attitudes are strongly linked to behaviours modelled by their parents. Other benefits include increased wellbeing of children, as well as effects for the labour market – the children (particularly women) are more likely to grow up pursuing financial independence.

Childcare divisions in same-sex couples

Research on same-sex couples has consistently highlighted that same-sex couples' divisions of unpaid labour in the home show greater equality when contrasted with different sex couples (e.g., Farr & Patterson, 2013; Goldberg et al., 2013). In same-sex relationships, fathers' housework-sharing patterns are less segregated and far more egalitarian (Bauer, 2016; Tornello et al., 2015). Researching fathers in same-sex relationship provides a particularly valuable opportunity to consider fatherhood as a primary parenting structure and in the absence of motherhood. The division of labour among fathers in same-sex relationships provides invaluable information to inform our understanding of new family forms and how gender roles can be 'done' and 'undone'. Contributing to higher levels of relational equality, bisexual and transgender (LGBT) individuals have noted that one of the positive aspects of their identities is the freedom from rigid gender roles that allows them to create intimate relationships consistent with their values of egalitarianism and equality (Rostosky et al., 2010).

This value of equality may be particularly important to women who have directly experienced the effects of a male-dominated social hierarchy. Kurdek (2001, 2003) found that female same-sex couples are more likely than different-sex and male same-sex couples to report that they contribute equally, treat each other as equals, are equally committed, and have equal power in their relationship.

Carneiro et al. (2017) highlighted that further research indicates that same-sex fathers are perceived to "undermine traditional gender roles" (p. 31), potentially leading gay

fathers to be victim to harsher and more negative judgement than gay mothers (Herek, 2000; Wells, 2011).

Despite folk attitudes to non traditional parent households, Farr et al.'s (2010) work concluded that children of same-sex parents may be less likely to perform gender in a typecast way or adhere to disadvantageous gender role behaviours (see for example Goldberg et al., 2012; Golombok et al., 2014; Miller et al., 2017). Golombok et al., 2014; Miller et al., 2017) than children of different-sex parents. Children of same-sex parents, thereby fair more auspicious results in the performance of gendered roles in comparison to children of more conventional couples. The gendered nature of remunerated or non-remunerated tasks surrounding family life may, therefore, be muted in the absence of a two-sex household structure, suggesting that same-sex households hold the key to greater gender equality within the home.

As an overview, despite feminist scholars routinely focusing on mothering as a site of women's oppression and political action (e.g., Colaner & Rittenour, 2015) published research indicates that heterosexual couples do not necessarily perceive it in the same manner. Given that gender is not seen as a reference in the justifications of the literature presented, this suggests that heterosexual couples do not understand or acknowledge their arrangements as gendered, embracing their own subjugation through the influence of certain presumed truths.

As a wider implication this conclusion highlights how the power of dominant discourses in general may be invisible to those who speak within them (Beaudoin,

2004; Gavey, 1989; Hare-Mustin, 1994). The matter of the power in dominant discourses is particularly poignant with regards to therapeutic work. In therapy, these discourses have the potential to reinforce and legitimise oppression by reaffirming the regulatory discourses of prevailing societal ideologies. This thesis aims to address the concern that dominant discourses unwittingly infiltrate the therapy room, influencing direction in ways that are not sensitive to CoP's principles (Hadjiosif,2021 in Milton, 2021; Kagan et al., 2019); this project is set as a vehicle for therapists' exploration of their own stories and interrelations with dominant discourses.

Methodology

In this section, I will outline the aims of my study. I will describe my research design and chosen method of analysis, including a brief literature review to delineate the rationale for my choice of approach, demonstrating why these methods are specifically appropriate for this research topic. I discuss participants' demographics and ethical considerations.

This research uses a combination of story completion (SC) and vignette data, which were gathered in order to address the following three research questions.

Research questions:

1. What are the dominant discourses drawn upon by therapeutic practitioners in making sense of couples' hypothetical disputes of parental responsibility?
2. Are there challenges to dominant discourses or moments of resistance in the stories?
3. Are there specific thematic and discursive differences regarding the dominant discourses in the stories?

What follows is a description of the foundations of SC and vignette research, including the theoretical assumptions underpinning both data collection methods. I will then discuss how SC and vignettes have been used in quantitative and qualitative research, highlighting the range of possible theoretical approaches to qualitative SC and vignette research.

Story completion

In narrating the history of SC, Kitzinger and Powell (1995) explained that SC was developed as an alternative to direct self-report measures such as interviewing. SC successfully uses a projective technique to "indirectly" and more "disguisedly" solicit participants' reports (Kitzinger and Powell, 1995, p. 348). Projective testing was first used to address issues of personality and psychopathology issues (the thematic apperception test and inkblots) in therapeutic settings (cf. Rabin, 1981). The development of projective testing is, therefore, rooted in psychoanalytic theory (Appelbaum, 1990). Psychoanalysis conceptualises personality in terms of conscious and unconscious forces, which are unavailable to direct self-report measures (Schultz & Schultz, 2016). The assumption underpinning SC as a projective test, which is contrary to my approach but nonetheless important part of its history, is that by employing ambiguous stimuli which are open to interpretation, the test will access otherwise unavailable unconscious content. In this way SC may reveal participant's projections onto the stimuli, such as hidden emotions and conflicts (Cervone & Pervin, 2015).

Projective testing has not been limited to clinical practice; Clarke et al. (2017) specified that projective testing has been used as an empirical method for data collection. The authors outlined the use of projective testing in "consumer and business research (Donoghue, 2000; Soley & Smith, 2008) and particularly in developmental psychology (Bretherton, Emde, & the MacArthur Narrative Working Group; Bretherton, Ridgeway, & Cassidy, 1990; George & West, 2012)" (p. 48). As Clarke et al. (2013) outlined, the use of SC in developmental psychology provides an example of quantitative SC research. In such research, the narrative detail is turned into numbers and categories. This is completed by using complex coding systems to facilitate a quantitative analysis (cf. Exner et al., 2002 for the Rorschach Inkblot Test). In this approach, SC is subject to standardised coding and statistical analysis (Braun & Clarke, 2013). The focus of quantitative research is not on the story itself, but rather on the psychological meanings that the story may divulge (Clarke et al., 2015).

Story completion as a qualitative technique

Within a qualitative paradigm, the SC method of data collection is theoretically flexible. Farmasari (2020) illustrated how it may be used within "different frameworks answering a variety of research questions" (p. 88). To date, qualitative SC has been used in both essentialist (Kitzinger & Powell, 1995; Moore, 1995; Testa & Livingston, 2000) and constructionist theoretical approaches (Frith, 2013; Kitzinger & Powell, 1995; Walsh & Malson, 2010). An essentialist theoretical approach to SC views the

data as revealing something about the participants' psychology. In this perspective, participants' stories are interpreted as representing their perception of a phenomenon.

Clarke et al. (2015) alluded to Kitzinger and Powell's (1995) study on infidelity as an example of this interpretation. Using SC, Kitzinger and Powell explored constructions of infidelity in heterosexual relationships. As Clarke et al. (2015) outlined, the authors interpreted the variations in the stories written by their participants as an indication of "psychological differences" among genders (p. 156). In a further example, Testa and Livingston (2000) explored "alcohol consumption and alcohol problems with women's experiences of sexual aggression" (p. 413). Women were instructed to position themselves as the story character. Instructions which subsequently justified the conclusion that participants responses could be seen as representative of their personal and political stances.

The framework elected for the present work was social constructionism – The social constructionist epistemological assumptions this study draws on, are approached as the "implicit system of values and rules guiding the knowledge and interests pursued" (Sabnis & Newman, p 3). In contrast to essentialist SC, constructionist SC focuses on identifying the socio-cultural discourses that constitute the story written by the participant (Burr, 2015). As this project focuses on exploring therapists' discourses, and no inferences to or interpretations of participants' thoughts and feelings are made, social constructionism was a natural choice. Within this framework, the notion of accessing genuine feelings is rejected, focusing instead on generating publicly

available language, ideology, and rhetoric surrounding the topic of interest. In Braun and Clarke's (2013) definition of the social constructionist framework, the world is seen to result from social interaction and constructed through socio-political and cultural meanings. As Burr's (2015) work, my project aligns with the approach that "a there is no one "single, ultimate truth" and views the world as "produced and constructed through language, representation and other social processes" (p. 337). Instead, this approach sees social processes and language as able to produce the myriad of possible constructions that constitute our understanding of the world. Individuals construct shared meanings, which constitute a taken-for-granted reality, approached as a common-sense understanding and consensual notion as to what constitutes reality (Burr, 2015; Haslam et al., 2017). The analytic focus of this project is, therefore, the construction of these social realities and how the construction is socially brought into being (Holstein & Gubrium, 2013).]

Vignettes

Vignettes, increasingly recognised as powerful instruments to investigate participants' perceptions, beliefs and attitudes concerning complex work tasks, have been employed since the 1950's in social and health sciences (Gray, et al., 2017).

Vignettes are short stories using a hypothetical scenario or character which researchers use to gather information regarding participants' beliefs. These short stories are accompanied by a small number of questions regarding the scenario presented (Gourlay et al., 2014). Vignette research offers a "creative way to explore

subjects' interpretations of particular phenomenon" (Gray, Royal, & Malson, 2017, p. 45). Vignette research has helped to explore emotions (Reuter et al., 2022) as well as professional decision making (Križ & Skiveness, 2013), offering the added benefit of collecting data with few resources.

The focus of the vignette questions is on a third person, thus vignette research is particularly suited to sensitive research topics such as that in the present study, where the participant may not feel comfortable discussing their personal situation and may be tempted to conceal the truth about their actions or beliefs (Gourlay et al., 2014). For this reason, vignette research was thought to be an ideal complementary method of data collection to SC.

<u>Vignettes as a qualitative technique</u>

Published research employing vignettes as a qualitative technique has focused on an array of topics. These included perceptions of receiving and providing healthcare (Brondani et al., 2008), social work ethics (Wilks, 2004), violence between young people in care homes (Barter & Reynold, 2000; Barter et al., 2004), and drug injecting and HIV risk (Hughes, 1998). Vignettes can also be used across a range of theoretical approaches. The dialogical position of such approach allows to explore the meaning and processes involved in participants' interpretation of a given situation (Gray et al., 2017). Alternatively, using a social constructionist perspective, vignettes are used as a

method to analyse how people construct accounts of social categories of identities. From a phenomenological standpoint, vignettes are used to explore the meanings and processes involved in interpreting a situation. McMillan (2008) outlined that the phenomenological approach to qualitative research, centres on “the lived experiences of the research population” (p. 271). The goal of this paradigm is to arrive at a description of a particular phenomenon.

SC and vignettes

Vignettes are employed together with methods such as focus groups and interviews in qualitative studies (Barter & Renold, 1999). However, there are few detailed accounts with regards to the use of vignettes, particularly as a complementary technique alongside other data collection methods (Bradbury-Jones et al., 2014). No studies were found that complemented the SC method with vignette research. By implementing SC and vignette as methods of data collection, the present study hopes to make a novel contribution to the literature. The use of the vignette element to the story may potentially generate data that would have otherwise been challenging to elicit. The use of vignettes in research can offer new possibilities in generating more meaningful and insightful understandings of complex qualitative relationships.

Constructing the stimuli material for this study

To understand how the final study was arrived at, a piece on the 'research journey and piloting' is included (Appendix P). The ‘research journey and piloting’ section, contextualises the initial research process. And details the topic and orientation of the research in the context of its development over time to reflect the final research thesis. In addition, it assures that the centrality of the piloting in the research journey, as a fundamental part of the project, is not lost. This is particularly significant as the pilot study entailed the most significant learning curve of my research voyage.
In Braun and Clarke's words, story completion can appear 'deceptively simple' (p. 17), the development of story stems for research, however, requires considerable work. As SC research is not well represented in quantitative or qualitative research, there are no agreed guidelines for designing such research. Contributing to the difficulty of developing SC research, then, was the limited guidance on how to pursue the development of stems. Braun and Clarke's story completion work, was amongst the limited scholarly material available. It paved the way for my research, highlighting that story stems needed sufficient detail to orient participants to the story's focus and engage them, whilst remaining sufficiently open to allow for meaning making. I followed the published guidance and developed a number of initial stems consisting in a parenting scenario I envisioned. The piloting project took off unexpectedly, it accrued 100 participants for a story stem that was set to be "testing the waters", and rather than retrieving parenting stories, the stories had elicited accounts and justifications of parenting arrangements personal to the participants. The results

suggested that the story stem, which was employed partly to avoid participants from 'owning' the scenario presented, had elicited participant's defences, implying that, on some level, it felt to present as an attack on participant's personal choices/arrangements. Evidently, the pilot had failed to achieve its purpose. Returning to the literature, I found that research highlighted that, in story stem and vignette research, providing a scenario that is authentic, sufficiently detailed, and tailored to participants was crucial to generate meaningful data, as "vignettes are more likely to be effective when they engage participants' interest, are relevant to people's lives, and appear real" (Hughes & Huby, 2004, p. 40). In accordance, I sought to present a story of a parents' genuine distress relating to skewed distributions of childcare by drawing on factual accounts, extracting excerpts detailed in other authors work (please refer to Appendix P for full details) and adapting them as story stems. At the point of the unsuccessful pilot, the project had begun to feel distant from my discipline and focus, and I struggled to engage with its purposes. Admittedly, I had hoped that this project would inform my own practice and I would take something from it as a professional. For this reason, I sought to bring it closer to home. Focusing the project on the applied practice of my discipline of study I changed the initial sample of subjects (parents) to fellow therapeutic practitioners.

The final research aimed to explore the dominant discourses at play when therapeutic practitioners make sense of a hypothetical client's disputes over parental responsibility in their heterosexual relationship. The complexity and normative power of gender as an ideological and social phenomenon holding force and influence over

interacting hierarchies of privilege and disadvantage, made gender the prime candidate to capture dominant regulatory socio-cultural discourses. To elicit gendered discourses, parenting was elected subsequently as a natural choice to depict and contrast the binary nature of gender performativity (as one of the most gendered activities segregating people by gender and dictating roles dependent upon gender, Craig & Powell, 2011) and to serve my interest as a mother.

Drawing on couples' factual accounts of childcare divisions, extracted from stories and interviews across two published studies (Riggs & Bartholomaeus, 2018), the following story stem (Appendix D) was generated (instructions to task precede the stem):

You begin working with a new client whose presenting reasons for coming to therapy are ambiguous. During your sessions, the focus of the therapy often revolves around the following feelings articulated by the client:

> "There's the feeling of resentment that I have that whenever there's a problem it is down to me to deal with it. Like you know, I guess during the night if our children get up, I've got to get up and if they get up twice, I have to get up twice and if they're unwell, well then that's my job to make sure they're all right. So, when those sorts of things happen it's down to me. And I get this jealousy about the fact that my partner just leaves it all behind. There's a sense of resentment I think of the freedom I no longer have. I feel like something has

> changed for. I feel like I am in a black hole and there is no longer something I do for myself."

Following the above vignette, participants were given instructions to write a story regarding this hypothetical scenario. The instructions (Appendix D) read:

We are interested in how you would make sense of this situation as a therapist.

Please begin by writing a story, naming the characters involved, their roles in the story and describing what could have led them to this point in their relationship and to the client seeking therapy?

In reference to story completion instructions, participants were explicitly requested to write ten lines in response to the vignette (Appendix D). This was to ensure that the data was sufficiently rich. There is considerable variation in SC literature in terms of story length. Sha-Beckley et al. (2020) best captured this. For instances, Walsh and Malson's study (2010) had a range of 10-490 words in terms of story length. Frith's (2013) stories ranged from 4-258 words averaging 72 words, whereas Shah-Beckley and colleagues' stories averaged 195 words, ranging from 8-520 words. Clarke and colleagues' (2015) work averaged 258 words ranging from 71 -647 words.

Following traditional vignette research (Gray et al., 2017), following the vignette two supplementary questions (Appendix 4) were asked:

> *Q1 What would be your formulation as to the reasons why the client is coming to therapy?*

Q2 Please indicate how you would communicate your understanding of the difficulties to the client?

Data on practitioners' professional identity was collected with the initial idea to compare responses and stories according to therapists' training modalities. This idea was relinquished primarily due to the inconsistency of pedagogy delivered to trainees across training programs. This inconsistency in pedagogy was thought to prevent the assumption that a particular profession would work in any one specific manner.

For the purposes of affording the reader greater clarity, I engaged in an evaluation and description of my pilot projects in the discussion section of this thesis.

Data collection procedure

Data was collected online using the *Qualtrics* online survey software. An introduction (Appendix B) to the research was presented to all respondents. In this introduction, participants were informed of their rights to anonymity, confidentiality and what to do should they wish to withdraw from the study; prior to consenting to the study (Appendix C) respondents were asked to create a unique participant code (Appendix J), which they could use to withdraw from the study. A set of questions regarding participants' therapeutic practice, approach and training (Appendix G), and a number of demographic questions (Appendix H) followed. Participants were then presented

with the vignette (Appendix D and E). Participants were required to complete all consent questions to assure informed consent, prior to accessing the story and vignette. Partial completions, whereby the stories were completed but demographic information missed out, were included in the final analysis.

Participants and recruitment

The subject of sample sizing in qualitative research is one of considerable debate. Given the relative novelty of the method, there is no definitive agreement in the literature on appropriate sample sizes for qualitative story completion research (Clarke et al., 2013).

Braun and Clarke (2013) claim research that analyses printed text may have larger samples than data generated from participants; literature is consistent with this report, illustrating that sample sizes tend to be smaller in qualitative research than quantitative.

Clarke et al. (2017) have identified that most existing studies are based on around 40-100 completions per story stem. As such, a target of 100 story completions was determined (Gavin, 2005; Kitzinger & Powell, 1995; Walsh & Malson, 2010) with an eye on saturation (a concept which I explore in my sample evaluation).

In this study, a total of 87 participants were recruited and submitted their responses. Of these, only 43 participants responded to the story stem and vignette task. For this reason, only 43 responses were included in the final data analysis (Table 1).

Participants were therapists qualified in an integrative therapeutic approach, which included more than one modality. Inclusion criteria for participation were:

- Qualified counselling psychologist, clinical psychologist, psychotherapist, or counsellor, as determined by registration with the Health and Care Professions Council (HCPC), the British Psychological Society (BPS), the British Association of Counsellors and Psychotherapists (BACP) and/or the UK Council for Psychotherapy (UKCP)
- Fluent in the English language
- Experience of working therapeutically with adults
- Currently based or living in the UK

Participants were recruited in the following ways:

- Advertising the study through social media platforms for professional bodies (for example the Division of Counselling Psychology (DCoP) *Facebook* page), and, with permission, posting information about the study on relevant websites (such as psychological research on the internet, Social Psychology Network studies online)

- Key recruitment gatekeepers were identified and approached (therapeutic group administrators, both online as well as in the community, programme leaders) and asked to advertise the study
- Approaching relevant local South West practices and seeking permission to speak to members about the research.
- Attending local events such as psychology conferences to publicise the research and potentially to collect data
- Emailing programme leaders of therapeutic training courses to request my research information is circulated to student therapists nearing qualification and qualified members of staff

A detailed description of the characteristics of the sample is shown in Table 1 below. Key points taken from the demographics are highlighted preceding this. In no particular order, one such point is that the sample was mainly made up of individuals from Counselling Psychology backgrounds (41%). By adding participants from Clinical Psychology backgrounds to this equation, psychologists make up over half of the sample (60%). Over half of the sample identified as 'middle class.' In addition, the ratio of women (87%) to male participants (13%) was notable, as was the fact that only one of fourty-two participants in this sample disclosed a disability. Lastly, only 11% of participants were from non-White background. I chose to present these characteristics in this manner, as they are poignant to the findings and conclusions that will follow.

Table 1

Participant demographics (N=43 full completions)

Age range	28-73 (mean = 44; median = 41)
Sex	Female – 37 Male – 5 Other – 1
Ethnic Identity	African – 1 Black British African – 1 Black Caribbean – 1 British born Chinese – 1 Mixed – 1 White – 23 White British – 9 White German – 1 White British Irish – 1 Dual heritage – 1 Other – 1

Disability	Yes – 1
	No – 42
Social class	Middle class – 24 Working class – 12 No class – 7
Occupation	Full-time employed – 27 Part-time employed – 10 Full-time student – 2 Part-time student – 2 Other – 2
Qualifications	Doctorate in Counselling Psychology – 18 Doctorate in Clinical Psychology – 8 Counselling Diploma – 5 MSc Health Psychology – 1 Postgraduate Diploma CBT – 7 Psychotherapy – 3 Cognitive hypnotherapy – 1

Children	No Children – 1 1 Child – 10
	2 Children – 10 3 Children – 4 4 Children – 3 Prefer not to say – 1 Other – 1 (1 Stepchild)

Ethical considerations

This research has received ethical approval from the University of the West of England (UWE) (Appendix A) and was conducted in line with the BPS ethics code for research with human participants (Oates et al., 2021). Other than the general risks of participating in qualitative research, such as the potential to become upset by the topic or tasks, and any negative associations it has for the participants, no further risks were identified. This was because I intentionally asked participants to write a third-person story, rather than directly report on personal experiences. The study was conducted online. The health and safety risks to online participants are no greater than those associated with everyday use of computers. All participants were informed of sources of support in case of need.

General data protection regulation

As of May 2018, UWE has been subject to the general data protection regulation (GDPR). Participants were informed of this and their qualified rights regarding their data (Appendix C and F).

Anonymity and confidentiality

Other than answering demographic questions and professional background details (to establish the characteristics and suitability of the sample), participants were not asked to directly disclose any personal information. However, the story completion data was checked for any identifying information and anonymised where necessary.

Participants were advised of the limits on retrospective withdrawal and reminded of their right to withdraw within a month of participation. No participants requested withdrawal of their data after participation.

Data analysis

The data consisted of both completed story stems (Appendix D) and responses to the two questions following the vignette task (Appendix E). Through an analysis of details of passages in the discourses of the stories written by the participants, patterns were developed in the data.

The dataset was analysed via thematic analysis (TA) informed by social constructionism. This follows previous SC research where, with the exception of a discursive analysis used by Walsh and Malson (2010), published qualitative SC

research has used TA to analyse data. The success demonstrated by previous studies (eg., Hayfield al., 2014; Frith, 2013; Livingston & Testa, 2000) that have applied TA steps in the identification of patterns across answers in the data (Clarke et al., 2017) further contributed to the choice to use this method of data analysis.

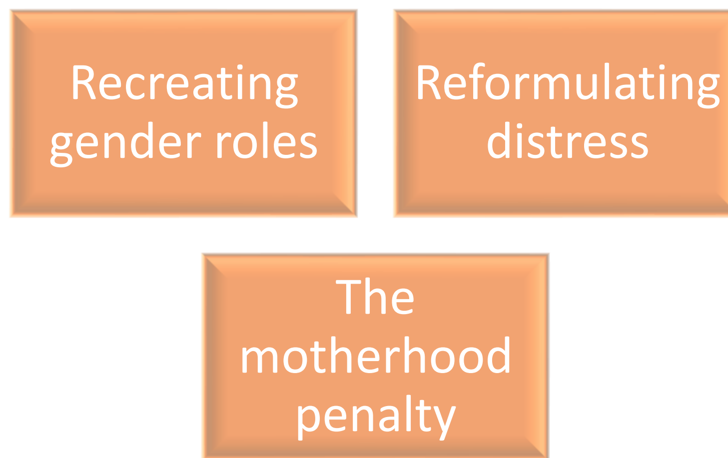
87To analyse the data, I followed Braun and Clarke's (2006) six phases of analysis. I missed out one step that involved transcribing the data, as my data was submitted in written format. The steps I used from Braun and Clarke entailed "familiarising myself with data, generating initial codes and searching for themes (Appendix N), reviewing themes, defining and naming themes (Appendix M) and producing the report" (p. 16).

Results

Through TA three themes were developed. In the following section, I report these themes under three main headings: 1) the recreation of gender roles; 2) the motherhood penalty 3) reformulating distress

Figure 1:

Thematic map (Appendix O)



The participants in this study were therapists. In the task, participants were asked to expand on the paragraph introduced regarding the character (a client), to write the next 'chapter' of the story. Following the story completion task, participants were asked to write their interpretation of the clients' presenting issues, as hypothetical therapists in the story scenario. The story character, described feelings of resentment, feeling like they had lost their freedom and feeling in a black hole since they had had children – like "it's all down to [them]." The character was a stay-at-home parent, with a working partner. The client's gender was ambiguous, as were their reasons for coming to therapy. The task that followed asked participants to look at the vignette they had written, alongside the story initially presented and asked therapists to formulate the character's reasons for coming to therapy and indicate how they would communicate their understanding of the difficulties to the client. Whilst there was a fictitious element to this research (which involved the participants writing a short story), there was also a self-report element, where participants were asked to report their position as individual therapists.

In presenting my results, I shall begin by reporting the features shared by accounts. I will identify the dominant discourses in the stories as well as moments of resistance to such discourses. Furthermore, I shall discuss the role of contrasting accounts or fragmentation and contradiction in the stories, before considering the function and consequence of the latter.

Quotations from the participants' responses have been edited for grammar and spelling to aid readability and comprehension. Participants' quotations are attributed in the form: Participant number, age, gender and ethnicity. Please note that this is only where this information has been provided by participants. The use of "[…]" signals editing of the raw data to remove superfluous text.

<u>Theme 1 - The recreation of gender roles</u>

Stories fitting the theme 'recreation of gender roles' were characterised by a conventional nuclear family, with traditional practices and arrangements pertaining to gender. In this sense, two parallel subject positions were constructed in the theme regarding mothering and fathering roles. These positions, which I will introduce later in the text, pertained to the distinct and separate spheres of the heterosexual mother and father, constructing a 'naturalness' of hegemonic ways of being and behaving.

Within the theme 'recreation of traditional gender norms in parenting', a dominant story type was developed. This entailed participants recreating a conventional nuclear family in their stories, with children born of a heteropatriarchy. The construction of a two-parent family was expected as this was a characteristic introduced in the story

stem and as such was unsurprising. Of interest in the dominant story type are the two subject positions constructed in the stories in respect of the family. These subject positions, which I will expand on shortly, were not features of the story stem. Instead, they demonstrated participants' interpretation of the story stem through a heteronormative lens. In further support of this, a noteworthy feature of the dominant story type consisted of normative constructions of gender roles, with parenting depicted by participants as compulsorily heterosexual. Heterosexuality appeared to be a taken-for-granted concept in the stories, depicting gender and sexuality in a heteronormative sense, where heterosexuality was presented as a feature of the appropriate or 'natural' family structure.

Subject positions in the dominant story type

Two subject positions were constructed under the theme of 'recreation of traditional gender norms in parenting.' These positions pertained to the parallel roles of the mother and the father in parenting. I will discuss both positions in detail separately.

Fathering roles

Significantly, in the dominant story type, the father was not constructed as involved in the parenting trajectory. The father's contributions to the family and household were framed in terms of economic sustenance, confining the father to the role of financial provider. Moreover, participants constructed the father's contribution (financial) to the household to be more significant than the mother's (household and parenting). Depicting the quality of the father's contribution (financial) to account for the quantity

of the mother's contribution (parenting responsibilities) participants positioned the mother's contribution to be less significant.

To exemplify, in Tom and Sarah's story, the father was constructed as a financial provider and a mostly uninvolved parent. Sarah, the mother, was portrayed as doing more in terms of childcare to balance the value of her contribution to the household:

> I see the characters as Sarah and Tom, maybe Sarah is at home with the children while Tom works away. He is tired after work and does not spend much time with the kids. She feels she should look after the kids more to offset the fact that she does not contribute in a purely financial way. (p. 38, 29, Black Caribbean female)

A further example of the quantity versus quality argument constructed in the dominant story type can be seen in Mark and Claire's story. This was a particularly interesting example, because despite portraying a dual-earner couple, Mark's contribution to the household, which was financial, was portrayed to be of such significance that he was not required to contribute to the household in other ways (e.g., this contribution could be assumed to refer to parenting or housework):

> Claire is the wife, Mark is the husband. They were together for seven years before having the children, who are now six and two. Claire and Mark met at uni and both had good jobs and a comfortable fun life before children. Claire is now an administrator at a local school whilst Mark has received a couple of new promotions since having the children. […] Mark just sees her having time

> for herself by not working much and he provides so much materially, that that is all that he needs to do. [emphasis added] (p. 7, 45, White British female)

Through this construction, a traditionally gendered division of family life, where it is the mother's responsibility to look after the house and children, was accounted for with the father's financial contributions. In other words, this apparently traditionally gendered arrangement was accounted for with ungendered reasons. This construction is noteworthy for two reasons. Firstly, because it can be interpreted as accounting for 'doing' gender by drawing on ungendered reasoning, secondly, because it can be taken to suggest that participants are accounting for the fairness of the portrayed parenting inequality. Furthermore, given the longstanding norm of father-as-provider, the subject position of male as a breadwinner and female as a homemaker can be viewed as a hegemonic position informing therapists' sense-making repertoire, whilst attributing the financial responsibility to the father.

Throughout the dominant story type, breadwinning was positioned to accord men higher status, perhaps recreating its cultural validity, which is greater than the validity of home labour. This resulted in the devaluation of home labour. In Tony and June's story which follows, the participant constructed the idea that only paid work constituted work, portraying childcare as 'doing nothing.' In this story, the father's needs were portrayed as more important than the mother's, due to the greater significance of the contribution to the household (breadwinner), portraying sleep as essential for the father, while holding the mother's sleep deprivation as negligible due to the significance (or lack thereof) of her role:

> [June's] husband, Tony, works long hours and gets back from work after the children are in bed […]. Tony refuses to get up in the night as he has to go to work in the morning and says that as June "does nothing all day," it doesn't matter if she has an interrupted night's sleep. (p. 4, 28, White female)

June and Tony's story is distinctive, as it may be interpreted to recreate the privilege and power of cisgender heterosexual men and the heteropatriarchal model of family, by holding the father in the position of the highest power in the household, exercising a traditional hegemonic form of masculinity whilst also invoking the gender pay gap.

The story stem afforded participants various possibilities in terms of story scripting (e.g., a same-sex female couple where one female was not as hands-on as the other), as it did not prescribe genders to the parents in the story – the story stem presented participants with a couple where one spouse was not so 'hands-on'. Participants, therefore, recreated specific representations of gender identities, through traditionally informed understandings of fathers as providers whilst overly disinterested and absent. As aforementioned, this construction is consistent with hegemonic forms of masculinity and folkloric ideas of gendered divisions of tasks as a consequence of the intrinsic biological nature of men and women.

The dominant fathering role portrayed here is, in a sense, unremarkable and expected as it recreates a traditional nuclear family role for the father. What is noteworthy is that the dominant fathering role portrayed by participants' constructs only one of several possible forms of fathering and family organisation – a construction that assumes a default family type and consequently engenders parenting. In the case of

the fathering role specifically, it confines the father to a retributive role distant from parenting.

Furthermore, it is important to note that in this study, participants were in great part females. A possible analysis of how fathering roles were constructed is that participants depicted men as 'guilty of being men' through the recreation of negative internalised male stereotypes, such as men's competencies to parent and gender stereotypes, or women's greater competencies and female attributes which facilitate caregiving.

Mothering roles

In the dominant story type, the mother's role was portrayed to be centred around the practices of omnipresent filial caregiving, creating a relationship between the woman's reproductive powers and her way of relating to her children. By positioning the mother as the 'natural' caregiver in the stories, participants recreated ideals that women have instincts that make them natural, selfless nurturers, making women automatically responsible as caregivers. This construction recreated a culturally determined gendered division of home labour around reproduction, where childcare was not constructed as a family responsibility, but rather as the mother's responsibility. Childbearing across the stories seemed to be synonymous with childrearing.

The mother was depicted in participants' accounts to be in a weaker economic bargaining position, as her financial contribution to the household was constructed as

less significant than the father's. Whilst the mother's financial contribution was portrayed as 'work,' the father's contribution was highlighted as 'breadwinning.'

In Sarah and John's example, a dual-earner couple is portrayed, with the mother reconciling work and personal life. Despite her employment, Sarah's earnings were positioned as secondary to John's, as he was highlighted as the 'primary' wage earner:

> There is a young couple, John and Sarah. They met at university and married young. After a few years, they had children, a boy and a girl, who are now aged 5 and 3. Sarah gave up work to look after the children because John earned more money. Now that the children are a bit older, Sarah has started part-time work, but John is still the main wage earner. She feels that she takes on all the domestic work, all responsibility for the children, but is also working part-time outside the home. She feels that she is juggling multiple responsibilities all the time whilst John only has to think about work and he does not appreciate how hard she works. (p. 6, 46, White British female)

Of note, across the stories, couples' lives prior to having children were depicted, both in the aforementioned and the story that will follow, the couples were portrayed as having met at college. The stories portraying mothering roles were indeed striking in terms of their similarity, with the mother characterised by taking on the brunt of housework despite working. I will use the story of Clare and Steven to illustrate this. In this story, although the parents were portrayed as a dual-earner couple, it was down to the mother to reconcile work and family life:

> Clare and Steven are parents to two young children – Corey and Tilly (3 and 5 years old). Steven works full-time shifts at the post office and Clare works parttime at a pre-school. They married when they were in their early 20s, having been together since they met in college. Now that they are nearly 30, they have been together for nearly 15 years.
>
> Clare does the lion's share of caring for the children. He is often tired when he comes home and does not help out much with the children. He feels unappreciated as when he does come home; Clare moans about how tired she is and how useless he is. (p. 25, 41, White British/Irish female)

To summarise, whereas the father's absence in childcare was accounted for by the significance of his material contribution to the household, the mother's overinvolvement was explained in terms of her reproductive nature; childbearing was synonymous with childrearing.

Moments of resistance

Thus far, I have discussed the prevalence of a dominant story type across the dataset, regarding traditional gender norms in parenting. Pertaining to my initial research question, I will now address the stories whereby participants challenged dominant discourses on gender norms in parenting. Participants evidenced these challenges in two ways: by reversing gender roles in their stories (male homemaker/ female breadwinner), or through the depiction of same-sex parenting couples.

I will start by discussing the stories that reversed the parenting roles (male homemaker/ female breadwinner) and subsequently introduce the stories on same-sex couples. There were three stories (p. 36, 32, White female; p. 43, 42, White female; p. 44, 42, Black Caribbean female) in which the participants reversed the roles of the male breadwinner/ female caregiver. By doing so, the participants resisted heteronormative sense-making. In these stories, the father was positioned as the primary caregiver, whilst the mother was portrayed as the breadwinner. Two of these stories shared features with the dominant story type. More specifically, the arrangement depicted in the stories where the role was reversed (female breadwinner/ male homemaker) was accounted for by the resources available to each parent, relating to earning power. As the two following examples illustrate, in these stories, the father was positioned to have a less significant financial contribution than the mother. This was used as a rationale for the father to give up work and become a stay-at-home parent, whilst the mother was positioned as a full-time breadwinner:

> After having a third child, the two parents work out that it is not financially viable for them both to return back to work due to nursery fees. They agree together that the wife can bring in a greater income to the household, so the father gives up employment to be a stay-at-home father. (p. 43, 42, White female)

> Steve is married with 2 children, his wife Bex works full-time and Steve is a fulltime dad. Practically this made sense as Bex earned more than he did. (p. 44, 42, Black Caribbean female).

As a consequence of reversing traditional gender roles in parenting in the stories, gender was not used to construct the primary responsibility for child-rearing. This reversal could be interpreted as challenging the dominant discourse of the stereotypical expectations for men and women regarding parental roles. The reversal can also be interpreted as challenging the expectation of women as primary caregivers, deviating from parental and gender norms, and rejecting the dominant model of conventional heterosexual marriage.

The initial story stem did not assign genders to the characters. In the initial story stem, the characters' (parents') gender and sexual orientation were open to the interpretation of the participants. Despite the opportunity for creativity, only three of 50 participants wrote a story depicting same-sex couples parenting. I will describe these stories now and expand on my interpretation of them in the discussion section of this thesis.

Of the stories depicting same-sex couples pertaining to this theme, one depicted a male same-sex couple, whilst another wrote of a female same-sex couple. In Peter and Jonathan's example, one parent is primarily at work, whilst the other is primarily at home ("Peter is spending more time at work and Jonathan more time looking after the children," p. 35, 30, White female). Despite this parenting arrangement, both parents were depicted as having professional independence. Whilst Jonathan spent more time looking after the children, he worked freelance from home and earned "mighty" rates. This position meant that the primary caregiver did not necessarily depend financially on their partner, contrary to the stories on heterosexual couples:

> Peter and Jonathan got married soon after it was made legal to celebrate gay rights and consolidate their relationship. They adopted a girl and a boy five years ago and feel now they have made their family complete. Peter works in business, some consultancy role that Jonathan can never remember. He is a high achiever and a self-confessed workaholic and because of his unstable upbringing, he is dedicated to having a good family life and providing stability for his partner and children. Jonathan is a video-game illustrator, he works freelance from home and when in the creative zone, can produce pieces for companies at a mighty rate! [...] Peter is spending more time at work and Jonathan more time looking after the children. (p. 35, 30, White female)

As the above example demonstrates, contrary to the dominant story type, the two stories on same-sex couples portrayed both partners to have earning power. No significant income disparities were created: one parent was not dependent on the other financially and contributions to the household were therefore created as proportionate. This is a significant point because it appears to be a construction unique to non-heterosexual couples, which was present for both female and male same-sex couples. I will introduce the story on female same-sex couples now.

In the story that follows, in Sarah and Vicky's example, one of the parents was depicted as on maternity leave, whilst the other parent worked full time. This arrangement is not dissimilar to the dominant story type. What is noteworthy was that the source of the income, contrary to the dominant story type, was a shared business. In this story, therefore, the earning power between the couple is balanced:

> Vicky is on maternity leave. Her baby Jacob is 5 months old. She has an older child who is 5 (Jessica) with her partner, Sarah. They are self-employed with their own business (making luxury soaps). Vicky usually works full-time in their business with Sarah. Vicky was keen to have another child, and to carry a child (as Sarah had carried the first child) whereas Sarah […] puts most of her energy into the business and feels most responsible for its success (particularly as Vicky isn't working now). (p. 41, 42, White female)

In the stories on same-sex couples, the performative function of normative gender roles was ‘undone.’ These two stories deconstructed traditional masculine and feminine roles through the depiction of two mothers or two fathers, as opposed to the heteronorm of mother and father, challenging the dominant model of heterosexual marriage. These two stories resisted the binary of man and woman as the exclusive way to make up parenting roles, in this way creating a new ‘masculine’ and ‘feminine.’

Theme 2 –The motherhood penalty

For the purposes of context, I will now summarise theme 1 to contextualise theme 2.

As discussed in the previous section, theme 1 recreated culturally determined gendered divisions of parenting. Therapists’ representations of gender identities were constructed through traditionally informed understandings of fathers as providers and mothers as caregivers. In this context, women’s reproductive capacity was tied to

'natural' and instinctive nurturing ideals, which positioned caregiving as an inherent part of the woman's role or identity.

Theme 2 in turn, narrates the stories of the subjective experiences of women in adhering to these prescriptive and normative expectations. Centring on women's perceptions of mothering, theme 2 depicts women to reproduce, negotiate and contest dominant social constructions of mothering, in contrast to theme 1's positioning of mothers as instinctive caregivers. Theme 2 evidenced a dominant story type, challenging concepts of naturally occurring maternal fulfilment, and objecting the view of mothering as an essential part of a woman's identity. Throughout the narratives, this story type replicated discourses of intensive mothering ideals. This ideology, defined by normative representations of 'good' mothering as child-centred, emotionally absorbing and labour intensive (Hayes, 1978), was presented as the appropriate and desired method of approaching parenting. In the face of this construction, women were depicted to have internalised this conventional mothering view, which they subscribed to as the 'right way' to do mothering, whilst battling with the tenets of this ideology and the unattainable nature of these standards of maternal perfection. Throughout the stories, therapists depicted the discrepancy between the patriarchal ideals demarcating this ideology with women's lived experiences. The disparity between the fantasy of how motherhood 'would be' and the reality of what it is, was represented with maternal ambivalence.

To demonstrate maternal ambivalence, I will introduce Claire's story. In this excerpt, a woman's plight is depicted as she is positioned to have dramatically restructured a life

she once enjoyed to one more fitting with her role as a mother. Whilst challenging the tenets of 'good mothering' by permeating the ideology with Claire's powerful conflicting emotions of resentment towards her children, therapists configured Claire's collision with the contemporary discourses of 'good mothering' that she had internalised ("Claire has the internal conflict that being a mother is all she should care about, and her children are all that should matter" (p. 7, 45, White British female,). In this sense, a dichotomy was constructed where motherhood was presented as a realm of frustration, hostility, and disappointment:

> Claire is the wife, Mark is the husband (…) Their children are six and two. Claire is now an administrator at a local school while Mark has received a couple of new promotions. Claire has had to drastically change her life since changing role from Senior PA in a large firm to mother and school admin. Her colleagues are nothing like those in the big firm and she doesn't feel they are her kind of people. She likes good things, worked hard and played hard, but was always motivated to do so, as she enjoyed it so much. Now she gets little pleasure from any role she has, never feeling fully appreciated. She has the internal conflict that being a mother is all she should care about and her children are all that should matter, and the resentment of what they represent. (p. 7, 45, White
> British female)

Throughout the stories the weight of the mothering role felt by women was constructed. The conflict between the idealised a priori nature of maternal love as

unproblematically selfless, unconditional, and a source of continuous joy was contrasted with the complexity and profoundness of the mothering role. The conflict was depicted particularly as women were positioned as having to choose between their needs and the child's. In the dominant story type, 'having it all' was depicted as possible for the fathers, but not for the mothers. Jill's example is particularly interesting because it depicts a false promise of gender equality. To expand, Jill and Paul planned for a life where they would 'have it all,' a career, marriage and a child. But despite their intentions, once the child was born Jill was faced with the sacrifices while Paul's life was portrayed as unchanged. In stark contrast to the fathers' experience, parenthood for the mother is presented as a choice between motherhood or the woman's self-realisation or a social and economic penalty:

> Jill is a new mum who is working part-time. She and her partner, Paul, had been planning to have a child since they got back from their work abroad. Both of them were very career-focused but aimed to have a work-life balance, it was one of the things that drew them together 5 years ago. They have been married for 2 years and their son is now 8 months old. Jill has had to reduce her hours, understandably (…), but she feels conflicted because she wants both a family and a career but social roles mean that it is draining her. She sees Paul carrying on with his high-flying job while she feels she has been demoted. She often asks herself -what about my goals? What about my dreams? What about my hopes? A part of her keeps telling her 'well this is what being a mum is about,' but she is not enjoying it like she imagined she would. (p. 11, 28, female, ethnicity not provided)

The contemporary ideological discourses surrounding motherhood were constructed to be embedded in the characters although not reflective of their experiences in these stories. Instead, women's experiences were depicted to involve a range of emotions in opposition to romanticised ideals of motherhood. These untenable ideals, paired with women's inability to live up to their mandates, positioned infants as the object of both the woman's love and hate. In one story, motherhood's pull to withdrawing a woman from society, culminated in her wishing to 'undo' motherhood. Situating the woman in opposition to discourses of maternal fulfilment, this story told of a mother who 'regretted' motherhood. This provided a counterargument to the discourse of maternal experience as one that was worthwhile or rewarding:

> I feel quite resentful that my partner can go to work, and I have to arrange to go back to work. I also resent the assumption that this is what I want to do. Sometimes I regret having the children as I had no idea about the demands on me being a mum would be and how much of my independence, I would give up which again my partner has not. He still manages to go to the gym twice a week and I must arrange childcare to do this. Which seems unfair to me. (p. 22, 32,
> White male)

In contrast to conventional discourses of motherhood as leading to women's fulfilment, the dominance of narratives of loss for women was striking throughout the stories. As an example, in a familiar character's story, the patriarchal discourses of motherhood as women's 'raison d'être' was challenged. Rather than giving Claire a

reason for being, motherhood was then depicted as resulting in her losing herself amid the sacrifices which left her identity depleted:

> It’s all quite overwhelming and I have no motivation for anything. (…). I just feel I've lost my identity and don’t know who I am anymore; except wife and mother. Where have “I” gone? The problem is, is that I can’t see it changing. I still work part-time but feel like I’ve done a full day’s work before I even get there! I love my children beyond words, but where does it say that I have to sacrifice so much to be a mother. (p. 7, 45, White British female)

As Claire’s excerpt highlights the primacy of the mothering role over the woman’s previous roles was portrayed as having devastating effects on the woman’s identity. This was recurrent throughout the stories, where women felt ‘confined’ and captive to the identity of mother. Rather than a time of agency and power for bearing new life, motherhood was framed in terms of oppression for the woman. Through social obligation as opposed to personal choice the woman was situated to transition between identities, from woman to mother:

> Mary’s sense of self as identity is undermined by the full-time role of “mum” where the woman identity is confined to that role. According to Erikson’s psychosocial stages, there could be a sense of crisis between identity vs. role confusion. Maybe also between intimacy vs. isolation. The transition between identities (woman, girlfriend, wife and now a mother). (p. 32, 54, White female)

As Mary' story evidences, discourses of motherhood as central to the female gender identity were challenged; this was a common factor throughout the excerpts. Therapists achieved this by positioning motherhood not as a natural performative act of the woman's gender, but rather as a position that 'undermines' the woman's identity. In this familiar character's story, the leap between woman and mother was portrayed to be of such significance that it equated to the process of grieving one's former self:

> [Jill is experiencing] life changes affecting coping and resilience (…) . Jill is grieving for the loss of the previous stage of life and difficulty accepting the transition into a new role. (p. 12, 32, White male)

The introduction of grieving in this story, constructed the extent of the loss experienced by the character, opposing conventional discourses of motherhood as innately desired or worthy, as well as the arguments constructed in theme 1, whereby motherhood was positioned as an inherent part of the woman's role or identity by depicting women's reproductive capacity to make them 'natural' and instinctive nurturing carers.

Overall, the dominant discourses in theme 2 recreated popular discourses of intensive mothering, whilst situating the characters in the stories to challenge ideals of the mothering role as innately instinctive and naturally feminine. Moreover, the initial stem offered participants the option to reorganise and redistribute parental roles to ease the burden on the main character of the story, but this narrative was rarely pursued. Therapists predominantly interpreted the experience described in the stem

as a maternal one, evoking discourses of good mothering ideals by positioning the woman as responsible for embracing all responsibility of parenting at a cost to their own emotional and physical wellbeing. The absence of the pursuit of a redistribution of parenting roles, overlooked the fact that a more egalitarian arrangement would mean the mother could pursue her life. The lower expectations that men face as fathers, therefore, created two standards of parental responsibility which, although, resented, was positioned to be the only way to do it – a position that reaffirms gendered parenting expectations. That said, in the few stories where the intensive parenting role was assigned to the father, gender stereotypes relating to caretaking and parenting were challenged by positioning the man's experience as a full-time homemaker as parallel to the woman's in the same role:

> After having a third child, the two parents work out that it is not financially viable for both to return to work due to nursery fees. They agree together that the wife can bring in a greater income to the household, so the father gives up employment to be a stay-at-home father. Whilst the father initially enjoys his new role, he starts to feel less connected with friends with his change in role. He is sleep deprived and is waking several times a night and struggles to get back into a deep sleep as is woken up again. Consequently, he feels exhausted and unrefreshed by sleep, but the children are up early and demand his attention. He struggles to find time to have a shower as he is unable to leave the children on their own. The father struggles to find time to sit down and eat as he is feeding the baby and trying to keep the peace at the dinner table between two twin toddlers. He tries to put the washing on, but the laundry is

> mounting against the dirty dishes and dirty nappies. The mum returns to a messy house and questions what he has done all day and wants to know what they are having for tea. The father feels he has lost his identity, socially isolated and feels he is failing at everything he tries to do. (p. 37, White female)

Theme 3 – Reformulating distress

As we have discussed, broadly speaking, the dominant story type across the dataset recreated traditional gender norms in parenting, with a great focus on the ontological experience of becoming a mother. In making sense of the ontological experiences that the mother, in particular, experienced within this restrictive role, the dominant discourses drawn by therapists related to the woman's affect.

A model of misery was constructed throughout the dataset which medicalised the client's experience and consequently shaped it into an abnormal and deviant response. This narrative, individualised the character's presenting issue and reduced the responsibility of their experience to an organic one, stripping it of its social significance and context.

It must be noted that it is expected that therapists draw on models of formulation (for example psychodynamic, person-centred, cognitive-behavioural, systemic) to understand their client's needs. This is part of their professional training, and it is common and good practice. Notwithstanding, in the absence of concrete scientific

evidence to justify psychiatric diagnosis (Woodger, 2020), reflective psychological practice should acknowledge the client’s lived experience in making sense of their distress. In many stories this was not the case. Instead, the client's relational /familial problems were transformed to problems suitable for therapy. In this way, therapists potentially pathologised the presenting client's issues, making them amenable to therapy and 'treatable'.

A particularly poignant example illustrating how this individualisation is constructed can be seen next. In this extract, the therapist uses tools specific to CBT to formulate the client’s needs. The interventions used are common tools in CBT. As the task at hand requested therapists to formulate their client’s need it was expected that they would do so drawing on the model of therapeutic models in which they have trained. For this excerpt, it is also important to say that CBT is the most researched form of psychotherapy (David et al., 2018). It is also noteworthy to add that it is understood the principle of this individualisation is to empower the client in a solution focused way by focusing them on what they can change, that is the way they think. I am not contesting the efficacy or the principles of the therapy, but rather, consider some of the presenting issues arising from it. In the story that follows, the therapist focuses on their client’s behaviours, a strategy commonly used in CBT, consequently side stepping the conversation about the relational issues at hand.

> I would communicate my formulation to the client firstly using validation. Then I would get the client to explain their thoughts and behaviours and draw out a vicious circle with them. The aim would be to demonstrate what they may be doing that is unhelpful. I would add

> their core belief to the diagram (I'm not good enough) to show how that was causing the cycle to continue. I would spend time focusing on the client's behaviours here rather than that of their partner. as we can't change the partners behaviours directly. (p. 10, 36, White male)

There are many reasons why this approach is helpful, but the truth of the matter is that it touches on the common criticisms of therapy (e.g., Davis, 1987). In this story, despite touching on the social context as a trigger or a predisposing matter, this approach has the potential to collude with patriarchy by incentivising the client to change the way they think and feel, rather than promoting change in long held societal structures that are problematic and disadvantageous for certain groups. In the context of the two aforementioned themes, it is particularly important as it promotes the gendered and inegalitarian divisions of home tasks. This is a noteworthy point for the therapeutic professions to consider in their day-to-day work.

A further example illustrating this will follow:

> The client has become stuck in a vicious cycle of negative thinking and day to day routine in her life that she no longer gets a sense of enjoyment or achievement from. She feels guilty and is ruminating about her past but also struggling with the change of her identity since becoming a mother. By using a CBT five areas (to identify triggers, thoughts, emotions, physical feelings and behaviours) model to help the patient understand her own thoughts and feelings about her current situation and how this may be impacting her day-today life and keeping her stuck in a vicious cycle. Basing this on a recent

> example the patient can reflect on the triggers for her low mood and start to be understanding how her behaviours and negative thinking patterns are maintaining her low mood. The model will also help the patient to identify how her thoughts and behaviours are impacting how she feels and learn to control how she feels in a more positive way. (p. 35, 30 White female)

The forementioned critique of therapy as individualising client's problems (or decontextualising) to make them amenable for therapy, is not directed at CBT itself, to exemplify, the next excerpt focuses on a more relational therapeutic approach similarly, highlighting how client's problems are made amenable to therapy. Here, the therapist constructs a scenario where the mother's mental health is interfering with her general functioning and with her ability to be a good enough mother. This construction 'reformulates' a domestic situation that is systemic into the client's problem, and positions the mother's affect to be interfering with her social circumstances, as opposed to her social circumstances hindering her mental health:

> She might have developed a depressive disorder, perhaps with suicidal ideations and she herself, her husband or friends feel this requires treatment. Or perhaps she would like to improve as a mother and aims to be more patient and loving and get rid of all these negative emotions. (p. 27, 42, mixed White background female)

Relational therapeutic approaches commonly focus on patterns of attachment and adverse childhood experiences to make sense of one's relational patterns and how

these may be playing out in the here and now. It is therefore expected that therapists would draw on these methods in formulating.

It is nonetheless important to highlight that such methods can have less desirable ramifications that therapists must consider. In the case of this thesis in particular, these ramifications refer to refraining to challenge culturally determined gendered divisions of home labour and reproduction, as well as the promotion of gender and sexuality in a heteronormative sense where the mother is positioned as the natural, selfless and sole caregiver for a child. In this story, the therapist considers the client's early life and the aforementioned relational templates. This alchemises the familial issue into a personal issue and one that can be worked on in therapy.

> The client experienced early emotional deprivation as a child themselves and some degree of physical neglect. Due to their own parents' and stepparents' own emotional difficulties (which they attempted to suppress through substance misuse), the client's parents were unable to provide an adequately emotionally secure home environment - an enduring deficit which result in the client's attachment needs being unmet in their childhood. Their insecure attachment has unconsciously played out in the client's partner relationships as an adult: they initially believe they have found the perfect partner but with time the relationship deteriorates significantly resulting in their previous 2 partners becoming abusive towards the client. In both those previous relationships though the client has been unable to tolerate the fear of being abandoned by their partner - even though the partner is clearly now behaving abusively towards them. That profound sense of a panic led the client to

> stopping contraception and becoming pregnant as they believed each time that having a child with their partner would keep them close and stop them being abusive once a child was on the way. This strategy failed in both previous relationships and though with their current partner the client has not yet decided to try and get pregnant again, they are starting to feel the client doesn’t really care about them as they never get up at night to tend to the children. The client fears their latest partner is therefore either going to leave them or drift into abusive behaviour towards either them or the two children. The client has recently stopped taking their contraceptive pill without telling their partner. This repetition evident in the client's choice of partners, fear of abandonment, and their having another child as a way to keep partners close as well as the resentment. anxiety and low mood the client expresses in sessions, are all manifestations of enduring attachment difficulties which would appear to be an important focus for future therapy if this intergenerational transmission of insecure attachment and resultant psychic distress is to be addressed. (p. 21,
>
> 55, White British female)

In the above example, we see reference to diagnostic clusters, depression, anxiety and low mood. There is also reference to suicidal ideation, all of which pertain to a medical model of human suffering which upholds it as a disorder of the mind. The model of misery constructed is “reductionistic” in its approach in that it overlooks the human experience itself, that is “exogenous life circumstances, personality disposition, developmental pathways and social structures” (Collin, 2019, p. 36).

Instead, it locates the responsibility of one's experience within the individual. Many stories evidenced the stripping of the social significance of client's problems by drawing on the client's affect. I conclude with a quote that places the client as a "patient." A medical term which implies sickness or illness, as opposed to the preferred option of "client" implying a less hierarchical and more collaborative approach to therapy:

> Patient appears to be presenting with symptoms suggestive of stress which triggered a depressive episode, due to difficulty adjusting to a new life situation and challenges (p. 2, 37, White female)

This is of course a semantic argument but one of importance as semantics arguably impact our perception of the world. In this sense, participant's constructs medicalise the hypothetical client's misery by reformulating it as psychopathology. Further instances of constructions that involved making the presenting issues amenable to therapy involved participant 43 constructed perinatal biochemical changes, anxiety, and stress (p. 43, 53, non-binary White). Participant 27 portrayed "postnatal depression (PND) or psychosis" (p. 27, 42, mixed background White female). Other participants constructed the primary caregiver as "highly anxious" (p. 18, 65, White British female), and one participant constructed potential "suicidal ideation" (p. 27, 42, mixed White female).

Discussion

To aid the discussion I will briefly reiterate my research problems before summarising my main findings. I will address each research question individually with reference to the themes I have developed, before integrating participants' responses into the broader relevant literature and discussing the implications of my research. To finalise, I will consider my research limitations and potential for future research arising from my study.

Forthwith, I will discuss therapists' responses in answer to my three research questions:

1. What are the dominant discourses drawn upon by therapeutic practitioners in making sense of couples' hypothetical disputes of parental responsibility?
2. Are there challenges to dominant discourses or moments of resistance in the stories?
3. Are there specific thematic and discursive differences regarding the dominant discourses in the stories?

With reference to my first research question, in making sense of couple's struggles with unequal parenting distributions, therapists drew on two overarching types of discourses across their stories. These were heteronormative and biomedical discourses. Therapists constructed heteronormative discourses by privileging heterosexuality as the natural family structure. Across these stories, a traditionally gendered performance of family life was created, whereby normative gender roles

were portrayed as the hegemonic model. Therapists erected biomedical discourses by drawing on psychiatric perspectives of mental health in making sense of the main character's emotional distress. Consequently, the psychiatric perspective created the subject position of 'patient' for the story character.

Notwithstanding the aforementioned dominant discourses, in answer to the second research question, moments of resistance challenging the dominant rhetoric were also evident across the data. This was primarily observable across a 'secondary' or less common story type. With regards to heteronormative discourses this story type challenged the rhetoric in three ways:

Firstly, by reversing heteronormative gender roles in parenting (male homemaker female/breadwinner as opposed to the dominant role of male breadwinner-female homemaker). Secondly through the construction of same-sex parent families in stories and thirdly by resisting patriarchal ideologies of mothering as 'innately instinctive.'

The biomedical discourse was further challenged through the construction of a secondary story type. Across these stories, the subject position of "client" instead of patient was created - resisting the idea that the character in the story was in some way sick or deviant.

In addressing my third research question, thematic and discursive differences regarding men and women's different responsibilities in parenting emerged, generating two parallel subject positions for men and women. The discursive differences constructed produced distinct and separate places for men and women

with regards to parenting. The subject position of male as a breadwinner and female as a homemaker, can be viewed as a hegemonic position informing therapists' sense-making repertoire while attributing the financial responsibility to the father. Further discursive differences were noted by contrasting therapists' interpretations of the stories they had written. To develop, these interpretations involved a clinical formulation of the character's presenting issue. In this task, two main subject positions (patient/client) were constructed across stories. The discursive difference was that, whilst the client's sociocultural context was positioned to impact their affect, the patient's affect was positioned to create the difficulties they experienced. The client was constructed as a victim of their reality, whilst the patient received the blame.

In contextualising the dominant discourses within the stories, I will now provide a brief overview of the three analytical themes developed in the data:

- Theme 1) the recreation of gender roles
- Theme 2) the motherhood penalty
- Theme 3) Reformulating distress

To summarise, themes 1 and 2 were structurally rooted in heteronormative discourses. Theme 1 set the ground for the conventional nuclear family and the roles within it, while theme 2 expanded on the women's experience of this role. Theme 3, in turn, was rooted in a biomedical and pathologising discourse.

Theme 1 (recreating gender roles) created the story of a conventional nuclear family. Constructing heterosexuality as the natural familial framework, therapists assigned the story characters (mother and father) biological sex to their identity, sexuality and ultimately their role within the family. Childbearing was synonymous with childrearing as women's intrinsic biological nature was paired with the role and expectations they faced as parents.

Theme 2 (motherhood penalty) centred on women's plight, fulfilling gendered roles within the conventional nuclear family. Across this theme, the mother was positioned to reproduce dominant social constructions and patriarchal ideals of mothering as women's raison d'être before negotiating these ideals and finally contesting them. Ultimately, the mother was depicted to adhere to her gendered role practically, whilst emotionally rejecting concepts of naturally occurring maternal fulfilment, and objecting the view of mothering as an essential part of a woman's identity. Whilst theme 1 depicts the performativity of the parental roles, theme 2 highlights the neglected agency involved in women's performance of the role.

Theme 3 (reformulating distress) was different to theme 1 and 2 in the sense that it consisted of data drawn from the vignette task, as opposed to the fictional stories. In essence theme 3 was the therapist's interpretation of the particular story they had written. Theme 3 drew on the women's affect to explain their experiences within mothering roles. The social significance of the woman's plight was stripped of its context. The adaptive coping was presented as maladaptive, through the construction of discourses pertaining to a medical model of human suffering as 'mental illness.'

In conclusion, the findings of this study demonstrate that therapists replicate and challenge dominant cultural discourses. This is interpreted to highlight that therapists, like non-therapists, speak within the prevalent ideologies of our society and are influenced by the same stereotypes as everyone else. In this way, heteronormative and biomedical influences are not surprising, and whilst I do not claim to replicate therapeutic practice with this research, I offer that the discourses captured here are culturally dominant and consequently penetrate the therapy room, impacting and forming part of the therapeutic process.

Contextualising findings in existing literature

To contextualise the findings within available literature, I will now link participants' responses with the published scholarly writings. I will discuss the implications of my research before considering its limitations and potential for future research.

As introduced previously, through the construction of a conventional nuclear family, tying identity, sexuality and ultimately their role within the family, therapists' narratives evoked the 'dominant hegemonic patriarchal ideology' of their socio-cultural contexts, consistent with Shah-Beckley et al.'s (2020) study and array of literature on therapist's reaffirmation of the regulatory discourses of prevailing societal ideologies (e.g., Beres et al., 2019; Huxley et al., 2011; Clarke et al. 2019; Frith, 2013), these findings illustrated how heteronormative discourses might play out in the therapy room.

Despite therapists' tendencies to construct hegemonic ideals throughout stories, therapists also succeeded in challenging them. One example of how this was achieved

was by depicting the act of ‘mothering’ to be a gendered, rather than biological performance. Therapists positioned normative sexuality to impose particular practices on the mothers based on their gender challenging the dominant heteropatriarchal mothering discourse.

This construction invoked Judith Butler’s (2009) work on ‘gender performativity’ (p.42).

Butler argued gender as an enactment inscribed in practices of cultural norms. Motherhood, in these texts, is positioned as an expression of gender performance for women. Contrary to the reductionist understanding of ‘mothering’ as a biological function, the stories scripted mothering to be about what women ‘do,’ rather than who women ‘are.’ Mothering, was constructed as a culturally encoded reality, entailing much more than bearing a child. This idea of mothering as performative also extends the literature of more recent feminist writings. Particularly Andrea O’Reilly’s (2021) emerging concept of matricentric feminism. Matricentric feminism argues that the category of mother should be distinct from the category of woman and opposes that performativity can be seen synonymous with voluntarism for mothering. That is, that mothers assume all of the parenting does not equate to them choosing to engage in gender performance. Instead, the woman’s body is offered as the site for culturally gendered performance, so they are born into this performance.

To summarise, therapists initially constructed the stories using gender but went on to develop a construction of gender performatively. Returning to my research question, by rejecting concepts of naturally occurring maternal fulfilment and objecting the view of mothering as an essential part of a woman’s identity, therapists positioned the

experience of 'motherhood' to be performative. A derivative of gender, with neglected agency in its performativity. In this way, therapists resisted patriarchal discourses and ideologies on mothering as a woman's essence.

In doing so, therapists deconstructed dominant discourses of mothering. In this sense, therapists challenged the narrative of the innate mother, bearing importance in rejecting privileged regulatory discourses (Davis, 1986). This deconstruction and position, gives visibility to gender-related power issues and facilitates their introduction into the therapeutic conversation.

That said, consistent with Kathy Davis's classic piece (1986) on reformulating client's problems to make them amenable to therapy, throughout the stories, the woman's relational difficulties were moulded into a problem suitable for therapy, focusing on the mother's role in the presenting issue as a biomedical one. An implication of this narrative is that it individualised the character's presenting issue and reduced the responsibility of their experience, stripping it of its social significance and relational context. This research highlights above all that the ideology of the culture in which therapeutic approaches are developed, is instrumental in shaping them and becomes part of their make-up (Hadjiosif, 2015). That is, whilst explicitly rejecting dominant discourses on mothering and positioning it as unnatural and unsustainable, when asked to therapise, (i.e. use their therapeutic skills and tools) their position changes.

Crucially, these findings have implications for best practice in CoP highlighting both pitfalls and benefits with regards to therapeutic practice. The findings support

concerns for the regulatory potential of therapy (Davis, 1986; Hare-Mustin, 1994; Shah-Beckley et al., 2020) while also highlight its potentially transformative facet.

Despite the argument that social justice is central to CoP, the applied methods of the discipline (i.e., therapy) are contested across the contextualised literature discussed here to reaffirm a reductionist biomedical paradigm endorsing the medical model and privileging biological aetiology over socio-environmental understanding (Rapley et al., 2011). Of importance, the current findings show that, while therapy does in fact reaffirm dominant discourses, it is also seen to deconstruct and challenge other dominant discourses. It would be too simplistic to conclude that therapy is either regulatory OR transformative, it is in fact not one or the other, it is both.

As a profession, psychology is under the regulatory umbrella of many frameworks (BPS, and Health and Care Professions Council [HPC]). Psychologists are, therefore, held to legal standards of practice and, at times, their work will intersect with law (Heron Spiers, 2015). An example of this arises on matters such as processes of compulsory assessment and detention of clients, the mental capacity act, children and young people's safeguarding. Not only then is psychology the subject of professional regulation as a profession, it also has unquestionably regulatory practices in the field.

Psychological therapy is one practice that is not outwardly regulatory, generally, and whilst therapists do not set out to engage in a rigid regulatory approach, the fact is that therapists, like non-therapists speak within the prevalent ideologies of our society. Essentially, the findings call to attention that therapists are influenced by the

same stereotypes as everyone else and in this way heteronormative influences are not surprising.

Therapists' personal discourses are further complicated because each therapeutic approach is bound by its own theories, and in that sense, the content of the session itself is regulated according to the approach. Perhaps then, there is limited scope for therapists to avoid colluding with normative practices leading to regulatory yet unintended consequences. This is a topic which I explore in the discussion of my findings.

Implications of the study

This research acknowledges and highlights the difficulties and dilemmas of actively responding to any discourse and invites us to consider how as therapists one might engage with others' discourses.

Using a constructionist approach to intervention is also an option. A constructionist approach offers a solution to refrain from reaffirming dominant and regulatory discourses by focusing on the therapeutic conversation rather than the set of techniques used in therapy. Responsivity to the client then becomes key. The constructionist approach invites us to consider which and whose logic is appropriated to introduce in the therapeutic dialogue at each time (McNamee & Shotter, 2014); it is an acknowledgement of what we are doing at any given moment, a mindful stance which supports the therapists to keep their own stuff at bay or, to recognise it when it

surfaces. As therapists, a constructionist approach becomes an invitation to consider ones' role in the room, and take up that space (e.g., purely interventionist, purely facilitative) avoiding the dominant discourses drawn upon in our cultural context.

Contributions of research to CoP discipline

The paradox I highlight as a contribution of new thought and inquiry to CoP is the following – is CoP truly serving a social justice agenda by privileging biomedical discourses of distress over a trauma-informed theory of distress?

I argue that the discourses in this study which drew on the medical lexicon to understand human suffering are examples of how the discipline may perpetuate or even cause oppression (Gergen, 2015).

My inquiry on CoP's stance of the biomedical model of human suffering is an invitation to the profession to make what is "implicit in our identity [social justice] also explicit in our strategy" (DeBlaere et. al, 2019, p. 955) - extending the disciplines' role and commitment to social justice, beyond the narrative.

The question arising here is, how do we, as a discipline, achieve this? And the surprisingly simple answer is - through choice. Providing service users with an alternative conceptual model for understanding their distress. Allowing clients, the opportunity to re-integrate behaviours and reactions currently diagnosed as symptoms of mental disorder back into the range of universal human experience and giving them the opportunity to make informed decisions about what is the right way

to understand their experiences, to create more hopeful narratives and empower them.

At the time of writing this thesis, ten years had passed since the British Psychological Society's Division of Clinical Psychology issued a position statement (2013) with regards to functional psychiatric diagnosis. The statement, in essence a call for a paradigm shift with regards to the profession's approach to distress, advocated for a conceptual system not based on a 'disease' model. Importantly, this statement also declared that the current classification systems such as DSM and ICD were fundamentally flawed; making it "scientifically, professionally and ethically unjustifiable to insist on psychiatric labels as the only way of describing distress" (Johnstone, 2018, p. 13).

This call to action was finally answered in 2018 with the publication of 'the power, threat meaning framework' (PTMF), the much awaited "revolution in human rights" (Grant & Gadsby, 2018). The PTMF, presents an alternative conceptual framework to the psychiatry diagnostic model. Recognising the links between wider social factors such as poverty, discrimination and inequality, along with traumas such as abuse and violence, and the resulting emotional distress or troubled behaviour, whether it is confusion, fear, despair or troubled or troubling behaviour.

Aligning itself with a narrative that is more focused on "what has happened to you," as opposed to "what is wrong with you," CoP has the opportunity to create possibilities for social action and social justice so often absent from traditional psychological perspectives. Importantly, this shift in thinking has the potential to transpose the locus

of change from the individual to the wider social world and support a more realistic assessment of what change is possible - guiding the discipline into greater alignment and coherence with the social justice narrative (Grant & Gadsby, 2018).

With regards to research contributions, this project adds to an area of psychological research including a small body of literature employing SC methods in CoP research (Shah-Beckley et al., 2020), demonstrating that SC has particular advantages for CoP research as a method (Moller et al., 2019). In particular, it is suitable to the social justice agenda, allowing for the exploration of “the social discourses through which systems of oppression operate, allowing a focus at the systemic or structural level on their interdependencies, and how they create, for example, inequalities”’ (Moller et al., 2021, p. 17).

Importantly, a distinguishing feature of this research is its pioneering use of a successful novel methodological approach - combining SC with a vignette task. Broadly defined, the approach entailed firstly introducing a story which therapists are invited to complete. Subsequently it invited the therapists to respond to the situation of the story characters’ circumstances. Through the use of the SC, the exploration of a range of social understandings can be drawn upon (Moller & Tischner, 2019, p. 22), with the vignette task combined, not only do we access the story, but we also then access the writer’s positioning of themselves against the story as professionals. An important implication of this research is then that its novel methodological approach opens up possibilities for the interpretation of the data which are otherwise unavailable to story completion tasks; creating the possibility for therapists to think through and

conceptualise potential professional scenarios and highlighting the impact of ones personal and political stances, presenting a unique opportunity to open up psychotherapeutic practice and challenge and deconstruct particular discourses.

This research introduces a reflection of the applicability of a distinct new methodological combination to qualitative research and is part of the evolving understanding of the opportunities afforded by this methodology.

This research contributes to an area of psychological research including a small body of literature employing SC methods in CoP research (Shah-Beckley et al., 2020), demonstrating that SC has particular advantages for CoP research as a method (Moller et al., 2019). In particular, it is suitable to the social justice agenda, allowing for the exploration of "the social discourses through which systems of oppression operate, allowing a focus at the systemic or structural level on their interdependencies, and how they create, for example, inequalities"' (Moller et al., 2021, p. 17).

Strengths and limitations

With regards to research limitations, I want to highlight intersectionality. The concept of intersectionality, first coined by Black feminist Kimberle Crenshaw, speaks to the multiple social forces, social identities, and ideological instruments through which power and disadvantage are expressed and legitimized (2014). Whilst I consider intersectionality extensively in my positionality as a researcher (page 2), I have failed

to address this in my data - overlooking the influence of gender norms in the context of ethnicity, class and age (amongst other factors).

Recognising the importance of intersectionality in individual experience I urge future works to reposition the research to examine processes by which structural inequities lead to power imbalances and gender-based norms in the context of ethnicity, class, and age (amongst other factors) to understand how intersectional experiences can be applied toward changing, interrogating, and intervening in the social plane.

Critics may say that my methodology (SC) is a further limitation. A common criticism heard of SC is that the data does not reflect a 'reality,' it consists simply in stories and is, therefore, a fabrication. It is unquestionably important to acknowledge that the vignette responses and SC data is not factual therapy data. Therapists' responses to the study does not necessarily relate to what they do in practice and the findings are, therefore, therefore, rather tentative.

In deciding for methodology a number of methods of data analysis were considered. These included interpretive phenomenological analysis (IPA), narrative analysis, and discourse analysis. As this is a social constructionist study, I was interested in the sociocultural meanings or discourses people draw on when writing their stories, rather than replicating practice or therapeutic conditions, making SC the ideal method.

IPA and narrative analysis were deemed unsuitable for this study given their focus on understanding participants' lived experiences (Riessman, 2008). This focus would contradict the aim of this study, which consisted of reproducing the discourses of the therapists, rather than making interpretations of the meanings of discourses. Pattern-

based discourse analysis (DA) was also considered, particularly following Walsh and Malson's (2010) use of it. Despite acknowledging the reputation of the excellency of the analytic potential of pattern-based DA in constructionist SC approached (Braun & Clarke, 2013), pattern-based DA was ruled out on the grounds that it features a greater focus on discursive features of language, in comparison to other forms of TA.

Evaluation of sample

The absence of consensus among sample size in qualitative research can be considered a limitation of the method. Previous qualitative completion research has used various sample sizes from just 20 participants (Gavin, 2005) to more than 200 participants (Beres et al., 2019; Whitty, 2005). Emphasising the difference in sample size numbers across qualitative research, other studies have used as many as 1000 responses coded from a dataset of 1723 (Hunt et al., 2018).

To mitigate a potential limitation to my research and circumvent sample size consensus across the discipline, I drew on data saturation. Data saturation is a prevailing concept across qualitative research, for delimiting the extent of data collection (Malterud et al., 2016; Saunders et al., 2018).

Broadly, saturation is reached when there is no further or 'new' information accessible from continued data collection (Fusch & Ness, 2015; O'Reilly & Parker, 2013; Walker, 2012). An important consideration in data saturation is the representativeness of the sample, the purposes of which allow the research to achieve generalisability of its findings to real world population (Dörfler & Stierand, 2019).

Employing the principle of data saturation, I collected a sample that was highly representative of what Braun and Clarke (2013) termed the “usual suspects” in research participation - “white, middle class and able-bodied participants” (p. 20). The difficulty in achieving a more diverse sample highlights a bigger issue in the profession which requires urgent investigation reaching beyond the scope of this study.

In evaluating my sample, I captured the lack of representation of the wider population in the profession. In support of my claims, I draw on data from the Health and Social Care Information Centre (2014). In the summary of staff from the NHS census completed in 2013, a mere 9.6% of chartered psychologists in England and Wales were identified as Black, Asian and Minority Ethnic (BAME). Female dominance in the profession is a further salient characteristic that my sample reflected (with 90% participants identifying as females). The HCPC reports that Practitioner psychologists have a low proportion of male practitioners, with 75% practising female psychologists. (BPS 2016). To study psychologists in 2022 is to study a sample with a serious lack of representation of the wider population and absence of ethnically diverse groups.

Suggestions for future research

The current findings raise questions for research around the interactions between clients and therapists, more specifically regarding the client’s experience of the common formulation of presenting problems that occurs in therapy. The findings can also lead to the assumption that clients are passive in the therapy room, as the analysis is one-sided and looks only at the influencing efforts of the therapist. A more detailed exploration is required considering the client’s additions to therapy and how

this shapes and influences the therapist's initiatives. Future research could, therefore, focus on the exchange of discourses between therapist and client, with a greater emphasis on the client's role in the room.

Lastly, future work could allow therapists to read their own stories and re-author and challenge the original plot's narrative, with a view of considering alternative discourses in practice.

Reflexive conclusion to data analysis

The final section of my thesis reflects my ethical duty to attend to my positionality in this research - mindfully and intentionally acknowledging that the data in this study was interpreted the only way I knew how: through the lens of my existence.

What follows is a daring self-reflective and critical introspection of my positionality. Here, I set out the socio-political context from which my identity emanates and how it has influenced my interpretative 'lens' in relation to this research (i.e., my understanding of the world).

A small glimpse into the societal characteristics brought upon me by will recount that I am a White-European, heterosexual, cisgender woman. Furthermore, a primary and significant part of my identity was formed around my family's history, an aristocratic and noble Portuguese house with international and hereditary recognitions. From birth, my privileges were many, but they were also intersected with oppression as

from the heights of my family's social ranks, public school, and manor houses around the country, we became Portuguese immigrants.

It has felt extremely uncomfortable to recount my misfortunes in the context of so many advantages but choosing my own comfort over a tough conversation would be the "epitome of [this very] privilege" (Brown, 2015, p.). So, rather than avoiding the topic, I opt instead to attempt to understand my privilege and direct the power of my advantages to work on my disadvantages.

My personal journey from privilege to marginalised, or aristocracy to immigration, was a metaphorical earthquake to my social positionality, particularly when so much self worth had been tied up to my history. Anecdotally, perhaps the pursuit of the highest level of academic qualification was sought to catapult me back into my birth given positionality. This time, I would earn it!

As I write my final statements on this piece, I hope you will find that I have truly earned it. In the face and recognition of the complexities of the interactions and intersections of my social identity.

Positioning myself in relation to the participant group within the intersecting spectrum of my social positions, I take the position of 'outsider' on the 'inside.' As a mother, my gender (female) and marital status (married) are salient traits that form part of my drive to understand discourses of prescribed versions of gender and sexuality rooted in the patriarchal system, traits that inevitably make me an insider to the participant

group and in particular to the study topic; the matter of parental responsibility or 'doing gender.'

Despite all my insider' traits and privilege, the intersection of three characteristics left me feeling like the 'outsider.' These characteristics were the combination of being a a mother, a doctoral student and being employed. The latter, was often met with reactions from the outside world which left me feeling as though I violated social, cultural and behavioural boundaries. Socially, my biological capacity for reproduction tied me to the responsibility of primary and sole carer of my children. By working and studying I was not seen to conform to my gendered role as a mother.

My parenting arrangements did in fact seem opposing to most, challenging gendered ideals on how to do parenting. Initially, and in hindsight, naively, I aligned my arrangements and the reactions to these to mean that I was an outsider. Perhaps, my arrangements were rather avant-garde and potentially part of the important 'undoing gender gang' (Butler, 2004).

I wanted to know why more mothers were not doing as I did. I was also interested in understanding the fathers' experience of missing out on such a significant part of human experience – having little to no paternity leave and time to bond with their offspring was never part of the conversation. I set out simply to explore discourses on parenting, it all seemed so straightforward – I expected what I heard on the street – anecdotally 'mom feels dad lacks capacity to keep baby alive.'

Poignantly, the stories, which reproduced discourses of dominant sociocultural understandings, forced me to face the enormity of this issue on both maternal and

paternal sides. Ultimately, all three themes arising from my research had moments that triggered me, but I was particularly reactive to the theme of 'he motherhood penalty.' Across this theme, the penalties faced by mothers were positioned as choices. To illustrate, women's professional success was positioned as a consequence of their 'choice' to take time out of work when a child was born, to work fewer hours to care for and spend time with their children. At the time of writing, I am a mother to three children, a new-born, a 7-year-old and a 9-year-old. I am currently at home on maternity leave with baby number three. My husband has long returned to work, having taken fourteen days of paternity leave - the general entitlement. I do not feel that taking time out on maternity was personally a choice, because choosing would entail having an alternative. This is political, but then as Hanisch (1970) long introduced, the 'personal is political'.

With my older children, it also did not feel like a choice to work part-time for the first years of their lives. In the context of childcare costs that would leave me out of pocket if I were to work full-time. I call on Brearley's (2022) work to refer to this choice as a mythical unicorn.

The rhetoric of maternal sacrifice as a choice is part of the 'doing gender' discourse. The facts are that statistics show most women would prefer to engage in employment. The issue is that we want to have it all (family and career), not do it all. Ultimately, in the absence of a societal structure which would make childrearing more egalitarian (e.g., paternal leave), our careers are sacrificed as we choose to direct our efforts to keep our children alive. Whilst recognising the privilege and advantage in my positionality, my personal experience as a mother has been intersected by a strong

feeling of ‘marginalisation’ from society - due to this lack of a structure that would allow me to do anything other than mothering.

And it has taken this reflection for me to conclude that, contrary to my initial identification of outsider, my experiences are very much that of an insider. I am in fact the character in the story stem, and I was all along very much an insider in doing gender, facing head-on the penalty of motherhood (term coined by Brearly, 2022), in spite of my privilege.

In concluding, I feel it is important to discuss that a key lens in my interpretation of this work is my position of insider on theme of “reformulating distress.” On the matter of biomedical discourses to understand suffering, I am the potential future “patient.” Growing up with the possibility of having ‘genetic schizophrenia’, makes me not only part of the context I studied here, but the very subject of the biomedical discourses. Gender holds significant explanatory power in terms of susceptibility to different mental health diagnosis, but family history tips my scales. My father was diagnosed with schizophrenia in my early teens. An overly complex figure, he fought the psychiatric system. My father was the difficult patient or resistant patient who saw psychiatry’s attempts to medicate him as a conspiracy and refused it altogether; “I am not sick,” my father would tell me. When life near my father became ungovernable, the medication would possibly have given me my father back. Life would have just been so much simpler if he had just taken those pills.

From a deep-rooted insider position, I lay out my disadvantages and highlight my vulnerabilities, using the privilege that I possess to spotlight the problems of

medicalising human suffering - giving a voice to those who do not have access to this power, such as my father.

My father did not live long enough for me to tell him that I, for one, understood his plight - that I knew he was not mentally ill but processing what I can only imagine having been immense trauma. My father did not live long enough to encounter the idea that the voices in his head could work for him rather than against him, and that there were other options to processing the trauma - outside of psychiatry. But I am still here, and although I cannot hold his hand through the processing of his trauma, I can certainly be the voice for all those who will follow suit.

With this self-disclosure I wish only to illustrate that I am not at all anti-psychiatry. I reject the psychiatric hypothesis of human suffering, I do <u>not</u> refute the role of psychiatry in our society. My argument is that speaking solely within the medical lexicon our clients' trauma/ natural responses and coping mechanisms are discredited. And the very essence of our profession – 'social justice,' is annihilated.

Ultimately my research leads me to the conclusion that CoP as a profession must take a stance and dare to lead the movement whereby the expertise of the discipline is made available to the public, dismantling and deconstructing discourses of distress as 'mental illness' and reframing human distress. Let us be pioneers in laying out the scale and breadth of human trauma and its varied layers and manifestations as human coping mechanisms. As a profession committed to social justice, we are to be 'pro-choice' so let's be clear to clients that there are alternative theories to mental distress

and support them to make informed decisions with regard to the theoretical orientation that best fits their lived experience.

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Journal article

Reproducing and resisting dominant discourses: A story completion and vignette study on the division of parental responsibility

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Abstract

Introduction

Despite the argument that social justice is central to Counselling Psychology, the applied methods of the discipline (i.e., therapy) are contested across the literature to reaffirm a reductionist paradigm privileging biological aetiology over socio-environmental understanding (Rapley et al., 2011). As key proponents of the social justice movement, it is critical that Counselling Psychologists explore the prospect that therapeutic practitioners may reinforce oppression through the construction of privileged regulatory discourses in psychotherapy, challenging the centrality of the movement in the discipline.

In doing so, this thesis draws on a scenario depicting socio-relational disputes in the context of gendered toles, to thematically analyse the dominant discourses that therapeutic practitioners draw upon in making sense of parental responsibility. A combination of story completion (SC) and vignette data stimuli are used.

Methodology

Forty-three therapists qualified in an integrative therapeutic approach participated in an online survey involving a story completion task followed by a vignette. The data was collated into a unified data-set and analysed using a constructionist Thematic Analysis. Three themes were identified: 1) the recreation of gender roles, 2) the motherhood penalty and 3) reformulating distress.

Results

To summarise the qualitative findings, therapists drew on two overarching types of discourses across their stories. These were heteronormative and biomedical discourses. The dominant story type across the dataset reaffirmed dominant regulatory discourses (heteronormative and biomedical discourses), whilst a 'secondary' or less common story type simultaneously challenged the dominant rhetoric.

With regards to heteronormative discourses the dominant rhetoric alluded to a hegemonic position informing therapists' sense-making repertoire, whilst a less common story type challenged the dominant rhetoric of heteronormativity by

reversing hegemonic gender roles in parenting. The biomedical discourses were further challenged through the construction of the subject position of “client” as opposed to “patient” - resisting the idea of that the character in the story was in some way sick or deviant. The results evidenced that therapists replicate and challenge dominant cultural discourses.

Discussion

These findings have implications for best practice in Counselling Psychology (CoP), supporting concerns for the regulatory potential of therapy (Davis, 1986; Hare-Mustin, 1994; Shah-Beckley et al, 2020) whilst simultaneously highlighting its prospectively transformative facet. This study highlights the potential for social determinants of distress to be overlooked in 1:1 therapy and contributes to new thought and inquiry on counselling psychology’s stance on the intersection between models of human suffering and social justice. Clinical implications, limitations and avenues for future research are discussed.

Key words: story completion and vignette study, social justice, counselling Psychology, biomedical and heteronormative discourses

Introduction

This thesis describes using a combination of story completion (SC) and vignette stimuli for data collection, to thematically analyse the dominant discourses that therapists draw upon and speak within when formulating clients' difficulties occurring in the context of parenting disputes and responsibilities. The idea that binds this thesis together is a critique of psychotherapy, accusing therapy to be regulatory as opposed to transformative (Davis, 1986). An example of how therapy can be regulatory is by converting distress to 'symptoms' and 'disorders' through the use of a clinical formulation; that is, to use theoretically-based framework (formulation) in the field of psychology to revise a client's mental distress into a pathology, and present the client's difficulties in line with medical theories of distress with no evidential basis to support it (Watson in Woodger, 2020). Medicalising genuine and valid human distress is regulatory in the sense that it is a normative pressure, introducing a prescriptive, evaluative, and almost obligatory dimension into one's social life. The medicalisation of misery also detracts consideration of any life experience that spells out the broader conditions under which people arrive at these experiences. This biomedical understanding of human distress risks the pathologisation of social problems (such as deprivation or poverty). Concurring with Rapley et al.'s (2011) suggestion, this stance of psychotherapy positions psychology to "essentially support the positivist psychiatric project of codifying human suffering into disease like categories" (p. 1).

Clinical Psychologist Rachel Hare-Mustin (2001), commendably the first woman to serve as an American Psychological Association (APA) Parliamentarian, highlights how implicit societal norms infiltrate the therapy room. Reproducing dominant discourses and influencing the therapist' s direction. Often in ways that are hard to reflect on in the moment or in supervision that is not sensitive to critical psychology and psychotherapy (Hadjiosif in Milton, 2016; Kagan et al., 2019). The power of dominant discourses may be invisible to those who speak within them (p 320) (Beaudoin, 2004; Gavey, 1989; Hare Mustin, 1994). In therapy, the unnoticed dominant discourses have the potential to reinforce and legitimise oppression by reaffirming the regulatory discourses of prevailing societal ideologies.

To address the concern that dominant discourses unwittingly infiltrate the therapy room, influencing direction in ways that are not sensitive to CoP's principles, this thesis arose; this project is set as a vehicle for therapists' exploration of their own stories and interrelations with dominant discourses. Extending the work of Shah-Beckley et al., (2020) this work will add to the limited research publications employing SC as a methodological tool (e.g., Hayfield, Clarke & Halliwell, 2014; Frith, 2013; Walsh & Malson, 2010; Whitty, 2005, Kitzinger & Powell, 1995; see also Gavin, 2005; Testa & Livingston, 2000). Significantly, this research sets itself as pioneering in that it presents

a vehicle of exploration on the application of the combined SC and vignette methods for counselling psychology research.

Methodology

Constructionist SC was the approach chosen to identify the socio-cultural discourses that constitute the stories written by the participants (Burr, 2015). No inferences or interpretations are made as to participants' thoughts and feelings. Instead, the focus is on generating publicly available language, ideology, and rhetoric surrounding the topic of interest. In Braun and Clarke's (2013) definition of the social constructionist framework, the world is seen to result from social interaction and constructed through socio-political and cultural meanings. As Burr (2015), my project aligns with the approach that "a single, ultimate truth" and views the world as "produced and constructed through language, representation and other social processes" (p. 337). This approach sees our social processes and language to produce the myriad of possible constructions that constitute our understanding of the world. A social constructionist approach according to Lamanna, Riedmann, & Stewart, (2020), centres around the processes constructing and sustaining realities. Individuals construct shared meanings, which constitute a taken-for-granted reality, approached as a common-sense understanding and consensual notion as to what constitutes reality (Burr, 2015; Haslam, Cornelissen, & Werner, 2017). The analytic focus is, therefore, the construction of these social realities and how the construction is socially brought into being (Holstein &

Gubrium, 2013).

Vignettes are employed together with methods such as focus groups and interviews in qualitative studies (Barter, 1999). However, there are few detailed accounts with regards to the use of vignettes, particularly as a complementary technique alongside other data collection methods (Bradbury-Jones, Taylor, & Herber, 2014). No studies were found that complemented the SC method specifically with vignette research. By implementing SC and vignette as methods of data collection, the present study hopes to make a novel contribution to the literature and offer more meaningful and insightful understandings of complex qualitative relationships. Given that the phenomena under investigation could be construed as culturally sensitive and highly private, this combination of methods may provide a non-threatening and less intrusive way to obtain participants' perceptions, opinions, beliefs, and attitudes (Azman & Mahadhir, 2017), potentially generating data that would have otherwise been challenging to elicit.

Research questions:

4. What are the dominant discourses drawn upon by therapeutic practitioners in making sense of couples' hypothetical disputes of parental responsibility?

5. Are there challenges to dominant discourses or moments of resistance in the stories?

6. Are there specific thematic and discursive differences regarding the dominant discourses in the stories?

Data was collected online using the *Qualtrics* online survey software. An introduction (Appendix B) to the research was presented to all respondents. In this introduction, participants were informed of their rights to anonymity, confidentiality and what to do should they wish to withdraw from the study, prior to consenting to the study (Appendix C) Respondents were asked to create a unique participant code (Appendix J), which they could use to withdraw from the study. A set of questions regarding participants' therapeutic practice, approach, and training (see Appendix G), and a number of demographic questions (Appendix H) followed. Participants were then presented with the vignette (Appendix D and E). To assure informed consent, the story and vignette tasks were inaccessible in the absence of completion of all consent questions. Participants were required to complete all consent questions to assure informed consent, prior to accessing the story and vignette. Partial completions, whereby the stories were completed but demographic information missed out, were included in the final analysis - participants were informed of this.

Participants and recruitment

Given the relative novelty of qualitative story completion as a research method, there is no definitive agreement in the literature on appropriate sample sizes (Braun & Clarke, 2013), particularly when combined with vignette research.

Braun and Clarke (2013) claim that research that analyses printed text may have larger samples than data generated from participants; literature is consistent with this report, illustrating that sample sizes tend to be smaller in qualitative research than quantitative.

Clarke and colleagues (2017) have identified that most existing studies are based on around 40-100 completions per story stem. As such, a target of 100 story completions was determined (Gavin, 2005; Kitzinger & Powell, 1995; Walsh & Malson, 2010) with an eye on saturation.

In this study, a total of 87 participants were recruited and submitted their responses. Of these, only 43 participants responded to the story stem and vignette task. For this reason, only 43 responses were included in the final data analysis (Table 1).

Participants were therapists qualified in an integrative therapeutic approach, which included more than one modality. Inclusion criteria for participation were:

- Qualified counselling psychologist, clinical psychologist, psychotherapist, or counsellor, as determined by registration with the Health and Care Professions Council (HCPC), the British Psychological Society (BPS), the British Association of

Counsellors and Psychotherapists (BACP) and/or the UK Council for Psychotherapy (UKCP)

- Fluent in the English language
- Experience of working therapeutically with adults
- Currently based or living in the UK

Participants were recruited in the following ways:

- Advertising the study through social media platforms for professional bodies (for example the Division of Counselling Psychology (DCoP) *Facebook* page), and, with permission, posting information about the study on relevant websites (such as psychological research on the internet, Social Psychology Network studies online)
- Key recruitment gatekeepers were identified and approached (therapeutic group administrators, both online as well as in the community, programme leaders) and asked to advertise the study
- Approaching relevant local South West practices and seeking permission to speak to members about the research.
- Attending local events such as psychology conferences to publicise the research and potentially to collect data

- Emailing programme leaders of therapeutic training courses to request my research is circulated to student therapists nearing qualification and qualified members of staff

A detailed description of the characteristics of the sample is shown in Table 1 below. That said, there are some key points taken from the demographics that I wish to highlight. In no particular order, one such point is that the sample was mainly made up of individuals from counselling psychology backgrounds (41%). By adding participants from clinical psychology backgrounds to this equation, psychologists make up over half of the sample (60%). Over half of the sample identified as 'middle class.' In addition, the ratio of women (87%) to male participants (13%) was notable, as was the fact that only one of 42 participants in this sample disclosed a disability. Lastly, only 11% of participants were from non-white backgrounds. I chose to present these characteristics in this manner, as they are poignant to the findings and conclusions that will follow.

Table 1 - Participant demographics (N=43 full completions)

Age range	28-73 (mean = 44; median = 41)
Sex	Female – 37 Male – 5 Other – 1

Ethnic Identity	African – 1 Black British African – 1 Black Caribbean – 1 British born Chinese – 1 Mixed – 1 White – 23 White British – 9 White German – 1 White British Irish – 1 Dual heritage – 1 Other – 1
Disability	Yes – 1 No – 42
Social class	Middle class – 24 Working class – 12 No class – 7
Occupation	Full-time employed – 27 Part-time employed – 10 Full-time student – 2 Part-time student – 2 Other – 2

Qualifications	Doctorate in Counselling Psychology – 18 Doctorate in Clinical Psychology – 8 Counselling Diploma – 5 MSc Health Psychology – 1 Postgraduate Diploma CBT – 7 Psychotherapy – 3 Cognitive hypnotherapy – 1
Children	No Children – 1 1 Child – 10 2 Children – 10 3 Children – 4 4 Children – 3 Prefer not to say – 1 Other – 1 (1 Stepchild)

Evaluation of sample

Employing the principle of data saturation, a participant sample was collected that was highly representative of the therapeutic professions; reflecting what Braun and Clarke (2013) termed the “usual suspects” in research participation; “white, middle class and able-bodied participants” (p. 20). In this case and female, with only 10% of male participants. The difficulty in achieving a more diverse sample highlights a bigger issue in the profession which requires urgent investigation reaching beyond the scope of this study.

In support of my claims, I draw on data from the Health and Social Care Information

Centre (2014). In the summary of staff from the NHS census completed in 2013, a mere 9.6% of chartered psychologists in England and Wales were identified as Black, Asian and Minority Ethnic (BAME). Female dominance in the profession is a further salient characteristic that my sample reflected. The HCPC reports that Practitioner psychologists have a low proportion of males practitioners, with 75% practising female psychologists. (BPS 2016).

In conclusion, in evaluating my sample, I believe I have achieved representativeness of the profession. I finish by highlighting that to study psychologists in 2022 is to study a sample with a serious lack of representation of the wider population and absence of ethnically diverse groups, as the demographics of the BPS's (2016) members are imbalanced.

Data analysis

The data consisted of both completed story stems (Appendix D) and responses to the two questions following the vignette task (Appendix E). Through an analysis of details of passages in the discourses of the stories written by the participants, patterns were developed in the data.

The dataset was analysed via thematic analysis (TA) informed by social constructionism. This follows previous SC research where, with the exception of a discursive analysis used by Walsh and Malson (2010), published qualitative SC research has used TA to analyse

data. The success demonstrated by previous studies (eg., Hayfield al., 2014; Frith, 2013; Livingston & Testa, 2000) that have applied TA steps in the identification of patterns across answers in the data (Clarke et al., 2017) further contributed to the choice to use this method of data analysis.

To analyse the data, I followed Braun and Clarke's (2006) six phases of analysis. I missed out one step that involved transcribing the data, as my data was submitted in written format. The steps I used from Braun and Clarke entailed "familiarising myself with data, generating initial codes and searching for themes (Appendix N), reviewing themes, defining and naming themes (Appendix M) and producing the report," which I will introduce following my reflexive account (p. 16).

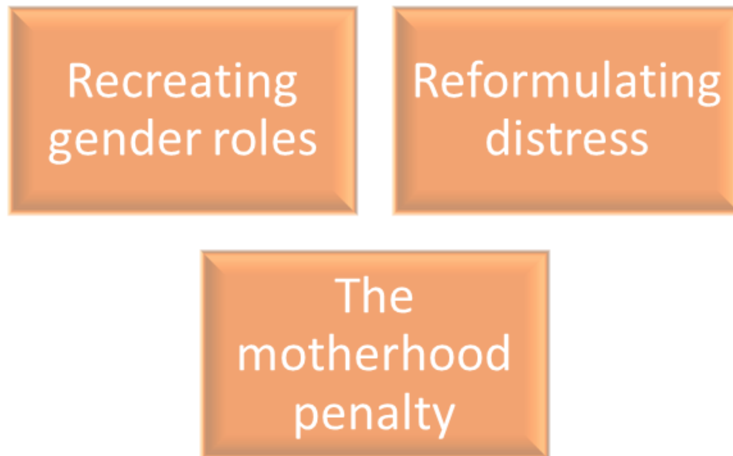
Ethical considerations

This research received full approval of the UWE Health and Applied Sciences Faculty Research Ethics Committee (FREC).

Results

Following a process of thematic analysis, three themes were developed. In the following section, I report these themes under three main headings: 1) the recreation of gender roles; 2) the motherhood penalty 3) reformulating distress

Figure 1- Thematic map (Appendix O)



With reference to my first research question, in making sense of couple's struggles with unequal parenting distributions, therapists drew on two overarching types of discourses across their stories. These were heteronormative and biomedical discourses. Therapists constructed heteronormative discourses by privileging heterosexuality as the natural family structure. Across these stories, a traditionally gendered performance of family life was created, whereby normative gender roles were portrayed as the hegemonic model. Therapists erected biomedical discourses by drawing on psychiatric perspectives of mental health in making sense of the main character's emotional distress. Consequently, the psychiatric perspective created the subject position of "patient" for the story character.

Notwithstanding the aforementioned dominant discourses, in answer to the second research question, moments of resistance challenging the dominant rhetoric were also evident across the data. This was primarily observable across a secondary or less

common story type. With regards to heteronormative discourses this story type challenged the rhetoric in two ways. Firstly, by reversing heteronormative gender roles in parenting (male homemaker-female breadwinner as opposed to the dominant role of male breadwinner-female homemaker). Secondly through the construction of same-sex parent families in stories and thirdly by resisting patriarchal ideologies of mothering as innately instinctive.

The biomedical discourse was further challenged through the construction of a secondary story type. Across these stories, the subject position of “client” as opposed to “patient” was created - resisting the idea that the character in the story was in some way sick or deviant.

In addressing my third research question, thematic and discursive differences regarding men and women’s different responsibilities in parenting emerged, generating two parallel subject positions for men and women. The discursive differences constructed produced distinct and separate places for men and women with regards to parenting. The subject position of male as a breadwinner and female as a homemaker, can be viewed as a hegemonic position informing therapists’ sense-making repertoire while attributing the financial responsibility to the father. Further discursive differences were noted by contrasting therapists’ interpretations of the stories they had written. To develop, these interpretations involved a clinical formulation of the character’s presenting issue. In this task, two main subject positions (patient/client) were constructed across stories. The discursive difference was that, whilst the client’s sociocultural context was positioned to

impact their affect, the patient's affect was positioned to create the difficulties they experienced. The client was constructed as a victim of their reality, whilst the patient received the blame.

To summarise, themes 1 and 2 were structurally rooted in heteronormative discourses. Theme 1 set the ground for the conventional nuclear family and the roles within it, while theme 2 expanded on the women's experience of this role. Theme 3, in turn, was rooted in a biomedical and pathologising discourse.

Theme 1 (recreating gender roles) created the story of a conventional nuclear family. Constructing heterosexuality as the natural familial framework, therapists assigned the story characters (mother and father) biological sex to their identity, sexuality and ultimately their role within the family. Childbearing was synonymous with childrearing as women's intrinsic biological nature was paired with the role and expectations they faced as parents.

Theme 2 (motherhood penalty) centred on women's plight, fulfilling gendered roles within the conventional nuclear family. Across this theme, the mother was positioned to reproduce dominant social constructions and patriarchal ideals of mothering as women's raison d'être before negotiating these ideals and finally contesting them. Ultimately, the mother was depicted to adhere to her gendered role practically, whilst emotionally rejecting concepts of naturally occurring maternal fulfilment, and objecting the view of mothering as an essential part of a woman's identity. Whilst theme 1 depicts the

performativity of the parental roles, theme 2 highlights the neglected agency involved in women's performance of the role.

Theme 3 (reformulating distress) was different to theme 1 and 2 in the sense that it consisted of data drawn from the vignette task, as opposed to the fictional stories. In essence theme 3 was the therapist's interpretation of the particular story they had written. Theme 3 drew on the women's affect to explain their experiences within mothering roles. The social significance of the woman's plight was stripped of its context. The adaptive coping was presented as maladaptive, through the construction of discourses pertaining to a medical model of human suffering as mental illness.

In conclusion, the findings of this study both replicated and challenged dominant cultural discourses.

Suggestions for future research

The current findings raise questions for research around the interactions between clients and therapists, more specifically regarding the client's experience of the common formulation of presenting problems that occurs in therapy. It can also lead to the assumption that clients are passive in the therapy room, as the analysis is one-sided and looks only at the influencing efforts of the therapist. A more detailed exploration is required considering the client's additions to therapy and how this shapes and influences the therapist's initiatives. Future research could, therefore, focus on the exchange of

discourses between therapist and client, with a greater emphasis on the client's role in the room.

Future research could also explore less individualistic approaches to therapy, extending on the work of Vermes (2017) for example, which examined the market of individual therapy approaches and CoP. Vermes research suggests individualistic approaches help people cope with conditions arising from the socioeconomic status quo, but in doing so collude with oppression by failing to challenge it.

Reflexive conclusion to data analysis

The final section of my thesis reflects my ethical duty to attend to my positionality in this research - mindfully and intentionally acknowledging that the data in this study was interpreted the only way I knew how: through the lens of my existence.

What follows is a brave, self-reflective and critical introspection of my positionality in terms of intersectionality. Here, I set out the socio-political context from which my identity emanates and how it has influenced my interpretative 'lens' in relation to this research (i.e., my understanding of the world).

A small glimpse into the societal characteristics brought upon me by will recount that I am a White-European, heterosexual, cisgender woman. Furthermore, a primary and significant part of my identity was formed around my family's history, an aristocratic and noble Portuguese house with international and hereditary recognitions. From birth,

my privileges were many, but they were also intersected with oppression as from the heights of my family's social ranks, public school, and manor houses scattered around the country, we became Portuguese immigrants.

It has felt extremely uncomfortable to recount my misfortunes in the context of so many advantages but choosing my own comfort over a tough conversation would be the "epitome of [this very] privilege" (Brown, 2015, p). So, rather than avoiding the topic, I opt instead to attempt to understand my privilege and direct the power of my advantages to work on my disadvantages.

My personal journey from privilege to marginalised, or aristocracy to immigration, was a metaphorical earthquake to my social positionality, particularly when so much self-worth had been tied up to my history. Anecdotally, perhaps the highest level of academic qualification would catapult me back into my given positionality. This time, I would earn it! And as I write my final statements on this piece, I hope you will find that this advantage is one that I have truly earned in the face and recognition of the complexities of the interactions and intersections of my social identity.

Positioning myself in relation to the participant group within the intersecting spectrum of my social positions, I take the position of outsider on the inside. As a mother, my gender (female) and marital status (married) are salient traits that form part of my drive to understand discourses of prescribed versions of gender and sexuality rooted in the patriarchal system, traits that inevitably make me an insider to the participant group

and in particular to the study topic; the matter of parental responsibility or doing gender.

Despite all my insider' traits and privilege, two characteristics left me feeling like the outsider. These characteristics were the combination of being a doctoral student with being employed. The latter, coupled with having a young family, was often met with reactions from the outside world which left me feeling as though I violated social, cultural and behavioural boundaries. Socially, my biological capacity for reproduction tied me to the responsibility of primary and sole carer of my children. By working and studying I was not seen to conform to my gendered role as a mother.

My parenting arrangements did in fact seem opposing to most, challenging gendered ideals on how to do parenting. Initially, and in hindsight, naively, I aligned my arrangements and the reactions to these to mean that I was an outsider. Perhaps, my arrangements were rather avant-garde and potentially part of the important 'undoing gender' gang (Butler, 2004).

I wanted to know why more mothers were not doing as I did. I was also interested in understanding the fathers' experience of missing out on such a significant part of human experience – having little to no paternity leave and time to bond with their offspring was never part of the conversation. I set out simply to explore discourses on parenting, it all seemed so straightforward – I expected what I heard on the street – anecdotally 'mom feels dad lacks capacity to keep baby alive.'

Poignantly the stories, which reproduced discourses of dominant sociocultural understandings, forced me to face the enormity of this issue on both maternal and paternal sides. Ultimately, all three themes arising from my research had moments that triggered me, but I was particularly reactive to the theme of “the motherhood penalty.” Across this theme, the penalties faced by mothers were positioned as choices. To illustrate, women’s professional success was positioned as a consequence of their ‘choice’ to take time out of work when a child was born, to work fewer hours to care for and spend time with their children. I am a mother to three children, a new-born, a 7year-old and a 9-year-old. I am currently at home on maternity leave with baby number three. My husband has long returned to work, having taken fourteen days of paternity leave, which is the general entitlement. Thus, I do not feel that taking time out on maternity was personally a choice, because choosing would entail having an alternative. This is political, as Hanisch (1970) long introduced, the personal is political.

With my older children, it also did not feel like a ‘choice’ to work part-time for the first years of their lives. In the context of childcare costs that would leave me out of pocket if I were to work full-time. I call on Brearley’s (2022) work to refer to this choice as a mythical unicorn.

The rhetoric of maternal sacrifice as a choice is part of the ‘doing gender’ discourse. The facts are that statistics show most women would prefer to engage in employment. The issue is that we want to have it all (family and career), not do it all. Ultimately, in the absence of a societal structure which would make childrearing more egalitarian (e.g.,

parental leave), our careers are sacrificed as we choose to direct our efforts to keep our children alive.

I wrote this thesis surrounded by the chaos of my growing children making memories. I resent it. Absorbing all the subtle and overt societal messages that tell me I should feel guilty as a mother for pretty much all decisions, I resent all the time that the thesis has deducted from my family life. In shame, I admit that I also resent my very gendered parenting role, because it impacts all I am able to contribute academically, and it has come close to taking me out of the doctoral journey altogether.

As a mother on this doctoral journey, I feel I am always failing; the spectrum generally sways from failing as a mother or failing in my research. Ultimately, I have felt 'marginalised' by society as a mother, due to the lack of a structure that would allow me to opt to focus fully on financial stability and professional content. Here again I recognise the intersection of privilege because I am extremely lucky and in fact advantaged to have what I have. Despite the feeling of the marginalised mothers which guided my feeling of being an 'outsider,' as I conclude my research, I realise that my experiences are very much that of an 'insider.' I am in fact the character in the story stem, and I was all along very much an 'insider' in 'doing gender,' facing head-on the penalty of motherhood (term coined by Brearly, 2022), with all my privilege.

Moreover, a key lens in my interpretation of this work, is my position of 'insider' on theme of 'reformulating distress.' On the matter of biomedical discourses to understand suffering, I am the potential 'patient.' Growing up with the possibility of having

'inherited' schizophrenia, makes me not only part of the context I studied here, but the very subject of the biomedical discourses. Gender holds significant explanatory power in terms of susceptibility to different 'mental health concerns,' but 'family history' tips my scales. My father was diagnosed with schizophrenia in my early teens. An overly complex figure, he fought the psychiatric system. My father was the difficult patient or resistant patient who saw psychiatry's attempts to medicate him as a conspiracy and refused it altogether; "I am not sick," my father would tell me. When life near my father became ungovernable, the medication would possibly have given me my father back. Life would have just been so much simpler if he had just taken those pills.

From a deep rooted insider position, I lay out my disadvantages and highlight my vulnerabilities, using the privilege that I possess to spotlight the problems of medicalising human suffering and give a voice to those who do not have access to this power. Like my father before me, who did not live long enough for me to tell him that I for one understood his plight - that I knew he was not mentally ill but processing what I can only imagine having been immense trauma. My father did not live long enough to encounter the idea that the voices in his head could work for him rather than against him, and that there were other options to processing the trauma, outside of psychiatry. But I am still here, and although I cannot hold his hand through the processing of his trauma, I can certainly be the voice for all those who will follow suit.

With this self-disclosure I wish to illustrate that I am not at all anti-psychiatry. Although I reject the psychiatric hypothesis of human suffering, I do not refute the role of psychiatry in our society.

My argument is that it is a distinct discipline from psychology. And, as a discipline, drawing on psychiatric discourses CoP blurs the lines between schools of thought. Speaking within the medical lexicon our clients' trauma/natural responses and coping mechanisms are discredited. And our very essence – social justice, is annihilated. Ultimately my research leads me to the conclusion that CoP as a profession must take a stance. Let us divorce the psychiatric lexicon and dare to lead the movement whereby the expertise of the discipline is made available to the public, dismantling and deconstructing discourses of distress as mental illness and reframing human distress. Let us be pioneers in laying out the scale and breadth of human trauma and its varied layers and manifestations as human coping mechanisms.

There is a place for us all in the field of human distress if we are to be 'pro-choice,' but it is our duty as a profession committed to social justice to be clear on what it is that we are offering, and it is here that I feel CoP may be failing.

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Appendices

Appendix number	Title of document
A	Ethical approval letter
B	Participant information form
C	Participant consent form
D	Story completion task
E	Vignette task
F	Withdrawal information and contact details of support services
G	Demographic questions (therapeutic training background)
H	Demographics
I	Participation and withdrawal code
J	Participant debrief form
K	Demographics table

L	Example of theme coding and development
M	Theme map under development
N	Theme development and text extracts
O	Final thematic map
P	Research journey and piloting

Appendix A: Ethical approval letter

Amendment to Existing Research Ethics Approval

Please complete this form if you wish to make an alteration or amendment to a study that has already been scrutinised and approved by the Faculty Research Ethics Committee and forward it electronically to the Officer of FREC (researchethics@uwe.ac.uk)

UWE research ethics reference number:	HAS.17.12.069
Title of project:	Gendered discourses of the division of childcare within heterosexual and non-heterosexual couples: A story completion study
Date of original approval:	17th February 2018
Researcher:	Marta Wahnon
Supervisor (if applicable)	Victoria Clarke

1. Proposed amendment: Please outline the proposed amendment to the existing approved proposal.

> The participant group, previously parents, will be amended; I will now recruit accredited and trainee therapists (all modalities) as participants. Participants will be aged 18 and older.

The questions about the division of childcare included in the original proposal (regarding *participants'* division of care child in their relationships) will be removed altogether.

I have designed six new stems (see attached) – all of which will be piloted before a final stem is selected for data collection.

The title will be revised, the new title is: Exploring how therapists make sense of the gendered division of childcare in heterosexual relationships: A story completion study

2. Reason for amendment. Please state the reason for the proposed amendment.

I am making changes to my research project so that it is closer and more relevant to the essence of my training in Counselling Psychology. This follows the piloting of the original stems, which didn't generate the type of data for which I was hoping. My ultimate interest is in how therapists work with disputes within couples over the division of childcare labour and whether and how they draw on dominant gendered discourses to make sense of such scenarios.

3. Ethical issues. Please outline any ethical issues that arise from the amendment that have not already addressed in the original ethical approval. Please also state how these will be addressed.

A research information introduction will be presented to all respondents who access the data collection software (Qualtrics). Here, participants will be informed of anonymity, confidentiality and safeguarding and right to withdraw. Given the hypothetical nature of the task, no safeguarding issues are expected to arise. Upon completion of stories, the software will direct participants to the 'debrief' screen, where further details of the study's aims and it's expected dissemination will be presented. To assure anonymity respondents will be requested to choose a pseudonym of their choice (which may be used to withdraw from the study) and informed that by submitting the form at this point they will be consenting to the use of their data in the study. Subsequent to the electronic submission, the researcher and academic supervisor's contact details will be provided in case of any issues or questions arising. Please see attached document for the changes proposed to the participant information sheet (I have highlight them for ease of access).

Recruitment

- To ensure a diverse sample within the above parameters, there will have to be changes in participant recruitment. Participants will be recruited in a number of ways:
- Advertising the study through social media platforms for professional bodies (e.g.DCoP Facebook page), and with permission posting information about the study on relevant websites (e.g. Psychological research on the net, Social Psychology Network studies online).
- Placing adverts for the research on community noticeboards and public venues and spaces likely to be frequented by therapists.
- Key recruitment gatekeepers will be identified and approached (therapeutic group administrators, both online as well as in the community) and asked to advertise the study.
- Approaching relevant local practices and seeking permission to speak to members about the research.
- Attending local events such as Psychology conferences to publicise the research and potentially to collect data.
- Emailing programme leaders of therapeutic training courses to request my research is circulated to student therapists and qualified members of staff.

To be completed by supervisor/ Lead researcher:

Signature:	*Victoria Clarke*
Date:	*15/06/2018*

To be completed by Research Ethics Chair:

Send out for review:	☐ *Yes* *X N*
Comments:	*Any ethical issues resulting from this slight change of focus have been addressed so this amendment can be approved*
Outcome:	*X Approve* ☐ *Approve subject to conditions* ☐ *Refer to Research Ethics Committee*
Date approved:	*2nd July 2018*
Signature:	*Dr Julie Woodley (via e-mail)*

Guidance on notifying UREC/FREC of an amendment.

Your study was approved based on the information provided at the time of application. If the study design changes significantly, for example a new population is to be recruited, a different method of recruitment is planned, new or different methods of data collection are planned then you need to inform the REC and explain what the ethical implications might be. Significant changes in participant information sheets, consent forms should be notified to the REC for review with an explanation of the need for changes. Any other significant changes to the protocol with ethical implications should be submitted as substantial amendments to the original application. If you are unsure about whether or not notification of an amendment is necessary please consult your departmental ethics lead or Chair of FREC.

Appendix B: Participant information form

Therapeutic Practitioners' perceptions of parenting practices

Who are the researchers?

My name is Marta Wahnon, and I am a Counselling Psychologist in training finalising a doctoral program at the University of the West of England (UWE), Bristol. As part of my training I am required to conduct a research study for which I am currently collecting data for. My research is supervised by Dr Miltos Hadjiosif, Senior Lecturer in Counselling Psychology in the Department of Health and Social Sciences at UWE (his contact details are below) and Dr Gemma Pike, a Senior Lecturer in Psychology in the same department.

What is the research about?

This study aims to explore therapeutic practitioners' perceptions of parenting practices as they attempt to make sense of the therapeutic scenario described in a story.

What does participation involve?

You will be invited to complete one story – this means that you read the opening sentences of the story and then complete it. There is no right or wrong way to complete the stories. I am interested in the range of different stories that people tell.

Once you have completed the story, you will be asked two questions regarding it.

Who can participate?

- Practitioner's qualified in an integrative approach, including more than one therapeutic modality

- Qualified Counselling/Clinical Psychologists, Psychotherapists or Counsellors, as determined by registration with the Health and Care Professions Council (HCPC), the British Psychological Society (BPS), the British Association of Counsellors and Psychotherapists (BACP) and/or the UK Council for Psychotherapy (UKCP).
- Currently based or living in the UK

How will the data be used?

The personal information collected in this research (i.e., the stories and the demographic data) will be processed in accordance with the University of the West of England's general data protection regulation (GDPR, 2018). As a data subject, the following rights apply in relation to the processing of your data:

- The right to access to their personal data (e.g. via a subject access request, free of charge to be dealt with within one month of request)
- The right to erasure (i.e. deletion of personal data)
- The right to object to processing
- The right to restrict processing and rights in relation to automated decision making, including profiling
- The right to rectification of inaccurate personal data
- The right to data portability (i.e. made available in a portable format in order to move it from one controller to another)

The information you provide will be treated confidentially and personally identifiable details will be kept separately from the data. I will hold your data securely and not make it available to any third party, unless permitted or required to do so by law. The data will be anonymised (i.e., any information that can identify you will be removed or changed) and used in my research.

How do I withdraw from the research?

If you decide you want to withdraw from the research after completing the study – please email me - Marta2.wahnon@live.uwe.ac.uk - quoting the unique participant code you'll be asked to create before completing the stories (I can prompt you if you don't remember it). Please note that there are certain points beyond which it will be impossible to withdraw from the research – for instance, when I have submitted my thesis. Therefore, I strongly encourage you to contact me within a month of participation (as stated by GDPR guidelines) if you wish to withdraw your data.

I'd like to emphasise that participation in this research is voluntary and all information provided will be anonymous, and any personal details will be kept confidential.

Benefits to taking part

Whilst there are no immediate benefits to taking part, it is hoped the study will add value by generating new insights into the topic.

Are there any risks involved?

No particular risks to participants are anticipated to arise as a consequence of this research; however, there is always the potential for research participation to raise uncomfortable and distressing issues.

If you feel you are affected by any of the issues raised in this task the following organisations and parenting websites may provide further support:

The website of the British Psychology Society (BPS) enables you to search for a chartered psychologist in your area: http://www.bps.org.uk/bpslegacy/dcp

The website for the UK Council for Psychotherapy (UKCP) enables you to search for an accredited therapist in your area: https://www.psychotherapy.org.uk/find-atherapist/

The Brittish association for Counselling and Psychotherapy (BACP) provides a directory where you may find accredited counsellors and psychotherapists in your area:https://www.psychotherapy.org.uk/find-a-therapist/

This information will be made available to you immediately upon completion of the study.

If you have any questions about this research please contact my Director of Studies, Dr Miltos Hadjiosif, Department of Health and Social Sciences, Faculty of Health and Applied Sciences, Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY. Email: Miltos.Hadjiosif@uwe.ac.uk

This research has been approved by the Faculty of Health and Applied Sciences Research Ethics Committee (FREC)

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Appendix C: Consent form

Therapeutic Practitioners' perceptions of parenting practices

Informed consent

I am over 18 years of age and agree to participate in this research. I have been informed about the nature of the research project and the nature of my participation in this project. I understand that my participation is voluntary and I have been informed of my right to withdraw from the research at any time (but within certain limits, as specified in the information sheet), without giving a reason. I understand that any information I provide will be kept confidentially.

I agree that the information I provide may be used as part of a research project conducted by Marta Wahnon. I understand that the information I provide may be used as part of academic research outputs, including Marta's doctoral thesis and other publications.

This research has been approved by the Faculty of Health and Applied Sciences Research

Ethics Committee (FREC)

I consent, begin the study

I do not consent, I do not wish to participate

Appendix D: Story completion task

Therapeutic Practitioners' perceptions of parenting practices

Instructions for completing the stories

You are now invited to complete a story – this means that you read the opening sentences of a story and then write what happens next. Because collecting detailed stories is important for my research, you are asked to WRITE A STORY THAT IS AT LEAST 10 LINES long. You will then be asked to complete two questions regarding the story. There is no right or wrong way to complete the stories, 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. Some details of the opening sentence of the story are deliberately vague; it's up to you to be creative and 'fill in the blanks'!

Story completion task

Your client has been talking to you about their parenting struggles and how that causes friction with their partner. In the latest session, your client shares the following (which is a typical communication about how they feel):

"There's the feeling of resentment that I have that whenever there's a problem it is down to me to deal with it. Like you know, I guess during the night if our children get up I've got to get up and if they get up twice, I have to get up twice and if they're unwell, well then that's my job to make sure they're alright. So, when those sorts of things happen it's down to me. And I get this jealousy about the fact that my partner just leaves it all behind. There's a sense of resentment I think of the freedom I no longer have. I feel like something has changed for me. I feel like I am in a black hole and there is no longer something I do for myself."

As a therapist, we are interested in how you would make sense of this situation. Please begin by writing a story, naming the characters involved, their roles in the story and describing what could have led them to this point?

*Detailed answers are very helpful for my research.

Appendix E: Vignette task

Therapeutic Practitioners' perceptions of parenting practices

Vignette task

What would be your formulation as to the reasons why the client is coming to therapy?

Please indicate (verbatim) how you would communicate your understanding of the difficulties to the client(s)?

*Detailed answers are very helpful for my study

Appendix F: Withdrawal information

Therapeutic Practitioners' perceptions of parenting practices

Thank you for your participation in this study.

Voluntary participation and withdrawal information

Participation in this study is completely voluntary and all information provided is anonymous. Any personal details will be kept confidential. If you decide you want to withdraw from the research after completing the study – please email me, Marta Wahnon (Marta2.wahnon@live.uwe.ac.uk) quoting the unique participant code you were asked to create before completing the stories. Please note that there are certain points beyond which it will be impossible to withdraw from the research – for instance, once the final project has been submitted. You are

therefore encouraged to make contact within a month of participation, should you wish to withdraw your data.

If you feel you have been affected by any of the issues raised in this task the following organisations and parenting websites may provide further support:

The website of the British Psychology Society (BPS) enables you to search for a chartered psychologist in your area: http://www.bps.org.uk/bpslegacy/dcp

The website for the UK Council for Psychotherapy (UKCP) enables you to search for an accredited therapist in your area:
https://www.psychotherapy.org.uk/findatherapist/

The British association for Counselling and Psychotherapy (BACP) provides a directory where you may find counsellors and psychotherapists accredited by the association in your area: https://www.psychotherapy.org.uk/find-a-therapist/

If you have any questions about this research please contact my Director of Studies,
Dr Miltos Hadjiosif, Department of Health and Social Sciences, Faculty of Health and Applied Sciences, Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY. Email:
Miltos.Hadjiosif@uwe.ac.uk

Appendix G: Demographic questions-educational background

Therapeutic Practitioners' perceptions of parenting practices

Some questions about you

In order for us to learn about the range of people taking part in this research, we would be grateful if you could answer the following questions. All information provided is anonymous.

This research has been approved by the Faculty of Health and Applied Sciences Research Ethics Committee (FREC)

Please tell me about your therapeutic training

My qualifications (e.g., Doctorate in Counselling Psychology; PG Dip Psychological therapies practice; Diploma in Person-centred Counselling and Therapy)?

Therapeutic modalities used (e.g., Gestalt therapy; CBT; Humanistic)?
If integrative/pluralistic please specify which approaches you have studied.

Number of years of therapeutic practice?

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183

188

Appendix H: Demographic questions continued

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Therapeutic Practitioners' perceptions of parenting practices

Some questions about you continued-demographics

In order for us to learn about the range of people taking part in this research, we would be grateful if you could answer the following questions. All information provided is anonymous.

This research has been approved by the Faculty of Health and Applied Sciences Research Ethics Committee (FREC)

How old are you?

I am

- Male
- female
- Transman
- Transwoman

I am

- Full-time employed
- Part-time employed
- Full-time student
- Part-time student
- Other

1/2

Appendix I: Withdrawal information

20/06/2021 Online Survey | Built with Qualtrics Experience Management™

Therapeutic Practitioners' perceptions of parenting practices

Thank you for your participation in this study.

Voluntary participation and withdrawal information

Participation in this study is completely voluntary and all information provided is anonymous. Any personal details will be kept confidential. If you decide you want to withdraw from the research after completing the study – please email me, Marta Wahnon (Marta2.wahnon@live.uwe.ac.uk) quoting the unique participant code you were asked to create before completing the stories. Please note that there are certain points beyond which it will be impossible to withdraw from the research – for instance, once the final project has been submitted. You are therefore encouraged to make contact within a month of participation, should you wish to withdraw your data.

If you feel you have been affected by any of the issues raised in this task the following organisations and parenting websites may provide further support:

The website of the **British Psychology Society (BPS)** enables you to search for a chartered psychologist in your area: http://www.bps.org.uk/bpslegacy/dcp

The website for the **UK Council for Psychotherapy (UKCP)** enables you to search for an accredited therapist in your area: https://www.psychotherapy.org.uk/find-a-therapist/

The Brittish association for **Counselling and Psychotherapy (BACP)** provides a directory where you may find counsellors and psychotherapists accredited by the

1/2

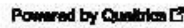
Appendix J: Withdrawal password

20/06/2021 Online Survey | Built with Qualtrics Experience Management™

Therapeutic Practitioners' perceptions of parenting practices

You are now asked to generate a code/password of your choice to identify your data. Should you wish to withdraw your consent, it is strongly advised that you contact the researcher within a month of participation, quoting this unique code/password.

This research has been approved by the Faculty of Health and Applied Sciences Research Ethics Committee (FREC)



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Appendix K: Participant debrief sheet

Therapeutic Practitioners' perceptions of parenting practices

Your participation is much appreciated - Thank you!

To avoid response bias, which would affect the validity of my data, the title of my project and the information presented to you prior to undertaking the survey was very vague.

Now that you have completed the survey I can tell you more regarding my project.

Title of research:

“Exploring how therapists make sense of the gendered division of childcare in heterosexual relationships: A vignette and story completion study”

Aims:

My study aims to explore the dominant discourses drawn upon by therapists in making sense of a hypothetical client's disputes over the gendered division of parental responsibility in their heterosexual relationship. The research is concerned with establishing if there are thematic and discursive differences in the stories told about mothers and fathers.

Context:

Counselling Psychology draws upon and develops models of practice that seek to recognise social contexts, the impact of discrimination and ways of working that empower individuals (British Psychological Society, Division of Counselling Psychology, DCoP, 2005).

Albeit, therapy is accused of being regulatory rather than transformative, with feminists criticising it at the level of social oppression (Dryden 2014; Hare-Mustin and Marecek, 1988; Riggs & Bartholomaeus, 2018; Shah Beckley, 2016).

Greater understanding of the conversational techniques used in the therapy room (such as formulation) is, therefore, crucial with a view of opening up the road to doing things differently (Kashak and Tiefer, 2001; Tiefer, 2001).

What is the relevance of the work to other practitioners?

- Recognises uses and misuses of Psychology
- Emphasises social responsibility of therapeutic practitioner's in shaping research and ethical practice
- Draws attention to prescribed problematic versions of gender and sexuality that are rooted in patriarchal systems.

If you would like further information on the finalised project, then please e-mail me on

Marta2.wahnon@live.uwe.ac.uk

This research has been approved by the Faculty of Health and Applied Sciences Research Ethics Committee (FREC)

Appendix L: Participant demographics (N=43 full completions)

Age range	28-73 (mean = 44; median = 41)
Sex	Female – 37 Male – 5
Ethnic Identity	African – 1 Black British African – 1 Black Caribbean – 1 British born Chinese – 1 Mixed – 1 White – 23 White British – 9 White German – 1 White British Irish – 1 Dual heritage – 1

Disability	Yes – 1 No – 42
Social class	Middle class – 24 Working class – 12 No class – 7
Occupation	Full-time employed – 28 Part-time employed – 10 Full-time student – 2 Part-time student – 2 Other – 2

Qualifications	Doctorate in Counselling Psychology – 18 Doctorate in Clinical Psychology – 8 Counselling Diploma – 5 MSc Health Psychology – 1 Postgraduate Diploma CBT – 7 Psychotherapy – 3 Cognitive hypnotherapy – 1
Children	No Children – 15
	1 Child – 10 2 Children – 10 3 Children – 4 4 Children – 3 Prefer not to say – 1 Other – 1 (1 Stepchild)

Appendix M: Initial thematic map development

Appendix N: Text extracts for theme development

Themes 1-3

Justifying positions-justifying gendered decisions with nongendered explanations. "it is easier for James working full time if Caroline gets up in the night"	Personal failures or blame. The client feels or is held responsible for the situation. "She is now struggling with the idea that she has partly created the situation in which she now finds herself"	Blame placed on communication client not communicating well and therefore held responsible for the situation or shown as able to fix it through better communication. "You want him to know, without telling him, how angry and unhappy you feel"
4. June is a stay at home mum with two young children and she has started to feel resentful of what is expected of her. Her husband Tony works long hours	5. Laura isn't very good at telling people how she feels.	6. Perpetuating factors: lack of communication between partners.

and gets back from work after the children are in bed, which leaves June feeling she has to take all the responsibility of looking after the children. Tony refuses to get up in the night as he gas to go to work in the morning and says June 'does nothing all day,' it doesn't matter if she has interrupted sleep. Tony's career has always felt more important. Whilst June enjoys caring for her children (…) she wants to be more than a stay at home mum.		
5. Laura is a stay at home mum, she and her partner Jason	10. He understood that having children would	7. She sees how happy Mark is at work, but also how stressed and

agreed he would go to work as he had a higher income before they had children. Laura worked as a para legal sec before, she had hoped that one day she could go on and study law through her job, but due to her low income it wasn't really worth it once she had children. Jason is hard working and does a lot of jobs at home like gardening but leaves the childcare to Laura.	lead to drastic changes in both their lives but he couldn't understand how Cindy had become so depressed after giving birth.	tired he can get leaving her to feel guilty about mentioning her need for help and support.

6. Sarah gave up work to look after the children because John earned more money.	12. However, he recognised in himself a failure to acknowledge his own feelings, which seemed too painful to discuss with his partner due to the deep-rooted sense of failure he felt in his own husband and fatherly duties	8. If things do not get talked about, and if one of the parents is a bit more selfish and doesn't promptly get up and do it/share tasks, things will be down to the mum. Sophie procrastinates 'the talk,' due to fear of creating an argument/being rejected /not being a good enough mother

7. He can lie in or go out with his friends but I feel I cannot ask the same as he is the breadwinner.	13. David feels a bit helpless but tries to offer Sarah some suggestions on what might help. He thinks that if she spent more time out of the house with the children, maybe meeting other mothers, Sarah might feel better. He's surprised and hurt by	13. I would consider that both Sarah and David have been caught up in problematic relational patterns that are maintained by poor communication and unhelpful responses from each.

	Sarah's angry reaction to his comments, and in feeling defensive, tells Sarah that she just needs to "snap out of it". David feels frustrated that he is having to fix Sarah's problems, as well as bear the burden of being the sole earner in the family.	
7. Mark just sees her having time to herself by not working much and that he provides so much materially, that is all that he needs to do.	15. She is not only struggling to recognise her emotions and needs in response to this pressure, and as a consequence is struggling to communicate these	16. To start thinking about her needs and the balance of these alongside supporting her partner and maintaining their relationship. Work through resentment towards partner, the roles they play and explore effective communication.

	effectively to others, as well as to balance her need for rest & restorative time amongst the other demands on her.	
10. We were meant to be a couple that shared everything and took on equal responsibility. However, it was he who had to put down the initial deposit for new house and it was he who had to sacrifice the job he loved for a more prosperous position.	18. She has never been assertive in any of her relationships, and probably a bit weak. she doesn't know what 'assertive' means and has no friends who can explain the idea to her objectively.	16. I wonder about the communication between you and your partner and if they are aware of how you are currently feeling.

16. Caroline has the feeling of resentment, as the mother to her children she has taken on the 'majority' of the parental role, reducing her work to part time hours while James continues to work full time.	20. Laura, who has developed a sense of being responsible for those around her and putting her own needs last. Whilst this was OK earlier in their relationship, she is now struggling with the idea that she has partly created the situation in which she now finds herself	24. The client feels trapped in a situation that is making her unhappy and unable or unwilling to voice her anger and distress to her partner, who is expected to know how she feels without being told.

16. Caroline has assumed the role towards James that if she asks him to do anything he is reluctant and she doesn't want to nag him. Sometimes she feels that he is another child to look after and she is better to just to do everything herself. This leaves James feeling that he is not good enough and he no longer has any opportunity to show initiative or	27. Lack of assertiveness skills, beliefs/rules for living associated with a felt need to please others, a felt need to take on sole responsibility, a lack of comfortableness with delegating/sharing responsibility, a lack of familiarity with	25. I'm wondering is whether you've actually spoken to your partner about the way you feel? Client: Well, I'm not sure I've said it directly. I mean, it's obvious. He should just know. Therapist: You want him to know, without telling him, how angry and unhappy you feel - I get that.
thoughtfulness. In addition, it is easier for James working full time if Caroline gets up in the night so he has got used to this routine, as Caroline doesn't ask for further support he assumes this is working for them both.	speaking about her feelings	

25. I mean, I was the one who wanted another child. He would have been happy with just the one	31. The client has become stuck in a vicious cycle of negative thinking and day to day routine in her life that she no longer gets a sense of enjoyment or achievement from.	26. We discussed tools that he could use to help him open the line of communication with his partner whilst we continued to work on his past issues with his father and his lost self-worth.
17. Ben's career takes the forefront of the attention because he now earns more so it comes now that she is seeking therapy as she has anger issues and low self worth.	33. 34. Comments from Jack easily damaged Chloe's vulnerable ego and this contrasted the strong personality she held before she had children	32. think communication might be lacking between then both.

24. Clare does the lion's share of caring for the children and feels that Steven does not appreciate how exhausting and relentless this task is. He is often tired when he comes home and does not help out much with the children. He feels unappreciated as when he does come home Clare moans about how tired she is and how useless he is.	34. So, apart from the exhaustion that meant Chloe had resorted to wearing primarily jeans, jumper and slip-on shoes, she no longer wore make-up, socialised with friends without babies or went to the gym. There was no wonder that her Jack had lost interest in her.	33. They did not communicate together well and as a result both started to feel frustrated and resentment at their current situation.
31. He is tired after work and does not spend much time with the kids. She feels she should look after the kids more to offset the fact that she does not contribute in a purely financial way.	16. To start thinking about her needs and the balance of these alongside supporting her partner and maintaining their relationship	38. Having children has impacted hugely on their relationship primarily in their ability to communicate.

34. Jack (her partner) had to wake early for work so he would turn over and expect Chloe to deal with the children.	26. We discussed tools that he could use to help him open the line of communication with his partner whilst we continued to work on his past issues with his father and his lost self-worth.	16. Caroline doesn't ask for further support he assumes this is working for them both.
38. She knows it makes sense for him to get up with the kids because she is not 'working' the next day, but she wishes just sometimes he could be off duty and his wife would say "you look tired, I'll go".	5. She formed beliefs about the world which is she doesn’t matter and other people’s needs are more important.	7. Sophie procrastinates ‘the talk’, due to fear of creating an argument/being rejected /not being a good enough mother

11.She loves her husband but feels it is unfair for her to do the bulk of the parenting.	26. Simon had low self worth as he talked about issues he had with his Father as a child and feeling invisible. We discussed the possibility that he was projecting his feelings of anger, frustration and resentment from his childhood onto his partner	
25. Client: He just takes it for granted that I'll be the one to do it. But why should it always be me? I mean, I know he has to get up and go to work but I have to get Josh to the nursery and then I have Emma all day.	29. I think his reasons for coming to therapy is the enactment of earlier life experiences being re-enacted in his current relationship with his wife has	

	reacted an unmet need in earlier life I would consider using a longitudinal attachment based formulation that validates unmet needs in his childhood from his mother/carer.	

Theme 4-7

Relational templates as the cause for the client's difficulties	Parenting (or mothering) synonymous with sacrifice	Identity – children involve a quest for a new identity	Reformulating the client's problem
"Jane's experiences of neglect contributed to her own unrealistic	"I love my children beyond words but	"I just feel I have lost my identity and don't know who I am	

expectations as a mother and some attachment difficulties”	where does it say that I have to sacrifice so much to be a mother”	anymore; except wife and mother.”	
1. Penelope’s mood plummeted as the future she envisioned became a repeat of her emotionally cold childhood	2.Patient reported not having time for herself and money to do activities she used to.	2.According with your goals [client’s] our work in therapy would be focused in finding some purpose for our life and build you identity again.	2.Your main difficulty is the low mood, the resentment and lack of motivation.

5. Laura has always been anxious as a child. Her mum and dad were often at work and she had to look after her younger siblings. She couldn't say no to her parents as they did a lot for the family and she could see how hard they worked. She formed beliefs about the world which is she doesn't matter and other people's needs are more important.	3. She spoke of feeling tired on having to do the daily routine, taking care of the kids, household, supporting her partner and possible working herself.	6. Sarah is questioning her own identity and wants to feel valued and appreciated	

14. Jane's experiences of neglect contributed to her own unrealistic expectations as a mother and some attachment difficulties	7. I love my children beyond words but where does it say that I have to sacrifice so much to be a mother. And where does the rule book say that a	7. I just feel I have lost my identity and don’t know who I am anymore; except wife and mother.	
	father sacrifices nothing?		

14. Her current partner is supportive of her but does not understand her struggles. Jane's childhood was a difficult one with quite a bit of instability and neglect. She vowed to herself as a young woman that when she had children she would be completely different to her mother. In fact, she wanted to be the "perfect mother".	7. Claire often works what she could have achieved had she not had children.	22. also feel like the person I was is disappearing and I don't do anything for myself anymore	
18. Formulation: negative automatic	10. Perhaps self sacrificing	30. Mary is low and frustrated. Her sense	

thoughts, fuelled by core beliefs that may involve low self esteem, and fear about the future of the relationships, possibly fuelled by the split up of her parents after an acrimonious marriage	behaviours: putting partners and children's needs first all the time.	of self as identity is undermined by the full time role of 'mum' where the woman identity is confined to that role.	
19. Client (D) has shared a disillusionment which could be connected to D's family of origin. I would be eager to explore how D's parents interact(ed) because we may find projected elements from primary family	They have been married for 2 years and their son in now 8 months old. Jill has had to reduce her hours, understandably, but she feels she has had to be the one to	32. She has locked in her identity around the role of being a mother and lost her sense of self, perhaps she did not really have one before, maybe she really focused on getting married or having a family and now feels resentment	

	sacrifice her career for her family.	as its harder than she thought and she does not have much support. I	

20. John, on the other hand, comes from a middle class upbringing - he didn't necessarily want for anything, but his parents were not very available. They worked long hours and he and his brother tended to fend for themselves. He has therefore developed a more carefree attitude and distant parenting approaches. He believes in autonomy and doing things for yourself.	11. She often asks herself "what about my goals, what about my hopes? What about my dreams? A part of her keeps telling her "well this is what being a mum is about."	33. Kate struggled with the identity change and Tom found it difficult to adjust to parenthood.	

In those earlier sessions the client often talked about how kind, considerate and loving	22. I feel my confidence is low in my parenting skills and I am very much	33. Chloe is suffering low mood as the result of several challenges to her sense of	

their new partner was and how they could already see the four of them becoming 'a really strong family unit'. This aspiration was very important to the client as they also gave a narrative of not having been cared for 'properly' by their own parents (and a series of step parents) during their own childhood. The client often described an	alone at times when it comes to actively doing things for the children. I also feel like the person I was is disappearing and I don't do anything for myself anymore. I am constantly thinking about what everyone else needs but no one asks me what I want or need. At times I feel very lonely and isolated	identity, her concept of self.	

early chaotic home environment where they experienced intermittent emotional, and occasionally material, neglect' and recall witnessing many times from primary school onwards when one or both of the two adults supposed to be caring for them were either violent towards each other or under the influence of excessive street drugs or alcohol. My client had articulated early in therapy how important it was for them to be ' the best parent ever' to their own	even though I am with other parents a lot all we seem to talk about is the children or family things. I have thought about going back to work but not sure about leaving the children and the cost of childcare. I feel quite resentful that my partner can go to work and I have to arrange to get back to work. I also resent that the assumption that is what I want to do sometimes I even regret having the		

children to protect them from similar experiences and how they felt guilty when they (very rarely) felt exhausted or irritated by their children/ the client's parents were unable to provide an adequately emotionally secure home environment - an enduring deficit which result in the client's attachment needs being unmet in their childhood. Their insecure attachment has unconsciously played out	children as I had no idea about the demands on me that being a mum would be and how much of my independence I would give up which again my partner has not he still manages to go to the gym twice a week and I have to arrange childcare to do this which seems very unfair to me.		

in the client's partner relationships as an adult			
26. Simon had low self worth as he talked about issues he had with his Father as a child and feeling invisible. We discussed the possibility that he was projecting his feelings of anger, frustration and resentment from his childhood onto his partner, thus disabling him to express as an adult his needs and the importance of negotiation within a	33. They often think back to how life used to be before they both become parents and become depressed when feeling that they no longer have that freedom and enjoyment from life	38. . There has been a big change in his identity as well as frustration in his working life and relationship.	

caring and loving relationship.			

29. Paul had a dependent mother who relied on him to help her look after his siblings and her when she was out at work or busy. Paul feels that he has never been validated in his life and craves more validation from his wife now. I think his reasons for coming to therapy is the enactment of earlier life experiences being re-enacted in his current relationship with his wife	36. Even though Mary was initially happy with this arrangement and was savouring the blessing of being a mother to her children that she loves very much, recently she has started feeling suffocated and reminisces the time that she was living life for the sake of her own dreams and goals, instead of sacrificing those for	30. According to Kohut we could consider how strong is and was Mary sense of self. Did she have parents that encouraged, supported and created a positive model for her? Did they make her feel a sense of belonging in the family.	

has reacted an unmet need in earlier life I would consider using a longitudinal attachment based formulation that validates unmet needs in his childhood from his mother/carer. I would consider the relationship with his mother and siblings and whether he was expected to have a responsible role or no role in childhood.	the good of the family.		

38. I would be looking to explore relationship templates of his parents as well as exploring his feelings of frustration for development of anger.			

Appendix O: Final thematic map

When making sense of a hypothetical client's relational issues therapists stories consisted of three dominant themes, that have since been renamed but maintain the content:

Making problems amenable to therapy	Recreating traditional gender norms in parenting	From woman to mother - a transition

Appendix P: Research journey piloting

The inclusion of a section on research journey and piloting is paramount to aid the reader in understanding how this final study was arrived at. The importance of this section rests primarily and particularly on the magnitude of the piloting projects advancing the final thesis. This section will provide context to the reader on the background upon which this project was developed and aid in story stem development for potential research replications or extensions.

My research journey began by exploring *gendered discourses on paternal competencies.* My study *focused on* exploring the discourses that inform mothers' and fathers' stories (both in heterosexual and non-heterosexual couples) of the divisions of parental responsibility and labour, and differences in the representation of mothers and fathers with regard to parental responsibility and division of childcare labour. I piloted three different story stems. Each stem had two versions of the story (different sex couple/same-sex couple). Given that there is no available literature with guidance on appropriate development of story stems, the following stem was a simple story that the researcher put together, of a typical parenting scenario:

> *It's the start of another week in John and Jane's busy life. It's been a long night with their 9-month old baby waking every couple of hours, in need of changes and feeds. In the morning, it is apparent the baby is poorly, But John and Jane have to*

> *work, despite their exhaustion. In the morning, the baby is taken to nursery as there is no sign of a raised temperature. A few hours later nursery calls…*

The story stem was followed by a number of (tick box and open-ended) demographic questions (including some questions on the division of childcare and household labour in the participant's own relationship). As there is much to learn about the specific ways in which participant's story tasks can be said to reflect their lives (Bretherton, et al., 2003), the division of childcare and household labour responses were thought to provide some insight into the extent to which individual stories map on to one's practice. The study was delivered via the *Qualtrics* online survey software and in hard copy format.

To compare the differences in sense-making of roles in heterosexual and non heterosexual couples and highlight differences in discourses between participants from different and same-sex couples I recruited parents to at least one child currently aged between 3 months and 5 years old, born to or adopted within that relationship. This age range was chosen given its reflection on a period when children have a high level of dependence on their carer's, and thus a greater need for parental investment and childcare labour.

I piloted the stems, totalling one hundred completions from mothers and fathers. Unfortunately, the stems did not generate the type of data for which I was hoping. Ninety-four participants were recruited, consisting of mothers and fathers in current

relationships (different-sex and same-sex), between the ages of twenty-eight and fifty-four years, parents to at least one (birthed or adopted) child. Of the ninety-four responses, only thirty-two of these addressed the story stem question and were used in this final data analysis. Social media was the principal strategy used for participant recruitment; all thirty-two responses consisted of virtual participations.

The results for the survey on practical divisions of parenting were inconsistent with published literature. The survey, which looked at divisions of childcare and participant's level of satisfaction with the arrangements, suggested participant's to be mostly satisfied with non-egalitarian divisions of childcare labour. A body of research has accumulated in later years aimed at studying the impact of unequal division of family labour, including childcare on couples' well-being (Buchanan et al., 2018; Chae, 2014; Coltrane, 2000). Across these studies, egalitarian childcare arrangements are argued to have positive consequences for both men and women. In contrast to the present findings, where women reported to be satisfied with completing most of the childcare, published literature suggests men's involvement in childcare mediates levels of marital satisfaction and sexual intimacy (Boeding et al., 2019; Carlson et al., 2016; Fillo et al., 2015).

Contrary to the aims of the pilot study, the story stems did not elicit responses to evidence thematic and discursive differences told by different sexes. The stories did evidence differences in representations of mothers or fathers with regard to parental responsibility; participants tended to depict the fathers in the story as being in inflexible employment in contrast to the mothers. The dominant discourse informing the divisions

of parental responsibility was introduced as an ungendered choice, based on work arrangements and inflexibility. The latter was also used as a justification for parenting arrangements, as the following excerpts will illustrate: “Nursery call Jane as she is listed as primary contact…Jane normally picks up as she has rearranged her working hours to enable her to do so.”; “…In all likelihood, Jane would probably go and pick up the poorly kid as Jane only works part-time and therefore adopts more of the parenting responsibilities during the week.”; “In this instance I the mother would care for my child…if my husband could leave work more easily then he would care for the children too.”; “…The nursery would call me the mum as my husband works away.”

As the excerpts above illustrate, participants presented the responsibility of designated primary carer as an ungendered choice related to practicalities. Research, however, suggests parental work arrangements are significantly influenced by gender-role attitudes (Stertz et al., 2017). Published literature highlights that, following childbirth, the involvement of women in the workplace is tied up with men's attitudes towards gender-roles (Thebaud, 2010) and argues women who hold traditional gender-role attitudes are more likely to interrupt labour force participation following childbirth (Glass & Riley, 1998) and to decrease their working hours to a greater extent than their egalitarian counterparts (Sanchez & Thomson, 1997; Schober & Scott, 2012).

Ungendered reasons explained gendered choices.

Overall, rather than stories, the story stems produced accounts of participants' parental divisions, which were accompanied by justifications of these divisions (as the excerpts

above evidence). With this, I made the decision to make changes to my research project so that it was closer and more relevant to the essence of my training in CoP. These were piloted on ten participants and finally elicited stories on divisions of childcare.

At this stage, the aims of the project were altered to explore the dominant discourses at play when therapeutic practitioners make sense of a hypothetical client's disputes over parental responsibility in their heterosexual relationship.

In constructing the final stimuli for the project, providing a scenario that was authentic, sufficiently detailed, and tailored to participants was crucial to generate meaningful data. Generally, SC and vignettes are "more likely to be effective when they engage participants' interest, are relevant to people's lives, and appear real" (Hughes & Huby, 2004, p. 40).

Accordingly, my primary concern following the pilot project was to design the story stem with sufficient authenticity to engage participants. To this end, I sought excerpts of parents' accounts of divisions of childcare, published in research. Following a compilation, I chose the excerpts that spoke of experiences of parents with infants - again the period of greatest dependency on the parent which is assumedly the most labour intensive.

I found an excerpt in a study titled 'That's my job': Accounting for division of labour amongst heterosexual first time parents (Riggs & Bartholomeus, 2018):

> Justine- there's the feeling of resentment that I have that whenever there's a problem it will come down to me. Like you know, I guess during the night if [baby] gets up I've got to get up and if [baby] gets up twice I have to get up twice and if [baby] doesn't settle well then that's my job to make sure she settles. So, when those sorts of things happen it's down to me. And I get this jealousy about the fact that he gets to go to work and leave it all behind, which is stupid because I don't want to go to work, but there's a sense of resentment I think that he has the freedom that I don't have any more. (Justine, third interview) (p. 18)

I used this excerpt consisting of the mother's account and adapted it slightly. The final product generated was the story stem (Appendix D) that follows:

> "There's the feeling of resentment that I have that whenever there's a problem it is down to me to deal with it. Like you know, I guess during the night if our children get up I've got to get up and if they get up twice, I have to get up twice and if they're unwell, well then that's my job to make sure they're all right. So, when those sorts of things happen it's down to me. And I get this jealousy about the fact that my partner just leaves it all behind. There's a sense of resentment I think of the freedom I no longer have. I feel like something has changed for. I feel like I am in a black hole and there is no longer something I do for myself."

The aforementioned stem was piloted with ten participants and following its success, it was launched as a full project. Following the vignette above, participants were given instructions to draft a story regarding this hypothetical scenario. The instructions can be found in Appendix D.

Whilst I recognised that stories are not evidence of practice, the vignette element of the research, which asks therapists to position themselves as professionals against the therapeutic scenario, provides the unique opportunity of insight into the discourses potentially permeating the therapy room.

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