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How storytelling impacts students in their psychotherapy training

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Abstract: The use and impact of storytelling in counselling and psychotherapy training was explored using a mixed-methods approach. An online survey completed by 30 therapists and 12 counselling tutors produced both quantitative and qualitative data. The latter were analysed using Reflexive Thematic Analysis (RTA). Therapists and tutors all agreed that the use of story was important, or extremely important, in the training room. Case studies and clinical anecdotes were the type of story preferred by a majority of learners. Four themes were created from the RTA process. The first was story for *Making Meaning*, in worldly, personal, and universal ways. The second was *Activating Learning*, where story brought theory to life, helped concepts make sense, and embedded learning. The third theme was *I Will Survive*, where clinical and personal stories from a tutor demonstrated how a practitioner could struggle and overcome mistakes. The fourth theme was *Quality of Presence*, where the tutor-student relationship emerged as a vital component in modelling the skills, attitude and presence required to be a therapist.

Keywords: Story; Storytelling; Counselling and Psychotherapy Training; Mixed-methods; Reflexive Thematic Analysis; Transformative teaching-learning

I am a psychotherapist and former journalist who has now become a practitioner-researcher. For the past few decades, I have been fascinated by, and worked with, people's stories for a living. As I embarked on my doctoral journey, it should have come as no surprise that storytelling – as a topic for research – probably chose me. Story has always been there for me: as a child finding refuge in storybooks; as a reporter seeking front-page scoops; and eventually as a psychotherapist exploring clients' deeper issues.

Story, image, metaphor, archetypes, symbolism, and dreams were at the core of my personal and professional journey to become a transpersonal integrative psychotherapist at the Centre for Counselling and Psychotherapy Education (CCPE), a training institute in London. Creative imagination and psychospiritual growth underpinned an experiential approach that encouraged us to embody a heart-centred presence for ourselves and our clients (Rowan & Jacobs, 2002; 2005). We

even wrote our own myth as part of the reflection process in the final term of the course.

Reflecting on my training at CCPE, I realised it was the clinical anecdotes and illustrative metaphors from the late Allan Pimentel, a consummate storyteller, that I had learned from and retained. When I became a counselling tutor myself, years later, I found that story was an effective means by which budding therapists could relate to a piece of theory and learn how to be an effective practitioner.

"Story" is a vast concept and is arguably impossible to contain within a strict definition. For the purposes of my study, story in a training context could include case studies, clinical vignettes, archetypes, metaphors, myths, and fables, as well as personal anecdotes from practice: all vibrant, lived examples of being a therapist that can bring the teaching alive.

This reflection led to a preliminary piece of research for my doctorate. I had anecdotal evidence of story helping to deliver more impactful learning. I now wanted to discover the lived experience of story from learners and educators.

An aim of this study is therefore to discover the impact of story and storytelling in counselling and psychotherapy training. An online mixed-methods survey of therapists (qualified and/or still in training) and therapy tutors explores *what type* of story is told – and *how* and *why* a story has an impact on learners. As well as gaining a deeper understanding of story's impact, the aim is to use the findings to inform the development of storytelling as a teaching technique.

Literature Review

My literature review began with the three-way search facilitated by EBSCO, giving me access to papers and books on psychology-related topics. My three topics were:

- Story… storytelling… narrative… story telling… stories
- Psychotherapy… therapy… counselling
- Pedagogy… teaching… teaching strategies… teaching methods

My search broadened into theories of how adults learn, which led me into relational and transformative learning approaches. From my reading of dozens of books and papers, I created five main themes from the literature: story to make meaning; stories by psychotherapists; instructional storytelling; personal storytelling; and transformative learning.

Story to make meaning

It is a challenge to define story "because there are so many diverse forms" (Hsu, 2008, p. 46). Some seminal works in the narrative field attempt to articulate the fundamental role of story in how we understand and structure our lives and how story makes human experience meaningful. Hiles et al. (2017, p. 161) argue that story represents "a primary human ability to construct order out of chaos". The humanness of story is ultimately what we relate to, especially the "ups and downs of our struggle to get it" (Storr, 2020, p. 1).

As therapists working with the struggle of human beings, story is arguably one of our core tools (Coles, 1989; McAdams, 1993), as we and our clients develop "storied accounts" to make sense of the behaviours of ourselves and others (Polkinghorne, 1988, p. 14).

It was helpful to review some of the literature describing how children learn through story (Applebee, 1978), where educational information is woven into the fiction (Weisberg & Richet, 2022) – though it is vital that kids learn to separate fact from fiction (Fazio & Marsh, 2008; Walker et al., 2015). Fairy tales are said to aid children's mental, moral and behavioural development (VisikoKnox-Johnson, 2016), as well as helping them to learn about relationships and to reflect on emotions (Hohr, 2010).

The relationship between the story-teller and the story-listener can also impact a child deeply, building attachment to the story as well as to the person telling the story (Alexander et al., 2002). This may have resonance for the relationship between tutor and student as adults (Danilewitz, 1991) by touching on a relational approach to teaching (Aspelin, 2021; Bovill, 2018) that is perhaps more suited to the counselling and psychotherapy classroom. There is an opportunity for my study to reveal more details of how that relational aspect might manifest.

Stories by psychotherapists

I discovered a large appetite for stories of psychotherapy by psychotherapists, given that many of their books reach the bestseller lists. Orbach (2016) shows detailed examples of her dialogues in the "story" of her clinical cases; Yalom offers a "glimpse into the consulting room of a master therapist" (1989, back page); Grosz (2014) shares fictionalised stories from his many years as a psychoanalyst; Perry (2020) offers an imagined graphic tale of what really goes on in the consulting room; and Akeret (1996) follows his quest to discover "how the story ends" (1996, p. 16) with five of his former clients.

Some psychotherapists also offer insights into what life is *really* like as a therapist. Kottler (2017) explores the therapist's

struggles and difficulties, as well as the creativity and growth that can accompany this work. Adams (2014) explores the impact of therapists' personal lives on their clinical work, while Dryden and Spurling emphasise the "personal" rather than the "technical" aspects of becoming a psychotherapist through first-person accounts of how and why psychotherapists chose to pursue this profession (2014, p. xiii).

Instructional storytelling

Many papers exploring the use of story as a teaching technique take a cognitive stance by defining it as "instructional storytelling", which is predominantly used in the medical, scientific, military and engineering sectors (Brown, 2022; Csikar & Stefaniak, 2018; McDonald, 2009; Timbrell, 2017). Andrews et al. (2009; 2010) offer a practical guide to the four types of instructional story methods which can be based on "cases, scenarios, narratives or problems". McDrury and Alterio (2003) have identified "a five-stage learning-through-storytelling approach" (p. 12) – "story finding, story telling, story expanding, story processing, story reconstructing" (p. 17) – as a way to prioritise reflective learning. Clark and Rossiter recommend the use of "instructional case studies" so students can "learn to think like practitioners" (2008, p. 68).

Story also has a role in bringing concepts to life, giving them meaning and making them more personal and immediate (Kroth & Cranton, 2014). Emphasising the relationship of teller and listener in a "co-created process" is said to be key to the impact of story in training (Bradt, 1997; Gersie & King, 1990), especially when learners become active rather than passive in the learning process (Lawrence & Paige, 2016, p. 67).

Personal storytelling

There is strong agreement across writers and researchers that *personal* stories and anecdotes can have a higher impact in a training environment. They can help to enhance learning because "the human brain is a story-making and story-remembering instrument" (Fox Eades, 2006, p. 137). Personal storytelling in the classroom "means that the learner is moving from a cognitive understanding of an idea, principle, or concept… and linking it to their own experience…. and that engagement is more complex" (Clark & Rossiter, 2006, p. 31). However, what emerged from the literature is that any opportunity to bring the self into the classroom will inherently bring risk to the teller and the listener (Blundell et al., 2022).

I found little research looking at the effectiveness of storytelling in psychotherapy education, and so I drew on studies and papers reflecting on storytelling in higher education settings. A grounded theory study from Johns (2018) explored a teacher-centred view of storytelling in higher education, concluding that life experiences shared by the teacher with students help to bring theory to life and increase the incidence of story recall. Johns' research was the closest paper I found to my own study and influenced how I articulated some of the survey multiple-choice questions. This paper also connected me with theories of "andragogy" and the importance of experiential learning for adults (Caminotti & Gray, 2012; Holton et al., 2005).

To be effective, a personal story in the classroom needs to be "well-focused and derived from the immediate clinical setting" and cannot be told "in an off-hand way, with no specific purpose other than to shock or amuse their listeners" (Hensel & Rasco, 1992, p. 500.) I found it interesting to discover that a clinical vignette "must illustrate change" and be constructed "around a crisis" (Stone & Klein, 1989, p. 8) for it to have an impact on learning.

Transformative learning

My reading around theories of transformative learning (Calleja, 2014; Carter et al., 2019; Hunt, 2013; Macaskie et al., 2013; Mezirow & Taylor, 2009) led me to understand the emphasis on individual experience, critical reflection and authentic practice as a process of learning through change. "Expressive ways of knowing" (Taylor, 2009, p. 11), including storytelling, can be engaging and human aspects of this transformative process in the classroom (Davis-Manigaulte et al., 2006; Vaughan-Lee, 2019). Fundamentally, story engages with emotion, which can be "integral to the meaning-making process" (Dirkx, 2006, p. 16). Story can play a role in helping people transform – mirroring the work of psychotherapists, where change is facilitated in clients.

Story's ability to transform is also being substantiated by neuroscience, which states that our brains are hard wired to understand and retain stories (Oatley, 2011), and they can "light up" when they see or read a story (Berns et al., 2013). Stories "actually alter our brain and can even change the way we think and act" (Ellington, 2018, p. 229).

As many of the studies reviewed have come from higher education in general, rather than psychotherapy training in particular, I believed there was a gap in the literature to explore the use and impact of storytelling in counselling and psychotherapy training.

Methodology

Overview

This was a two-in-one study that firstly sought the perspectives of therapists (qualified and still in training) on the type of story they heard in their training, and how these stories impacted them – if at all. Secondly, it sought the views of counselling and psychotherapy tutors regarding the stories they tell in terms of which have impact, and which ones do not.

The project used a mixed-methods online survey (Terry & Braun, 2017; McBeath, 2020; Braun et al., 2020) to gather quantitative and qualitative data, using SurveyMonkey (2022) analytic tools for the quantitative data, and Reflexive Thematic Analysis (Braun & Clarke, 2006, 2013, 2019; Byrne, 2021) to analyse the qualitative free-text data responses.

An online survey is effective for when "a wide range of perspectives or positionings is sought" (Braun & Clarke, 2020, p. 11). In addition, using a "skip logic" function (McBeath, 2021) within the survey platform enabled me to direct therapists to one part of the survey, and tutors to another. I worked with a mixed-methods approach (Creswell & Piano Clark, 2018; Hesse-Biber, 2010) because "together, quantitative and qualitative approaches are stronger and provide more knowledge and insight than either approach alone" (Landrum & Garza, 2015, p. 207).

Philosophical assumptions

I hold an ontological position of critical realism (Bhaskar, 1978, 1979). This sits between objective reality (realism/quantitative approaches) and subjective reality (relativism/qualitative approaches). An absolute truth or reality may exist, but the way it is experienced and accessed will be through aspects of language and culture, as well as researcher interpretation (Clarke et al., 2015). As always for me, a metaphor or image helps to articulate the understanding of a complex concept. I like the metaphor of a prism that Braun & Clarke (2013, p. 28) use to describe critical realism as "looking at a view where the only way to see it is through a prism… what is seen is nuanced by the shape of the prism…. [and] you can never get beyond [the prism]".

My epistemological position is contextualism. This sits between positivism – where knowledge is "out there" and needs to be discovered – and constructionism – where knowledge is socially constructed (Braun & Clarke, 2013, pp. 30-31). Contextualism "has a foot in both camps" (ibid, p. 30). A mixed-methods approach – with a "foot in both camps" – therefore fits with my philosophical position.

Creating the survey

Following Terry & Braun's (2017, pp. 31-33) seven-step guide to creating an online survey, I devised a questionnaire based

on a review of the current literature, as well as discussions with colleagues and reflections from my personal experience as a therapist and tutor. I constructed the survey on the SurveyMonkey (2022) platform.

For example, the content of a multiple-choice question asking how story supports students' learning came from my experience of story bringing theory to life and making the

learning experience more engaging emotionally. Additional choices offered in the question – such as "feeling more involved" and "painting a picture" – were drawn from the literature review on the efficacy of storytelling as a teaching technique.

For the tutor part of the survey, there were 14 questions in total. Nine were multiple-choice questions with drop-down boxes – including how long they have been practising and teaching, and how they believe story supports learning. One question asked for their theoretical modality, and one asked for an optional email address. Five questions were open ended, free-text boxes to capture qualitative data:

- What comes to mind when you think of "story" in therapy training?
- Could you share an example of a story you tell when you teach, and why you believe it has an impact?
- Could you share an example when a story you told went wrong?
- If you're sharing any case material in your stories, how do you keep it confidential?
- Please use the space below for any further comments you wish to make on storytelling in psychotherapy training.

For the therapist part of the survey, there were 11 questions in total. Seven were multiple-choice questions with drop-down boxes, including how long their core training is/was, and how they believe story supports their learning. One question asked for their theoretical modality, and one asked for an optional email address. Four questions were open-ended, free-text boxes to capture qualitative data:

- What comes to mind when you think of "story" in therapy training?
- Could you share an example of a story during your training that has had on impact on you – and why?
- Could you share an example of a story you experienced as unhelpful or irrelevant during your training? And can you name why the story didn't work for you?
- Please use the space below for any further comments you wish to make on storytelling in psychotherapy training.

I piloted the survey, as "all kinks, quirks and confusions need to be ironed out before you give the survey to participants" (Terry & Braun, 2017, p. 32). Ideally it could be tested on 10% of the survey base (Braun et al., 2020, p. 9). I piloted the survey with six colleagues (therapists and tutors) who gave feedback on question content, experience of completion, and the time it took to complete the survey (between four and eight minutes). No one queried the content of the questions I was posing. Their main feedback was that they were unsure how much to write in the free-text boxes. I subsequently added the phrase "open-ended answer" to the qualitative survey questions, to encourage participants to write as much as they needed to.

Participant recruitment

For a project of this nature, typically 20-49 respondents are required (Braun & Clarke, 2020, p. 9). I was aiming for between 40 and 50 responses. However, the focus was on quality rather than quantity, as "dataset richness and ability to address the questions become more important considerations than reaching an exact number" (ibid).

McBeath (2021) emphasises the importance of marketing power in publicising a survey, which I did with a customised survey link "using graphics and a short summary describing the purpose of the survey" (ibid, p. 11).

My intention was to collect responses from counsellors and psychotherapists only, to create as homogenous a sample as possible. To achieve this, I recruited participants through my professional network, including some training institutes that I worked for, and by "purposive sampling" (McBeath, 2020).

Purposive sampling requires "proactively targeting potential participants from the desired response group" to ask if they will participate in the survey (McBeath, 2020, p. 182). By using this method, I was selecting participants who were interested in, and likely to value, learning through story. A link to the survey was posted on the online BACP Research Noticeboard for two months. I also shared the link with colleagues and peers in online networking groups on Facebook and LinkedIn social media platforms.

Ethical considerations

This project achieved ethical approval by the Metanoia Research Ethics Committee. A link to SurveyMonkey's data privacy policy was provided on the introductory page of the survey, as was a link to the Metanoia Institute's GDPR guidelines. Participants were told that completion of the survey indicated their consent, and their data would be treated confidentially. To ensure anonymity, the survey did not capture participants' IP addresses. The study was carried out in accordance with the BACP's Ethical Guidelines for Research in the Counselling Professions (Mitchels, 2019).

Data analysis

The inbuilt analysis tools within SurveyMonkey analysed the data quantitatively, producing some charts that will be included in the presentation of results.

The intention for this piece of research was to identify some key themes from stories told in psychotherapy training and the impact they have on learners – through collecting free-text comments as qualitative data. The method that could help achieve this aim is Reflexive Thematic Analysis (Braun & Clarke, 2006, 2013, 2021; Byrne, 2021), which can "capture and make sense of the meanings" (Willig, 2013, p. 65) from participants and "can usefully complement findings from survey-based research" (ibid, p. 63).

Terry & Braun (2017, p. 36) add that Reflexive Thematic Analysis (RTA) is a flexible method for "systematically identifying, organising, and offering insight into patterns of meaning (themes)" in qualitative data – especially in survey data. The choice of RTA is also informed by published studies in the field (McBeath et al., 2019, 2020) that used mixed-methods surveys and RTA to analyse the free-text generated from the survey, without the need for follow-up interviews.

Some of the free-text answers in the storytelling survey were a couple of words; others were several paragraphs. Braun et al. (2020) recommend not analysing survey responses question by question, but across the entire dataset: "Qualitative survey datasets *can* provide richness and depth, when viewed in their entirety, even if individual responses might themselves be brief…. [or] thin or perfunctory…. We have found it more productive to treat, and work with, the data as one *cohesive* dataset," (ibid, pp. 2, 4 and 10).

I followed this advice by copying and pasting the answers to the qualitative, free-text questions from the survey onto a Word document – one for tutors, and one for therapists – to create a "cohesive dataset" (Braun et al., 2020). I then analysed both documents by hand, using coloured pens to show my coding, and following the six stages of Reflexive Thematic Analysis (Braun & Clarke, 2006, 2013; Byrne, 2021; Clarke et al., 2015; Nowell et al., 2017):

1. Familiarisation with the data.
2. Coding.
3. "Searching" for themes.
4. Reviewing themes.

5. Defining and naming themes.
6. Writing the report.

The structure of Reflexive Thematic Analysis (Braun & Clarke, 2006, 2013) began with initial coding, identifying "common threads of meaning" and then "clustering into higher-order themes" (Willig, 2013, p. 58). Given the method's flexibility, as a researcher I could "be thoughtfully and reflexively engaged with the data and the process" (Finlay, 2021, p. 107).

Reflexive engagement

I enjoyed the data analysis process, which allowed for a lot more creativity and personal input that I had imagined. With all the qualitative data in one place – a Word document – I chose to code the data with coloured pens and sticky notes, later clustering the notes on large sheets of paper and devising initial names for the themes. This process was not linear and was more of a recursive process. I now understand this is all part of doing Reflexive Thematic Analysis: The researcher can move "sideways, backwards, and sometimes even around in circles… [which is] part of doing TA *well*" (Braun & Clarke, 2022, p. 36).

It was during the analysis process that I began to read more widely on transformative learning (Butterwick & Lawrence, 2009; Dirkx, 2006; Mezirow & Taylor, 2009) and the role story can play in helping to facilitate learning and to transform the inner processes of the learner. This transformative aspect of storytelling – added to my transpersonal preferences for story, image and metaphor – formed a lens through which I created and clustered my codes and named my themes. I needed to ensure in stages 4 and 5 (reviewing and defining and naming themes) that I did not use terminology that might seem too esoteric, and to ensure that the themes had universal relevance and relatability.

As I reflect on this process, I understand that I was telling stories about the data, filtered through my biased lens: "Analysis is always interpretative, and I increasingly see analysis as a storytelling role," (Lainson et al., p. 8).

Results and Discussion

The intention in presenting the data is to incorporate survey findings with an analysis using existing literature, because I can "spot lots of micro-connections between [my] analysis and the wider literature" and so "a combined results and discussion is

a good choice" (Clarke et al., 2015, p. 244). By integrating, the effect is "locating [my] analysis in relation to what already exists and showing how [my] analysis contributes to… what we already know about a topic" (Braun & Clarke, 2013, p. 257). The approach to the data analysis is "semantic and descriptive" (ibid, p. 252).

When using qualitative data extracts, therapist responses are numbered from 1 to 30. Tutors are labelled A to M. I begin with a summary of survey participants and follow with a presentation and discussion of the four main themes. Graphs illustrating the quantitative data are interwoven with the qualitative analysis.

Overview of storytelling survey participants

i) Tutors

Twelve counselling and psychotherapy tutors took part in the online survey: nine identified as integrative, two as psychodynamic, and one as person-centred. Half of the tutor respondents completed their own training between five and eight years ago.

ii) Therapists

Of the 30 therapists who participated in the storytelling survey, 28 declared their modality: eight were integrative and eight were transpersonal/integrative (a reflection of recruiting participants from my professional network, many of whom are transpersonal integrative practitioners). Four identified as psychodynamic, and five were person-centred/humanistic. There were single participants from the CBT, psychosynthesis and systemic modalities. Table 1 (below) shows how many years the therapist respondents have been qualified. There is an even spread across the experience categories, and six participants were still in training:

Therapists: number of years qualified:	Number (and %) of therapists
Still in training	6 (20%)
1-4 years	5 (17%)
5-8 years	7 (23%)
9-12 years	4 (14%)
12+ years	8 (26%)

Table 1: Number of years therapist respondents have been qualified

Overview of survey findings

Of the 30 therapists who responded to the survey, 27 (90%) agreed it was important or extremely important to hear stories as part of their training. All tutors (100%) who responded agreed that it was important or extremely important to tell stories when teaching counselling and psychotherapy courses. While the majority of survey participants believed that stories were important, it is worth acknowledging here that the overwhelming support for story in training may be a result of respondents self-selecting to take part in the survey because story already resonated with them in some way.

Presentation of themes

The process of analysing the data through Reflexive Thematic Analysis (Braun & Clarke, 2006, 2013; Byrne, 2021) produced four themes – each with sub-themes – which are illustrated in Figure 1 below. Each theme is explained and explored. Some of the qualitative free-text comments are included to illustrate each theme in more depth.
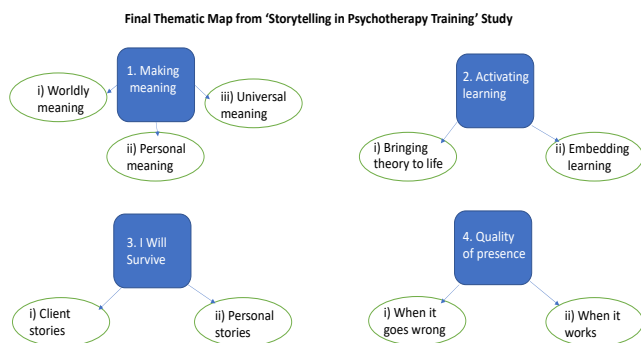

Figure 1: Four themes with sub-themes

Theme 1: Making meaning

The impact of hearing stories in training is predominantly to help students make meaning and sense from what is being taught. This theme began life as *personalising to make meaning* – where students needed to extract the personal from the general in order for a story to have impact. This was especially the case when fairy tales and myths were used by tutors in training.

I subsequently identified in the qualitative data a theme where story helps learners to make meaning in three different ways:

    i.   Worldly meaning.
   ii.   Personal meaning.
  iii.   Universal meaning.

i. Worldly meaning

Therapists and tutors describe story as a basic way that we interact as human beings. Tutor C comments that story is "the primary mode in which we understand ourselves, each other and the world", while Tutor D is "fascinated by… the ways we use story to understand ourselves". Therapist 29 is one of three therapist respondents to "recognise [that] stories are at the heart of how humans learn about and make sense of the world".

These comments link with other literature that illustrates "how we are first and foremost storytelling creatures" (Parkinson, 2009, p. 26) and that "story structures consciousness" (Bradt, 1997, p. 13). Story is a fundamental way that we come to know ourselves, each other and the world, and as therapists with our clients (Bradt, 1997; Coles, 1989; McAdams, 1993; McLeod, 1997; Polkinghorne, 1988).

ii. Personal meaning

A story in training has most impact if its meaning can be personalised. Therapist 25 expresses the importance of "relating to story and connecting with self and our own story". True meaning is uniquely personal to the listener, as these comments from two survey participants illustrate:

> The utility of storytelling is subjective both from the experience of how the story felt to the therapist… and to the [teller] of the story. Our lecturer was talking about unconscious repression and a colleague she worked with who was always "so nice" to everyone, passive, pleasing and seething. She said the external projection of niceness covered up a deep rage within. It is something I related to on a personal level (Therapist 10).

> The impact on me… was that each of us listeners identified with different parts of the story, different themes and different representations of areas had different personal meanings to us as listeners, and our tutor as the storyteller (Therapist 29).

Kroth and Cranton (2014, p. 27) comment that using story in training can trigger a transformative experience: "What may be a minor shift for one person can be a deeply insightful experience for another individual." The impact of story here seems to echo the critical realist position (Bhaskar, 1978, 1979) of a reality being "out there" but it can only ever be viewed through the "prism of our unique experiences" (Braun & Clarke, 2013, p. 38). "Stories are complex; we may appear to be looking in the same mirror, but we won't all see the same

thing – it depends on eyesight, angle, perspective, self-image, preconceptions and much more" (Parkinson, 2009, p. 21).

For this relatability and meaning-making process to occur in psychotherapy training, the story needs to *move* the listener, according to survey responses. Therapist 1 says a story *"*helps me to engage emotionally" and for Therapist 7 a story has no impact if there is no "connection from an emotional perspective". These comments link with research that "illustrate[s] the powerful emotional context in which much of adult learning occurs" (Dirkx, 2006, p. 15).

iii. Universal meaning

Connecting with a universal or archetypal truth in story is another layer of meaning for some study participants, who relate to story on a more spiritual level. This sub-theme was initially called *archetypal meaning* but I changed it to *universal meaning* so it could have wider resonance, and not tied too tightly to my transpersonal roots. Connecting with "patterns… to which we can match" (Parkinson, 2009, p. 26) can be an aspirational impact of storytelling in psychotherapy training, with the symbols in story connecting learners to aspects of the collective unconscious (Jung, 1991; Miller & Chodorow, 2004; Singer, 1972; Stevens, 2015). Dirkx's study (2006, p. 18) describes how symbolism and imagery in learning "mediate a conscious relationship with the unconscious content of our psyches".

These comments from survey respondents reveal how story connects them on a universal and spiritual level:

> Some stories engage the archetypal level of their consciousness and support learning on a non-cognitive level (Tutor D).

> Given our very unique experiences and ways of processing the world it is a miracle that we somehow find a common language. Stories and metaphors help us with it as through connecting with symbols we can identify what's common for us and then connect with it and with each other a bit more (Therapist 16).

> The power of the symbol and archetypal energy that a story holds resonates at an energetic level in the body (I find) so can be "known" in a way that mere words can't (Therapist 18).

The stories mentioned by participants relating to universal meaning that impacted them included the myths of Icarus (relating to burnout); Medusa (relating to the "death mother archetype"); and Iron John (themes of masculinity).

Participant responses are supported by research into transformative learning which encourages learners in counselling training to "notice their embodied responses… and then to explore these… This reflective focus on experiencing in the present helps to ground theory" (Macaskie et al., 2013, p. 356). Story fundamentally has a power to connect learners to "universal themes – … and our common humanity" (Vaughan-Lee, 2019, p. 23).

Theme 2: Activating learning

An explicit aspect of survey responses is that story is an *active agent* in students' learning: it is a core way for trainee therapists to acquire, assimilate, and embed knowledge.

This theme explores storytelling as an effective teaching technique that is "fundamental" (Tutors A and M) and "central" (Tutor F) to learning how to become a psychotherapist. Story has a huge impact on students' ability to absorb and remember what they are being taught, say many survey respondents.

Some of the quantitative data from the storytelling survey conclude that story is necessary and liked by students and tutors alike – and both groups of respondents believe that story facilitates the learning experience of students.

When asked how they believe stories support their learning, therapists' replies are summarised in Table 2 below. Respondents could tick more than one answer.
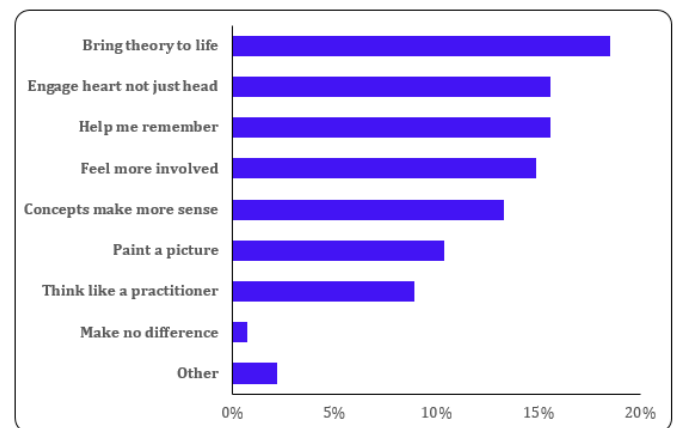

Table 2: How students believe story supports their learning

The top response is that stories "bring the theory to life" followed by "I feel they engage my heart as well as my head" and "they help me remember better". One of the "other" responses includes "they help me to engage emotionally". Therapist 9 sums up the strength of story in therapy training as a "low-risk, high-reward facilitation method".

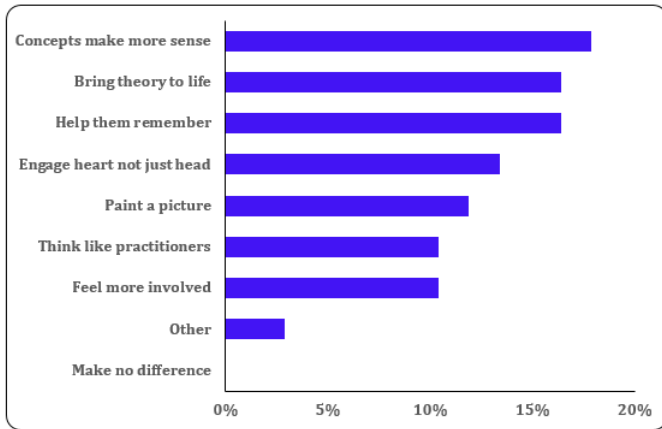Tutor replies to how they believe storytelling supports student learning are summarised in Table 3 below:

Table 3: How tutors believe story supports student learning

The top answer for tutors is they believe stories "help complicated concepts make sense" – followed by "they bring the theory to life" and "they help students remember better". While tutors and therapists agree on story enlivening theory and helping with recall, the engagement of "head and heart" appears less significant for tutors. This suggests that using story may help the tutor articulate a concept more effectively. For the student it appears to be the emotional content of the story that has the impact.

i) Bringing theory to life

An interpretation from the qualitative data validates these quantitative responses in that psychological theory can be experienced as dull and lifeless until story brings it alive and gives it context and meaning. A psychological concept needs to be explained and animated through story for it to be engaging and memorable, say several of the survey respondents:

Without story, theory is dry and removed (Tutor M).

[Story] brings what can be dry to life. It brings passion and realness to our work (Therapist 1).

It works when [tutors] bring information together with expression because this leads to engagement and learning… Straight theory delivered cold has no impact on me (Therapist 27).

Qualitative findings also show that story as a driving agent can take learners on a "journey" (Therapist 22). Story is described using various active verbs to show the dynamic impact it can have. Story can "relay examples" (Therapist 21) and "give context" (Therapist 1). Story has an impact, especially for visual learners, in its ability to "paint a picture" (Therapist 4) and to "demonstrate", "illustrate" and "show" a concept (Therapists 2, 9 and 15).

These findings are echoed in the words of Webb (2022, p. 205): "We only understand the world through stories. Even the most desiccated scientific document must capture its readers."

ii) Embedding learning long term

Some survey respondents say that story has impact not just in the here-and-now, but on learning and recall in the longer term. Tutors use phrasing such as "sinking in", "sticking with" and "lasting" to describe story's impact.

Very little will sink in without real-life example (Tutor M).

Story has a way of making [theory] memorable. Stories stick with you way longer than a piece of theory. Stories last in our hearts (Tutor A).

In contrast, ineffective stories are forgotten and do not enhance the learning experience. One of the qualitative questions asked was for an example of a story that did not work – and why. Mostly, responses were stories they had forgotten.

One doesn't come to mind, but this might be because it was unhelpful and thus not memorable (Therapist 6).

I don't remember. Most likely as they may have been irrelevant (Therapist 16).

Theme 3: I will survive

This theme focuses on the *explicit* learning that counselling students take from tutors' stories in training. The theme name is inspired by a comment from Therapist 11 about hearing a "story of struggle":

I had a tutor who was fantastic at illustrating concepts with stories from his own life. He shared how it was for him in recovery and the impact of being vulnerable. I will always remember how I felt connected with his, very human, story of struggle.

Hearing how tutors have overcome difficult clinical situations and survived them demonstrates to students that they, too, will be able to *survive* whatever may present in the consulting room.

Therapist participants were asked to choose from a list of story types to indicate which ones they liked to hear during their training, shown in Table 4 below:
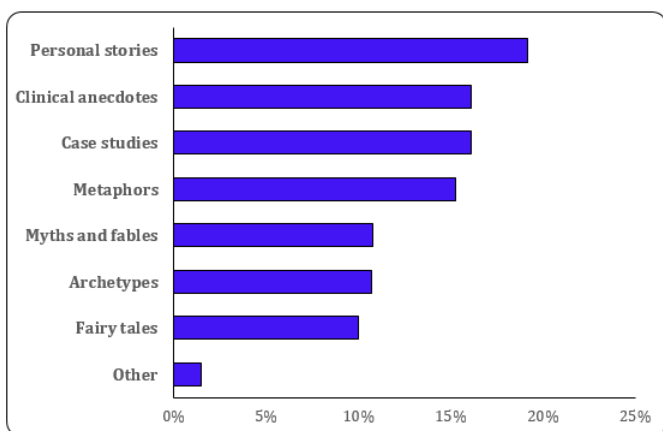
Table 4: Therapists reveal which type of stories they like to hear during their training

Top for therapists are tutors' personal stories from their practice. Joint second most popular types of story in training are case studies and clinical anecdotes. There is least interest in myths, fairy tales and archetypes. This suggests among my participants that there is a thirst for "real-world" stories from a tutor's practice, and less learning from archaic ones.

From tutors' responses to "what types of stories do you like to tell?" it is apparent that tutors *also* like to tell personal stories about themselves and their practice, as shown in Table 5 below:
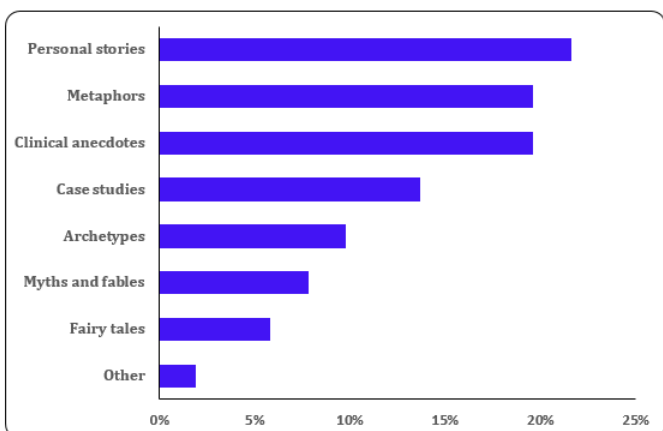

Table 5: Tutors reveal which type of stories they like to tell when teaching

Only one out of the 12 tutors who participated in the survey did not tick the "personal stories" box. Clinical anecdotes are the second most-used story mode of choice for tutors, jointly with metaphor. Fairy tales and myths and archetypes come in last – again suggesting that it is the clinical material tutors share, as well as stories from their practice, that are the most valued in terms of learning. It may be worth tutors noting that

therapists like to learn from case studies, and to include these more when teaching.

The free-text, qualitative responses support and validate the quantitative data by holding in high regard the stories told from the tutor's personal experience of being a therapist. An overall impact of these practice tales is imbuing in the trainee a sense of being able to *survive* whatever a client might bring into the consulting room.

i)   Stories about clients

Therapists and tutors express the value of stories from clinical practice where students can learn from how and when things go "wrong".

> I think of the stories from practice that teachers tell. I like to hear how they have handled a situation with their clients (Therapist 2).

> Usually [I share] stories of cases when teaching the fundamentals of counselling skills in order to give examples of how they have worked or not worked in session (Tutor E).
> Clinical vignettes, usually when something has not worked, to illustrate how therapy is never perfect and we all make mistakes (Tutor M).

Tutors sharing examples of client work with student therapists demonstrate that they can "sit with" and tolerate human emotion. Tutors demonstrate that they can *survive* even the most challenging client presentations – implying that students can also survive what they are presented with in the consulting room, and they can survive the re-telling of the incident in the training room. In essence, tutors are taking risks by telling these tales. "Any type of teaching that involves sharing lived experiences has an element of risk, for those who are sharing, and for those who are listening" (Blundell et al., 2022, p. 2). My sense is that showing mistakes may also shift the power dynamics within the student-teacher relationship, as learners realise the tutors are human, too. This has also been my experience as a counselling tutor.

Students report learning about interventions and techniques through hearing clinical stories:

> Therapist 1 describes feeling moved by a therapist/tutor "who sat with a traumatised client who couldn't say more than a few words for the whole hour… and he similarly hardly said a word but had a deep empathy for the client".

> Therapist 6 recalls a lecturer who explained the clinical use of splitting, the impact on the therapist, and how "to distance the clinician from the immediate feelings".

Tutor D shares the story of how they worked with an actively suicidal client to contain the risk: "The intrinsic peril of this story focuses people on the fact that this work is serious, non-theoretical, and sometimes literally about life and death."

The tutors, through their stories, are in essence demonstrating how to be effective practitioners. They are teaching the basics of clinical practice and illustrating how to hold a client's process. This approach would be helpful and appropriate for teaching the "Level 1 Therapist" from the Integrative Developmental Model (Stoltenberg and McNeill, 2010). The focus in Level 1 is on what trainees need to *do* to support their clients. Students of counselling and psychotherapy at this stage will often seek out demonstrations that they can emulate so they can feel they are *doing* the right things as a developing practitioner, as these data extracts show:

> In terms of hearing stories about clinical experiences, I also find these moving and helpful illustrations for my training, putting things into context. I try to search for the meaning behind them which might be implicit (Therapist 26).

> In terms of clients' stories, I find them very compelling and moving to listen to (Therapist 24).

> The trauma lingered because nothing was alright and she was even more confused and frightened thereafter. The story impacted me because it highlighted that, as practitioners, we should never assume what memory or moment has affected our client (Therapist 20).

In analysing these comments from the survey, I identified a pattern of "trigger-resource-response". The trigger could be the crying, or the anger, or the traumatised silence. The tutor-practitioner demonstrates reaching inwards to gather their resources. They then respond humanly with empathy and compassion, demonstrating that they can work with the issue or emotion the client is presenting. The impact of hearing these stories could also help the student therapists to tap into their own resources within – and know that they, too, can survive and thrive during these clinical experiences.

I believe this finding relates to andragogical theory, where, for the adult learner, "experiential knowledge is necessary for the educational process to be effective. Experience becomes the text book" (Forrest & Peterson, 2006, p. 118).

ii)   Personal stories

Tying in with "making mistakes and surviving them" comes tutor vulnerability in talking about themselves and their failings, their challenges, and how they have overcome them.

Tutor F describes how they have self-disclosed on occasion in the spirit of teaching through example:

> I talk about my experience of having anxiety making examples funny, so that we can begin to identify and understand what's going on neurobiologically and what unconscious process I may have been wrestling with… This helps then engage with their own anxiety and glimpse how it might look in the room with clients….

> In sharing a clinical case example with the group, I explained the connecting theory wrongly and got muddled. However, it became a learning experience for us all around how to handle mistakes, we all make them and how important thinking together is.

This type of tutor story is generally well received by learners. Therapists in the survey report appreciating the courage tutors show in tolerating and overcoming difficulties and in showing their vulnerability, as this example demonstrates:

> The tutor, in his therapist role, conducted a behavioural experiment where he… pretended to wet himself in public with it showing on his trousers with the client to see what happened. I felt very moved by the tutor/therapist's commitment to the client and bravery, and belief and confidence that this experiment would be helpful (Therapist 24).

My personal response to this theme was one of surprise and shock that some tutors are prepared to reveal so much about themselves personally. I was taught during my training not to self-disclose, and to remain neutral, as otherwise it could make the therapy space about *me* rather than about the client. Researching this further, I discovered that apparently 90% of therapists self-disclose to their clients (Mathews, 1989). For client-centred therapists, self-disclosure is seen as a positive intervention to model "openness, strength, vulnerability, and the sharing of intense feelings" (Henretty & Levitt, 2010, p. 63); doing so, encourages the client to do the same.

Since completing this research, I have begun to self-disclose more in my teaching, but only in ways that I believe will serve the students (for example, reflecting on when a piece of client work did not go well). I am also learning to self-disclose more about my research process by reflexively revealing some of my "workings out".

My sense from this storytelling research is that self-disclosure stories are only valued by students if they are relatable and told with humility. As Therapist 11 comments: "I heard some

stories which were told on a boastful or comparative way very dull and irrelevant." I can conclude that intention, as well as delivery, will affect the impact of a personal story. Plus, the tutor's vulnerability and humanity *must* shine through.

Fox Eades (2006, p. 14) comments further on the creative act that storytelling in training becomes once a tutor can share their unique and human experiences: "You are creating something unique, something that draws on who you are and what you have experienced…. You show them by example that taking creative risks is not only survivable, it is enjoyable too."

Theme 4: Quality of presence

This theme is more nuanced and looks at what the tutor is *modelling* in the training room. This includes the style and delivery of teaching, and how the tutor relates to the students. What I have identified in the qualitative survey data is the existence of a multi-layered relationship. The tutor is in relationship with a client, relaying in a relationship to students about the clinical relationship, while teaching them how to be in a therapeutic relationship. This is not just about what the tutor is *doing*. It is how the tutor is *being* that also has impact on students.

Macaskie et al. expand on this point:

> The tutor-student relationship is centrally important in the trainee experience because tutors as educators, mentors and professional practitioners are able to model their practice and facilitate learning through "connoisseurship" (Polanyi, 1969) of their professional skills and being. Also important is the sharing of experience and professional wisdom to illustrate theoretical ideas (2013, p. 359).

The naming of this theme, *Quality of Presence*, is closely aligned with my transpersonal modality. During my training we were taught that quality of presence was a strong, requisite quality of a good therapist. Therapeutic presence can be a challenge to understand – it has to be lived rather than defined – as it is a "mysterious process" with a "fluid, ineffable nature" (Finlay, 2022, p. 38). However, presence is said to be "bringing one's whole self into the encounter with a client" (Geller, 2013, p. 209), and it is where "therapy is done at a more subtle level of consciousness" (Rowan & Jacobs, 2002, p. 71). I believe these subtle aspects have emerged in my study. They are also shown when the tutor is aligned – and when the attunement is "off", as the examples below reveal.

When story goes wrong…

The language tutors use when their stories have not "worked" has been around misreading the moment or not being aligned

with what is happening in the room – just as therapists may sometimes lack attunement with their clients. Tutors share some of their experiences:

> Occasionally I miss the emotional tone of the moment and it sits uneasily (Tutor C).

> I'm sure that sometimes I've mistimed or mistuned to a student. Impossible not to have done (Tutor M).

The impact on students of dull or irrelevant stories, out of context, can be to dislike the tutor or not to feel supported in their learning, especially if the story does not have a relevant or moving message:

> I think where tutors have shared anecdotal examples where, maybe because of their delivery, or possibly, my lack of respect for them as teachers, I had not been able to get a sense of the client and the story didn't move me (Therapist 1).

> Hero of their own tale narratives can be a bit tedious (Therapist 9).

When story works…

Tutors in the survey show that they work intuitively when they teach. In the quantitative data, 11 out of 12 of the tutors say they use story in a spontaneous way rather than pre-planning it.
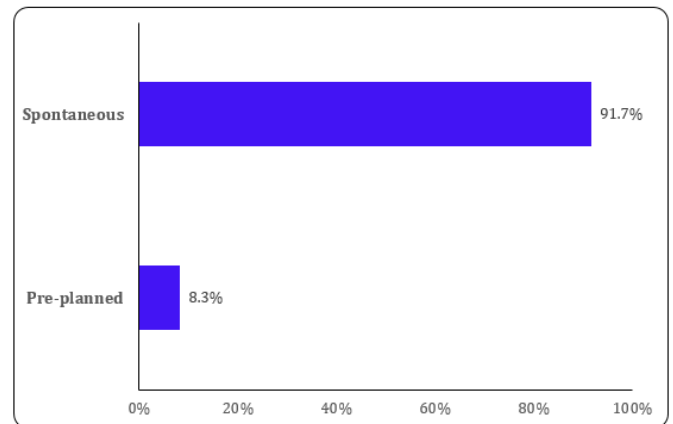

Table 6: Tutors reveal whether they pre-plan or deliver a story spontaneously

That spontaneity may be a product of the tutor's attunement to the group experience, and their ability to bring a story that resonates with what is unfolding in the moment. This quality of presence that a tutor demonstrates also emerges as a key theme in the survey's qualitative data. A tutor's presence and style can determine how much impact their stories have, as these therapists attest:

I nearly always find a story told in a heartfelt and authentic way helpful (Therapist 11).

How passion for counselling takes over and enlightens trainees (Therapist 26).

Storytelling has been a big part of this course for all of us - especially for my tutor, who has learned to be a storyteller, and is constantly going off on big personal tangents when he delivers theory. I think this brings him huge joy in his teaching, and to us all in our learning experience (Therapist 29).

I would argue that any time a tutor is teaching – they are telling a story… It is the quality of presence of the storyteller themselves that makes all the difference (Therapist 27).

These findings on "modelling" being a practitioner are supported by transformative learning experts (Butterwick & Lawrence, 2009; Taylor & Jerecke, 2009) who say that tutors become "a model for the learners to imitate and live up to" (Illeris, 2014, p. 11) – and this is something tutors need to be conscious of and work with.

The survey results also tap into relational learning theory (Aspelin, 2021), where a teacher "facilitates learning" (Biesta, 2017, p. ix) in who they are as well as what they say. "We affect the lives of students not just in what we teach them by way of subject matter but in how we relate to them as persons," says Noddings (2003, p. 249.) I could offer an interpretation here

and suggest that there could sometimes be a parallel process happening whereby the students feel relationally close to the tutor and are perhaps mirroring some of their earlier life developmental experiences.

However, the learning does not just come from tutors. Some learners also appreciate hearing stories from their colleagues on the course. Therapist 5 says what impacts them is "life stories of peers and their journeys to become counsellors, including their adversities, differences". This may link with the "story of struggle" (Therapist 11) that can be overcome through the relationship – between therapist and client, and between tutor and student – that is discussed and experienced during training.

Bringing that relationship to life through presence in the training room is fundamental. Bradt (1997, p. 11) says: "What is really being exchanged is the gift of *knowledge-as-personal-presence… storied* knowledge is supremely and essentially relational."

Critical Evaluation

Looking at this research reflexively, my transpersonal modality with its emphasis on story and symbol (Edinger, 1994; Jung, 1964; Rowan, 2005), has influenced how I analysed the data and interpreted the results. I am interested in universal truths and archetypal resonance. I am fascinated by the transformative power of storytelling (Ellington, 2018). I am conscious that I hold story in such high regard and therefore looked for ways that tutors and therapists "elevated" the role of story in their journeys. This was the lens through which I viewed and analysed the qualitative data.

The therapists and tutors who participated in the survey were all interested in story – as evidenced by the quantitative data. The purposive sampling method I used to recruit participants was potentially biased because it was not random, and this may have influenced the results too. People who were not interested in story did not complete the survey, emphasising that "one's sample will in part be defined by who is prepared to be included in it!" (Smith & Osborn, 2015, p. 29).

"Story" is so vast as a topic that it is a challenge to find one definition. Sometimes respondents refer to myths, at other times to clinical stories. A tighter definition of story may have given a stronger focus for the analysis.

The online survey was intentionally aimed at a wide audience and helped gain a variety of responses from which to identify a future area of research. However, in aiming for breadth, the study arguably lost depth. The data offer "headlines" and a

"snapshot" into the impact of storytelling in therapy training as opposed to in-depth insight.

I found the process of using Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2013, 2022) to be creative and insightful. I found it helpful to have a series of "steps" to follow – though I soon learned that the process was not at all linear. I appreciate the "reflexive" part of TA as it very much allows the researcher to create their own story from the data – as opposed to "discovering" codes and themes from within. I kept the tutor data separate from the therapist data, which enabled me to compare and contrast experiences and stances. I enjoyed using RTA to the point that I will be using it again as I move forward to my final doctoral project.

For further research in this field, it may be an option to explore the experiences of therapists still in training, of qualified

therapists reflecting back on their experience of training – or solely of tutors' experience in delivering training. A further possible study could look at which parts of a story will sing to an audience.

The "stories of struggle" (Therapist 11) on the journey to becoming a psychotherapist, however, is where I will pursue my next piece of research. I am curious about the transformative learning process (Mezirow & Taylor, 2009) and understanding the critical moments through which therapists form their professional identity (Illeris, 2014; Woo et al., 2017). Most importantly, I'll be hearing the stories of how students *become* therapists: how – through their narratives – they face, overcome, and reflect on their struggles during this heroic journey (Campbell, 2008) to becoming qualified and practising psychotherapists.

Summary and Conclusion

I discovered that students like to learn through story, especially through personal stories from the tutor's practice. Both quantitative and qualitative data validated this finding.

For story to have an impact in counselling and psychotherapy training it must be timely and relatable; it must move the listener and be delivered in an impassioned and authentic way. The tutor needs to attune and relate to the audience and adapt/deliver the story accordingly. Story needs to be in context and have meaning – though the meaning may be revealed implicitly over time. Stories also need to be brief "as it can feel like time is passing unless you get to the objective relatively quickly", says Therapist 17.

Learners love a "story of struggle" and how to survive it. Ultimately, it is the tutor's modelling of an attuned and compassionate relationship where true learning lies.

> When students meet individuals who are bearing witness to the challenges, injustices, and joys of life, they become engaged, passionate learners who in turn reflect on their own lives and their place in the world (Vaughan-Lee, 2019, p. 23).

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