Portfolio Volume 1: Major Research Project

The perspectives of systemic therapists on using their relational skills to work with friends: A qualitative study

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"We pick our friends not only because they are kind and enjoyable company, but also, perhaps more importantly, because they understand us for who we think we are."

— Alain de Botton, 2000, The Consolations of Philosophy

This thesis is dedicated to the loving memory of a dear friend.

I extend my heartfelt gratitude to the participants who generously gave their time and trusted me with their thoughts and stories; I hope I have done them justice.

I thank my family for their endless care and unwavering support throughout this journey. Your encouragement and love have been my foundation.

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Abstract

This research examines systemic therapists' perspectives on using relational skills to work with friends in therapeutic settings. The main objective was to explore how systemic practitioners perceive and approach the concept of 'friend therapy.' The researcher conducted semi-structured interviews with seventeen systemic practitioners and utilised reflexive thematic analysis to identify five key themes. The study suggests that friend therapy was a novel topic for systemic practitioners, with most participants having not considered it before the interview. Reactions to the concept varied and were potentially influenced by participants' professional and personal experiences, identities, and cultural contexts. Where participants expressed values for family over friends, they also reflexively considered whether they were drawing on socially and institutionally reproduced norms. Therefore, the study suggests systemic therapists could engage with the concept of 'friend therapy,' grappling with the complexities of taken-for-granted knowledge and considering its potential use when invited. The study also highlights systemic therapists' awareness of potentially evolving relationships in contemporary society. Participants mentioned factors such as economic crises, globalisation, and changing marriage norms as potential influencers on societal dynamics that may elevate the importance of friends. They suggested that the increased significance of friendship could be particularly relevant for communities disconnected from their family of origin, such as the LGBTQIA+ community, migrants, or individuals with care experience, where friendships may serve as surrogate families. Furthermore, participants proposed that if friendships become more central, they might involve complex dynamics that could benefit from therapeutic intervention. The study's conclusions have clinical implications for where friend therapy might be relevant, training implications for systemic practice training institutes, and ideological implications regarding the focus on 'family' in systemic practice.

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1. Chapter 1: Introduction

1.1 Chapter overview

In this chapter, I establish the context for my research exploring systemic therapists' perspectives on using their relational skills to work with friends. I begin by reflexively positioning myself and detailing my epistemological stance to ground the reader in my approach. I follow this with an overview of the topic, summarising relevant theoretical and research literature to help situate the research within its broader contexts and orientate the reader.

1.2 Personal and epistemological position

1.2.1 My relationship to this research

Growing up in a deprived London borough, I found solace in the bonds of friendship. In a space where, as children, we became so accustomed to violence that we normalised it, my friends became my lifelines. Together, we walked through turbulent times, learned from each other and laughed in the face of shared struggle.

As I grew, so too did my friendship group. I am fortunate to have a large, interconnected circle of friends. Yet, amidst the backdrop of our tight-knit community, tragedy struck with the untimely loss of a dear friend. In the face of grief, our friendship circle became a haven. Through tears and laughter, we navigated the painful journey of loss, finding comfort in the unwavering support of those who knew us best. I came to cherish the bonds that tied us together, viewing my friends as companions and an extension of my family. These experiences left an indelible mark on my soul, shaping my belief in the transformative power of friendship alongside its complexities.

A dichotomy struck me when I trained at the Institute of Family Therapy. On one hand, systemic therapy offers an expansive view of interconnected human relationships. This perspective resonated with me, challenging me to see individuals not as isolated beings but as parts of complex webs of influence. However, alongside this expansive view, I noticed a narrowness in the approach to who we

see in therapy. Despite the emphasis on relational dynamics, there seemed to be a rigid criterion dictating which relationships were included in therapeutic intervention. From my perspective, this tension between the expansive worldview of systemic theory and the narrow parameters for inclusion in therapy highlighted a broader issue within the field—a discrepancy between theory and practice, ideology, and implementation.

These questions and personal experiences shaped my research project on understanding the perspectives of systemic therapists' on using their relational skills to work with friends. Rooted in my appreciation for the value of friendship, I cannot help but see the potential benefits of extending therapeutic support to these cherished relationships. After all, if friendship could be both my anchor in times of trouble and fraught with myriad complexities, could it not also be the same for others?

Braun and Clarke (2022) describe the importance of transparency and self-awareness in qualitative research, prompting me to acknowledge my biases. I recognised the interplay between my beliefs and experiences, which made me acutely aware of the need for critical reflection while approaching this research. However, while my views about the value of friendship are undeniably biased in its favour, my beliefs regarding the wellbeing industry are more nebulous. While friend therapy holds promise, I could not help but question the implications of introducing therapeutic interventions to support friendships. Was there a risk of pathologising and commodifying yet another relationship and reducing human connection's richness to a diagnostic criterion? Both my experiences and these questions about the wellbeing industry helped me navigate my subjectivities.

1.3   Epistemological stance

Epistemology forms the bedrock of any research endeavour, guiding the researcher's assumptions about the nature of knowledge and its relation to reality (Willig, 2013). In this study, I aimed to explore systemic practitioners' perspectives on working with friends therapeutically. To undertake this, I adopted a critical realist stance.

Critical realism encompasses both ontological realism and epistemological relativism (Harper & Thompson, 2012). Ontologically, it posits the existence of an external reality independent of human

perception while epistemologically acknowledging that human knowledge is socially constructed (Sword et al., 2012). Thus, critical realism sits between realism and relativism. While a realist perspective assumes the existence of knowable truths and posits that research data directly reflects reality, a relativist viewpoint contends that truth is socially constructed and subject to multiple interpretations (Harper & Thompson, 2012). Therefore, critical realism integrates the realist aspiration to apprehend the underlying truths of the world with the recognition that the researcher's data may not offer direct access to reality (Willig, 2012).

This position aligns well with the research goals, considering that friendship and therapy may be socially constructed phenomena with diverse expressions that appear to be influenced by temporal, geographical, and cultural contexts, each of which has material implications for people's lives. By adopting a critical realist approach, the study acknowledges the multifaceted nature of social reality and the intricate ways in which broader social contexts shape participants' perceptions and experiences of friendship and therapy (Willig, 1999).

Critical realism acknowledges the inherent subjectivity in knowledge construction, proposing that individuals' beliefs influence their interpretation of reality (Bunge, 1993; Madill et al., 2001). Hence, I avoided adopting a simplistic view of qualitative research, in which my role was to amplify participants' voices (Fine, 1992). Instead, I assume that my experiences, identities, and contexts shape the lenses through which I see the world (Braun & Clarke, 2006). Therefore, it is always a co-construction when research includes participants' voices (Fine, 1992).

In the method chapter, I explore these concepts further, outlining specific strategies employed to navigate the complexities of knowledge construction and enhance the validity and reliability of the research findings.

1.3.1   Insider outsider researcher

Navigating the complexities of insider and outsider status involves recognising that these roles are not fixed categories but fluid. Our social identities, such as age, gender, and professional background, can influence how we perceive ourselves and others. Researchers rarely exclusively

occupy an outsider or insider position (Kerstetter, 2012) and in the context of this research, my position is nuanced. For example, while I previously trained as a systemic therapist to an intermediate level, I have not fully qualified as a family therapist. Therefore, my position shifted depending on the level of qualification and years of experience of the participants I interviewed, most of whom were older, had a higher qualification level and several more years of experience than me. Some participants may have perceived me as an insider due to our shared training experiences and others may have viewed me as an outsider due to my incomplete certification.

Furthermore, while I have a background in systemic practice, it is pertinent to acknowledge that I approached this research in my capacity as a trainee clinical psychologist. While this could mean that I bring an outsider perspective to the research, some participants could have interpreted it as clinical psychology appropriating systemic practice. Therefore, age, professional experience and background are some ways power may have operated during the interviews. Consequently, my identities and experiences as an 'insider' or 'outsider' are co-constructed and dependant on the participant (Subreenduth & Rhee, 2010). Throughout this research, I deliberately discuss my positionality and acknowledge my role in the project, hoping that it will offer the reader a more comprehensive perspective of the methods utilised and enable them to disentangle participants' from the researcher (Greene, 2014).

1.4   Background

In the remainder of this chapter, I outline the literature relevant to friend therapy in a systemic context. I start by situating friendship in a cultural and historical context. Then, I discuss literature on the psychology of friendship. I conclude the chapter by discussing the range of therapeutic interventions aimed at friendship across disciplines and then specific systemic practices related to friendship. To support the reader's understanding of how this chapter relates to the ones that follow, I have developed Figure 1 as a guide:

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The social construction of friendship: This section examines how friendship has been valued differently across various cultures and historical periods, highlighting that our current views on friendship are not static but are shaped by social and cultural contexts.

Psychology and neurobiology literature on friendship: This section reviews psychology and neurobiology research that underscores friendships' critical role in mental and emotional well-being.

Individual friendship interventions: This section discusses therapeutic interventions, such as cognitive-behavioural therapy, that work individually with clients to develop friendships.

Historical use of friends in systemic therapy: This section explores how systemic therapists have involved friends primarily as support for the identified client or family, often overlooking the relational dynamics and complexities within friendships themselves.

Scoping Review: This section reviews the literature on systemic therapy interventions that consider going beyond using friends merely as resources, instead focusing on relational approaches that integrate the dynamics of friendships into therapeutic practice.

Present Research Project: This section outlines the current research project, detailing its aims, methodologies, and the specific questions it seeks to answer to fill gaps identified in the previous sections regarding integrating friendships into systemic therapy.

Figure 1 - Overview of the thesis

1.4.1   Marriage and friendship through time

In this section, I will mainly draw upon Stephanie Coontz's conceptualisation of the history of marriage, family structures and friendship. However, there are likely different ways to construct this history. Coontz (1992, 2004, 2006b, 2006a) argues that marriage and friendship have performed an intimate relational dance throughout Western history as each is positioned in relation to the other. Below, I outline the dance between marriage and friendship in different eras.

16th and 17th centuries: Arranged marriages and friendship

Researchers claim that in the 16th and 17th centuries, families arranged marriages primarily for political, economic, or social advantages (Coontz, 2004). They claim that people in this period

considered love a fortunate but non-essential outcome of marriage (Sow & Friedman, 2020). They suggest that such marriages elevated the importance of friendships, which people valued for their capacity to provide the emotional connection and companionship that transactional marriages lacked (Coontz, 2006a).

Late 18th and early 19th centuries: The rise of romantic love

Research suggests that societal attitudes toward marriage shifted to the idea of 'unions' during the late 18th and early 19th centuries (Coontz, 2004). They argue the Industrial Revolution initiated this change as men went out to work while women took care of domestic duties, creating a separation between private and public spheres that led to the belief that men and women had inherently different skills (Coontz, 2006b). The title of Gray's (1992) contemporary book, "Men Are from Mars, and Women Are from Venus" encapsulates this idea. The literature claims that this separation of men's and women's duties led to the notion of complementary sexes, suggesting that marriage was necessary to gain access to the traits of the opposite sex (Sow & Friedman, 2020).

Researchers claim that during this period, when societal norms rigidly segregated men and women, homosociality was the norm (Baber & Allen, 1992), encouraging people to form close bonds with those of the same gender (D'Emilio & Freedman, 2012). The literature says women found liberation and emotional connection in their relationships with other women (Coontz, 2006a), often forming close bonds that might be considered romantic by today's standards (Sow & Friedman, 2020). Similarly, men developed close same-sex friendships, as evidenced by old letters expressing deep affection, which modern readers might interpret as intimate (Coontz, 2006b). Researchers say these friendships often superseded marital relationships in intensity and emotional connection, were common and embraced by the dominant culture (Coontz, 2006b; Faderman, 1985). They claim friendship bonds often became life-long relationships that survived marriage and geographical separation during this time (D'Emilio & Freedman, 2012). However, researchers suggest the societal norms that encouraged same-sex friendship curtailed cross-sex friendships as men and women were deemed too fundamentally different to bond (Sow & Friedman, 2020).

Late 19th early 20th century: Companionate marriage and suspicion of friendships

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Research on the late 19th and early 20th century, suggests there was a shift in the perception of intimate friendships as people began to believe they could impede closeness in marriages (Coontz, 2006a). Researchers believe 'companionate marriage,' where couples were encouraged to be friends and as well as lovers, emerged in response (Hunt, 2016). They claim the shift to companionate marriage was influenced by Freud's theories that emphasised the importance of fulfilling sexual relationships in romantic partnerships (Flemke, 2001). Further, Freud's assertions that deep emotional bonds could have sexual implications led to behaviours like holding hands among friends being interpreted with sexual undertones (Coontz, 2006a; Sow & Friedman, 2020). Consequently, they suggest these ideas stigmatised same-sex friendships, resulting in open expressions of affection between friends becoming less socially acceptable as people viewed close same-sex friendships as a threat to male-female romantic relationships (Sow & Friedman, 2020).

1950s: Idealisation of marriage

Societal norms of the mid-20th are said to have emphasised the virtues of the nuclear family, which supported the industrial economy (Coontz, 2006b). Literature indicates that society urged women during this period to pursue marriage and motherhood to achieve complete fulfilment and men to rely on their wives to manage their social lives and support them emotionally (Sow & Friedman, 2020). The research argues people's social connections narrowed as the family turned inwards, limiting interactions with friends (Coontz, 2006a).

1960s and 1970s: Challenges to traditional gender roles

During the 1960s and 1970s, the feminist movement gained momentum and challenged traditional gender roles (Sow & Friedman, 2020). More women entered the workforce, achieving economic independence, which led to a re-evaluation of the traditional marital roles expected of them (Flemke, 2001). Researchers claim the feminist movement encouraged women to seek fulfilment beyond the confines of home, leading to a rediscovery of the importance of friendships for companionship (Coontz, 2006a). They also claim this shift inspired men to appreciate deeper connections with friends, a departure from previous generations' focus on the wife as the sole emotional partner (Sow & Friedman, 2020).

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Contemporary society: Reliance on marriage for intimacy

The shift back towards a focus on the nuclear family in contemporary society is said to be due to the demands of the post-industrial economy (Coontz, 2006a). Reportedly, as both partners in a household entered the workforce it resulted in people having less time to socialise outside of the family (Coontz, 2006a). Parents are reported to spend more time with their children at the potential expense of friendships (Coontz, 2006b). Economic factors might also influence friendships, with a country's GDP reportedly playing a role in shaping social networks (Hill et al., 2019; Moniruzzaman & Andersson, 2008; Muazzam & Nasrullah, 2011; Ward & Viner, 2017). Researchers suggest that higher GDP potentially enhance individuals ability to pursue personal goals, which can include social interactions (Hill et al., 2019; Moniruzzaman & Andersson, 2008; Muazzam & Nasrullah, 2011; Ward & Viner, 2017). Conversely, lower GDP is said to result in more stressful relationships due to increased life difficulties, potentially leading to a decreased valuation of friendships as individuals focus more on familial ties, especially when longer working hours limit the time available for broader socialising (Perkins et al., 2015; Veenstra, 2000). Furthermore, research on income inequality suggests that in societies with high inequality, friendships could become transactional, focusing on status and financial gain (Cheung, 2018; Hill et al., 2019; Oishi et al., 2011; Perkins et al., 2015; Pickett & Wilkinson, 2015). This complex interplay between economic conditions and social structures suggests that friendships are not only personal choices but may also be influenced by broader socioeconomic environments.

Consequently, economic inequality potentially reinforces the central role of the nuclear family in people's lives and may diminish their capacity for broader community engagement (Perkins et al., 2015; Veenstra, 2000), which can mean marriage becomes overburdened (Perel, 2007). Franco (2022) claims that the cultural norms that place undue emphasis on romantic relationships can lead individuals to rely predominantly on their partners. Similarly, Perel (2007) suggests that in contemporary relationships partners are expected to fulfil the needs that a diverse community would have in the past. This insular focus can narrow the range of perspectives through which individuals see themselves, echoing Adichie's (Adichie, 2009) warning against the 'Dangers of a Single Story.' Such a constrained view is potentially problematic because, as Cooley (1902) articulates, our self-

conception is shaped by our perceptions of how others see us. Research from Proulx et al. (2009) supports this idea, indicating that a diversity of friendships enriches romantic relationships; as people broaden the range of people who witness them, it appears to enhance their resilience to conflicts within the relationship. Thus, research suggests that maintaining social connections beyond romantic partnerships can help maintain a balance in them (Franco, 2022).

In summary, the literature suggests the relationship between marriage and friendship has undergone changes influenced by cultural and economic shifts (Coontz, 1992, 2004, 2006b, 2006a; D'Emilio & Freedman, 2012; Faderman, 1985; Flemke, 2001; Sow & Friedman, 2020). I believe this historical lens indicates that friendship may be socially constructed, evolving to reflect each era's cultural norms, economic demands, and societal expectations.

1.4.2   Friendship by region

Researchers have claimed that friendship is a universal aspect of human societies (Cohen, 1961), yet its expressions appear to vary across cultures (Baumgarte, 2016; Lu et al., 2020). Some cultures are reported to maintain flexible definitions of friendship, whereas others are said to have more stringent criteria, that potentially impact their expectations of these relationships (Goodwin & Hernandez Plaza, 2000; Stewart & Bennett, 1991). For instance, people in the West are said to have more extensive social networks, whereas Ghanaians are reported to be more selective (G. Adams & Plaut, 2003). Researchers also claim the depth of intimacy and interaction within friendships differs across cultures; British adolescents, for example, appear to place a higher value on intimacy and quality interactions than their Chinese peers, who may prioritise other aspects such as loyalty and support (Keller, 2004; Keller et al., 1998).

Furthermore, the stability and flexibility of friendships is reported to vary: some societies appear to have more stable, longstanding relationships, while others reportedly enjoy greater relational mobility (Bauman, 2000). Bauman (2000) argues that this is the impact of globalisation. His 'liquid society' concept describes the shift from a stable society to one characterised by constant change. Bauman (2000) posits that in the past, people in the West were rooted in one place, which he claims made family central to their lives. However, he claims increased mobility led to a network society

where people often live far from their families, which he suggests makes friendships more vital, as they fill the gaps left by family. (Bauman, 2000). Furthermore, researchers claim it leads to higher trust towards strangers and a more proactive approach to maintaining relationships (Kito et al., 2017; Schug et al., 2010; Thomson et al., 2018).

Additionally, the cultural dimensions of individualism and collectivism are reported to shape the dynamics of friendships and influence how they are formed, maintained, and valued (Hofstede, 1984; Triandis, 1995). Individualistic cultures are said to have broader social networks, with people often forming friendships with less caution (G. Adams, 2005). Researchers claim this contrasts with collectivist cultures that are reported to form closely bonded familial-like networks that prioritise interpersonal harmony (Hofstede, 1984; Keller et al., 1998; Triandis, 1995). In these societies, friendships appear to be fewer but carry deeper emotional bonds, often seen as family extensions, with a strong focus on loyalty and mutual support (Hofstede, 1984; Keller et al., 1998; Triandis, 1995).

In summary, the diverse attitudes toward friendship suggest how social values, norms, and backgrounds may influence friendships across different cultures (E. Day, 2023; Lu et al., 2020). I believe this geographical lens also indicates that friendship may be socially constructed, evolving to reflect each regions cultural norms, economic demands, and societal expectations.

1.4.3   Defining 'friend'

I have been working to suggest that cultural norms of a specific time and place shape friendships (Coontz, 2006b; E. Day, 2023; Dunbar, 2021). Trying to encompass the myriad aspects of the concept makes definitions like Merriam-Webster's (2024) that a "friend" is "One attached to another by affection or esteem" (Merriam-Webster, 2024) seem empty as it does not capture the complexity of these relationships. Philosophers like Aristotle have differentiated between friendships based on utility, pleasure, and virtue, suggesting that in their highest form, people form friendships based on mutual respect and a shared commitment to the good life (Aristotle, ca. 350 B.C.E./1925). Again, though, these ideals seem culturally bound (E. Day, 2023; Lu et al., 2020).

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While friendships seem to be cultural constructs, a thread is reportedly common across cultures is the number of people with whom we can maintain close relationships (Dunbar, 2021). Dunbar's Number seeks to provide an approximate framework for categorising varying degrees of closeness in friendships' by proposes a cognitive limit to the number of individuals with whom one can maintain stable social relationships (Dunbar, 2021). His research led him to categorize relationships into concentric circles of intimacy (Dunbar, 2021) and suggests that the innermost circle consists of approximately five close friends, followed by 15 best friends, 50 good friends, and 150 friends in total (Dunbar, 2021). These circles are used to approximately represent different levels of emotional closeness and social interaction (Dunbar, 2021). For this thesis on integrating friends into systemic practice, I am focusing on those friends Dunbar refers to as the inner circle—those close enough to be considered family—because where there is closeness, there is complexity (Burck & Daniel, 2021; Flemke, 2001; Huntley & Owens, 2006; Jenicek & MacIntosh, 2023; Pattison et al., 1975).

Furthermore, the distinction between friends and family is often nuanced (Sanner et al., 2021). Consequently, the definition of family has evolved significantly over the years to align with cultural norms of the day (Milewski-Hertlein, 2001). Schneider (1968) argued that a family must include children and reside together, potentially excluding non-nuclear arrangements (Coontz, 1992). Buchler (1980) sought to broaden this view and emphasised roles such as rest, sharing confidence, and unity, ensuring that families separated by divorce or married couples without children were recognised as families. Kramer (1985) expanded the definition to include foster, organisational, and communal families. Gelles and Gelles (1995) further expanded the definition to include any social group with identifiable roles, such as breadwinner and nurturer, who interact to carry out functions like child-rearing. They also introduced the idea of kinship as a social construct, distinguishing between fictive kin (non-biological yet considered family) and discretionary kin (biologically related but not necessarily seen as family).

'Fictive kin' was a term commonly used in sociology to describe relationships beyond blood or legal ties (Ebaugh & Curry, 2000). Examples of fictive kin include godparents, adopted children, and close family friends (Nelson, 2013). Nelson (2013) claims these bonds are characterised by deep connections and can be ratified through formal or informal rituals to signify their importance (Nelson,

2013). However, the term 'fictive kin' faced criticism from anthropologists as it implies a distinction from true kin, and many cultures appear not to strictly base their kinship on genealogical relations (Schneider, 1984). Building upon these critiques, the LGBTQIA+ community has contributed meaningfully to the discourse (Nelson, 2013). Weston (1997) introduced the term 'chosen family' to describe kin-like relationships within gay and lesbian networks. Braithwaite et al. (2010) articulated their rejection of 'fictive kin':

> *"The term fictive is fraught with problems for us. Rather than focusing on the deficit model, we wanted to understand how persons involved in these relationships understand them. We agree with Weston, who argued that fiction only adds to the stigmatisation, suggesting that these are not 'real' relationships." (Braithwaite et al., 2010, p.390).*

I believe this evolution of terminology indicates a broader movement toward recognising all forms of kinship as valid, challenging traditional definitions that have potentially excluded significant, non-biological relationships.

In line with this shift, Cuba is redefining its Family Code to embrace a broader, more inclusive definition of family, which notably includes recognising the significance of non-biological bonds like friendships. As Brown (2022) suggests, this legal reform moves away from traditional, colonial family definitions to better reflect the diverse realities of Cuban society. Speaking on the reform, Herrera (2022) said,

> *"A family is not successful based on its structure or the number of members. A family is a social structure that recognises itself as such and takes on the duties and responsibilities it entails."*

According to Brown (2022), the updated code honours the plurality in Cuban society by providing rights to family forms that diverge from conventional models that rise to the level of family. Brown (2022) argues this shift challenges the historical colonial ideologies that have narrowly defined families, often excluding relationships based on friendship, and suggests this reimagined definition of family confronts the traditional privileges of nuclear, hetero-patriarchal structures by acknowledging the importance and validity of friendships as essential familial bonds.

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The concept of a chosen family is said to be important for other communities, including migrants and people with care experience (Francisco-Menchavez, 2018; Gill et al., 2023). It is also thought to be growing in popularity among members of the hetero community seeking to build support systems outside their family of origin (Sow & Friedman, 2020). The emergence of the term chosen family suggests the vital role of friendships and hints at the potential exclusivity of traditional family definitions in contexts such as access to family therapy (Flemke, 2001).

1.5 Psychology and friendship

Psychology research has potentially contributed to the social reproduction of the central importance of family (Dainton et al., 2003). Researchers claim it can emphasise familial and romantic relationships as the primary contexts for psychological development and wellbeing (Dainton et al., 2003).

1.5.1 Attachment theory and friendship

I am focusing on attachment theory because of its tremendous influence on how academia and the general public understand relationships in a Western context. Attachment theory research can perpetuate a hierarchy of relationships that undervalues friendships. For example, Crittenden (2016) when discussing the importance of friends in attachment said,

> *"In all cases, friendships, especially with best friends, are where children hone the skills that they will need to choose a spouse and raise children." (Crittenden, 2016, p. 49)*

Thus, Crittenden (2016) frames friendship as the proving ground for the 'real' loves people will have in their lives rather than meaningful in their own right. Many studies have made similar claims, that attachment bonds are formed within parent-child relationships, and then play out in future relationships, including romantic partnerships, work relationships and friendships (Crittenden, 2016). For example, Shulman et al., (1994) suggest that secure attachment in childhood leads to the ability to engage in cooperative activities, which they say are essential for sustaining friendships. Further, Kerns (1994) argue the quality of attachment between preschool children and caregivers predicts the quality of friendships, with securely attached pairs exhibiting more positive interactions.

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While previous research suggested attachment styles play out in friendships (Crittenden, 2016; Kerns, 1994; Mikulincer & Selinger, 2001; Shulman et al., 1994), their formation was said to be the reserve of caregiver-child and romantic relationships (Crittenden, 2016). Langan (2001) sought to challenge this position in her dissertation, which proposed that attachment could also form in friendships. However, she encountered significant resistance from academic peers, who maintained that such attachment dynamics were exclusive to familial settings (Sow & Friedman, 2020), potentially exemplifying the tendency within psychological research to prioritise family and romantic bonds, reinforcing traditional Western notions of relational importance.

Furthermore, researchers have critiqued attachment theory from a colonial perspective, noting that it is grounded in Eurocentric notions of family structure and caregiving (Choate et al., 2020; Choate & Lindstrom, 2018). It assumes the nuclear family model, often focusing on the mother-child dyad, is the universal standard for 'healthy' development (Choate & Lindstrom, 2018). Consequently, attachment theory may inadvertently pathologise alternative child-rearing practices, such as communal living and collective caregiving, which are typical in some non-Western cultures (Dupuis-Rossi, 2020). By emphasising the necessity of a secure primary attachment figure, attachment theory can undervalue the meaningfulness of broader social networks, including friends, that are integral to many other cultures (Choate et al., 2020; Choate & Lindstrom, 2018).

1.5.2 The psychology of friendship and why it matters

In his book Sapiens: A Brief History of Humankind, Harari (2015) claims humans have dominated the earth due to their immense social capabilities,

"Fiction has enabled us not merely to imagine things but to do so collectively. We can weave common myths such as the biblical creation story, the Dreamtime myths of Aboriginal Australians, and the nationalist myths of modern states. Such myths give Sapiens the unprecedented ability to cooperate flexibly in large numbers... with countless numbers of strangers. That's why Sapiens rule the world, whereas ants eat our leftovers and chimps are locked up in zoos and research laboratories." (Harari, 2015, p.25)

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Harari's assertions align with the Social Brain Hypothesis (Dunbar, 2009), which proposes that as primate social groups expand, the demand for more advanced brain functions to handle complex social interactions also increase. Humans are thought to be so profoundly social that the neuroscientist Cacioppo (2009) proposed loneliness is an evolutionary alarm signal that something is wrong. Research indicating the physiological effects of loneliness appear to support this idea. Pressman et al. (2005) gave first-year students a flu vaccine and claim that even the perception of isolation can compromise a person's immune system. Further, Holt-Lunstad et al. (2010) suggest that social isolation can lead to early death. They claim that high social support increases survival chances by up to 50%. They suggest that while lifestyle factors like diet, smoking, and exercise matter, they are less influential than the strength of our social ties.

Researchers also claim friendship has implications for people's well-being (Dunbar, 2021). Santini et al. (2021) suggest that people who had more close friends experienced less depression. Further compelling claims come from Christakis and Fowler (2010), who analysed longitudinal data from nearly 12,000 residents in Massachusetts spanning from the early 1970s to 2003. They requested participants identify their best friends, enabling the researchers to construct maps of friendship networks, which included direct friends and friends of friends up to three degrees of separation. These maps allowed them to track changes in people's moods and behaviour concerning changes in the lives of their friends. Using these network maps, they suggest that an individual's likelihood of becoming happy or depressed correlated with similar changes in their closest friends. Their community-wide graphs illustrated how happiness and depression seemed to spread through the network, suggesting the potentially potent influence of social ties on emotional states (Christakis & Fowler, 2010).

In summary, evolutionary psychology research suggests that our social nature is fundamental to human development, implying that our capacity to sustain social bonds is deeply rooted in our neurobiology, not just cultural practices (Dunbar, 2021). The studies discussed also suggest social connection or disconnection might has implications for people's mental and physical health as friendships appear to affect our well-being (Christakis & Fowler, 2010; Santini et al., 2021), with benefits reported to be comparable to major health interventions (Holt-Lunstad et al., 2010, 2015).

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Researchers claim strong social ties can increase happiness, decrease the risk of depression (Christakis & Fowler, 2010), improve immune function (Pressman et al., 2005), and potentially extend our lives (Holt-Lunstad et al., 2015).

1.5.3   Rationale for systemic intervention

Integrating friendship into systemic therapy could be warranted because it is reportedly common for relationships with our closest friends to break down, with an average of about 10% of our inner circle experiencing this each year (Dunbar, 2021). Like familial relationships, friendships are reportedly governed by rules and expectations that can influence their stability (Dunbar, 2021). A study by Argyle and Henderson (1984) proposed rules six for maintaining stable friendships:

1.   Standing up for the friend in their absence.

2.   Sharing important news.

3.   Providing emotional support.

4.   Trusting and confiding in each other.

5.   Volunteering help.

6.   Trying to make the other person happy.

They found that breaking these rules weakens relationships and can lead to their complete breakdown. Furthermore, Argyle and Henderson (1984) observed that people often attribute negative behaviours to others and positive ones to themselves, a phenomenon known as the Attribution Error. While there may be particular client groups where systemic interventions for friendship may be more pertinent, these studies imply systemic therapy can help any client experiencing tension in their friendship to navigate these cognitive biases by supporting them in taking their friend's perspectives, fostering empathy, and improving communication (Burck & Daniel, 2021; Flemke, 2001). This is pertinent given the reported commonness of relational breakdown between friends (Dunbar, 2021).

Further, as mentioned above, a friendship breakdown, like any relational rupture, can impact our mental health and wellbeing (Dunbar, 2021). Research suggests that friendships involving frequent

conflict, antagonism, and inequality *might* increase the risk of psychiatric symptoms such as depression and anxiety (Bagwell et al., 2005). King and Terrance (2008) *indicated* that insecure and difficult friendships *could be* linked to higher levels of depression and other psychological distress. In my view, people seek individual therapy where such a friendship rupture impacts their wellbeing. However, I am proposing that addressing the relationship itself would make a valuable contribution.

1.6   Interventions for friends

1.6.1   Individual approaches

Typically, therapists frame interventions designed to support people in friendship individualistically. For example, Cognitive Behavioural Therapy (CBT) is used to reduce social anxiety (Heimberg, 2002), social isolation and loneliness (Käll et al., 2020). Manchanda et al. (2023) conducted a scoping review of adolescent friendship interventions and a systematic review of their effectiveness. Predominantly, the reviewed papers utilised interventions that aimed to enhance mental health literacy and empower adolescents to seek support for themselves and their peers (Manchanda et al., 2023). However, while many of the interventions reviewed use friendships to support adolescent mental health, they primarily adopt an individualistic approach, focusing on training adolescents to recognise and respond to signs of mental distress in their peers (Manchanda et al., 2023).

1.6.2   How systemic practice has worked with friends

This section maps the use of friends in systemic practice, highlighting how practitioners have integrated friendships and non-familial relationships into therapeutic practices over time.

Traditional models: First Order Cybernetics and the focus on family

The sociologist Parson (1950) posited that society operates within a hierarchy of roles. His model suggested that individuals are influenced by larger social structures. In its simplest form, the individual is constrained, through social role, by the family, and the family, in turn, by the community, and the community by higher social orders. Family therapy adapted these concepts into First Order Cybernetics, which proposed that an individual's behaviours were related to the family system and

its organisation (Bateson, 1972; Jackson, 1965). Models that emerged in this period emphasised hierarchical structures within the family unit, construing individual behaviour as a product of familial roles and the broader social context (Anderson et al., 1986). In these early frameworks systemic practice focused on the family and friendships were largely overlooked (Wampler & McWey, 2020).

Second Order Cybernetics: Expanding the framework

As the field matured, therapists began adopting second-order cybernetics, which incorporated the observer's influence into understanding family systems (Anderson et al., 1986). This era recognised that therapists are not detached observers but are part of the therapeutic system and influence it (Anderson et al., 1986). The move towards a constructivist approach emphasised that realities, including family dynamics and roles, are co-constructed between therapists and clients (Watzlawick, 1980). This perspective led to the view that there is no objective truth about a family's problems (Gergen, 1982). Instead, each family's reality was seen as a unique construct, influenced by the interactions within the therapeutic setting (Anderson et al., 1986). However, these models still did not provide a clear pathway to include friendships significantly in therapeutic interventions.

Ecological Systems Theory and community approaches

Bronfenbrenner's ecological systems theory transformed systemic practice in suggesting the interconnectedness between individuals, families, and broader social contexts (Bronfenbrenner, 1977, 1981, 1995; Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Evans, 2000). This theory proposed that various environmental systems, ranging from family interactions to broader societal influences such as schools and healthcare, collectively impact family dynamics. Influenced by this perspective, family therapy broadened its focus to address systemic factors affecting families, by incorporating community resources (Anderson et al., 1986). Joanning et al. (1986) exemplified this approach in perceiving adolescent drug abuse as an expression of broader social complexities that therefore required simultaneous interventions at individual, familial, and community levels. This approach, while innovative, did not markedly diverge from the hierarchical approach introduced by Parson (1950); it appears to merely extended the scope of family therapy to higher levels of social organisation.

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Believing the definition of relationships in systemic practice was too narrow, Anderson and Goolishian developed the 'problem-determined system' (Anderson, 1994; Anderson & Goolishian, 1988; Goolishian & Anderson, 1987). Rooted in constructivism, they asserted that problems are linguistically constructed phenomena (Anderson et al., 1986). Therefore, they claimed therapy should include all individuals involved in the discourse of, and strong opinions about, the problem, not just those defined by social roles like family (Anderson, 1994, 1997; Anderson & Goolishian, 1988; Goolishian & Anderson, 1987). In their view, members of the problem-determined system could include friends (Anderson, 1997; Goolishian & Anderson, 1987). Further, they suggest individuals outside the immediate family system could also influence the problem (Goolishian & Anderson, 1981). While the development of problem-determined systems potentially introduced a more inclusive approach, theoretically shifting the paradigm to embrace any group of individuals interacting around a problem (Anderson et al., 1986) in practice, it appears this theory often replicated traditional multi-agency approaches focusing on collaboration with professional stakeholders like educational institutions, healthcare providers, and social services (Levin et al., 1986). The literature on problem determined systems (Anderson, 1994, 1997; Anderson et al., 1986; Anderson & Goolishian, 1988; Goolishian & Anderson, 1981, 1981; Hoffman, 1985; Levin et al., 1986) shows limited guidance on how to integrate friends into the process, indicating a gap between the theory's expansive potential and its practical application.

Friends as a resource in systemic practice

Systemic practice has also suggested incorporating friends into interventions as valuable resources for the identified client. Speck (1967) pioneered an early example in the 1960s. He introduced Family Network Interventions that involved gathering fifty to one hundred kin and non-kin during crises. These network interventions evolved into core network interventions, which target smaller groups of twelve to twenty key individuals around the client (Llamas et al., 1981). Similarly, Haber (1987) argued for the benefits of using client's friends as lay consultants who could offer helpful perspectives on family dynamics and extend the impact of the intervention during and after the therapy.

Further developments have adopted an eco-systemic lens to incorporate broader social contexts into therapeutic interventions (Robbins et al., 2003). These models were also inspired by Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1977, 1981, 1995; Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Evans, 2000). Notable examples of ecological approaches include multidimensional therapy (Liddle et al., 1992) and multisystemic therapy (Henggeler & Borduin, 1990), which seek to extend beyond family boundaries to include peer systems. Similarly, Open Dialogue utilises a social network perspective, where individuals in crisis identify key people who could contribute meaningfully to the conversation, including friends (Kinane et al., 2022). These individuals are invited to network meetings that aim to incorporate diverse perspectives to foster "polyphony"(Kinane et al., 2022). While these approaches illustrate a shift in practice—from focusing on family dynamics to include broader social networks—the primary focus appears to be on the identified client's needs and well-being rather than the relational dynamics among the friends themselves.

1.6.3   Summary

In this chapter, I have considered friendship within cultural and historical contexts to indicate its possible social construction. I aimed to suggest that the current iteration, where "Platonic love lies at the lowest rung of the hierarchy our culture places on love" (Franco, 2022, p. xv), is not fixed and instead changes depending on place and time. I have described ways systemic therapists have historically worked with friends, primarily using them as support for the identified client or family while often neglecting the relational aspects of these friendships. In the next section, I will gather literature in a scoping review to explore moving beyond viewing friends as resources and consider more relational approaches to integrating friendships into systemic practice.

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# 2.	Scoping Review

## 2.1	Chapter overview

In this chapter, I outline the aims, methods, and findings of a scoping review that was undertaken using a critical realist epistemology. Through the review, I identified a gap in the systemic practice literature for working with friends. I propose a rationale for exploring this research-practice gap and conclude the chapter with the research question chosen for the study.

## 2.2	Rationale for a scoping review

Given the limited availability of literature addressing the use of friends in systemic practice, I adopted a hermeneutic approach to conduct an explorative scoping review, as opposed to a replicable systematic review. Scoping reviews are pertinent when dealing with diverse literature that is not amenable to the strict evaluative criteria of systematic reviews (Peters et al., 2021). Systematic reviews are often narrow in scope and focus, making them less suitable for exploratory or emerging research areas (Munn et al., 2018). This decision was also informed by the nature of scoping reviews, which are not restricted to peer-reviewed journal articles and allow for the inclusion of grey literature (J. Adams et al., 2016). Grey literature refers to a diverse array of documents not controlled by commercial publishing interests (J. Adams et al., 2016). Unlike systematic reviews, scoping reviews are agnostic regarding the types of literature included, allowing them to synthesise both empirical and non-empirical works (Di Pasquale et al., 2020). The versatility of scoping reviews lends themselves to contexts where the literature is heterogeneous (Munn et al., 2018). Further, these reviews have potential value for topics where the literature is widely dispersed across various forms or is in its nascent stages (O'Donnell et al., 2017). They can be used to explore the extent and nature of the research on a given topic, which is helpful for emerging fields (Tricco et al., 2016). Therefore, I chose to undertake a scoping review because of the limited existing literature on how systemic therapists have engaged friends in therapeutic practices beyond using them as resources.

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2.3   What has been done on this topic before?

To establish a framework for my scoping review, it is helpful to consider how authors have previously addressed themes related to friends in systemic practice. A pertinent critique by Green (2000) serves as a foundational reference for the present review. Green (2000) argues for the inclusion of friends in the therapeutic processes for the LGBTQIA+ community and advocates for a shift from traditional focus on family towards a broader inclusions of 'families of choice.' Green (2000) argues this shift is particularly significant in contexts where 'coming out' may lead to rejection or conflict. Green (2000) goes on to critique the prevailing use of heteronormative theories in systemic therapy that do not adequately capture the unique challenges and support structures of LGBTQIA+ individuals. His specific recommendations for systemic practice include:

- Taking a comprehensive history that acknowledges significance of chosen family.

- Constructing genograms that incorporate chosen family members.

- Formulating problems and setting therapeutic goals with consideration of the chosen family.

- Ensuring friends and chosen family are considered for inclusion in therapy sessions when appropriate.

While Green (2000) emphasises the importance of including friends and chosen family in the therapeutic processes for LGBTQIA+ individuals, this is not the primary focus of his critique. Instead, Green (2000) mainly challenges the application of heteronormative and traditional family theories to gay and lesbian clients. Therefore, it highlights a gap in the literature, as his critique does not draw heavily on systemic theory to support its arguments. This gap suggests an unexplored potential in systemic therapy concerning the role of friends and chosen family in therapeutic interventions.

2.4   Aims and research question of the scoping review

Building on Green's (2000) critical perspectives, my scoping review aimed to explore how systemic therapists have adapted their practices to integrate friends and chosen family, moving beyond their

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historical use as ancillary resources for the identified client. The central question guiding this review is:

How have systemic therapists considered, developed, or adapted their practice to integrate friends beyond viewing them as ancillary support for the identified client or family?

To address this inquiry, the review is structured around the following sub questions:

1. What implications does integrating friends have for systemic practice?

2. What are the goals of interventions that involve friends, and which client groups are these interventions designed to support?

3. What rationale does the literature provide for including friends in systemic interventions?

2.5   Scoping review method

In undertaking this review, I adhered to the structured methodology for scoping reviews outlined by Mak and Thomas (2022). This process entailed several steps outlined below:

2.5.1   Identifying the research question

Developing the research question was a collaborative effort undertaken during supervisory meetings. Preliminary literature searches and discussions with my supervisor and a university librarian helped refine the scope and focus of the question to ensure its appropriateness for a scoping review (Peters et al., 2020).

2.5.2   Identifying relevant studies

In developing the search strategy for my scoping review, I employed an iterative approach to refine the methodology and reduce the inclusion of irrelevant results (Mak & Thomas, 2022). This process involved collaboration with a university librarian who provided expertise in optimising search terms and strategies to enhance the precision of the database queries (Mak & Thomas, 2022). The primary databases searched were Scopus, Medline, and PsycArticles, traditional repositories of peer-

reviewed articles. Additionally, I searched the informal journals Context and Murmuration's using their website search functions, which I acknowledge are less sophisticated than traditional database searches. Despite this, these peer-reviewed journals are a repository of emerging ideas in systemic therapy, making them valuable sources for exploring the novel concept of friend therapy.

Recognising the topic's specialised nature, I extended my search to The International Journal of Narrative Therapy and Community Work (IJNPCW). My supervisory team and I chose to target this journal because it is not indexed in standard search engines, yet we anticipated that it would contain pertinent studies. While debate exists regarding including narrative therapy under the systemic umbrella (Hayward, 2003; Minuchin, 1998), systemic practitioners frequently use it and include it in systemic training courses. So, for the purposes of this thesis, I am considering narrative practices as part of systemic.

As current systemic work with friends occurs outside of peer-reviewed articles, I recognised the value of exploring grey literature, a generic term that describes a diverse range of documents not controlled by commercial publishing organisations (J. Adams et al., 2016). I searched EBSCO Open Dissertations to identify dissertations that might be relevant to the study. I also used a hand-searching technique to find additional sources such as reports, articles, journals, documents, blogs, and websites by looking at references within the reviewed literature (Craane et al., 2012). Alongside handsearching, I also solicited recommendations from experts in the field. These processes helped identify relevant materials that may not be found through traditional database searches, ensuring no valuable sources are overlooked and enriching the review with broader contributions (Craane et al., 2012).

I worked with my supervisor to create the criteria for my scoping review. We reviewed a preliminary selection of papers to ensure our understanding of what constituted relevant literature aligned. After discussion, we agreed upon the inclusion and exclusion criteria in Table 1 below.

Table 1 - Inclusion and exclusion criteria of the scoping review

Inclusion	Exclusion criteria

• Systemic therapy in the context of organically occurring friendships.	• Systemic therapy in inorganic friendships that researchers often describe as peers.
• Systemic therapy approaches for chosen families within marginalised groups, including but not limited to LGBTQIA+ communities and migrants.	• Systemic therapy focusing on familial or romantic relationships without meaningful use of friendships.
• Both established systemic practices and innovative approaches or modifications.	• Studies that do not explicitly address systemic therapy's conceptual frameworks, such as psychoeducational interventions and group therapy sessions.
• Empirical, theoretical, and conceptual literature.	
• Studies published in English in any country.	• Studies that use the environment to connote friendship.

2.5.3   Study selection

After establishing these criteria, I independently used Covidence to organise and screen the papers (Mak & Thomas, 2022). The process of identifying, screening, and checking the eligibility of the papers generated through this search is detailed in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews (PRISMA-ScR) flow diagram in Figure 2 below (Page & Moher, 2017).

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Identification

Studies from databases/registers **(n = 496)**
   Scopus (n = 382)
   MEDLINE (n = 44)
   IJNPCW (n = 21)
   PsycArticles (n = 16)
   Context (n = 2)
   Murmurations (n = 8)

References from other sources **(n = 46)**
   Citation searching (n = 30)
   Grey literature (n = 0)
   EBSCO Open Dissertations (n = 13)
   Expert-recommended article (n = 2)

References removed **(n = 23)**
   Duplicates identified manually (n = 3)
   Duplicates identified by Covidence (n = 20)
   Marked as ineligible by automation tools (n = 0)
   Other reasons (n = 0)

Screening

Studies screened **(n = 519)**

Studies excluded **(n = 404)**

Studies sought for retrieval **(n = 115)**

Studies not retrieved **(n = 0)**

Studies assessed for eligibility **(n = 115)**

Studies excluded **(n = 103)**
   Wrong language (n = 3)
   Wrong population (n = 11)
   Wrong intervention (n = 34)
   Wrong focus of intervention (n = 55)

Included

Studies included in review **(n = 12)**

Included studies ongoing **(n = 0)**
Studies awaiting classification **(n = 0)**

Figure 2 - PRISMA-ScR Flow Diagram

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2.5.4 Data Charting

To extract data, I created a table (Table 2) classifying the information (Mak & Thomas, 2022). The table records the quality of the literature, including publication type, whether it is empirical, conceptual, or practice-based, and outlines future directions. It also records the purposes of the papers, documenting author details, publication year, geographical location, title, literature objectives, main conclusions, and systemic theoretical orientations used. This table was developed and pilot-tested during supervisory meetings (Mak & Thomas, 2022).

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Table 2 - Overview of reviewed literature

Author, Year, & location	Title	Type of publication	Literature objectives	Author's main conclusion	Theoretical orientations	Literature Limitations	Future Directions
Jenicek & MacIntosh (2023) Canada	What About Our Chosen Kin? Determining Who Counts as Family Within Family Therapy	Theoretical; Text and opinion	The paper argues for the inclusion of "chosen family" from LGBTQIA+ communities in the definition of family in systemic practice.	The paper emphasises the need for systemic practitioners to recognise and work with chosen families in therapy. It suggests therapist training for inclusiveness and advocates for broader family definitions reflecting diverse lived experiences, especially from marginalised communities.	Genogram; Generic systemic practices	The paper is primarily theoretical, discussing the importance of integrating chosen families in therapy but lacks empirical data. It does not provide specific methods for practitioners, limiting its immediate applicability in diverse therapeutic settings.	Conduct empirical studies to explore the dynamics and needs of chosen families, develop specific therapeutic models, and assess the effectiveness of inclusive practices in therapy.
Burck & Daniel (2021) UK	Just good: Reflections on friendship	Theoretical; Text and opinion	The paper seeks to explore the reasons behind the limited prominence of friendship within the context of systemic psychotherapy and advocate for its inclusion.	The paper discusses the evolution of friendship in society and emphasises its therapeutic value. It argues that friendship is often overlooked in psychotherapy and calls for integrating nuanced perspectives on friendship into systemic therapy theories to enhance existing frameworks.	Dialogic; Narrative Therapy; Generic systemic practices	The paper is theoretical and lacks empirical evidence, restricting the generalizability of its conclusions. It includes personal experiences and focuses on friendship mainly from a Western perspective, limiting its universal applicability.	Prioritize empirical research to validate theoretical claims, integrate insights on friendship into therapeutic practices, and expand theoretical perspectives through interdisciplinary approaches.
Meyers (2011) Australia	'Cut and paste' mediation: A narrative activity for problem solving in schools	Practice-Based Evidence; Case report	The paper documents the application of narrative therapy mediation techniques in school settings, specifically examining how the involvement of friends can improve the mediation process.	The study concludes that involving friends in the mediation process using the "cut and paste" technique assists children in expressing their conflicts more efficiently and collaboratively. This approach creates a supportive environment where friends can help each other in reconstructing conflict narratives enabling them to resolve their disputes.	Narrative Therapy; Generic systemic practices	This paper discusses mediation practices using a case study but lacks an empirical foundation if it primarily relies on descriptive or anecdotal evidence. Furthermore, the findings and methodologies discussed might be context-specific, limiting their applicability in different settings or cultural contexts.	Empirically evaluate friend mediation's effectiveness in schools using qualitative and quantitative methods.
Karydi (2016) Australia	Bringing narrative ideas and practices into working with a torture survivor.	Practice-Based Evidence; Case report	The paper is a case study that explores how re-membering is used within narrative therapy to help a trauma survivor reconnect with lost relationships of a cherished friend.	The re-membering narrative therapy technique helped the client reclaim a relationship with a lost friend without re-traumatisation. The paper discussed the significance of social networks and friends in an individual's recovery, especially those estranged from their family.	Narrative Therapy	The conclusions of the case study may not apply generally since it lacked empirical evidence and was based on a single case. The therapists involved were not formally trained in narrative therapy. While the therapy acknowledged the role of friends, it was ultimately an individual intervention.	Investigate the structured inclusion of friends and chosen family in narrative therapy practices.
Swainson & Tasker (2008) UK	Genograms Redrawn: Lesbian Couples Define Their Families	Empirical; Qualitative research	The study aimed to investigate how lesbian couples define their families, including the incorporation of friends, by studying the effectiveness of genograms in depicting diverse family compositions.	The paper concludes that LGBTQIA+ couples often value chosen relationships, such as friends. Acknowledging these friendships in therapy is essential for understanding their support networks. Allowing LGBTQIA+ couples to redraw their genograms using tiered and circled genograms helps in comprehending diverse social dynamics. Recognising the significance of friendships within LGBTQIA+ families is crucial for effective therapy and support.	Genogram	The paper emphasises the importance of friendships in lesbian couples' lives through their inclusion on genograms but lacks guidance on how therapists could bring these relationships into therapy. The small sample size limits the generalisability of the findings. Focusing on cohabiting couples disregards the perspectives of long-standing couples who choose not to cohabit. The recruitment method may have biased responses towards couples interested in exploring family structures while excluding those not in contact with their families of origin.	Explore the potential of drawing genograms with friends to understand the significance of friendship dynamics.
Huntley & Owens (2006) Australia	Unmasking indirect aggression in an adolescent girls' friendship group: A case study	Practice-Based Evidence; Case report	The paper examines adolescent friendships, particularly in girls' circles, highlighting challenges like indirect aggression. It introduces an intervention using Narrative Therapy and externalising practices to help teenagers address these issues within their social groups.	The paper concludes that indirect aggression, prevalent in tight-knit groups of adolescent girls, can lead to substantial emotional distress and harmful outcomes. They propose using externalising conversations, a central aspect of Narrative Therapy, as an effective intervention.	Narrative Therapy	The study is limited by its specific social context and age group, reducing its generalisability. It relies on a single case study without empirical data. Additionally, it focuses on individual empowerment and is an individual intervention, missing the opportunity to work relationally with the friendship group.	Conduct empirical studies on the effectiveness of narrative therapy for adolescents experiencing peer aggression, including friend dyads and groups in interventions.
Milewski-Hertlein (2001)	The Use of a Socially Constructed	Practice-Based Evidence; Case report	This paper aims to introduce a socially constructed genogram that includes close friends and non-	Families extend beyond biological ties and include bonds created by interactions. Friends can have a significant emotional impact, sometimes even more	Genogram; Conversational	The study draws from theoretical frameworks and practice-based evidence, yet the lack of empirical validation for the	Validate the therapeutic effectiveness of socially

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Author, Year, & location	Title	Type of publication	Literature objectives	Author's main conclusion	Theoretical orientations	Literature Limitations	Future Directions
USA	Genogram in Clinical Practice		biological connections to broaden understanding of family dynamics in systemic practice.	than biological relatives. Therapy should consider the client's definition of family, including friends and other social groups. The socially constructed genogram can help therapists understand non-biological relationships and support effective interventions.		therapeutic effectiveness of the socially constructed genogram limits its generalisability and applicability.	constructed genograms through empirical research.
McCauley & PettyJohn (2020) USA	Redefining "Family" Lessons From Multidisciplinary Research with Marginalized Populations	Theoretical; Text and opinion	The paper challenges traditional biological definitions of "family," promoting a more inclusive understanding in systemic family therapy. It incorporates diverse perspectives from social epidemiological research and other disciplines, focusing on the needs of marginalised populations to enhance inclusivity in research and practice.	The paper suggests systemic therapy should use broader terminology for support networks and employ personal network mapping to help clients identify close connections. It emphasises recognising marginalised communities and promoting inclusivity by embracing diverse family structures and questioning traditional family concepts.	Generic systemic practices	While the authors stress the significance of acknowledging friends in clients' lives, they fail to offer concrete strategies for integrating them into therapy.	Conduct empirical studies to validate the inclusion of meaningful relationships beyond traditional family units in systemic practice.
Tasker & Delvoye (2018) UK	Maps of Family Relationships Drawn by Women Engaged in Bisexual Motherhood: Defining Family Membership	Empirical; Qualitative research	The paper aims to examine whether family maps adequately reflect the family relationships of bisexual mothers, including the traditional family, family of choice, and unique relationship configurations.	Participants' ability to draw their family maps, including additional psychosocial symbols, facilitated the sharing of information about who was important to the family without constraints. Family maps identified resources drawn upon within core families and beyond, including traditional extended family and family of choice.	Genogram	The study focused on white, middle-class mothers discussing parenting in a bisexual context, which may limit the generalisability of the findings to broader populations. Although the study acknowledges the importance of chosen family and friends in participants' lives, it does not explore how to incorporate these relationships effectively into therapy.	Conduct empirical studies to validate the inclusion of meaningful relationships beyond traditional family units in systemic practice.
Pattison et al. (1975) USA	A Psychosocial Kinship Model for Family Therapy	Practice-Based Evidence; Text and opinion	The paper aims to develop a theoretical framework for family therapy that considers the total social support system, including friends.	The paper suggests that family therapy should include friends. They argue that recognising and utilising friends can enhance the effectiveness of therapy, leading to more successful interventions.	Generic systemic practices	The paper primarily focuses on theoretical frameworks and clinical observations rather than empirical research, limiting the generalizability of its conclusions.	Conduct empirical studies to validate the inclusion of meaningful relationships beyond traditional family units in systemic practice.
Flemke (2001) USA	The Marginalization of Intimate Friendship Between Women Within the Context of Therapy	Theoretical; Autobiographical case study	The study aims to investigate the marginalisation of intimate friendships between women within systemic therapy by critiquing patriarchal and heterosexist notions.	The study points out the lack of a clinical framework in systemic therapy for addressing friendships. It encourages clinicians to acknowledge the role of friendships in fulfilling intimacy needs and to provide a supportive space for clients to explore their relationships.	Generic systemic practices	This autobiographical case study is subjective and lacks empirical evidence, limiting its generalisability. It focuses on the marginalisation of female friendships in therapy, which restricts its applicability to other genders.	Conduct empirical studies to validate the inclusion of meaningful relationships beyond traditional family units in systemic practice.
Kimber & Blatherwick (2020)	The masks we wear in friendship: A systemic therapy and dramatherapy group for adults with learning disabilities	Practice-Based Evidence; Case report	The paper documents the application of systemic practice and dramatherapy techniques to support adult friends with learning disabilities in navigating dilemmas in their friendships.	They claim that the friends in the group learned about how others perceive their behaviour and how it affects others' feelings, and this knowledge helped them realise that these perceptions influence their self-image.	Generic systemic practices	This paper uses a practice example and lacks an empirical foundation. Furthermore, the findings and methodologies discussed might be context-specific, limiting their applicability in different settings or cultural contexts.	Prioritise empirical research to validate the inclusion of friends and expanded interdisciplinary approaches.

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2.5.5   Data analysis

In the data analysis stage, I used reflexive thematic analysis, supported by the NVivo software, to organise and code the collected data. This method, as described by Braun & Clark (2006), involves examining text excerpts to determine how they relate to the research question and subsequently generating codes to reflect the content. This process of coding is dynamic and iterative (Braun & Clarke, 2006). I had ongoing discussions with my research supervisors about the clarity and applicability of the codes, their names, and their interrelationships (Thomas et al., 2020). Through these efforts, we refined the codes and identified themes (Levac et al., 2010). I have presented the findings in the Findings (2.7) section below.

2.6   Quality appraisal of reviewed papers

Before moving into the synthesis, it is helpful to consider the overall quality of the body of literature identified. In undertaking this review, it became apparent that the literature on integrating friends into systemic therapy is sparse. The papers found for review predominantly consisted of conceptual, theoretical, or practice-based literature, with just two qualitative papers. The theoretical papers reviewed provide potentially valuable insights regarding the meaningful inclusion of friends in systemic practice. However, as they rely primarily on theoretical discourse without empirical support, their conclusions may not be valid or reliable (Moola et al., 2015).

Most papers reviewed use practice examples, which may offer insights but contain potential limitations. One such limitation is the inconsistent portrayal of clients' demographic characteristics across the documents. Some papers offer limited or no demographic details, while others provide comprehensive information. The absence of demographic information could impede the ability to draw meaningful conclusions about the interventions (Moola et al., 2015; Ritchie et al., 2014). The presenting difficulties of the clients, on the other hand, are generally well-articulated across the papers, thereby providing a contextual backdrop for the interventions (Stake, 1995; Yin, 2015). However, the clients' unique contexts and individual characteristics in the papers may not represent broader populations, potentially limiting the conclusions' wider applicability (Maxwell, 2013). While the authors consistently describe positive post-intervention outcomes and offer potentially valuable

conclusions, they rely on the client's subjective report, which could introduce potential biases (Denzin & Lincoln, 2011). Consequently, the lack of rigorous methodological approaches could reduce the validity and reliability of the conclusions (Morse et al., 2002; Shenton, 2004). One autobiographical paper provides a personal narrative account, introducing potential subjectivity that is not named or considered reflexively (Braun & Clarke, 2022).

A smaller proportion of reviewed papers, just two, utilised qualitative methodologies. Both studies appear relevant and appropriate for their research questions, employing established qualitative methods (Denzin & Lincoln, 2011). The inclusion criteria used in these studies suggest that participants were approximately representative of the target populations making them relevant to the research objectives (Patton, 1990). The iterative and reflexive approaches in data collection and analysis seem to enhance the reliability of the conclusions by grounding them in the participants' experiences (Braun & Clarke, 2006; Charmaz, 2006). However, the small and self-selected samples in both studies may limit the generalisability of the conclusions (Denzin & Lincoln, 2011). Furthermore, while the insights gained seem reliable within the context of the specific groups studied, they may not extend to broader populations.

Overall, the reviewed literature on integrating friends into systemic therapy appears limited. While theoretical and practice-based papers offer potentially valuable insights, the lack of empirical support could reduce the reliability of their conclusions. The qualitative studies included appear to provide relevant findings grounded in participants' experiences, yet their small and self-selected samples may limit broader applicability.

Given the diversity of literature included in this scoping review, encompassing both empirical and grey literature, a traditional critical appraisal is not strictly necessary (Aromataris et al., 2024). The varied nature of these papers does not lend itself to a uniform set of evaluation criteria (Aromataris et al., 2024). However, I have chosen to apply Tracy's eight Big Tent criteria (Tracy, 2010) to the reviewed papers because I believe it could provide a meaningful way of considering the current state of the literature on this topic. These criteria are outlined in Table 3 below:

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Table 3 - Tracy's (2010) Big Tent criteria for quality qualitative literature

Criteria for Quality	Description
Worthy Topic	The research addresses a relevant, timely, significant, and interesting topic—the inclusion of friends in systemic therapy.
Rich Rigor:	Demonstrated through appropriate use of theoretical constructs, data collection, and analysis techniques.
Sincerity:	The research is honest and transparent about the researcher's biases, goals, and challenges.
Credibility:	The findings are presented convincingly with thick descriptions, triangulation, multivocality, and member reflection.
Resonance:	The research moves audiences through evocative representation, naturalistic generalisations, and transferability.
Significant Contribution:	The study offers meaningful theoretical, practical, or methodological contributions to the field.
Ethical:	The research follows ethical guidelines, though procedural ethics are less relevant for conceptual papers.
Meaningful Coherence:	The study achieves its purpose and meaningfully interconnects literature, research questions, findings, and interpretations.

Typically, researchers use these criteria as a framework for assessing the rigour of qualitative studies. While I can potentially apply many of the Big Tent (Tracy, 2010)criteria beyond the context of qualitative literature, some criteria are not relevant for conceptual papers. Specifically, Rich Rigor, which focuses on data collection and analysis techniques; Credibility, which focuses on description, triangulation, multivocality, and member reflections; and Ethics, which involves research participants' ethical treatment, are less relevant for conceptual papers. When applying these criteria, "Rich Rigor," "Credibility," and "Ethical" are marked as Not Applicable (NA) for conceptual papers in Table 4 below.

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Table 4 - Quality check of the scoping review papers using Tracy's (2010) Big Tent

Author and Year	Worthy Topic	Rich Rigor	Sincerity	Credibility	Resonance	Significant Contribution	Ethical	Meaningful Coherence
Jenicek & MacIntosh (2023)	✓✓	NA	✓✓	NA	✓✓	✓✓	NA	✓✓
Burck & Daniel (2021)	✓✓	NA	✓✓	NA	✓✓	✓✓	NA	✓✓
Meyers (2011)	✓✓	✓	✓	✓	✓	✓	?	✓✓
Karydi (2016)	✓✓	✓	✓✓	✗	✓✓	✓	✓✓	✓✓
Swainson & Tasker (2013)	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓	✓✓
Huntley & Owens (2006)	✓✓	✗	✓	✓	✓✓	✓	✓	✓✓
Milewski-Hertlein (2001)	✓✓	✓	✓	✓	✓✓	✓	✓	✓✓
McCauley & PettyJohn (2020)	✓✓	NA	✓	NA	✓✓	✓	NA	✓✓
Tasker & Delvoye (2018)	✓✓	✓✓	✓✓	✓	✓✓	✓	✓	✓✓
Pattison et al. (1975)	✓✓	✓	✓	✓	✓	✓	?	✓
Flemke (2001)	✓✓	NA	✓	NA	✓✓	✓	NA	✓✓
Kimber & Blatherwick (2020)	✓✓	✗	✓✓	✓	✓✓	✓✓	✓	✓✓

✓✓ = High Quality
✓ = Criteria met
? = Unclear if criteria met
✗ = Criteria not met (Poor quality)
NA = Not applicable due to conceptual paper

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The quality of the literature on including friends in systemic practice suggests promise and limitations. The topic appears Worthwhile and potentially Resonates with contemporary therapeutic needs. However, the empirical studies and practice papers reviewed seem to fall short in Rich Rigor, Credibility, and Ethical considerations. The strengths of the literature include its Sincerity and transparency. Yet, the predominant reliance on practice-based evidence and theoretical reasoning, which lack empirical support, potentially dilutes the significant contribution of many of the papers as their conclusions may not be generalisable. Despite these limitations, all the papers seem to exhibit Meaningful Coherence by interconnecting the relevant literature, the objectives of the paper, and their conclusions.

2.7 Findings

2.7.1 Summary

This section summarises the literature reviewed in the scoping review. All the papers discussed the potential benefits of recognising the importance of friends (Burck & Daniel, 2021; Flemke, 2001; Huntley & Owens, 2006; Jenicek & MacIntosh, 2023; Karydi, 2016; Kimber & Blatherwick, 2020; McCauley & PettyJohn, 2020; Meyers, 2011; Milewski-Hertlein, 2001; Pattison et al., 1975; Swainson & Tasker, 2008; Tasker & Delvoye, 2018), particularly within marginalised groups such as the LGBTQIA+ community (Burck & Daniel, 2021; Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020; Milewski-Hertlein, 2001; Swainson & Tasker, 2008; Tasker & Delvoye, 2018). Several papers highlighted similarities between the dynamics of friendships and familial interactions, where both can offer support and pose challenges (Burck & Daniel, 2021; Flemke, 2001; Huntley & Owens, 2006; Jenicek & MacIntosh, 2023; Pattison et al., 1975). These papers suggest that focusing on friendships in systemic practice could be valuable in addressing these relational complexities (Burck & Daniel, 2021; Flemke, 2001; Huntley & Owens, 2006; Jenicek & MacIntosh, 2023; Pattison et al., 1975).

Much of the reviewed literature suggested that systemic practice can overlook the importance of friendships (Burck & Daniel, 2021; Flemke, 2001; Jenicek & MacIntosh, 2023; Milewski-Hertlein, 2001; Pattison et al., 1975; Swainson & Tasker, 2008). Many of the reviewed papers suggested that

patriarchal, heteronormative, Western ideas could be embedded in family therapy, which may have contributed to the neglect of friends in therapeutic practice (Flemke, 2001; Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020; Pattison et al., 1975; Swainson & Tasker, 2008; Tasker & Delvoye, 2018).

Many papers advocated adapting therapeutic techniques like genograms to better represent and work with friends (Huntley & Owens, 2006; Jenicek & MacIntosh, 2023; Karydi, 2016; Kimber & Blatherwick, 2020; McCauley & PettyJohn, 2020; Meyers, 2011; Milewski-Hertlein, 2001; Swainson & Tasker, 2008; Tasker & Delvoye, 2018). However, despite the collective advocacy for integrating friends into systemic therapy, the practical application of this advocacy is limited. Many studies do not fully include friends in therapy sessions; instead, they adapt techniques intended for individuals or couples to include discussions about friends without their direct involvement (Karydi, 2016; Milewski-Hertlein, 2001; Swainson & Tasker, 2008; Tasker & Delvoye, 2018).

2.7.2   Expanding definitions of 'family' in systemic practice

Many of the reviewed articles found it pertinent to highlight and deconstruct the potential influence of the white, Western, heteronormative, and patriarchal ideas that family therapy emerged from (Flemke, 2001; Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020; Pattison et al., 1975; Swainson & Tasker, 2008; Tasker & Delvoye, 2018). They critiqued systemic therapy for perpetuating norms by narrowly defining clinically significant relationships based on constructs such as blood ties, marriage, and sexual relationships, which, they argue, can marginalise non-traditional forms of intimacy, such as friendships and chosen families (Flemke, 2001; Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020; Pattison et al., 1975; Swainson & Tasker, 2008; Tasker & Delvoye, 2018). They claim that friendships are undervalued and overlooked in clinical practice due to entrenched western, heterosexist, patriarchal biases (Flemke, 2001; Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020; Pattison et al., 1975; Swainson & Tasker, 2008; Tasker & Delvoye, 2018).

Several papers claim that traditional therapy models often exclude LGBTQIA+ experiences by failing to accommodate the family of choice despite societal changes, such as the legalisation of same-gender marriage and increasing diversity in family structures (Jenicek & MacIntosh, 2023; Swainson

& Tasker, 2008; Tasker & Delvoye, 2018). Some attributed this exclusion to an internalised beliefs that idealises the nuclear family as the optimal family structure, thereby devaluing voluntary kinship relationships (Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020). Further to this, Pattison et al. (1975) argue that the traditional definition of family, which prioritises the nuclear family over other kinship ties, is outdated. Pattison et al. (1975) claim that therapists often work with fragments of families and observed that families frequently consist of diverse kinship networks involving relatives and friends. Based on these observations, Pattison et al. (1975) proposed a redefinition of 'family' in therapy that reflects the actual kinship structures encountered in practice. Many reviewed papers echo the sentiment argued by Pattison et al. (1975) regarding redefining family (Flemke, 2001; Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020; Tasker & Delvoye, 2018). These authors say that redefining 'family' within systemic practice could bridge the gap between practice and clients' realities, making therapy more inclusive by affirming the diversity of meaningful relationships (Flemke, 2001; Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020; Pattison et al., 1975).

2.7.3   Dynamics in friendships and their therapeutic potential

Several reviewed papers assert that the relational dynamics of friendship provide meaningful opportunities for systemic thinking to offer support (Burck & Daniel, 2021; Flemke, 2001; Huntley & Owens, 2006; Jenicek & MacIntosh, 2023; Pattison et al., 1975). They suggest that the intimate and close nature of friendships, while supportive, can also give rise to complex relational dynamics that systemic practitioners are familiar with through work with families (Burck & Daniel, 2021; Flemke, 2001; Huntley & Owens, 2006; Jenicek & MacIntosh, 2023; Pattison et al., 1975). For example, Burck and Daniel (2021) say, "It is important not to idealise friendships, which can of course be just as subject to the same patterns and processes as those in families, including possessiveness, inequality, bullying, and rigid positioning" (Burck & Daniel, 2021, p. 09). Flemke (2001) accentuates this point by sharing a personal anecdote about how changes in circumstances, like moving to a new place, can strain friendships, leading to conflicts, emotional distress, profound feelings of loss, and potential grief and mourning if they end. Additionally, Huntley and Owens (2006) explore how close-knit friends, like familial relationships, can lead to conflict, illustrating the complex interplay between intimacy and discord in close relationships. Collectively, these papers make a compelling claim for

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recognising friendships as a valuable site for systemic intervention because they are critical components of an individual's social network that significantly influence their mental health due to their emotional depth and relational complexity (Burck & Daniel, 2021; Flemke, 2001; Huntley & Owens, 2006; Jenicek & MacIntosh, 2023; Pattison et al., 1975).

2.7.4   Adaptation of techniques for systemic work with friends

Several reviewed papers argued for adapting genograms to include people beyond traditional biological and legal ties, highlighting the importance of including friends to represent the rich diversity of meaningful relationships in people's lives (Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020; Milewski-Hertlein, 2001; Swainson & Tasker, 2008; Tasker & Delvoye, 2018). Several papers advocate for adapting genograms in the context of the LGBTQIA+ community (Jenicek & MacIntosh, 2023; Swainson & Tasker, 2008; Tasker & Delvoye, 2018). They emphasise the significance of friends in these communities who are sometimes seen as part of their family networks (Jenicek & MacIntosh, 2023; Swainson & Tasker, 2008; Tasker & Delvoye, 2018) .

Swainson and Tasker (2008) propose using concentric circles and tiers to depict various levels of emotional closeness, incorporating friends and chosen family alongside biological and legal ties. Milewski-Hertlein's (2001) socially constructed genogram introduces a similar methodological approach to adapting the genogram. Milewski-Hertlein (2001) suggests drawing the client in the centre, surrounded by circles representing levels of relational importance. Milewski-Hertlein (2001) then invite the client to assign relationships based on emotional closeness and engage in reflective discussions about the layout. Both approaches aim to provide a nuanced view of the client's personal and emotional landscape (Milewski-Hertlein, 2001; Swainson & Tasker, 2008).

These papers claim such adaptations could aid therapists in visualising the support network surrounding individuals, potentially enhancing the relevance of therapeutic interventions, particularly in contexts where traditional family structures may not capture the individual's relational world (Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020; Milewski-Hertlein, 2001; Swainson & Tasker, 2008; Tasker & Delvoye, 2018). However, I believe the absence of direct involvement of

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friends is a limitation across these papers, and the process could be enriched by co-constructing relational maps with friends to capture relational complexities.

Several reviewed papers utilised narrative therapy techniques to address relational challenges in friendships (Huntley & Owens, 2006; Karydi, 2016; Meyers, 2011). The authors employ various narrative therapy techniques across the papers, including externalising, re-membering, re-authoring, and outsider witnessing (Huntley & Owens, 2006; Karydi, 2016; Meyers, 2011). These studies differed in their relational focus, as Huntley and Owens (2006) worked with an individual client to support ongoing friendships, Karydi (2016) worked individually to restore relationships with a lost friend, and Meyers (2011) worked relationally with a friend group to resolve conflicts.

Huntley and Owens (2006) describe an individual intervention in which they utilised externalising and re-authoring to help an adolescent girl navigate the complexities of aggression within her friend group. Although central to the therapy's focus, the friends are not directly involved in the sessions, which restricts the narrative to the client's perspective, potentially oversimplifying the group dynamics and missing opportunities for multi-perspective resolutions. Similarly, Karydi (2016) employed the re-membering technique to help a torture survivor restore a connection with his deceased friend. This technique enabled the client to honour his friend's influence on his life, transforming the relationship from one defined by trauma to one of ongoing value. However, as an individual intervention, the therapy is limited by its reliance on the client's memories and interpretations.

In contrast, Meyers' (2011) method brought together friends involved in a conflict. Each child articulated their perspective of the dispute, which Meyers (2011) recorded verbatim. The narratives were then cut into strips, externalising the conflict, and reorganised to allow for a metaphorical rethinking of the problem. Meyers (2011) then helped the friends reflect on these restructured narratives to promote empathy and an understanding of multiplicity, which led to reconciled perceptions and resolved disputes.

While Kimber and Blatherwick (2020) did not use narrative therapy techniques, it is similar to Meyers' (2011) approach to bringing friends together to resolve dilemmas. Kimber and Blatherwick (2020)

noticed several people in a group of friends were accessing their service to talk individually about relational difficulties within their friend group. They invited these friends into a group where they used dramatherapy and systemic techniques, creating physical masks to represent the challenges in their friendships, such as the 'feel sorry for me' or 'stirrer' mask. Through circular questioning, they promoted curiosity about how each person was positioned by these challenges, encouraging alternative perspectives on what was happening beneath the mask, such as recognising that displayed anger might stem from feelings of anxiety and a need to protect (Kimber & Blatherwick, 2020). Role-playing with the masks allowed them to find meaningful alternative ways to respond to the thoughts and feelings beneath what was displayed (Kimber & Blatherwick, 2020).

While the first two papers (Huntley & Owens, 2013; Karydi, 2016) indicates the potential of narrative therapy to work with friends, they share a limitation in the absence of direct participation of friends in the sessions, which may restrict the therapy's ability to explore relational dynamics. Whereas Meyers' (2011) and Kimber and Blatherwick (2020) approaches actively involved friends, showcasing the potential utility of narrative and systemic therapy in managing relational dynamics among friends.

2.8   Rationale for this research based on scoping review.

The conclusions drawn from the reviewed literature suggest the meaningful role that friends and chosen family play in people's lives (Burck & Daniel, 2021; Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020; Milewski-Hertlein, 2001; Swainson & Tasker, 2008; Tasker & Delvoye, 2018). The papers also suggest recognising and incorporating these relationships in systemic practice (Burck & Daniel, 2021; Flemke, 2001; Huntley & Owens, 2006; Jenicek & MacIntosh, 2023; Karydi, 2016; Kimber & Blatherwick, 2020; McCauley & PettyJohn, 2020; Meyers, 2011; Milewski-Hertlein, 2001; Pattison et al., 1975; Swainson & Tasker, 2008; Tasker & Delvoye, 2018) and harnessing systemic therapy's relational focus to support the complex dynamics that may arise among friends (Burck & Daniel, 2021; Flemke, 2001; Huntley & Owens, 2006; Jenicek & MacIntosh, 2023; Pattison et al., 1975).

However, this is an emergent field with little to no research focus (Flemke, 2001; Greene, 2014; Haber, 1987; Jenicek & MacIntosh, 2023), as outlined at the start of the scoping review.

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Consequently, despite the promising insights the reviewed papers provide, empirical data is sparse. Most reviewed literature relied on qualitative descriptions, practice examples, or theoretical discussions. While these provide valuable perspectives, it would be helpful to map further where practitioners currently use friend therapy, where it might be most relevant, the adaptations needed to support the dynamics of friendships best, and whether interventions are meaningful or effective.

Furthermore, while some papers (Flemke, 2001; Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020; Pattison et al., 1975; Swainson & Tasker, 2008; Tasker & Delvoye, 2018) speculate about what could prevent friends from being included in systemic therapy, such as therapists' beliefs, biases, or adherence to cultural norms, no studies have reported systemic therapists' perspectives on this and what informs these. This study aims to be a step towards considering this field empirically and contribute to this developing conversation. It focuses on interviewing systemic therapists to understand their perspective on working relationally with friends using a systemic therapy framework. The aim is to:

1. Understand practitioner perspectives: Interviewing systemic practitioners provides a foundational understanding of current perceptions and readiness to integrate friends into therapy. This step helps map the landscape and identify the enthusiasm for and reservations about such practices.

2. Practical Considerations: Through these interviews, the study seeks to explore practical considerations, potential benefits, and limitations that practitioners perceive, which includes identifying necessary adaptations to existing therapeutic frameworks and discussing the implications of integrating friends in therapy sessions.

3. Determine Feasibility and Utility: By capturing the experiences and opinions of those in the field, this research aims to understand the feasibility and utility of introducing relational work with friends into systemic practice.

This research aims to contribute to the emerging conversation about including friends in systemic therapy. By interviewing systemic therapists, I hoped to understand their perspectives on their

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willingness or hesitation to incorporate friends into their practice and what influences these perspectives. I also hope to consider practical considerations, assess the feasibility and usefulness of integrating friends into systemic therapy, and identify necessary adjustments that future studies could expand upon.

2.9   Research questions

What are systemic practitioners' perspectives on working relationally with friends in therapy sessions? This exploratory question aims to consider how therapists understand and foresee the inclusion of friends in therapeutic practices, highlighting both opportunities and challenges.

Sub-Questions for Detailed Exploration

Sub-question 1: What benefits and challenges do systemic therapists identify when considering including friends in therapy sessions? This sub-question focuses on the perceived advantages and potential difficulties of including friends in systemic therapy.

Sub-question 2: What adaptations to existing systemic frameworks do practitioners think might be necessary to incorporate friends into practice effectively? This sub-question focuses on identifying therapists' perspectives on the changes required in therapeutic practices to accommodate friends, including adjustments in therapy models, session formats, and intervention strategies.

Sub-question 3: What potential barriers and facilitators might systemic therapists encounter in delivering friend therapy? This sub-question explores the potential barriers and facilitators therapists might face when incorporating friends into therapy sessions.

These questions aim to establish a comprehensive understanding of systemic therapists' viewpoints on integrating friends in therapy and assess the practical and ethical dimensions of such practice. The insights gained could inform the development of guidelines and recommendations for training and practice, aiming to enhance the effectiveness and inclusiveness of systemic therapy interventions.

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3. Chapter 3: Method

3.1 Chapter overview

This chapter outlines my approach to answering the research question and the steps I took to maintain quality at each stage. I explain my rationale for using qualitative research methods, semi-structured interviews, and Reflexive Thematic Analysis (RTA). I describe a pilot interview I conducted that included a consultation to refine my interview schedule. I describe my recruitment strategy, the participants who took part, and the ethical considerations I held in mind when interviewing them and throughout the research. The chapter concludes with my data collection and analysis process in the context of my epistemological position.

3.2 Design

In alignment with my epistemological stance and research aims and questions, I used qualitative methods and reflexive thematic analysis (RTA) to understand systemic therapists' perspectives on using their relational skills to work therapeutically with friends. I obtained the data through semi-structured interviews I completed with systemic practitioners and family therapists.

3.2.1 Rationale for qualitative design

I used qualitative research design to make meaning of systemic practitioners' perspectives on working relationally with friends. Qualitative design can be helpful for exploratory research, where researchers have not explored a topic comprehensively (Busetto et al., 2020). Through qualitative, researchers can immerse themselves in the data and identify patterns, themes, and relationships, especially the invisible or surprising ones that quantitative designs might overlook (Busetto et al., 2020). These can generate new hypotheses and highlight gaps in the literature to guide subsequent research (Barker et al., 2016). As research into systemic therapy with friends is sparse, my supervisory team and I believed that the research topic lent itself to the exploratory possibilities of qualitative design.

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I conducted interviews using a semi-structured interview guide (Appendix A). Semi-structured interviews blend elements of structured and unstructured interviews (Kallio et al., 2016). This approach involved using a predetermined set of questions while allowing additional follow-up questions to delve deeper into participants' perspectives (Terry & Hayfield, 2021). Conducting semi-structured interviews also allowed me to be responsive to participants (Braun & Clarke, 2013), enabling them to expand on their thoughts about applying their relational skills to friendships and provide feedback on my understanding of their perspectives (Silverstein et al., 2006). As a result, the participants actively contributed to shaping the direction of interpretations through the interviews (Braun & Clarke, 2013). However, it is essential to note that conducting semi-structured interviews may have led to my biases and perspectives influencing the data collection. Therefore, reflexivity is necessary to ensure that my views are acknowledged and provide a platform for the reader to critically appraise my construction of the data (Silverstein et al., 2006).

3.2.2   Rationale for reflexive thematic analysis

I chose to use Reflexive Thematic Analysis for several reasons. As previously mentioned, it allowed me to acknowledge my biases (Silverstein et al., 2006). Also, limited research was available on friend therapy in systemic practice, and RTA offered the flexibility to explore the breadth of the topic (Braun & Clarke, 2006; Willig, 2013). RTA also had the potential to generate collective meaning from the rich, detailed, and complex accounts of participants' realities (Braun & Clarke, 2006), which aligned with my critical realist position concerning the research topic (Braun & Clarke, 2006; Harper & Thompson, 2012; Willig, 2013). Critical realism posits that reality does exist, but our realities are contextual, and our experiences and practices shape how we understand them (Braun & Clarke, 2022). Relating this to the research topic, I believe friendship and therapy materially impact people's lives. However, participants' understandings of friendship and therapy are socially constructed, which was evident throughout the interviews. Participants did not speak solely from their positions as practitioners. They drew on work experience, training, theory, and lived experiences. The research context and the broader socio-historical-political context we were in also influenced them. Therefore, I could use Reflexive Thematic Analysis (RTA) from a critical realist position to acknowledge how participants made meaning of their experiences while exploring the implicit and underlying

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meanings derived from the broader social contexts and discourses regarding friendship and therapy (Braun & Clarke, 2019; Lainson et al., 2019; Willig, 1999).

3.2.3   Self-reflexivity in thematic analysis

Braun and Clarke (2022) argue that within a qualitative paradigm, specifically in Reflexive Thematic Analysis (RTA), demonstrating coding reliability and avoiding 'bias' is illogical, incoherent, and ultimately meaningless. In this approach, the researcher's subjectivity is seen as a resource for knowledge production rather than a threat to be mitigated. Braun and Clarke (2021a) use the term "Reflexive" in RTA to highlight the significance of the researcher's subjectivity as an analytic resource, along with their reflective involvement with theory, data, and interpretation. Reflexivity in this context entails continuously reflecting on how my beliefs, expectations, choices, and actions influence every aspect of the research process (Braun & Clarke, 2022). As a trainee clinical psychologist, I routinely engage with reflexivity, which I believe would be valuable in this research context (Silverstein et al., 2006)

My and my supervisors recognised that we are influenced by the same socio-historical-political contexts as the participants, these included our relationships with friendship and therapy, which also shaped the research. Therefore, I chose to use RTA because it recognises my active role in interpreting others' words (Braun & Clarke, 2019, 2021a). RTA takes responsibility for and acknowledges the power inherent in the process by recognising that the researcher constructs their conceptualisation of themes rather than discovering essential truths that emerge from the data (Lainson et al., 2019). This aligns with critical realism in that although there may be a 'reality', we do not access it directly (Harper & Thompson, 2012). Instead, we view the world through our experiences and assumptions (Braun & Clarke, 2013). Consequently, it is crucial to acknowledge and make explicit my influence on the research process (Terry & Hayfield, 2021).

A part of reflexivity is exploring how our social identities interact with the participants (S. Day, 2012; Jacobson & Mustafa, 2019). I considered my position as an 'Insider-Outsider' (Dwyer & Buckle, 2009) researcher and the impact it had on how I approached, interacted with, and interpreted the data. As a systemic practitioner, I share my professional identity with the participants, potentially enhancing

trust and rapport. However, most participants had more experience and a higher systemic qualification than I, which could impact power dynamics and credibility.

Furthermore, my experiences and intersecting identities shape my view of the value of friendship. For example, some participants considered the impact of loss on friendships, which resonated with me due to my own experiences with loss in this context (Appendix B). I have friends I consider family who have offered me solace in spaces that family could not. Consequently, I recognised my potential bias towards framing this project in a way that privileges the potential utility of friend therapy in a systemic therapy context.

Other participants cited my age to suggest that friend therapy is more relevant for my age group. I recognised this perspective made me more inclined to want to guide the interview toward the relevance of friend therapy (Appendix B). Therefore, I strived to remain cognisant, critical, and transparent about my position, values, and opinions about the project. I reflected on the subjectivities I brought to the research to facilitate this process. However, I did not navigate this journey alone. The research team's supervision was instrumental in helping me consider my position in the research's construction, from inception to the write-up phases. They provided a safe space to reflect on the assumptions and prejudices I brought to the study. I also kept a reflective journal throughout (Appendix B), which I used to explore and make sense of my subjective experiences and how they may affect the research process.

3.2.4   Participants

Inclusion and exclusion criteria

I used the following inclusion and exclusion criteria to approximate homogeneity in the sample and bring together participants who shared some experiences relevant to the research topic (Porzsolt et al., 2019):

Level of qualification

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To ensure that participants had a sufficient working knowledge of systemic practice, they had to have completed the Year Two Intermediate Postgraduate Diploma in Systemic Practice, the CYP IAPT Systemic Family Practitioner Courses, the Master's in Family and Systemic Psychotherapy, or the Doctorate in Systemic Practice. I excluded individuals who had only completed the Year One Foundation Course in Systemic Practice.

Therapeutic moniker

Practitioners utilise systemic therapy training under various therapeutic monikers, such as clinical psychologists and counselling psychologists. Therefore, I included participants as long as they had the required level of systemic therapy qualification, irrespective of their professional title.

Prior experience of systemic therapy with friends

As the study will focus on hypothetical distinctions between family, couples, and friendship therapy, participants did not need prior experience working with friends using systemic interventions.

U.K. Context

The concept of friendship is culturally bound and has varying iterations across contexts (E. Day, 2023). Furthermore, systemic practitioners deploy their interventions differently depending on their context (Roberts et al., 2014). My supervisory team and I limited this project's scope to therapists who had practised in the U.K. to consider the unique barriers and facilitators of introducing friend therapy in this context. Additionally, systemic training can be different across contexts. Therefore, by focusing on the U.K., we aimed to develop a study relevant to the local profession.

English fluency

I included participants fluent in English as it was beyond the scope and resources of the study to use translators and interpreters to ensure they could effectively communicate their experiences and perspectives. Table 5 below summarises the inclusion and exclusion criteria:

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Table 5 - Inclusion and exclusion criteria of participants

Inclusion criteria	Exclusion criteria
Completed the Year Two Intermediate Postgraduate Diploma in Systemic Practice, the CYP IAPT Systemic Family Practitioner Courses, the Master's in Family and Systemic Psychotherapy, or the Doctorate in Systemic Practice. Utilise systemic practice irrespective of their professional title. Worked in a U.K. context. Fluent in English.	Only completed the Year One Foundation Course in Systemic Practice.

I screened potential participants before the interviews to ensure they met the inclusion criteria. Once deemed eligible, I emailed them an information sheet (Appendix C), a consent form (Appendix D), and a research privacy notice (Appendix E).

3.2.5   Recruitment

I recruited participants through a purposive sampling approach to ensure they were knowledgeable or experienced in the research topic (Creswell & Plano Clark, 2011), met the stated inclusion criteria, and were interested and willing to participate (Bernard, 2002). I advertised the study using a research advertisement poster (Appendix F) and blurb (Appendix G) through the supervisory team's systemic community and networks, which included personal connections, the Family and Systemic Therapy Research Centre email list, the Association of Family Therapy mailing list, and mailing lists for practice groups. Advertising on these platforms garnered a reasonable number of responses. However, some who reached out did not meet the inclusion and exclusion criteria (see Table 5) and, therefore, could not participate. Moreover, two participants initially expressed an interest but chose not to proceed after receiving the participant information sheet and consent form. An email was sent to inquire about any questions, but further attempts to communicate were ceased when no response was received.

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3.2.6   Sample size.

Given the approximate homogeneity of the study population and the specific research objective, I aimed to recruit between 15 and 20 participants for the study. I recruited seventeen participants, at which point recruitment was closed as I reached 'thematic exhaustion,' where data from the later interviews I conducted were not sufficiently 'new' (Ando et al., 2014; Guest et al., 2006).

3.2.7   Participant information.

Of the 22 people interested in the research, nineteen were eligible to participate. Eighteen people consented to participate in interviews as part of this research. However, one of the participants encountered technical difficulties with the videoconferencing software at the beginning of the interview. I sent several emails to enquire about rescheduling the interview, but I ceased further attempts to communicate when I received no response. A summary of participants' demographic information, obtained from a questionnaire (Appendix H) provided to the participants before the interview, is below in Table 6.

The literature suggests faith (Day, 2023), ethnicity (Lu et al., 2020), gender (Gillespie et al., 2015), and age (Allan, 2008) influence how people construct and perceive friendships; therefore, collecting this demographic information through the questionnaires was considered essential for understanding the various factors that may shape the participants' views on friendship. The interviewees provided insights into how their faith, or lack thereof, influenced their views on friendship, suggesting the role of religious beliefs in shaping social relationships. For example, many participants noted that increasing secularism in society and economic challenges leading to delayed marriages impacted their perspectives on the duration and nature of friendships. Age was another demographic factor in the interviews, with older and younger participants expressing different beliefs regarding the centrality of marriage, family and friendship. While much literature is dedicated to gender differences in friendship (for example, see Gillespie et al., 2015), the sample size of male participants was too small to draw definitive conclusions, and few participants spoke about their gender identity when discussing friendship. Additionally, ethnicity was not a primary focus of the discussions, likely due to the predominantly white sample with similar British cultural backgrounds.

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Table 6 - Participant information

Demographics	N	%
Age		
21-29	1	6
30-39	1	6
40-49	5	29
50-59	4	24
60-69	2	12
70-79	4	24
Gender		
Male	2	12
Female	15	88
Other	0	0
Ethnicity		
White British	10	59
White Other	4	24
Black Caribbean	2	12
Asian	1	6
Faith		
Christian	5	29
Jewish	5	29
Buddhist	2	12
Muslim	1	6
Agnostic	2	12
No Faith	2	12
Years of systemic experience		
0-5	4	24
6-10	5	29
11-15	0	0
16-20	1	6
21-25	2	12
26-30	2	12
31-35	2	12
36-40	1	6
Systemic Qualification		
Year Two Intermediate Postgraduate Diploma in Systemic Practice	2	12
Masters in Family and Systemic Psychotherapy	14	82
Grandparent route	1	6

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3.3 Ethical Considerations

3.3.1 Ethical approval

The Health, Science, Engineering and Technology Ethics Committee at the University of Hertfordshire reviewed and approved this study on the 20th of April 2023 (protocol number LMS/PGR/UH/05311; see Appendix I.

3.3.2 Ethical issues

To ensure the safety and well-being of the participants and protect the research's integrity, I made ethical considerations following the British Psychological Society's (BPS) Ethical Guidelines (Oates et al., 2021), which I adhered to throughout the research processes detailed below:

3.3.3 Informed consent

Before each interview, I emailed all participants a detailed information sheet about the study (Appendix C). This sheet outlined the purpose of the study, how I would use their data and securely store it, potential risks and benefits, and their rights to withdraw. Before the interview, participants signed an informed consent form (Appendix D) indicating their awareness of the above and their agreement to participate in the study. I reviewed the information sheet with the participants at the beginning of each interview to ensure their comprehensive understanding. I reiterated vital points, such as the secure storage of their data and their voluntary participation and addressed any questions or concerns they had. This discussion was crucial to ensuring participants were fully informed before proceeding with the study.

3.3.4 Confidentiality and anonymity

I emailed participants a demographics questionnaire (Appendix H) to gather their demographic details before the interview. In the information sheet, I provided details on how I would maintain confidentiality and anonymity to protect their privacy (Appendix C), which I reminded them of at the start of the interview.

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To maintain participants' anonymity, I refer to them using participant numbers rather than their names when quoting them. Additionally, I provided a generic substitution or excluded specific details concerning workplaces, client groups, or personal information to further safeguard their privacy. I took this precaution due to the close-knit nature of the systemic community, where individuals might quickly identify one another based on seemingly minor personal data.

3.3.5　Data management and access

I securely stored all sensitive data, including consent forms, demographic questionnaires, interview recordings, and typed transcripts, in the University of Hertfordshire's One Drive network, following the university's data management policy and the General Data Protection Regulations (GDPR). I stored demographic data separately from recordings and transcripts. As the principal researcher, only I could access identifiable participant data and interview recordings. I only shared data with the research supervisory team after I had anonymised the data and removed identifiable information. I will keep identifying information until I have completed the study and then safely destroy it.

3.3.6　Privacy and safety

I protected participants' security and privacy by ensuring the interviews took place only in locations they had consented to, all of which were online, except one at the participant's home.

3.3.7　Responding to participant distress

Due to the nature of the inquiry, the procedure, and the interview process, I did not expect to cause harm or distress to participants. Regardless, I considered how I would manage distress if it came up during an interview. I planned to draw on my skills as a therapist by pausing the interview to offer support and providing the option to reschedule or discontinue it if needed. I explained these options to the participants before the interview. One participant became upset as they fondly remembered the significance of a dear family friend. I paused the interview, but the participant was happy to continue.

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3.3.8   Experts by experience and pilot interview

I encountered challenges in identifying experts by experience to support my research development. Experts with experience in this context would have included individuals who have been or would like to be clients in friend therapy and systemic therapists who have practised friend therapy. However, as friend therapy is not an established practice, locating therapists who have utilised it was challenging. I received no responses despite contacting several practitioners who advertised their friend therapy experience. Additionally, attempts I made to contact individuals who had been clients in friend therapy were unsuccessful.

In light of these difficulties, I chose to approach an individual who had authored the only paper I could find on using friends in therapy within the systemic therapy context. This individual had sought friend therapy herself and subsequently documented her experiences. Recognising the value of her perspective as both a systemic therapist and someone who had been a client in friend therapy, I conducted a pilot interview with her, followed by a consultation to gather her feedback on the interview questions and structure. We discussed the relevance of the questions and explored opportunities for refinement. In her feedback, she suggested the usefulness of the questions overall but highlighted areas where I could reduce repetition. By incorporating her insights, I refined the interview schedule to increase clarity when gathering data.

3.4   Data collection

I carried out all interviews between June 2023 and January 2024. Interested participants contacted me after seeing the research advertised, and I provided them with the participant information sheet (Appendix C), consent form (Appendix D), and demographics questionnaire (Appendix H). I encouraged participants to ask questions about the forms, the interview process, and the research. Once participants indicated their willingness to participate, I arranged a mutually convenient time for the interview. I primarily conducted the interviews via MS Teams, managing online data collection thoughtfully with an awareness of the challenges outlined in the BPS ethical guidelines for internet-mediated research (Kaye et al., 2021). Before each interview, I sent participants a meeting link for easy access. One interview occurred in a participant's home. Conducting interviews online offered

greater flexibility and convenience for participants, but there were opportunities for technical difficulties and diminished rapport (Kaye et al., 2021). On the other hand, in-person interviews facilitated connection and potentially led to richer data. However, they also required careful logistical and safety considerations, which I managed by adhering to Cambridgeshire and Peterborough, by employing the Trust's principles of lone working.

At the beginning of each interview, I ensured that participants had the opportunity to ask any further questions about the participant information sheet and confirmed their eligibility based on the inclusion criteria. I also reminded participants that they could pause the interview at any point if needed. Following this, I commenced the interview. I conducted the interviews using the interview schedule (Appendix A) as a guide. This semi-structured interview approach involved asking a pre-determined set of questions consistently across interviews with the option of asking follow-up questions.

Upon the interview's conclusion, I gave participants a debrief and debrief sheet (Appendix J), reminding them of their right to withdraw from the study at any time before data analysis began. No participants withdrew at this stage. Additionally, I inquired if participants wished to stay informed about the study's progress and future developments.

3.5   Data analysis

I drew upon the six phases of reflexive thematic analysis (RTA) outlined by Braun and Clarke (2006) to analyse the data. Although they organised the six phases sequentially, Braun and Clarke (2022) have since stipulated that they intend the process to be recursive and iterative rather than sequential. Therefore, I moved back and forth between the phases. Below is a more detailed description of each step of the six-phase process.

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Table 7 - The application of Braun and Clarke's (2006) six phase approach to thematic analysis to this research project

Phase	Application
Phase 1: Familiarisation with the data.	Braun and Clarke (2006) recommend that researchers become intimately familiar with the data during this phase to discover pertinent information relevant to the research question. By completing each interview, I started the process of familiarisation. After each interview, I contributed to my reflexive journal (Appendix B), noting my initial thoughts regarding moments that evoked interest or curiosity. Transcribing all the interviews further aided familiarisation as I became fully immersed in the data. As I transcribed, I started engaging analytically (Braun & Clarke, 2021a) and created a mind map to represent the patterns I noticed visually (Appendix K).
Phase 2: Generating initial codes.	During this phase, I used NVivo 12 to systematically code dialogue pertinent to the research questions in each transcript (Braun & Clarke, 2021a). I employed an inductive, data-driven methodology, identifying themes directly from the data without attempting to fit them into a pre-existing coding frame based on my preconceptions (Braun & Clarke, 2013; Byrne, 2022; Patton, 1990). I employed both semantic and latent coding techniques in my analysis (Braun & Clarke, 2006; Byrne, 2022). Semantic coding focused on presenting the data as communicated by participants, while latent coding delved deeper to consider hidden meanings or assumptions within the data (Braun & Clarke, 2006). Appendix N contains an excerpt from a coded transcript. The interviews were rich in data, which meant I generated a substantial number of codes. To manage this, I regularly reviewed the codes throughout this phase to merge and delete duplicate ones. To enhance reflexivity during the coding process, I frequently consulted with my supervisors and Trainee Clinical Psychology colleagues to help me reflect on my coding decisions, identify my areas of interest, and consider how my assumptions might influence the language used in the coding labels. These discussions were particularly beneficial for discussing both specific transcript extracts I found challenging to code and sharing views on the appropriateness of the coding (Tracy, 2010).
Phase 3: Initial theme generation	In the initial theme generation stage, I shifted the focus from individual codes to searching for themes and constructed patterns of shared meanings across the dataset (Braun & Clarke, 2006). Initially, I printed out all the codes from NVivo and tried to map them out on paper to explore clustering patterns visually. However, upon reflection, it became apparent that this approach was becoming unwieldy due to the large number of codes. So, I transitioned back to using NVivo to identify emerging patterns more effectively. Alongside NVivo, I used mind mapping (Appendix K), which developed into a preliminary thematic map (Appendix L) to experiment with different ways of grouping codes and identifying potential relationships. The mind map also allowed me to hold the large dataset in mind more easily. The process was iterative, as I drew upon my in-depth knowledge (Braun et al., 2017) of the data to discard, merge, and reorganise themes, subthemes, and sub-subthemes as new insights occurred to me. Through this iterative process, I generated subthemes and themes, offering an initial representation of the dataset's patterns.
Phase 4: Reviewing potential themes.	This phase involved revisiting the data to align the codes with the subthemes and themes, ensuring meaningful interpretations (Braun & Clarke, 2006). Braun and Clarke (2012) proposed key questions that guided my theme review process. These questions mainly focused on the quality of each theme and its relevance to the research question. I reviewed themes against initial transcripts and code lists to ensure they effectively conveyed the data's story concerning the research question (Braun & Clarke, 2006). I removed themes that did not contribute to addressing the research question. Critical discussions with supervisors provided valuable insights for refining themes at this stage. I generated consistent themes and narratives over time through the iterative process.
Phase 5: Refining, defining & naming themes.	Throughout this phase, my supervisory team and I iteratively refined the narrative of each theme and subtheme to ensure the essence of each theme reflected the data (Braun & Clarke, 2006). I selected pertinent data excerpts and organised them to substantiate each theme in a coherent and internally consistent narrative (Braun & Clarke, 2022). The terminology used to name each theme and subtheme evolved in response to feedback to ensure that they provided immediately accessible indications to the reader of what I had generated from the data (Byrne, 2022). This iterative process culminated in the final analysis, which is detailed in the subsequent chapter alongside the final thematic map (Figure 3), which is also in the appendices (Appendix M)
Phase 6: Producing the report.	The final phase is the write-up of the analysis. Braun and Clarke (2006) caution against merely paraphrasing extracts without an overarching analytical narrative. Within this phase, I carefully structured the reporting of themes to establish logical connections and ensure each theme effectively conveyed its narrative (Braun & Clarke, 2012). This process was crucial for presenting a concise, logical, and comprehensive story encompassing most of the collected data (Braun & Clarke, 2012). However, it is essential to note that there is always more to be said about the data than a single analysis can capture (Braun & Clarke, 2021b). To ensure a clear and cohesive narrative of the themes and sub-themes, I engaged in discussions and reflections on my interpretation of the chosen themes with the research supervisory team. I present the write-up of the analysis in the chapter 4.

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# 4.	Chapter 4: Findings

## 4.1	Chapter overview

Reflexive Thematic Analysis is a reflexive process (Braun & Clarke, 2022), so I will use the first person to convey my connection with the analytic process. Codes and themes neither 'emerge' from nor reside in the data, waiting for the researcher to find them (Braun & Clarke, 2012, 2013, 2021a); instead, they are actively generated by the researcher and shaped by their experiences (Byrne, 2022), which means the themes I generated are my interpretation and a different researcher might develop different themes. Therefore, I will also include examples of my self-reflexivity as I present the themes and subthemes, I generated to help the reader understand and critically appraise how I was both shaped by and shaping the study.

Through the analysis, I aimed to answer the following research questions:

Sub-question 1: What benefits and challenges do systemic therapists identify when considering including friends in therapy sessions?

Sub-question 2: What adaptations to existing systemic frameworks do practitioners think might be necessary to incorporate friends into practice effectively?

Sub-question 3: What potential barriers and facilitators might systemic therapists encounter in delivering friend therapy?

Based on these research questions, I developed five main themes, each with accompanying subthemes that the reader can see in thematic map displayed in Figure 3 below:

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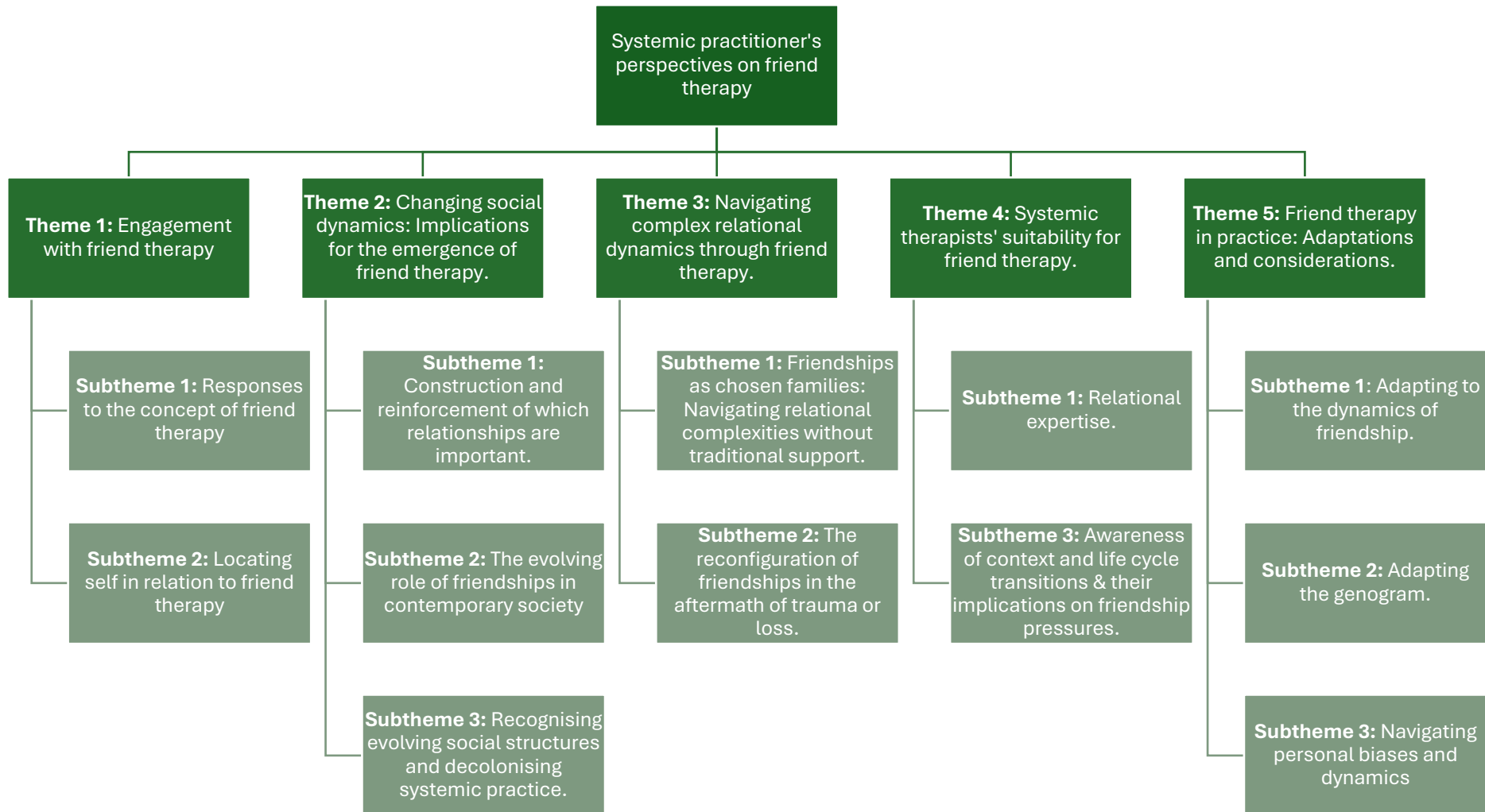
Figure 3 - Final thematic map to show the themes and subthemes generated through data analysis.

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When presenting the themes and subthemes, I used participants' quotes to ensure the data was grounded in their accounts and generated an analytic narrative (Braun & Clarke, 2006). I will link the data to existing theory in the discussion (Braun et al., 2015; Byrne, 2022).

4.2 Theme 1: Engagement with friend therapy
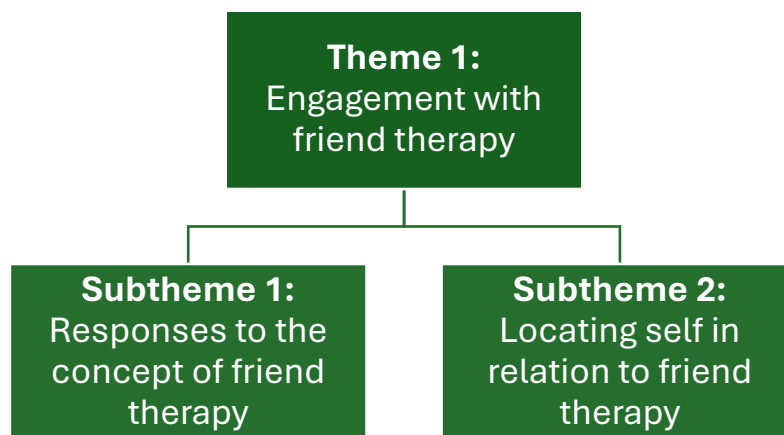
Figure 4 - Mini thematic map of Theme 1: Engagement with friend therapy

I explore systemic therapists' diverse reactions to introducing friend therapy to the field in this theme (Figure 4). While subsequent sections will detail the content of their responses, the focus here is on the influences shaping their engagement with the concept. Despite being asked to respond from their professional positions as systemic practitioners, every participant drew heavily on their personal experiences, beliefs, and values. Some participants, particularly those with profound experiences of friendships, were enthusiastic, viewing friendships as significant relationships deserving of therapeutic attention, drawing parallels with family ties. Others were tentative due to the novelty of the concept and practical challenges like financial constraints within the healthcare system. A blend of cultural norms, personal biases, and professional experiences also shaped participants' views. For example, prioritising marriage and family over friendships reflects a cultural expectation that familial relationships are more enduring and worthy of effort and, by extension, therapeutic intervention than friendships.

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4.2.1   Subtheme 1: Responses to the concept of friend therapy

In approaching the concept of friend therapy, participants had a range of reactions that sometimes fluctuated across the interview. Some were enthusiastic:

"Bring it on." [Participant 16]

"I really like the idea of friendship therapy… I think it makes absolute sense because of the significance of those relationships." [Participant 10]

Others were more tentative, acknowledging the novelty of the topic:

"Maybe it's the title of [friend therapy] that is daunting." [Participant 05]

"That's the thing, isn't it. Because it feels a bit of a novel request, you'd probably be feeling your way through a little bit and trying to get a sense with them about what are we doing here." [Participant 04]

This trepidation aligns with Participant 6, who had direct experience of offering friend therapy, and remembered initial reservations because of the novelty, but then stepping towards the request:

"Twice I've responded to people saying, 'There are two or three of us who want to come and try and sort something out.' And initially I thought, I don't think there are any guidelines for this and, you know, I've never read anything about it, but I thought well, actually most parents have a relationship which is non-biological. One hopes. And actually, the relational issues are exactly, well, are very similar." [Participant 06]

There was also ambivalence, as some participants reflected on their beliefs regarding friendship:

"When I think about my friendships, for example, I recognise that I tend to, now more so because there's a lot more going on in my life, I would run away from those friends that place more demands on me. So, if I can't meet up and they put pressure on me to meet up, I just tend to run away from them." [Participant 1]

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However, despite their reservations, many participants expressed curiosity as a motivator to engage in friend therapy:

> *"Curiosity! Curiosity! And I'd love to!"* [Participant 11]

When approaching the concept of friend therapy, participants had a range of reactions that sometimes fluctuated across the interview. Some were enthusiastic, expressing support for the idea and recognising the significance of friendships. Others were more tentative or ambivalent, acknowledging the topic's novelty and feeling daunted by its unfamiliarity. Despite their reservations, many participants expressed curiosity as a motivator to engage in friend therapy.

4.2.2   Subtheme 2: Locating self in relation to friend therapy

The contexts people were in, and their roles, responsibilities, and understandings of those contexts appeared to powerfully influence how participants positioned themselves in relation to the concept of friend therapy. Participants often drew from their clinical experiences and professional practices, which informed their views on friend therapy. For example, one participant reflected on their work with young people who had formed alternative families through shared experiences, highlighting how these bonds became central to their lives:

> *"I used to work in leaving care, you know. So, you've got young people who just weren't able to live with their family anymore. And then the system or the other looked after children, who've had shared experiences, were able to just become their families."* [Participant 01]

This quote suggests ways professional experience with alternative familial structures can shape a practitioner's openness to friend therapy, seeing it as an extension of such dynamics.

Knowledge of service design, evidence-based practice and processes of change in a healthcare system that emphasises cost-effectiveness positioned some participants' responses to the potential introduction of friend therapy:

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"I think there would be a question of finances around it. Like, there's, theoretically, a very limited budget for mental health. Are we going to start seeing people's friends and how will that be perceived?... I think it would be really important to have a think about the evidence for friendship therapy... I work an NHS job... if there's something new that's being offered to a service, you'd maybe have to justify a business case. So, case examples, and supervision, ongoing CPD, that would make it possible to maintain it in a service." [Participant 05]

Here, the participant's response highlights the intersection between professional practice and personal beliefs, showing how they are positioned by their role within the NHS, which appears to inform a cautious approach to introducing friend therapy. The participant's emphasis on the need for evidence and justification reflects their professional obligation to consider the feasibility and sustainability of new therapeutic approaches.

In some cases, participants drew on their direct clinical experiences of working systemically with friends, though these instances were anecdotal rather than central to their practice. For example:

"A colleague and I were working with somebody who. Ohh, it's a very complicated situation, but anyway her chosen, sort of, family were friends. And she didn't have any contact with her own family. I think she'd been in care. And we had a couple of... I don't know what we called them. but we basically invited her to invite in her friends. And then we had a couple of sessions where we kind of, yeah, did something therapeutic. And it was really memorable! Because it was really touching as well, because her friends were really happy to come. And she was someone who'd had a very difficult life and had lots of, sort of, rejection and, sort of, ruptures and traumas. And she'd kind of found this community of friends where she lived. And I think it was really meaningful to have that opportunity to be both witnessed by somebody in this context of, like, a group of friends. But also, for them to have a bit of... Because there were like, difficult things as well. It wasn't all like, sunshine and rainbows. They were a group of people who each had had their own sort of struggles." [Participant 07]

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This account reflects how participants who had engaged in friend therapy—albeit rarely—found it impactful, suggesting that their professional experiences influence how they position themselves regarding the potential of friend therapy.

However, while I interviewed participants in their professional capacity as systemic practitioners, all drew more from their personal experiences of friendship when considering their stance on friend therapy. For example, some participants acknowledged how their insights were intertwined with personal life experiences:

"I was thinking of my own experience because I don't think I can help doing that in this context." [Participant 18]

"I do think it's incredibly important because like I said, friends as family. And that girl, now woman, that I've known since we were three, you know, she's like, she and her family, are like kin to me. So, they're, you know, they're like family, and they're kin." [Participant 11]

"I think it's probably my personal experience [that I'm drawing from] more than anything. I have not done friendship therapy. But as I said, it was just recently, and it was just very timely when your message came through, because I had been speaking with my son about this situation [in his friendship group] and really started to think about that. Well, why don't we? You know? Why couldn't they go to therapy together? Because this situation was creating a significant impact to the point where people were, I mean, as my son described, experiencing significant emotional distress even, you know, some mental health challenges... All the things that you see that might happen, you know, in other relational ruptures." [Participant 08]

These quotes suggest ways personal, rather than professional, experiences appeared to serve as a lens through which participants viewed the concept of friend therapy, which influenced their receptiveness or scepticism towards it.

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Furthermore, participants who described profound relationships with friends were generally more receptive to the potential of friend therapy. They often equated friendships with familial bonds, which heightened their appreciation for the possible therapeutic value of these relationships:

> *"You know, that, kind of a cliché phrase, you know, 'Friends are the new family.' And certainly, from my personal experience, I have lifelong friends who are very, very important to me, and I have many, many family members, you know, relatives by blood, who I have absolutely nothing to do with. And again, obviously, the confidentiality is extremely important. But I'm one of two siblings, I've just got one sister. And I don't have a relationship with her. I don't see her. I'm cut off... The friends are very, very important... One person who was very, very important in my life was my mother's best friend. [Voice catches as she remembers – holding back tears] And she had a sort of, particular friendship with me, which was like an alternative mother. So, I do think that friendship can be very important for learning things which are characteristically called family relationships, but they needn't be, exclusively. It's about nurturing, about listening, valuing, validating things that don't always go on in families. [Welling up more] Umm. So, I think there are lots of parts of friendship that, perhaps, are modelled on family relationships or are contrasting with family relationships but allow a different kind of interaction to happen. Can you [interviewer] start developing that please?" [Participant 17]*

This passage illustrates how some participants' deep connections with friends shaped their belief in the relevance and importance of friend therapy, viewing it as a viable and valuable intervention.

On the other hand, some participants' personal experiences and cultural beliefs led them to view friend therapy as less significant than family therapy. For example, one participant drew on their experience with family dynamics to express scepticism about the stakes involved in friendships:

> *"I went through divorce... [my children] were so distressed because the divorce was quite acrimonious...I would, kind of, think in couple therapy there is more intensity because it's more at stake. Usually. Especially when there are kids involved. Right? If two people's disagreement is so big that it might end up in divorce, the consequence [is] quite serious,*

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> *and there is also, like, financial consequences for kids. If two friends separate, the stakes are less high."* [Participant 15]

These participants seemed to position themselves in relation to cultural norms, which influenced their views on which relationships require intervention. For example, when speaking about the relative merits of friend therapy compared to family therapy, some participants appeared to express the cultural norm that marriage is central, making it worthier of intervention than friendship, which is peripheral:

> *"In a marriage you're in a contract or well, a partnership or long-term partnership you have reasons to hang in longer than you do with friends... I've been married 53 years, so clearly, I take very seriously being married... When you're married, you feel that you have a, there's more motivation to at least try to make things different... because of children or families you know it's much stronger with marriage than with friends. You know, you don't really have to stay together with friends in the same way that you would really, really want to try in the marriage."* [Participant 09]

Other participants expressed similar beliefs, drawing on cultural norms that position romantic relationships as the pinnacle of intimacy, potentially diminishing the perceived importance of friendships, and friend therapy by extension:

> *"This is my own story probably; it feels like there's more to lose with couples. I think I place more value on couple relationships than friendship ones."* [Participant 01]

Some participants deeply held the belief that friend therapy is less necessary than family therapy. For example, Participant 13 drew from both personal life and professional practice to highlight the automatic prioritisation of family in times of need, possibly reflecting a cultural expectation that family comes first, especially in crises, due to an assumed inherent loyalty towards relatives:

> *"Personally, and professionally... there's just lots of little examples of how you just see that, you know, blood relatives just count for a lot. People will drop a lot for a relative that they*

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> *barely know when there's a crisis. But would they do the same for a friend?"* [Participant 13]

Participants generally believed that friendships are more important during younger years:

> *"I mean, that's a question I would be asking you. You know, it's at your age, would there ever be anything that would take you to therapy with a friend?"* [Participant 09]

However, some drew on their life experiences, possibly informed by cultural expectations, to describe a shift from friends to family commitments as people age:

> *"When you're younger, you would spend a lot of time with your friends, and they'd be really central to your life. And I think when you have a family of your own and a partnership of your own, then friends, they take a different role in your life."* [Participant 10]

Some participants took a different position regarding the importance of friends to younger generations. For example, Participant 03 drew on her relationship with her daughter, professional and personal experiences to articulate a belief, shared by many participants, that a shift is occurring regarding the importance of friends:

> *"I think there's a society change, and I see it more in the generation of my daughter. And I have the impression they do much less romantic relationships than I used to do at her age. Because I don't only see it with her, I see it also with the CAMHS population. That young people come to us, and they don't do romantic relationships as much as I used to do at their age. But the friendships are much more important. So, what has led to that?... In the past, in the Westernised world, friendships were more often more acquaintance and much more distance, and in some ways, I do think they become closer, and the expectation became higher. And what makes me interested in that theme is that then the problems also become more. Because I know in my personal circle as well as when I talk to people about the pain, when friendships have broken up and things go wrong in friendships."* [Participant 03]

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In this theme, I report participants' initial reactions and basic attitudes toward friend therapy. Most participants were introduced to this concept for the first time during the interview. Therefore, they often examined their positions and perspectives and unpacked the idea for themselves in real-time rather than sharing long-held beliefs, except for the small minority with prior experience offering friend therapy. Overall, participants drew from a range of experiences when considering their position in relation to the concept of friend therapy. However, they tended to rely more heavily on their personal rather than professional experiences when reflecting on the potential of friend therapy. While some participants showed strong enthusiasm and saw significant potential in friend therapy, particularly those with profound friendships who viewed these relationships as akin to family, others were more reticent, citing the implications and higher stakes involved in family dynamics. For many participants, cultural norms influenced their views on the hierarchy of relationships where romantic relationships were idealised as the pinnacle of intimacy, compared to friendships, which some believed to be peripheral and less binding. Participants generally believed that friendships are more important during younger years, but family becomes the primary focus as people age.

4.3　Theme 2: Changing social dynamics: Implications for the emergence of friend therapy.
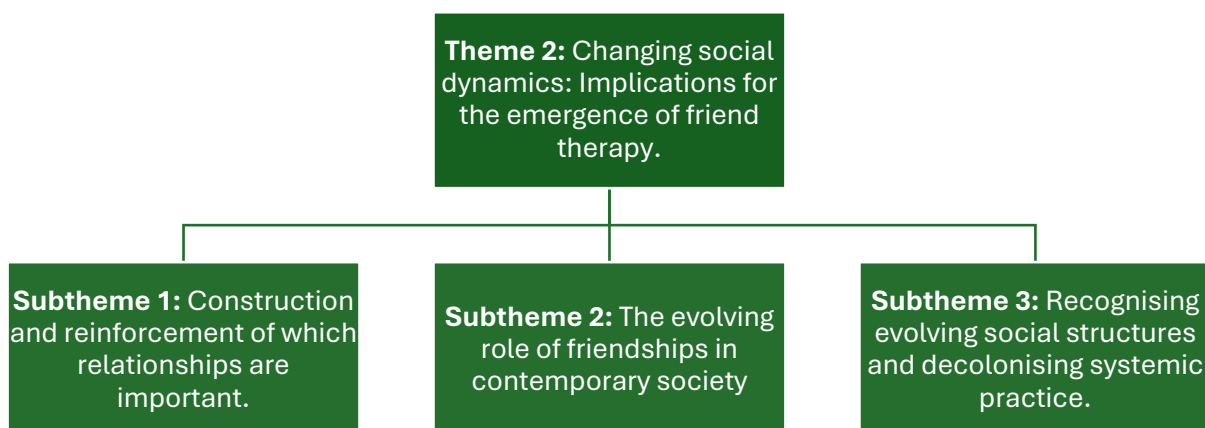

Figure 5 - Mini thematic map of Theme 2: Changing social dynamics: Implications for the emergence of friend therapy.

This theme relates to participant responses concerning the evolving relational dynamics of couples, families, and friends (Figure 5). All participants pointed to societal events, movements, and cultural

shifts, including economic crises, housing challenges, the feminist movement, and changing marriage practices as influential factors. While acknowledging a gradual shift from historical norms, many suggested a persistent reinforcement of the importance of marriage and the nuclear family in Western society, perpetuated through language and institutional structures like the NHS. Participants believed this reinforcement had, so far, resulted in the marginalisation of friendship's role within systemic therapy.

4.3.1 Subtheme 1: Construction and reinforcement of which relationships are important.

In considering friend therapy, many participants said society has historically marginalised friendships, which they suggest is reinforced and upheld through language, social interactions, legal frameworks, statutory services, and economic forces that prioritise family dynamics over friendships. This subtheme explores ways participants said these societal mechanisms contribute to the construction and reinforcement of which relationships are deemed essential.

Some participants shared personal experiences of interactions that perpetuate the marginalisation of friendships. For instance, Participant 08 recounted how cultural expectations prioritise romantic relationships and settling down, which her children have not followed. This has made her feel disconnected in discussions with her friends about their children who have conformed:

"I'm sitting around talking with my friends, the conversation kind of goes to our children and forming partnerships, right? So, I have two children who don't have, and have never had partners, and, you know, are not in active partnership. But, thankfully have very strong friendship groups. And I even feel a little bit marginalised. It's really interesting. There are times in the conversation when everyone's discussing their young adult children, you know, forming their partnerships. But, you know, in my mind my value is I'm just delighted that they have strong communities. That's all that's important, you know. I mean, based on what? Because they both seem very happy with where they are right now." [Participant 08]

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Some participants suggested the legal framework supporting family and couple relationships underscore their societal importance, contrasting it with the absence of similar legal recognition for friendships:

> *"Because there is a legal framework around those type of [family] relationships while there is, I would think very little legal framework around friendships." [Participant 03]*

Some participants built on this to consider the influence of legal frameworks on family dynamics, emphasising the legal responsibilities and obligations tied to familial roles:

> *"In couple therapy there is more intensity because it's more at stake. Usually. Especially when there are kids involved." [Participant 15]*

Often these participants described how the legal framework motivates individuals to seek therapy:

> *"If they really want the relationship to work, then they'll do whatever it takes to get that person, kind of like, in the room because they don't want the marriage to end, or they've got children or, you know, the impact on the rest of their life is massive... they are invested in maintaining that relationship for whatever reason. Or to end it nicely because they have to sort the kids out." [Participant 02]*

Several participants suggested that friend therapy has not emerged because capitalism reinforces the nuclear family's importance by viewing it as a fundamental unit for production within the economic system:

> *"So, you know, why do we focus on family? Because they are a socially, legally, validated unit, domain of production. They look after people they provide for people and that's what the state relies on." [Participant 17]*

Participant 11 went further to describe how systemic therapy had unwittingly aligned itself with the economic system that reinforces the family:

> *"It's a capitalist plot... because friends are not part of the means of production... if you look at industrialized society, so traditional families of father, mother, children, and the roles*

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that those play during the industrialisation of society... So, you're an individual worker. You're a couple. And you're a family. You've produced new workers. Ohh, this is cynical. I would never have thought of this if you hadn't asked me this question. So, you know, the parents are working. Whatever gender, you know, that they're working. They've got children. They're going to be the new workers. But friendship? That doesn't support capitalism. Friendship therapy. Well, there's cynical... the nuclear family extracts, as workers, extracts from the planet and makes stuff. The nuclear family then buys stuff, which keeps the whole thing going. And because they often live under the same house and bring up children who, you know, have stuff. There is stuff, and there's more need for stuff, and there's advertising and blah blah blah. Whereas friendships, I think is, it's too nebulous for capitalism to focus on. I don't believe we've done this as systemic therapist. This is a real. We've capitalised." [Participant 11]

Many participants described ways service design might reinforce the marginalisation of friendships. For example, some suggested that the medical model's focus on individual pathology can neglect relational dynamics:

"The other barrier would be the NHS generally organises itself primarily around an individual. And it's probably more medically cultured as well. So, 'What's wrong with you?' And they wouldn't think about friendships so much as being the presenting difficulty." [Participant 04]

Additionally, several participants believed that evidence-based practice makes it challenging to offer friend therapy in statutory services as it lacks empirical support:

"Whenever you're doing anything, there's always going to be, you know, 'Who's this for? What's it for? How are you going to show it's effective? Is this worth our money?'... the whole, kind of, adult mental health discourse about, you know, you should be making people into productive economic citizens. Nice neoliberalist. Like, these discourses around what we're doing therapy for. I suppose, yeah, there's not that evidence to kind of say, 'Look [friend therapy] works. Look at the difference it makes.'" [Participant 07]

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Many participants described a potential cycle in which services do not offer friend therapy due to a perceived lack of demand, and potential clients may not ask for it because services do not provide it:

> *"I think it really is that people don't know it's available, including us. The therapist don't, we don't know about it!" [Participant 11]*

In summary, participants emphasised how society has historically marginalised friendships through language, social interactions, legal frameworks, statutory services, and economic forces that prioritise family dynamics over friendships. Participants also pointed out a cycle where the lack of friend therapy offerings leads to a perceived lack of demand.

4.3.2   Subtheme 2: The evolving role of friendships in contemporary society

Participants described the various societal events, movements, and cultural shifts that have and are influencing the interplay between couples, families, and friends. Participants highlighted the impact of economic crises, housing challenges, the feminist movement, and evolving marriage dynamics as crucial factors shaping contemporary relationship dynamics, including how this might impact the centrality of friendships.

Participants observed a move in the Western world from extended families to nuclear families to the possibility of friendships becoming more important:

> *"Post-war society, in the Western world, was the nuclear family. My parents have very little friendships, meaningful friendships. They sort of clung onto each other... I mean, there are many people in that generation who have acquaintances but not friends. If I look at my husband's father, doesn't even have a single friend, who has struggled with how [my husband] and I have friendships and asking, "Why do you prioritise them over family?" in some respects... I wonder whether the Western society has moved from extended family to nuclear family, and now our friendship networks are much more important than they used to be." [Participant 03]*

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Some participants proposed that moving away from religious norms and the associated expectations of marriage and parenthood led to a departure from the nuclear family, which has implications for the role of friendship within social dynamics:

> *"I am thinking about sort of a British context, if you like, religion being less of a sort of focal central context for a lot of people, not for everyone. But I think that might influence that because I think there's something about those expectations about whether it's sort of marriage, children, in a particular kind of format, that's perhaps shifted... I think it raises the importance of friendship for people. I think it becomes more central, and, I suppose, I'm, sort of, going back reflecting on my own experience about that. That would be the case. That friends are perhaps more important than they were."* [Participant 18]

Several participants suggested that young people traditionally lived with their parents until marrying and starting families. However, they observed a shift towards prolonged independence:

> *"Historically young people lived in their parent's home until X age, then when they moved out, tended to get married, start their own family. I think that people are living, more independent lives much, much longer, if not forever. So, I think that we're considering more alternative familial arrangements or community arrangements now."* [Participant 08]

Some participants attributed the trend towards prolonged independence among young people to economic challenges, acknowledging the hurdles of rising living and housing costs, which necessitates alternative living arrangements such as extended cohabitation with friends:

> *"I was wondering whether there are more economic reasons as well because I also remember when I was that age 18 or 19 moving out was so easy. Yeah. I mean, I was working probably a little bit babysitting, a little bit in sort of a voluntary organisation, a little bit working at McDonald's, and I could study next to it. I could pay, I could live on my own. Easily! Whereas I think for young person like you to live on your own is almost impossible if you don't get the parental support or other. So, the economic. You have to connect with friends. You have to share houses."* [Participant 03]

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Several participants attributed the shift towards greater independence and the changing role of friendships to the feminist movement and the liberation of women from traditional patriarchal structures:

"Young women, to me, seem a lot more assertive, in many ways. And not wanting to become dependent on a partner. Wanting to have their own life. To retain their independence. Certainly, I think, that is what has changed. You know, this idea that women were at home looking after children and then going out to work. That has changed significantly." [Participant 10]

"I think it was the first feminist family therapy conference in Oxford in the late 70s, early 80s. and there was a speaker from America. One of the great names. I don't know if it's Marianne Waters or Peggy Penn or somebody like that. And she gave a paper about the current expectations of marriage as a unit. And she really gave a powerful message, that what's loaded onto the unit of social fabric of marriage is completely broken. It's a broken model. Too much is expected of these two people, who are put together and then supposed to have everything, within that relationship. And she was really saying, "It can't be done. It can't be done." It's a bit like, you know, Hillary Clinton, quoting, you know, "it takes a village." Well, it takes several villages to shore up a life, and it can't be expected to be purely located within a dyad. You know, you have to have your friends, you have to have your neighbours, you have to have your community resources, in order to be able to do this thing called a life." [Participant 17]

Many participants also suggested increased global mobility has affected traditional family connections, leading to friendships becoming more significant as they fill the gaps left by family:

"We're a far more mobile society now than when I was born, you know. You never left your local town, and relatives were all on the same street. And now people are far more dispersed in terms of sort of families." [Participant 04]

"I suppose we haven't talked about, and I think this is important. My mother-in-law is a migrant, and not like a recent migrant, but I guess, kind of, globalisation and people

moving around much more, sort of, you know, people being, like physically disconnected by thousands of miles from family. And I think that makes a difference because I think that sort of, lots of our, sort of, traditional structures of support are much different to 50 years ago, and that often friendship, kind of, comes into that gap". [Participant 07]

Some participants, like participant 15 who had her own experience of migration, reflected that physical distance can mean people are less connected to their family:

"I think it's because of the movement, we're way less bonded to our families." [Participant 15]

Several participants said people's mobility leads to friendships becoming more significant as they fill the gaps left by family:

"You move from another country, you have to, you know, you might be celebrating really important events in your life with friends, not family. So, all of those things, I think, about how we live today, makes [friend therapy] useful." [Participant 13]

In summary, participants discussed how societal events, movements, and cultural shifts affect relationships. They mentioned economic crises, housing challenges, the feminist movement, religious norms, and changing marriage dynamics. Young people were said to stay independent longer and often cohabitate with friends due to economic challenges. Participants highlighted how global mobility impacts family relationships, making friendships more critical in filling the gaps physical distance leaves. Overall, these trends suggest a growing recognition of the importance of friendships in modern society, reflecting broader changes in how relationships are valued and maintained.

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4.3.3   Subtheme 3: Recognising evolving social structures and decolonising systemic practice.

When invited to do so in the context of the interviews, most participants critically examined the traditional focus of systemic therapy on family relationships. Participant 1 highlighted how systemic therapists have been organised by the word 'family':

"I never thought of friends in there. I always think 'family.' We're organised by that word, isn't it 'family.' We're really organised by that word." [Participant 01]

Some indicated the norms family therapy might inadvertently replicate:

"All of the theories that we're using have their roots in a fairly kind of heteronormative, traditional way of thinking about relationships. So, I think that would be another area of development. To think about how these theories that we're using now, thinking about how they are used. It's sort of like decolonising, isn't it? We're using all of these very Western, Eurocentric ideas, and if we don't attend to kind of the way in which they've grown up, then we are going to thoughtlessly be replicating and kind of imposing the taken for granted assumptions that are, kind of, woven into them." [Participant 07]

Many reflected on how heteronormative norms could mean practitioners miss friendships as important relationships in people's lives:

"When we invite people to the sessions or even when we do ask our clients, 'Who would you like to bring in?' And it's immediately assumed that those people that they're bringing in will be family members. Yeah, but we seldomly, kind of, ask, 'Not just family members. Are there any friendship groups? Is there anyone else that you'd like to bring in?'" [Participant 16]

Some suggested these norms might be a Western construct as they reflected on the importance of friendships in other cultures:

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"In African communities' friends are often called aunties and uncles, so they have been almost given a family name." [Participant 03]

Most participants reflected on the importance of friendships in communities that are disconnected from their family of origin:

"I think the people are relying more on friendships now... There are some situations where young people are not accepted by their own families due to the different paths that they are choosing. And so, if one is not accepted by their family then they will need to, you know, form a community somehow." [Participant 08]

Thinking about disconnection from family, many participants considered the importance of friendships in the LGBTQIA+ community:

"So, the notion of, sort of, chosen family, in say queer communities, where that might be something that's more important. Where there might even be a separation from family, or a kind of rupture with family." [Participant 18]

Having critically considered the possible limitations of systemic practices focus, many advocated for expanding the scope of 'family' therapy:

"Family therapy sometimes doesn't do itself any favours just by its title. It kind of gives the impression it's just for families, whatever they are, you know. So, I think emphasising more of the kind of systemic therapy would be maybe more helpful because it doesn't just give the message that it just applies to a family. Well, whatever that means family. It opens up things more for thinking systemically about any group of people, so including friendships" [Participant 04]

In summary of this theme, participants reflected that friend therapy had not emerged due to socio-political, societal, legal, NHS structural, systemic, theoretical, and personal reasons. They emphasised that society has historically marginalised friendships through language, social interactions, legal frameworks, statutory services, and economic forces that prioritise family dynamics over friendships. However, participants said society has and is changing due to financial crises, housing challenges,

the feminist movement, and evolving marriage dynamics. These shifts have led to prolonged independence, global mobility, and the increased importance of friendships, especially among migrants and the LGBTQIA+ community. Participants suggested this makes friend therapy more relevant as it reflects the evolving nature of relationships and the need for a more inclusive approach to relational therapy. As Participant 11 stated, "Systemic friendship therapy is a form of activism... because it's questioning, by its very nature, it's questioning the status quo."

4.4 Theme 3: Navigating complex relational dynamics through friend therapy.
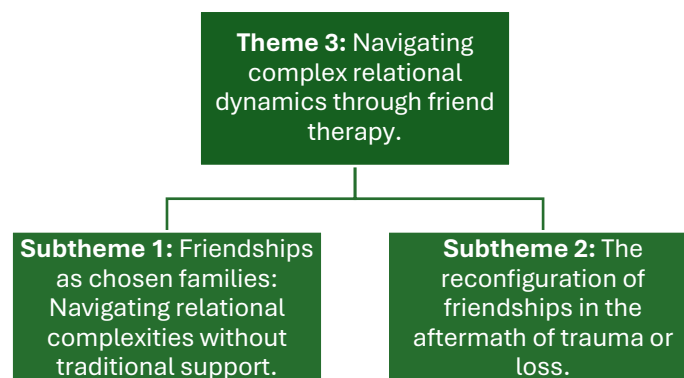
Figure 6 - Mini thematic map of Theme 3: Reasons people might benefit from friend therapy.

Participants described places they believed friend therapy might be meaningful, including, but not limited to, individuals disconnected from traditional family support structures and supporting people to navigate the impact of trauma or loss on friendship dynamics (Figure 6).

4.4.1 Subtheme 1: Friendships as chosen families: Navigating relational complexities without traditional support.

Many participants considered ways gender identity, sexuality orientation, migration and care systems could disrupt traditional familial bonds through ostracisation or disconnection and lead to the creation of alternative support structures, commonly referred to as 'chosen family.' They described reasons chosen families may form and why they may require friend therapy.

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Some participants suggested that for migrants, the creation of friendship networks provides a sense of belonging and security in an unfamiliar environment:

"For instance, migrants, refugees, they don't have their families here. So, probably friendships in that case would be much more important to replace safety and security... Then friendship circles become more important. But then of course, there's also more difficulties." [Participant 03]

Other participants suggested that for individuals in the LGBTQIA+ community, these friendships can become vital lifelines if they face societal or familial rejection:

"Members of the LGBTQ+ community who have not felt accepted within their families or maybe society and then they form a, you know, kind of friendship family." [Participant 01]

Some noted people in the care system do not always have access to their family of origin:

"There are also lots of children who don't have parents. They might be looked after children, unaccompanied refugees, anyone in the care system, and foster care." [Participant 05]

Some believed this can lead friends to assume a more prominent role:

"Friends could be like some of their [people with care experience] most significant relationships. For this then to be, sort of, an offering on the NHS would be an excellent development. To kind of support the relationships that are the most, kind of, meaningful and have either the most potential or have been the most, kind of, sustaining for people." [Participant 07]

However, several participants noted the elevated importance of friendships to those ostracised or disconnected from their family of origin potentially introduces new challenges, as the boundaries between friendship and family could blur, leading to increased expectations, emotional labour, and potential conflicts:

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> *"It's a relationship just like any other relationship... if that's who you're spending the majority of your time with, then there will be relational dynamics just like anywhere else."* [Participant 08]

In summary, participants emphasised that for migrants, the LGBTQIA+ community, and those with care system experience, friendships often become vital sources of support, effectively functioning as a family. However, the social and emotional demands on chosen families can strain relationships, potentially necessitating therapeutic support, i.e. friend therapy, attuned to these dynamics' unique complexities.

4.4.2   Subtheme 2: The reconfiguration of friendships in the aftermath of trauma or loss.

Many participants described ways friendships could be fundamentally altered in the aftermath of trauma or loss, reflecting a reconfiguration of emotional and relational dynamics. As one participant noted, friends who have experienced trauma may seek out relationships that fulfil needs, sometimes leading to tension and conflict when those relationships change:

> *"What the women will talk about is friends who are kind of showing jealousy. And so, they tend to have their own issues. So, they've been abused themselves, or they've had some kind of mental health issue. And they want to have this friend as being their all and everything, and then this friend's like, "I've got a husband, I've got children and need to be spending time with them." And this particular friend would be, you know, "You don't care about me anymore!" [Participant 05]*

Some reflected on how loss or trauma could disrupt friendships, resulting in changes in roles, expectations, and emotional needs:

> *"If one of them had, you know, death of a parent or being involved in an accident or something like that. And so, now their friendship has changed because the person's changed." [Participant 03]*

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The death of a close friend, particularly through suicide, was highlighted as having a profound and often devastating impact on friendship circles. Participants described how such losses reverberate through social networks, altering group dynamics and leaving remaining friends grappling with guilt, confusion, and the challenge of moving forward without a central figure in their lives:

> "I was going to say suicide... it was just horrific what had happened to them. That killing themselves was the best option. It made perfect sense why they would have chosen that root. But for someone who doesn't believe in suicide or for somebody who's, kind of like, 'If only she'd talked to me' and for somebody else. You know, so all of these people will be coming to it going, 'If only' or 'What about?' or 'I feel really guilty because I could have.' You know. So, all of those will be impacting on how they then talk as a friendship group. So, that might be the ideal situation where I think we need to talk to someone about this... There was three of them, and now they've got to shape the two of them that are left. And it's like, 'How do we go on?' It's always a person who was like the life and soul of the party that goes first, and then everyone's like, 'Ohh, I don't know how to do these friendships now that you're not here.'" [Participant 02]

Some stated the need for greater recognition in services of the repercussions of suicide and loss of friendships:

> "My son had a friend at university, and very soon after they left university, this young man took his own life. And I think in history taking, we don't ask enough about repercussions in friendship relationships. You know, we'll always ask about family events, things that impact family life, but the impact of a friend taking their own life, or being lost in an accident, or whatever, is very, very profound. I supervise somebody who works in a CAMHS service in a kind of fairly remote place, and when one a young person takes their life in a school community, it produces huge repercussions on the other peers. So, sort of, the events in friendship relationships should be taken into account as equally impactful on subsequent experience." [Participant 17]

Some participants reflected on the potential utility of friend therapy in contexts of loss:

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> *"I'm thinking about kind of the context of loss and bereavement and how interesting is that! You could lose someone, but it might not be thought about to have therapy with a friend in the context of that. And yet, how helpful could that be? But if there was a kind of framework or modality even that could be such a rich seam to work with." [Participant 18]*

The changes in friendships described by participants following trauma and loss suggest that current services and modalities may not fully address the unique challenges faced by individuals in these situations. As discussed by participants, friend therapy could offer a framework for navigating the complex emotional landscapes that emerge after such events. This type of therapy could not only support individuals in processing their grief and trauma but also help them renegotiate the roles and expectations within their friendships.

4.5   Theme 4: Systemic therapists' suitability for friend therapy.

Theme 4: Systemic therapists' suitability for friend therapy.

Subtheme 1: Relational expertise.

Subtheme 2: Awareness of context
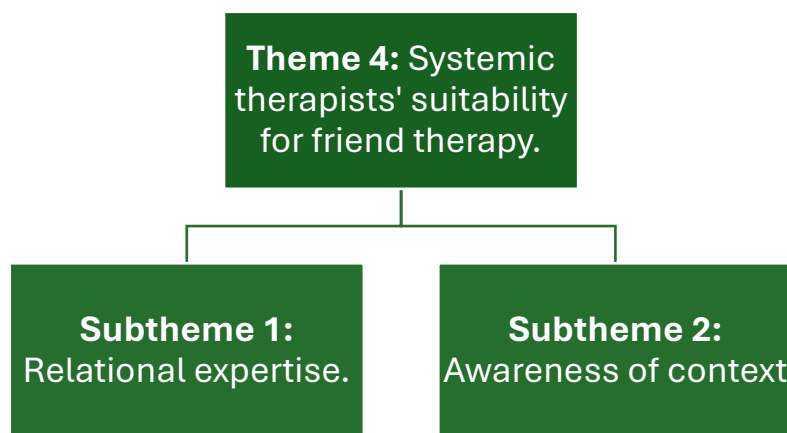
Figure 7 - Mini thematic map of Theme 4: Reasons systemic therapists are well placed to do friend therapy.

In this theme, I describe how participants, when invited to do so through the interview, meaningfully considered ways systemic therapy could be well-placed to engage in friend therapy (Figure 7). Most participants suggested systemic therapists' relational expertise could equip them to work with friend dynamics. Many also indicated that systemic practice can be flexible and adaptable to address clients' needs across various contexts.

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4.5.1   Subtheme 1: Relational expertise

Many participants described systemic therapists' proficiency in working relationally. As friendships are a form of relationship, participants believed systemic therapists' skills in managing relational dynamics with families, couples, or other relational contexts *might* easily translate to friendships.

> *"Because it's relationship. Doesn't matter. Relationship is relationship." [Participant 15]*

> *"I think a friendship, it's a relationship, and therefore, I would see that everything that I do with a couple or what I do with the family would also apply to friendship." [Participant 03]*

Many participants discussed the similarities in the challenges they anticipated encountering in friendships and familial relationships, suggesting that the relational issues addressed in systemic therapy, such as communication difficulties or conflicts, could also arise in friendships.

> *"I think they would probably be quite similar to looking at any kind of relationship...I think quite a lot of the challenges would be the same: difficulties in relationships or communication in relationships." [Participant 12]*

Some participants discussed how systemic therapists might effectively adjust to the size and structure of friendship groups, transitioning from couples to friendship dyads or families to friendship groups:

> *"I think friendships are relationships, so if there is an issue or something that is not working well within a friendship, whether it's a dyad or multiple people in a friendship group who are struggling for whatever reason, I would imagine systemic therapy addressing those issues the same way that we do within a family context." [Participant 08]*

Additionally, many participants highlighted that a particular skill of systemic therapists—the ability to hold space for multiple perspectives—*might* be especially useful in addressing relational difficulties within friendships:

> *"If you have both people in the room, I guess I'm trying to help them think about what that other person might think and feel... They're trying to sort out something to do with feelings that exist in relation and may be differently felt for each person because of their different*

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> *positions and different perspectives, which seems to me to be something which is absolutely that we do in systemic work all the time." [Participant 06]*

In addition to their relational expertise, participants noted that systemic therapists have successfully adapted their approaches to various contexts beyond traditional family settings, including educational and corporate environments, which they believed might indicate their potential effectiveness in approaching the issues that arise in friendships.

> *"I worked in a CAMHS service based in education where child sexual abuse by a teacher on, you know, a large number of children in the school had been discovered. And we did a lot of workshops with staff and organised meetings with parents. You can do a lot of systemic work with collections of people who are connected to an event, or an experience, in the same way you would with a family." [Participant 17]*

> *"I think it's absolutely as applicable, just like we apply systemic to corporate contexts. Right? We look at co-workers and colleagues experiencing relational dynamics." [Participant 08]*

In summary, most participants suggested that systemic therapists' relational proficiency and capacity to hold multiple perspectives might make them well-placed to incorporate friend therapy into their practice. These insights suggest that systemic approaches could be particularly effective in navigating the often complex and fluid dynamics of friendships. They noted that systemic therapists have extended their work beyond traditional family contexts to include educational and corporate settings, indicating the potential for these practitioners to effectively work with friendships as well.

4.5.2   Subtheme 2: Awareness of context

During the interviews, many participants reflected on how life transitions—such as entering a romantic relationship, starting a family, or experiencing significant career changes—*might* impact the dynamics within friendships. They suggested that such transitions often introduce new pressures that could strain even long-standing friendships:

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"Friendships are often very threatened when a close friend enters a relationship. I've seen this several times, actually, when a close friend decides to set up home with somebody else, and they think, 'Ohh goodness. Now I'm going to lose that friend. I'm not going to be able to see them in the same way or have the same relationship because their allegiance will be to the person they're setting up home with...' So, I think that can be very threatening for a close friend. And I've certainly seen that happen to friends when someone has got married, and the friend feels very left out." [Participant 09]

Participants frequently noted the emotional toll that such transitions can take, leading to feelings of loss, grief, and sadness:

"There are times when friendships are really important, and then that friendship changes, and there's a tremendous sense of loss and bereavement, and sadness, and anger, and, you know, all sorts of things that come up from the loss of that friendship. And in my own life I've had that." [Participant 10]

Further, some participants suggested that the meanings individuals attach to their friendships *could* shape how they experience these transitions. This observation suggests the role of personal expectations and cultural norms in shaping the emotional impact of life transitions on friendships:

"I think it's going to be about the meaning that the individuals have on what a relationship should be. So, in that example where 'You've changed, you don't care about me anymore.' Their idea about a friendship causes them to feel that they're isolated from that person. So, rather than looking at life and how we go through different stages and things. Friendships change just because of that [life change]! You're stressed at work or have a new partner you're focusing on. These people are very much like, 'When we were at school, we were all about just the two of us,' and that's how they kind of want it to be. So, the meaning that they have will then shape how they will see what their friend is doing to them. Rather than this is a culturally normal, age-appropriate, you know, part of friendship,

> *changing and developing. So, I think you might have that about the meaning side of it."*
>
> *[Participant 02]*

In summary, many participants suggested that maintaining connections becomes increasingly challenging as people start families or enter new relationships. They observed that such life changes can create feelings of loss and exclusion, leading to sadness and grief as friendships evolve. Additionally, they highlighted that these experiences are influenced by the personal and cultural meanings attached to friendships, suggesting that systemic therapy could play a role in helping individuals navigate these transitions and redefine their friendships in light of changing life circumstances.

4.6   Theme 5: Friend therapy in practice: Adaptations & considerations.
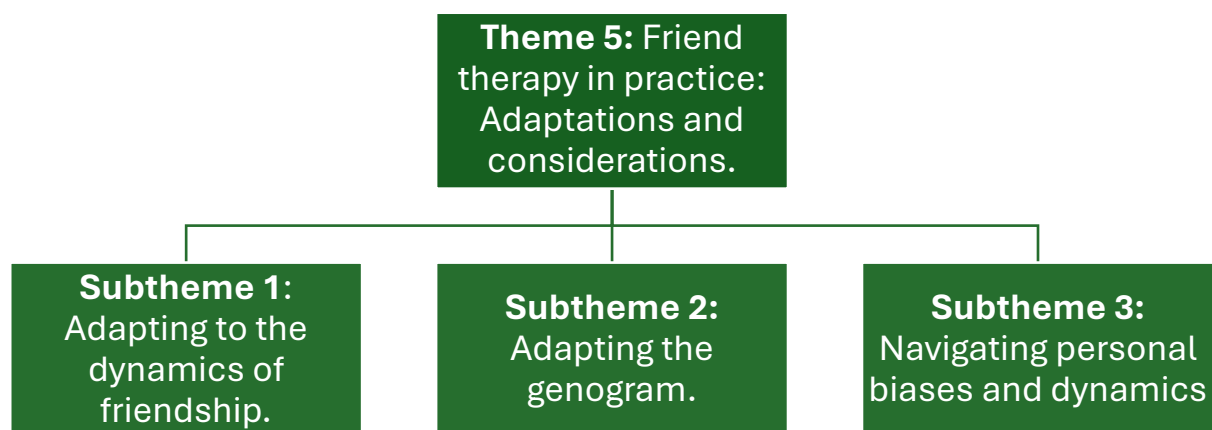
Figure 8 - Mini thematic map of Theme 5: Friend therapy in practice: Adaptations & Considerations

This theme relates to participants' descriptions of dynamics they thought might be different in friendships compared to couples and families and how practitioners might need to adapt their practice to do friend therapy, including the adaptation of therapeutic techniques, the establishment of clear goals and parameters, and the navigation of personal biases (Figure 8).

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4.6.1   Subtheme 1: Adapting to the dynamics of friendship

Many participants reflected there are unique dynamics of friend relationships when compared to couple and family relationships. Some cited factors like living arrangements:

"People aren't living together, which is different." [Participant 09]

Some participants felt this could impact the dynamics of the therapy because they are navigating different daily contexts:

"If you've got two people, coming from two different contexts, and you've got all of those different elements that will be impacting on not only the relationship they have with their friend, but then just how they cope with life generally." [Participant 02]

However, other participants recognised this can also be typical for families systemic therapists work with:

"When we work with families, we work with different subsystems within those families. Some who live together and some who don't. As we know, sometimes we work with grandparents who live elsewhere." [Participant 08]

Furthermore, many participants acknowledged that friends also live together, which may be a reason for them to attend therapy together:

"I just thought of another reason people would definitely come to friendship therapy. If they live together." [Participant 13]

Other participants suggested that having children with someone is something that friendships do not share:

"There won't be shared children. So, they won't have shared parenting responsibility. So, there isn't the day-by-day thing with friends." [Participant 09]

Additionally, some participants felt that sexual intimacy could be different between friends compared to couples:

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"The sexual intimacy, would be different." [Participant 10]

Several participants noted that the absence of children, shared finances, and sex places different demands on friendship:

"In a friendship, I don't think there's that same demand. I think the demands are different."
[Participant 01]

Many participants considered the structural differences between friends and families and their implications for relational dynamics. For example, some participants suggested that families might be hierarchically structured:

"The difference between family members could be, I guess, the hierarchical, structural ideas. Your parents are kind of always your parents, even if you're an adult. So, I guess, that relationship is a bit different." [Participant 12]

Building on this, some participants reflected on their expectation of equality in friendships in the absence of hierarchy:

"Friendship therapy needs to be predicated, to some extent, on the idea of two people or three people, four people coming together, kind of with an equal enough sort of status."
[participant 07]

Many participants also reflected on the boundaries around the friendship compared to a family, which they believed might have implications for confidentiality:

"I would expect family members to hold the themes, and the content, of their therapy session confidential to the family boundaries. Whereas one might need to spell that out much more explicitly with friendship groups, because, obviously, friendship groups connect with other friends, who are maybe not quite as close as these immediate participants but are connected nonetheless." [Participant 17]

Most participants highlighted the need for an initial contracting conversation to clarify expectations and set goals based on these different dynamics:

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> *"Could [the goal] get a little bit blurred or muddied [with friends]?... I guess in a family or in other groups, we have sort of underlying assumptions that you're together as a family and that's your goal... So, I think there needs to be a lot of contractual negotiation thinking about, 'What are we doing?'" [Participant 03]*

In summary, participants reflected on the unique dynamics of friend relationships compared to couple and family relationships, indicating considerations for systemic therapists. They suggested differences such as living arrangements, daily contexts, and the absence of shared children, finances, and sexual intimacy, which place different demands on friendships. However, there was inconsistency across participant responses, as many mentioned alternatives to these norms, such as friends who live together, friends who own property together, working with families that do not live together, couples that are not sexually intimate, and friends who are sexually intimate. Many participants reflected that friendships are varied and complex and believed therapists working with friends could attend to this complexity through initial contracting conversation to clarify goals given the novelty of friend therapy.

4.6.2   Subtheme 2: Adapting the genogram

Participants named a range of systemic models, such as Structural Therapy, Narrative Therapy, and solution-focused therapy, and techniques, such as the Miracle Question and the Tree of Life, that would also apply to friends. They also described several methods that may require modification, such as considerations of 'Friendship Scripts' or adapting Boundaries in Structural Therapy to describe friendships. As there is no scope to outline them all, I have focused on the genogram, which came up most often. Most participants reflected on how a traditional genogram might limit therapists' perspective of who is important:

> *"I think systemic training could err in just looking at genogram rather than, you know, the wider system." [Participant 09]*

Several participants noted that people often bring up friends when doing a genogram, but they do not always include them:

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"Sometimes, you do a genogram, and you say, 'Is there anyone else that's important?' and families often say, 'Well this neighbour, that person, has been there my whole life and they really should be on there, but they're not biologically linked in." And so, they forget to put them on the family tree because they're not 'family.'" [Participant 05]

Most participants spoke hypothetically about using the traditional genogram to support friends to think about how they do friendships based on their experiences of family:

"I think [a genogram] could be really useful to be thinking, as well, how those friends sit in the context of their other friends and family and other people." [Participant 13]

One participant spoke about their direct use of genograms with friends:

"I did draw Genograms to try and think about whether the constellation of family around each person might have a bearing on how important they felt friendships were." [Participant 06]

Connected to the idea of using the genogram to think about how a family of origin shapes a person's friendships, several participants reflected that attachment styles, formed in early experiences, might play out in friendships:

"I'm thinking about attachment because exploring individuals' attachment experience in their respective families and how that will influence the attachments that they form." [Participant 08]

Some participants suggested mapping the people connected in friend groups could be helpful:

"You could use a genogram in friendship therapy where you, kind of, map out the friends, and you don't necessarily go straight to the family." [Participant 12]

Many participants considered ways to adapt a genogram to include friendships:

"I'm wondering how we can adapt a genogram to be a 'networkergram' because that's what's really influencing me when we're talking now... Maybe I need to move in a direction where I'm less set on 'this person's relationship, to this person, in this way,' to 'these are

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the people who are important to me.' And that's where the family I worked with last week, drew a family tree, and it was a tree, but all of the people on it were all hodgepodge. They weren't a 'family' tree, where this person is related to this person with this line. They were all just there on the tree, all together, and then they could talk about the relationships."

[Participant 05]

To sum up, many participants reflected that traditional genograms often focus solely on biological and family relationships, sometimes overlooking the importance of friendships. Many suggested adjustments that might make the genogram relevant for friend therapy, such as mapping friendship groups rather than families or co-constructing genograms with friends and inviting them to reflect on how their family dynamics might impact their friendship.

4.6.3   Subtheme 3: Navigating personal biases & dynamics

Most participants reflected on the assumption that friendships might not be perceived as the most significant relationships in individuals' lives. Some considered how these might be influenced by cultural norms where other relationships take precedence:

"I really am aware, like, this is perhaps just my own cultural expectations of friends."
[Participant 13]

Many participants considered how their experiences, cultural identities, and social backgrounds might shape their perceptions of a good friendship:

"Lots of my friends are people I am in contact with regularly, that I try and see regularly, that know my family, that I know their family, that they make validating comments about things that go on in my life; and want to do things together. So, I've got this particular idea of friendships that comes from my experience of friends, and it might not be what other people want." [Participant 05]

Some participants also considered how the clients' identities might inform how they understood their friendship:

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> *"I'm also aware that I could be organised by my ideas of their friendship simply because of their culture or their religion, or how they are, but there are other stories, isn't it?"* [Participant 01]

Some participants said that being a family therapist could create blind spots around friendship:

> *"What's interesting is that I think when we go into work with couples and families, we can have assumptions about what being in therapy means and what people might want. Like, I think we already carry all of that because we do it. Say, like, with a couple, I'd be like, "Do they want to stay together? Do they want to separate?" Like, I would have a little catalogue in my head of what the things that they are coming for. And, I suppose, with families, especially when I'm working with families with children, I carry lots of assumptions like these parents or this parent wants their child to stay at home. They want the child to be safe. They want the child to be happy. Like I mean, of course you would interrogate some of that through conversation, but you carry lots and lots of assumptions which is interesting. I think with friends, because I suppose of course, I'll still have assumptions about what I think a good friendship is in all of this. But I think I would be more likely to explore that in more detail because I don't have a sort of, taken for granted, built up over years of working as a therapist, ideas about what the kind of repertoire of possibilities are...*
> *... say it's two friends that are coming, well they will each have similarities, but they will also have differences. And if you're not exploring your own assumptions, then you're probably not giving them the opportunity to explore their assumptions."* [Participant 07]

Reflecting on the possible assumptions they were likely to draw upon, some participants considered the importance of therapists refraining from imposing their ideas of what makes a good friendship onto clients:

> *"There's probably quite a wide spectrum of what people might look for in a friend or what people might value or need in the context of a friend. And if we were doing therapy with people, we'd want to be trying to, yeah, not impose our ideas of what makes good friendship onto that."* [Participant 18]

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In summary, most participants reflected on their assumptions surrounding friendships, noting the cultural norms they are likely to draw upon, which shape their perceptions of what constitutes a good friendship. Participants acknowledged that personal experiences and social identities influence these perceptions, potentially creating blind spots for therapists, especially those traditionally focused on family therapy.

5. Chapter 5: Discussion

5.1 Chapter overview

In this chapter, I provide an overview of the study's conclusions. It begins with a summary of the findings concerning the research questions. Following the summary, I contextualise the conclusions within the existing literature, discussing how the themes and subthemes align with or challenge previous studies. I consider the potential implications of these conclusions, focusing on their possible relevance for clinical practice and training. Following this, I critically appraise the research, examining the study's strengths and limitations, which includes an evaluation of the methodological and analytic choices. Lastly, I outline my plans for disseminating the research conclusions and suggest areas for future inquiry, identifying gaps in the current study that researchers could address. The chapter concludes with personal reflections on the research process, discussing insights gained, challenges faced, and the overall journey of the study.

5.2 Summary of findings

I came to this topic because I believe that friend therapy is timely and valuable and belongs in systemic practice. Some previous literature speculated that systemic therapists' beliefs, biases, or adherence to cultural norms could mean systemic therapy overlooks friends (Flemke, 2001; Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020; Pattison et al., 1975; Swainson & Tasker, 2008; Tasker & Delvoye, 2018). However, no studies reported systemic therapists' perspectives on friend therapy and what informs them. Therefore, I interviewed systemic and family therapists about using

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their relational skills to work with friends to understand their considerations and reflections on friend therapy. I will summarise their views here.

I found that most participants were unfamiliar with friend therapy, meaning they tended to grapple with their perspectives on it through the interviews. There were a variety of reactions to the concept, which included, but were not limited to, enthusiasm, tentativeness, curiosity, ambivalence, and inspiration. These reactions tended to oscillate throughout the interview as they grappled with and made sense of the concept and their perspectives. To do so, some participants drew from direct experiences with friend therapy, but they were mainly anecdotal. When drawing on their clinical experience, most participants had to think hypothetically about working with friends based on their clinical experiences with couples and families.

However, while I was interviewing participants in their capacity as therapists, all participants appeared to draw upon cultural stories, dominant discourses, and worldviews potentially informed by their experiences, identities, and contexts to make sense of their perspectives. Some participants described personally profound friendship experiences and were more inclined to connect to the potential utility of friend therapy. Others remained open to the possibility of friend therapy but were ambivalent about its significance as they expressed their beliefs regarding the central importance of coupledom, married life, and family dynamics. However, they tended to reflexively deconstruct these perspectives and consider whether they were drawing upon socially reproduced norms that may inadvertently marginalise friendship. They also often considered ways society may reinforce the centrality of family through law, economics, language, healthcare, education, etcetera. Therefore, participants could engage with the concept of friend therapy, grapple with the complexities of taken-for-granted knowledge and consider its potential use when invited.

Participants suggested ways in which systemic therapy could be well-placed to engage in friend therapy. Many cited systemic therapists' proficiency in managing relational dynamics, holding multiple perspectives, and capacity to adapt to different relational contexts. While participants believed some parts of systemic practice transpose easily, they highlighted other areas that may require adaptation to meet the unique relational dynamics of friends. When approaching these

adaptations, participants were often tentative, thoughtful and considerate, which appeared to reflect the novelty of the concept and a desire for guidance, tools, and skills to address them before engaging in this practice.

Participants also considered the impact of economic crises, housing challenges, the feminist movement, evolving marriage norms, globalisation, freedom of movement, the COVID-19 pandemic, and more on friendships in particular and relationships in general. Most participants suggested that shifting societal dynamics might increase friendships' centrality in people's lives. Consequently, many believed friend therapy to be a pertinent addition to systemic practice. They also said systemic therapy's focus on family may overlook other meaningful relationships, like friendships, in this potentially changing landscape. Some argued, for example, that friendships are vital in cultures outside the West that do not place the same emphasis on legal and blood ties and communities, such as the LGBTQIA+ community, migrants, or people with care experience. Participants proposed that in contexts where friendships take on a more central role, they may involve more complex dynamics that could benefit from therapeutic intervention. In line with this, several participants also thought about the impact of loss on a friend group, particularly in the context of suicide, as they considered ways it might reshape the dynamics of the group and may benefit from a systemic lens.

5.3   Links with existing literature

5.3.1   Theme 1 - Participant engagement with friend therapy

During the interviews, all participants were open to engaging in friend therapy. Enthusiastic participants often drew from profound personal experiences with friendships, indicating a deep appreciation for these relationships and a recognition of their therapeutic value. These participants tended to view friendships as meaningful relationships deserving of attention and support, akin to family ties. Conversely, some participants were more tentative due to the novelty of the concept and practical challenges, such as financial constraints within the healthcare system.

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Many participants also expressed ideas about the centrality of marriage potentially drawing upon cultural stories, dominant discourses, and worldviews informed by their experiences, identities, and contexts. These views align with historical research by Coontz (1992, 2004, 2006b, 2006a), which makes claims about contemporary Western constructions of friendship and marriage. For example, Faderman (1985) suggest that companionate marriage and the nuclear family in industrialised societies ultimately marginalised friendships in favour of marriage. Consequently, Sow and Friedman (2020) argue, prioritising familial relationships over friendships is deeply rooted in Western cultural expectations.

Flemke (2001) provides a personal account of the impact these biases can have. She describes her experience of engaging in therapy with a close friend. Her therapist, who typically worked with romantic relationships, pathologised her platonic relationship with her friend, as the therapist could not believe the friends could be so close without it being sexual. Flemke (2001) critiques the systemic therapy field for perpetuating patriarchal and heterosexist norms, which marginalise intimate friendships. She argues that therapy often privileges marriage and family relationships while dismissing the significance of deep, non-romantic friendships. Jenicek and MacIntosh (2023) argue that systemic therapists may overlook friends due to social norms and societal frameworks that prioritise biological, legal, and nuclear family relationships, leading to the marginalisation of non-traditional family structures and the importance of friends for some.

5.3.2 Theme 2 - The evolving role of friendships in contemporary society

Participants in the present study suggested that societal changes, including globalisation, have influenced relationship dynamics and led to a greater reliance on friendships. The ideas of globalisation align with Bauman's (2000) 'liquid society' concept, which describes the shift from a structured, stable society to one characterised by constant change and mobility. Bauman (2000) posits that in the past, people were rooted in one place, making family central to their lives. However, increased mobility for education and jobs led to a network society where people often live far from

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their families. This physical distance potentially makes friendships more crucial, as they fill the gaps left by family (Bauman, 2000).

Many participants in the study suggested that friendship is more central when people are younger but diminishes as they form families of their own. This aligns with research on the economic factors that are claimed to compound the centrality of family because higher economic stability allows for more extensive social networks (Hill et al., 2019; Moniruzzaman & Andersson, 2008; Muazzam & Nasrullah, 2011; Ward & Viner, 2017). In contrast, economic struggles and the demands of a dual-income household are reported to constrain social opportunities, leading individuals to focus more on familial ties at the expense of friendships (Perkins et al., 2015; Veenstra, 2000).

In line with this, research suggest an extended period of 'post-adolescence', where young adults today are reaching traditional milestones, such as marriage, parenthood, and home ownership, later than previous generations (Arnett, 2007; Bynner, 2005). Research suggests that economic factors such as the housing crisis, the cost-of-living crisis, lower incomes, high levels of student debt and financial instability may play a role (Druta et al., 2021). Research suggests two main consequences: living at home with parents longer or living with friends (Druta et al., 2021; Heath & Cleaver, 2003; Minkin et al., 2024). Both are reported to become necessary because they cannot afford housing due to rising rents and property prices, making it difficult to live independently (Stone et al., 2011). The COVID-19 pandemic is said to have exacerbated the trend towards young adults living with their parents for longer, as many moved back in with their parents due to job losses (Cox, 2021). Studies suggest parents spend twice as much time with their children as previous generations, which they claim can crowd out other types of relationships, including friendships (Cox, 2021). Conversely, young adults living in shared housing with friends are said to simultaneously elevate the importance of these relationships and create difficulties in the context of economic pressures (Druta et al., 2021; Levine, 2012).

Participants in the study also suggested that evolving marriage dynamics and the feminist movement have influenced friendship dynamics. Participant responses regarding the feminist movement align with previous literature that argues women seek fulfilment beyond the confines of home and

marriage, leading to a rediscovery of the importance of friendships and broader social networks for emotional support and companionship (Coontz, 1992, 2004, 2006b). A shift that is said to have also inspired men to depart from previous generations' focus on their partners as the sole emotional connection and appreciate deeper emotional connections with other men (Sow & Friedman, 2020).

5.3.3 Theme 3 - Navigating complex relational dynamics through friend therapy.

The study's participants suggested there might be increased complexity in friendships due to the aforementioned societal changes, identifying them as potential sites for systemic therapy intervention. This observation aligns with the sparse existing literature on the topic, which also highlights the value of friendships' relational dynamics for systemic intervention (Burck & Daniel, 2021; Flemke, 2001; Huntley & Owens, 2006, 2013; Jenicek & MacIntosh, 2023; Kimber & Blatherwick, 2020; Meyers, 2011). Previous papers caution against idealising friendships, noting their potential for issues like possessiveness and inequality, while emphasising their emotional complexity, particularly during significant life changes, that creates potential for conflict within close-knit friendships (Burck & Daniel, 2021; Flemke, 2001; Huntley & Owens, 2006, 2013).

Additionally, participants in the study reflected that friend therapy could be beneficial to people disconnected from their family of origin, such as migrants, the LGBTQIA+ community, and individuals with care system experience. This aligns with previous research arguing for recognising chosen families in family therapy to better serve diverse and marginalised groups. Nelson (2013) argues for the importance of chosen family, which is crucial for individuals disconnected from traditional family structures. Previous literature argued for the importance of chosen families, particularly within LGBTQIA+ communities, which may be excluded from traditional therapy models (Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020; Milewski-Hertlein, 2001; Swainson & Tasker, 2008; Tasker & Delvoye, 2018). Participants echoed this by advocating for the benefits of including friendships and chosen families in therapy sessions, recognising the significance of these relationships. Much literature has advocated for a broader definition of family in systemic practice that reflects the diversity of kinship structures encountered (Flemke, 2001; Jenicek & MacIntosh,

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2023; McCauley & PettyJohn, 2020; Pattison et al., 1975). Francisco-Menchavez (2018) highlights the importance of chosen families for migrants and other marginalised groups, which participants also identified as crucial support systems when people are disconnected from family. For similar reasons, researchers have suggested chosen family can be important for people with experience of the care system (Gill et al., 2023). Both existing literature and participants suggest that recognising chosen families and friendships in systemic therapy could reflecting the evolving nature of relationships and promote a more inclusive approach to relational therapy.

5.3.4   Theme 4 - Systemic therapists' suitability for friend therapy

The study's participants suggested that systemic therapists could be well-placed to engage in friend therapy due to their relational expertise, adaptability, and awareness of life cycle models and broader social contexts. This aligns with historical advancements in systemic therapy. First-order cybernetics (Bateson, 1972; Jackson, 1965) and initial ecological approaches (Bronfenbrenner, 1977, 1981; Bronfenbrenner & Ceci, 1994) emphasised family dynamics without sufficiently integrating the influence of friends. Even as systemic therapy evolved with second-order cybernetics (Anderson et al., 1986) and constructivist perspectives (Gergen, 1982; Watzlawick, 1980), practical applications appear to focus on family and professional collaborations. Speck's Family Network Interventions (1967) also included friends, yet primarily focused on the client's needs rather than the relational dynamics among friends. Eco-systemic therapies (Henggeler & Borduin, 1990; Liddle et al., 1992; Robbins et al., 2003) and the Open Dialogue approach (Kinane et al., 2022) involved friends and social networks in therapy, showcasing the adaptability of systemic therapists to various relational contexts. However, these approaches still lacked a robust framework for addressing the complexities within these relationships.

Thus, what was missing from their work was a comprehensive approach that directly tackled the relational dynamics among friends, ensuring these relationships were given the same depth of consideration as family ties. Consequently, participants in the present study advance on previous iterations by emphasising the inclusion of friends in systemic practice, addressing relational

complexities with the same depth and attention traditionally given to family dynamics. Their perspectives align with those of Jenicek and MacIntosh (2023), who argue that family therapists, as relationship experts, can help make sense of the communication patterns, power dynamics, roles, rituals, and attachment patterns in friend relationships.

5.3.5   Theme 5 - Adaptations and considerations when putting friend therapy into practice

Participants in the present study reflected on their assumptions surrounding friendships, noting the cultural norms they are likely to draw upon that may lead them to prioritise other relationships over friendships. Participants acknowledged that personal experiences and social identities influence these perceptions, potentially creating blind spots for therapists, especially those traditionally focused on family therapy. They highlighted the importance of not imposing their ideas of friendship onto clients and reflecting on their biases. This aligns with previous literature (Flemke, 2001; Jenicek & MacIntosh, 2023), which suggests therapists acknowledge and address their biases to work effectively with friends.

Participants in the present study align with previous literature on genograms when reflecting on their limitations in representing non-biological relationships, such as friendships. These views echo previous literature on the topic that advocates for evolving genograms to reflect the diversity of vital relationships in people's lives (Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020; Milewski-Hertlein, 2001; Swainson & Tasker, 2008; Tasker & Delvoye, 2018). Participants in the present study advance on previous research by considering ways to actively incorporate friends in therapy sessions, using genograms to map their friendship groups or families of origin together, and considering how these relationships impact a person's approach to friendships.

5.4   Links to theory.

The theories of bias may be a helpful theoretical framework for understanding some participants' responses to the possibility of working with friends. While all participants said they were open to utilising their relational skills to work with friends, many also described beliefs that couple

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partnerships, family, blood, and legal ties are the essential relationships in people's lives and, by extension, more worthy or likely to need therapeutic intervention due to the elevated relational complexity and intensity. These positions might reflect cultural stories, dominant discourses, and worldviews that may have been informed by participants experiences, identities, and contexts (McGarty et al., 2002).

Researchers claim there is a distinction between conscious (explicit) and unconscious (implicit) biases (Greenwald & Banaji, 1995). They assert that conscious biases are attitudes or beliefs individuals are aware of and can consciously endorse or reject (Hahn et al., 2014). For example, when participants openly stated that they prioritise family relationships over friendships. In contrast, unconscious bias refers to attitudes or stereotypes that unconsciously affect our understanding, actions, and decisions (Greenwald & Banaji, 1995). Unconscious biases are said to save mental energy by utilising heuristics, or mental shortcuts, to navigate the vast amount of information we encounter daily (Van Overwalle & Siebler, 2005). However, literature suggests this perpetuate norms (Hahn et al., 2014).

The literature suggests that normativity shapes biases by establishing what people consider acceptable, leading individuals to develop biases favouring these norms (McGarty et al., 2002). For example, if a society values nuclear family structures, people may develop a bias against non-traditional families, such as single-parent or chosen families. Such biases appeared to be present in some participants' responses toward blood relationships, which could marginalise the family of those who are adopted, in foster care, or born through surrogacy, to name a few family relationships beyond blood. Additionally, these perspectives could undervalue the significance of the chosen family for various communities, including but not limited to the LGBTQIA+ community (Jackson Levin et al., 2020), migrants (Francisco-Menchavez, 2018), and people with experience in the care system (Gill et al., 2023).

McGeorge and Stone Carlson (2011) distinguish between individual and institutional normativity. In their view, normative assumptions refer to the automatic, unconscious beliefs that an individual may hold, which can reinforce dominant discourses regarding ideal relationship norm (McGeorge &

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Stone Carlson, 2011). Meanwhile, institutional normativity refers to the social reproduction of norms through policies and actions by organisations like governments, healthcare systems, and educational systems (McGeorge & Stone Carlson, 2011). The concept of institutional normativity relates to participants' responses regarding the myriad ways the concept of the 'family' is socially reproduced through policy, law, healthcare systems, and other organisational bodies. These institutional norms might reinforce biases by presenting some standards as ideal (McGeorge & Stone Carlson, 2011). They claim these biases influence decision-making and behaviour in various contexts, including social policies (McGeorge & Stone Carlson, 2011). Research claims this results in more resources and recognition for traditional families while disadvantaging those dependent on non-traditional or chosen family structures (McGeorge et al., 2020).

Researchers use tools to try and measure unconscious bias (Nosek et al., 2005). For example, the Implicit Association Test (IAT) is used to try and measure how fast individuals pair a target concept (such as race, gender, or age) with an attribute (good or bad, strong or weak) (Nosek et al., 2005). The underlying premise is that faster pairings might indicate stronger implicit associations (Nosek et al., 2005). The present study did not use such tools, so making claims about participants' unconscious biases is impossible. The participants were in the context of an interview in which I invited them to slow down and reflect on their perspectives of friend therapy, often for the first time. Some participants named their conscious biases or beliefs about their preference for coupledom, marriage, and family over friendship. They were frequently thoughtful and reflexive about where these beliefs and biases may have formed. Therefore, they were likely accessing their reasoning faculties, which researchers claim is more closely associated with conscious awareness (Strack & Deutsch, 2004).

In summary, bias theories claim a distinction between conscious and unconscious biases (Greenwald & Banaji, 1995), suggest dominant discourses shape these biases (McGarty et al., 2002), and that institutional norms reinforce them (McGeorge & Stone Carlson, 2011). Considering their responses through these theories might shed light on the cultural stories, dominant discourses, and worldviews potentially informed by their experiences, identities, and contexts that participants may have drawn upon during the interviews. Most participants had not engaged with the concept of friend therapy

before the interviews and, therefore, had not necessarily previously considered their positions regarding friends and family and where these may have formed. Consequently, while some participants did express values for family over friends, they also tended to reflexively consider whether they might be drawing upon socially and institutionally reproduced norms. Therefore, the data analysis indicates that systemic therapists could engage with the concept of friend therapy, grapple with the complexities of taken-for-granted knowledge and consider its potential use when invited.

5.5 Implications

Below, I outline the implications for integrating friend therapy into systemic practice that the present study suggests.

5.5.1 Implications for training, professional development, & supervision

The current study suggests that friend therapy is a novel idea for systemic practitioners. Participants described complexities and the need for guidance, tools, and skills to address them before engaging in this practice. Therefore, this study has potential implications for training. Systemic training programs could consider commonly used tools to equip practitioners to meet friends' needs, such as the helpful genogram alternatives participants and previous literature propose (Jenicek & MacIntosh, 2023; Milewski-Hertlein, 2001; Swainson & Tasker, 2008; Tasker & Delvoye, 2018). Training programs could also consider developing systemic trainees' skills in setting up the space, specifically regarding confidentiality and boundaries that participants in the present study noted might be distinct in friendships. Additionally, courses could consider the accreditation of friend therapy so that opportunities to practice contribute to the hours required to qualify or maintain registration.

Furthermore, some participants' responses from this research suggest that cultural norms and personal experiences might shape perceptions of which relationships are essential and worthy of therapeutic intervention. Therefore, training programs could help trainees recognise their

assumptions and deconstruct what 'family' and 'social networks' mean and how these assumptions might exclude or marginalise some communities or people (Flemke, 2001; Jenicek & MacIntosh, 2023). Additionally, supervision could provide ongoing spaces for practitioners to utilise the reflexivity that participants appeared to demonstrate in the present study when grappling with the complexities of taken-for-granted knowledges regarding friends and family (Wampler & McWey, 2020).

5.5.2   Refocusing on relationships

Ideologically, this research suggests that the Association of Family Therapy (AFT) could reconsider its focus on 'family' to adapt to the changing social context of our time. The current study highlights the awareness amongst systemic therapists of the evolving nature of relationships in contemporary society. Participants named many factors, including, but not limited to, economic crises, housing challenges, globalisation, the feminist movement, and evolving marriage norms that shift societal dynamics and increase friendships' centrality in many people's lives.

The AFT's current definition of 'family,' as stated on their website (Association for Family Therapy and Systemic Practice, n.d.), reads:

> *"Different cultures and different groups of individuals have different notions of what 'family' means. Sometimes, families are defined by those who live in the same household or have a biological connection. AFT takes a wide view and see 'family' to mean any group of people who define themselves as such, who care about and care for each other."*
>
> *(Association for Family Therapy and Systemic Practice, n.d. What is meant by 'family'? section)*

AFT could consider explicitly recognising diverse relationships, including friendships and chosen families, in their definition of 'family' to acknowledge the significant role they play in many people's lives (Jenicek & MacIntosh, 2023; Nelson, 2013; Swainson & Tasker, 2008). Moreover, Systemic Activism for Black Lives Matter (SAfBLM) has contested that the term 'family' plays a role in further marginalising people whose conception and lived experience of family is not in line with its

heteronormative, patriarchal and colonial associations. Removing the word 'family' and adopting a more inclusive term like 'systemic' in its title, policy and ethics, AFT could reduce the marginalisation of those whose relational structures do not fit traditional definitions and increase the accessibility of systemic services. This revision could be done in consultation with relevant communities to ensure that the new definitions and policies reflect their experiences and needs.

5.5.3 Implications for clinical populations

Participants in the study highlighted potential clinical implications for working systemically with any friendship. They also noted the possibilities for specific populations. They identified that people in the LGBTQIA+ may experience rejection or lack of support from their families and suggested, supported by previous research (Jenicek & MacIntosh, 2023; Nelson, 2013). Participants suggested contacting organisations that support this community therapeutically, like Pink Therapy, to consider incorporating chosen families into interventions. Similarly, participants identified migrants separated from their families of origin, and people with experience of care, may form friendships that function as surrogate families, which previous research has suggested (Francisco-Menchavez, 2018; Gill et al., 2023). In addition, participants believed addressing grief and loss within friend groups could be meaningful, as they believed loss could reorganise these relationships. Participants suggested reaching out to services that work in contexts of grief and loss, such as hospices, palliative care, and bereavement services, to learn more about how they currently engage with friends and consider how systemic practice could contribute in these settings. Systemic practitioners could also work alongside religious institutions, which frequently support grieving people, and use community psychology approaches to co-produce systemic interventions. These are just some of the examples participants provided and friend therapy may be relevant to different people or groups across society. Since several participants raised concerns about the limited resources in statutory services like the NHS, it is perhaps most realistic to operationalise this in private practice.

## 5.6	Critical appraisal

### 5.6.1	Quality appraisal

Since this was a qualitative study, it is less relevant to evaluate the 'quality' using criteria such as generalisability, objectivity, and validity (Guba & Lincoln, 2005). However, assessing the integrity of the research practices is pertinent to substantiate the quality of the research (Hammarberg et al., 2016). I have used Tracy's (2010) 'Big-Tent' criteria to evaluate my attempt to conduct a high-quality inquiry that balances academic rigour with ethics. I chose it because it offers a comprehensive evaluation of qualitative research. The appraisal is detailed in Table 8 below:

## 5.6	Critical appraisal

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Table 8 - Quality appraisal of this inquiry using Tracey's (2010) Big Tent

Criteria	Evaluation	Rating
Worthy Topic	I considered whether the research would focus on a "relevant, timely, significant, interesting, or evocative" topic (Tracy, 2010, p. 840). Based on the participants' responses about the changing nature of social dynamics, it seems to be a relevant and significant topic that addresses a gap in the literature regarding the use of relational skills in systemic therapy for friendships.	✓✓
Rich Rigor	The inquiry indicated rich rigour through a comprehensive literature review and detailed methodology. However, as this area is not yet widely researched, it heavily relies on theoretical frameworks and anecdotal evidence. Including more empirical data and robust qualitative studies would strengthen the rigour and provide a solid foundation for the conclusions drawn.	✓
Sincerity	I made sure to be reflective and acknowledge my biases, which improved the transparency and trustworthiness of the research. I have included my voice in the first person, where appropriate, and provided a reflective account with excerpts from my research diary. I also documented my decision-making process so readers could examine, understand, and critique my influence on the research (McLeod, 2011). However, I realise that I could have been more explicit about how biases might influence the interpretation of data and findings and how I tried to minimise them throughout the research process.	✓
Credibility	Integrating diverse sources and reflexive analysis supports the credibility of my research (Braun & Clark, 2006; Tracy, 2010). However, my study could benefit from additional triangulation methods and member checks to validate the findings further. More detailed descriptions of the data collection and analysis processes would also enhance credibility.	✓
Resonance	Determining how the reader perceives this text and its impact on the audience is challenging. However, I have strived to make this thesis engaging. Additionally, I have considered the content's transferability as per Tracy (2010). This inquiry certainly has implications for broader ways of working systemically.	✓✓
Significant Contribution	The inquiry makes a noteworthy contribution by challenging conventional norms in systemic therapy. However, as a preliminary study to scope the potential of friend therapy, it is limited in its potential practical applications. Further research is required to address this.	✓
Ethical	Ethical practice has been central to this inquiry. I have outlined my ethical considerations in the methods chapter (see section 3.3). I will continue to consider ethics while disseminating this research, which I see as part of my ethical and moral obligation to ensure participants' contributions are honoured.	✓✓
Meaningful Coherence	I have attempted to provide meaningful coherence in this inquiry by linking literature, research questions, methodology, and findings. The research has successfully explored its intended areas, ensuring coherence. The findings and recommendations of this inquiry are relevant to ongoing practice, and I have been thoughtful and considerate in my reporting style, aligning with the area of study.	✓✓

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The application of Tracy's (2010) criteria suggest several strengths and limitations of the study. It potentially addressed a worthy topic by approaching a gap in the literature on relational skills in systemic therapy for friendships. The study indicates rich rigour, but relies on theoretical frameworks and anecdotal evidence, indicating a need for further empirical studies. Diverse sources and reflexive analysis supported credibility, but additional triangulation methods would further validate the conclusions. Despite its limited practical applications, the research contributes by challenging conventional norms in systemic therapy. Further research is required to consider practical applications of friend therapy in systemic practice.

5.6.2   Strengths

This research offers several strengths; most notably, it potentially broadens the scope of systemic therapy in advocating for the inclusion of friendships in therapeutic settings. Another strength of this research lies in its use of Reflexive Thematic Analysis, which is particularly beneficial for exploring under-researched areas (Braun & Clarke, 2006; Willig, 2013), such as friend therapy in a systemic practice context. This approach facilitates an inductive methodology, allowing the researcher to generate themes from the data rather than constructing them using preexisting theories, concepts, or models (Byrne, 2022). Furthermore, an inductive approach can provide rich and meaningful data descriptions (Braun & Clarke, 2006). I sought to adhere to the quality reflexive thematic analysis criteria Braun and Clarke (2022) outlined, which included identifying my positionality and epistemological stance (Braun & Clarke, 2006; Harper & Thompson, 2012; Willig, 2013). Additionally, reflexivity was integral to the research process (Braun & Clarke, 2022). Maintaining a reflexive diary and speaking with supervisors helped me remain cognisant of how these positions influenced my relationship with the research (Dodgson, 2019). This ongoing reflexive practice enhanced the credibility and depth of the study by acknowledging and addressing potential biases and preconceptions (Braun & Clarke, 2006, 2013, 2022). The relatively large sample size of seventeen participants further strengthened this research, providing various perspectives and experiences (Ando et al., 2014).

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5.6.3   Limitations

Despite its strengths, this study has a number of limitations. Friend therapy in systemic practice is under-researched, leading to a heavy reliance on theoretical and conceptual literature and case studies, which often lack empirical rigour (Gibbert & Ruigrok, 2010). This dependence on anecdotal evidence and theoretical reasoning weakens the capacity to substantiate the claims made in this research and develop reliable conclusions (Darke et al., 1998). Also, relying on theoretical constructs meant I focused less on practical applications or strategies for integrating friends into systemic therapy sessions. This is a notable gap, limiting the study's immediate utility for practitioners (Köhler et al., 2022).

Furthermore, certain populations, particularly the LGBTQIA+ community, are overrepresented in the existing literature on friend therapy (Burck & Daniel, 2021; Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020; Milewski-Hertlein, 2001; Nelson, 2013; Swainson & Tasker, 2008). Consequently, they are featured prominently in this research. While this focus is important, it may limit the broader applicability of the study's relevance to friendships. Greater diversity in the literature could ensure that the research considerations apply to a broader demographic, making it relevant to a wider audience and strengthening the study's overall impact.

Additionally, the sample lacks diversity. Most participants identified as women. Therefore, the analysis underrepresented the perspectives and experiences of participants who identified as men and overrepresented those who identified as women. This might be a limitation because much of the literature suggests that gender informs the social construction of friendship (Felmlee & Muraco, 2009; Sapadin, 1988). This limitation extends to other demographic characteristics of the sample, as most of the participants identified as White British. Researchers could enrich future studies by diversifying the voices included in their sample to capture the multiplicity of perspectives on friend therapy.

My perspectives and biases may also limit the study (Lainson et al., 2019). Reflexivity enhances the study's credibility by recognising that I constructed themes rather than discovered essential truths in the data (Lainson et al., 2019). Where possible and pertinent, I attempted to acknowledge and

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explain how I have shaped this research to enable the reader to think critically about my conclusions (Terry & Hayfield, 2021). However explicit I may have been, my personal experience and perspectives may affect how I have constructed this research, which is a limitation (Lainson et al., 2019).

5.7 Invitations for future research

While this research achieved its objective, it is limited in its practical applicability for therapists. Considering the findings, strengths, and limitations of this research, several gaps have been identified that warrant further exploration. Future studies could include exploring the general population's attitudes towards friend therapy, validating the effectiveness of systemic interventions that include friends, and developing comprehensive training programs for therapists. Specifically, future research could focus on:

- **Community Perspectives**: Since this research focused on systemic therapists' perspectives, future studies could examine the general population's reception of friend therapy, which could involve conducting surveys, focus groups, and interviews to understand potential acceptance or resistance. This approach would help identify potential barriers and facilitators to implementing friend therapy. Alongside the general population, future research could give particular attention to specific clinical populations such as the LGBTQIA+ community, migrants, and people with experiences of care, those affected by grief and the loss of a friend. Previous studies identified the LGBTQIA+ community and chosen families as potentially benefiting from friend interventions (Burck & Daniel, 2021; Jenicek & MacIntosh, 2023; McCauley & PettyJohn, 2020; Milewski-Hertlein, 2001; Nelson, 2013; Swainson & Tasker, 2008), and this research supports that finding while also highlighting migrants and individuals dealing with loss. By exploring how these groups perceive the value and relevance of friend therapy, researchers can gain a more comprehensive understanding of its applicability and acceptance.

- **Empirical Validation**: Investigating the therapeutic outcomes of systemic interventions involving friends to better understand their impact on clients' mental health and relationship dynamics, using both qualitative and quantitative methods.

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- **Training and Education**: Exploring the best practices for training systemic therapists in friend therapy, particularly looking at curriculum development and the creation of professional development programs. These programs could address the unique dynamics of friendships and the taken for granted knowledges that may be present when working in this way (Flemke, 2001; Jenicek & MacIntosh, 2023).

In line with McCauley and PettyJohn's (2020) assertion that "Systemic family therapy and public health disciplines share common characteristics that make multidisciplinary work more than possible" (McCauley & PettyJohn's, 2020, p. 88), there is potential for interdisciplinary research involving fields such as sociology, psychology, and public health. Such research could provide a more comprehensive understanding of the social and cultural factors influencing friendship dynamics. Additionally, research could examine the broader public health implications of friend therapy, considering how it can contribute to community well-being and social cohesion.

It is imperative that research continues in this area to fully understand the role and potential of friendships in systemic therapy. This could significantly impact therapeutic practices, policies, and the overall approach to mental health support, ultimately enhancing the well-being of individuals through more inclusive and supportive therapeutic frameworks.

5.8   Dissemination of the research

While this document marks a milestone, it is not the end of this research journey. Dissemination will now become a key priority as sharing the findings is an ethical responsibility to honour the contributions of everyone involved. My dissemination strategies will focus on reaching both practitioners and academic audiences.

First, I plan to present the research to the community CAMHS team where I am on placement. The next step is to write up and publish the research in a relevant academic journal. I aim to submit to the Journal of Family Therapy, a leading peer-reviewed journal in systemic therapy and make the full text available, within their access guidance, to other researchers and academics. I also hope to present the research at conferences, particularly at the Association of Family Therapy Conference.

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I will use social media platforms like Twitter and LinkedIn to reach a broader audience of practitioners and contact the Systemic Way Podcast hosts for a potential interview. I also hope to write an article for "The Conversation," an independent website that allows academics and researchers to share their expertise with the general public. Additionally, I will contact local and national systemic family therapy and clinical psychology courses to deliver training on implementing systemic friend therapy.

5.9   Final reflections

While this research journey has been fraught at times, it has been a privilege, a connecting experience, and an immense learning opportunity for me. Engaging in conversations about this topic has been both nourishing and inspiring. Each discussion has deepened my understanding and broadened my perspective, reinforcing the importance of our systemic therapy work. I hope to remain curious and playful in my research practice, continually exploring where the boundaries lie. This sense of curiosity drives innovation and keeps our work dynamic and responsive to society's changing needs. Embracing playfulness allows us to approach challenges creatively, fostering an environment where new ideas can flourish. This endeavour was closely linked to my values, particularly the belief in the power of relationships and the importance of inclusivity in therapeutic practice. Recognising the significant role friendships play in my life was the starting point of my journey. Through this research, I have realised how central they can be for other communities. In the future, I hope to make the evolution of working systemically with friends a central part of my professional life, which involves continuing to conduct research in this area and advocating for its recognition and implementation within the wider therapeutic community.

5.10   Conclusions

In this study, I interviewed systemic practitioners about their perspectives on working relationally with friends. The participants had diverse reactions to the concept, which seemed to be influenced by their professional experiences, personal experiences, identities, and cultural contexts. Most of them had not considered the idea of friend therapy before the interviews and, therefore, had not necessarily reflected on their positions regarding friends and family and where these may have formed. Consequently, while some participants expressed values for family over friends, they also

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tended to reflexively consider whether they might be drawing upon socially and institutionally reproduced norms.

Therefore, the study suggests that systemic therapists could engage with the concept of friend therapy, grapple with the complexities of taken-for-granted knowledge and consider its potential use when invited. The study also suggests that training programs could help systemic trainees consider these assumptions, deconstruct what 'family' and 'social networks' mean, and determine how these assumptions might exclude or marginalise some communities or people.

The study also highlights systemic therapists' awareness of potentially evolving relationships in contemporary society. Participants mentioned various factors, such as economic crises, housing challenges, globalisation, the feminist movement, and evolving marriage norms, which could shift societal dynamics and elevate the importance of friendships in people's lives. They suggested that the increased significance of friendship could be particularly relevant for communities disconnected from their family of origin, such as the LGBTQIA+ community, migrants, or individuals with care experience, as friendships may serve as surrogate families. Furthermore, participants proposed that if friendships become more central, they might involve complex dynamics that could benefit from therapeutic intervention, similar to family relationships. Therefore, ideologically, this research suggests that the Association of Family Therapy (AFT) could reconsider its focus on 'family' to adapt to our time's potentially changing social context.

In conclusion, integrating friend therapy into systemic practice might signify a shift towards recognising and valuing the diverse forms of support and connection that friendships provide, thereby reflecting the evolving nature of our interconnected relationships.

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Systemic therapists' perspectives on using their relational skills to work with friends.

7.   Appendices

Appendix A - Interview schedule

1) The researcher will introduce themselves and explain the purpose of the interview.
2) The researcher will explain the informed consent process and ensure that the participant understands and signs the informed consent form.
3) Demographics:
   a) Please tell me a bit about yourself. (age, occupation, education level, etc.)
   b) How long have you been working as a therapist?
   c) With what type of clients do you typically work?
4) Friendship therapy:
   a) Can you describe your understanding of systemic friendship therapy?
   b) The researcher will provide a workable definition of systemic friendship therapy on which participants will base their responses.
   c) What are the main distinctions you see between friendship therapy and family or couples therapy?
   d) How might you determine if someone is a good candidate for systemic friendship therapy?
   e) If you have used systemic friendship therapy before, can you describe it?
   f) If you have not used systemic friendship therapy, can you describe what a typical therapy session might entail?
   g) Can you describe a specific case where friendship therapy was or could have been particularly effective? What about that client led you to think it might be helpful? What would it have looked like if you had offered that client systemic friendship therapy?
5) Systemic Friendship Therapy Outcomes
   a) How do you evaluate the progress of the child during friendship therapy?
   b) How might you measure the success of systemic friendship therapy?
6) Systemic practices relevant to systemic friendship therapy
   a) How might systemic friendship therapy be the same or different from systemic couples or family therapy?
   b) How might the skills you use as a systemic therapist apply to work between friends?
   c) What systemic approach, model or technique comes to mind when you think about using systemic friendship therapy?
7) Barriers and Challenges of Systemic Friendship Therapy
   a) What are some common challenges you might encounter when using friendship therapy?
   b) What might get in the way of introducing systemic friendship therapy to the therapeutic community?
8) Systemic Friendship Therapy Training
   a) In what ways did your systemic course encourage or discourage you from offering friendship therapy during your training?
   b) What, if any, training did you receive about systemic friendship therapy? If yes, was there enough teaching out there about it? If not, would you like training in friendship therapy?
   c) If you chose to undertake some training in friendship therapy, what are the key components you would want to be covered?
9) Improving accessibility of systemic friendship therapy
   a) What are the systemic therapists' recommendations for improving the accessibility of friendship therapy?
10) Context of systemic friendship therapy
   a) Why do you think friendship therapy has not emerged before?
   b) What do you think about the context that makes friendship therapy more or less relevant? (e.g., change in marriage practices, increases in social media, the rise of individualism)?
   c) What particular client groups might benefit from friendship therapy? (e.g., migrants, LGBTQIA+TQ+ community, care leavers, men).
11) Conclusion:
   a) Are there any other comments or insights you would like to share about systemic friendship therapy?
   b) Thank the participant for their time and remind them of the follow-up process.

The researcher will refine this guide based on the feedback from peers, field experts and the participants' responses.

Systemic therapists' perspectives on using their relational skills to work with friends.

Appendix B - Reflexive diary

Interview with Participant 09 – Positioned by my age
I had a strong emotional response during the interview with Participant 09. They repeatedly mentioned my age, suggesting that friend therapy is more relevant for people in my age group, who typically do not have children or life partners. They implied that as people age, they should shift their focus from friends to children, ageing parents, and romantic partners. Several other participants echoed this viewpoint. As a younger interviewer, I felt that my age influenced the dynamics of the interview. It made me less open to their viewpoints and more inclined to ask questions in ways that highlighted the relevance of friend therapy. I discussed these feelings and potential biases with my supervisor, seeking guidance. My supervisor helped me understand and unpack my emotional response and its impact on my interviewing style. They emphasized the importance of self-awareness in qualitative research and encouraged me to reflect on why the participant's comments affected me. We also discussed strategies for managing my feelings during interviews. My supervisor suggested practising active listening and following the participants' experiences and perspectives. They also stressed the need for neutral language and open-ended questions to encourage participants to share their views.

Interview with Participants 07 and 18 - Family Friends
The interviews with Participant 07 and Participant 18, who had a strong network of family friends, made me reflect on my experiences with my mom's circle of friends. When I was growing up, we spent more time with these family friends than with many of our relatives. As an only child for the first 14 years of my life, I was surrounded by my mum's solid and interconnected web of friends. These family friends, including my godmother, played significant roles in my life, often taking on the role of aunts and uncles. Today, we still have a network of friends that spans generations; the children of these family friends are now my friends. Reflecting on this made me realize how these family dynamics have profoundly shaped my appreciation for friendship and why this research on friend therapy may be important to me.

Interview with 03 - Trauma and loss in friendship
During the interview with Participant 03, several insights emerged that made me reflect on my experiences with loss and friends. Our conversation focused on trauma within friendships and how different friends might respond to trauma differently, potentially causing ruptures in these relationships. For example, if a friend committed suicide or died unexpectedly, it could lead to significant strain within the friendship group. We discussed the potential benefits of working with a friendship group rather than addressing issues with a friend individually. Participant 03 suggested collaborating with bereavement services to identify individuals who could benefit from this approach. This resonated with me deeply, as I had experienced the tragic loss of a friend, which profoundly impacted my friendship group. It brought us closer together but also introduced significant complexities. During this research, I lost another friend around the same time of year as the previous loss. Only during this interview did I realise how these significant experiences likely influenced my decision to research friend therapy. This interview illuminated the connection between my personal experiences with loss and my motivation for this research project, highlighting my relationship to the topic in a way I had not previously considered. I recognised the potential for bias regarding my belief in the efficacy of therapy, which I needed to monitor throughout this research. My personal experiences could skew my perspective, making it essential to monitor my position to remain open to varying viewpoints to ensure the integrity and validity of the study.

Improving the interviews
If I were to conduct this study again, I would incorporate several changes based on insights from the interviews. Participant 07 remarked, "I'm thinking about what friendship means and how people construct friendship." This highlighted the importance of understanding participants' perceptions of friendship, a topic I regret not addressing directly. A notable challenge during the interviews was the varied ways people conceptualized friendships. It was interesting to observe some participants' family experiences, particularly their emphasis on marriage and the nuclear family. I wish I had asked participants how they construct friendships in more detail.
Furthermore, I would begin the interviews by clearly defining fictive kin and chosen family, explaining these as friendships considered close enough to be like family. I would then ask participants if they relate to this definition and if they have examples from their own lives. Many participants thought broadly about their friendships, some less meaningful, and we missed exploring their relationships with their most significant friends.

Systemic therapists' perspectives on using their relational skills to work with friends.

Appendix C - Participant information sheet

UNIVERSITY OF HERTFORDSHIRE

ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE')

FORM EC6: PARTICIPANT INFORMATION SHEET

1	**Title of study**

What are the strengths and limitations of systemic friendship therapy? The perspectives of systemic therapists.

2	**Introduction**

The researcher is inviting you to take part in a study. Before deciding whether to do so, you must understand the research and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Feel free to ask the researcher anything that needs to be clarified. Also, ask for any further information you want to help you decide. Please take your time to determine if you wish to take part. You can access the University's regulation, UPR RE01, 'Studies Involving the Use of Human Participants' via this link:

https://www.herts.ac.uk/about-us/governance/university-policies-and-regulations-uprs/uprs

After accessing this website, scroll down to Letter 'S' where you will find the regulation. Thank you for reading this.

3	**What is the purpose of this study?**

This research project aims to explore the perspectives of systemic therapists on incorporating friendship therapy in their work with clients. The focus is on understanding the views of systemic family therapists on their role in providing friendship therapy and how they might integrate it into their practice. The study will examine the potential use of systemic therapy principles to work with two or more friends experiencing a breakdown in their relationship and support them in developing strategies for addressing these challenges and maintaining healthy and supportive relationships. The purpose of the research is to provide insights into the challenges, benefits, and effective ways of implementing friendship therapy using systemic practices for individuals struggling with loneliness, isolation, or difficulties in forming or maintaining friendships. The research will help to fill the gap in understanding about the role of systemic family therapists in providing friendship therapy and ways to implement it effectively in practice.

4	**Do I have to take part?**

It is entirely up to you whether you decide to participate in this study. If you choose to participate, the researcher will give you this information sheet to keep and ask you to sign a consent form. Agreeing to join the study does not mean that you must complete it. You are free to withdraw at any stage without giving a reason. A decision to withdraw at any time or not to take part at all will not affect any treatment/care you may receive (should this be relevant).

5	**Are there any age or other restrictions that may prevent me from participating?**

To be eligible for the study, participants must be over 21 years of age and fluent in English. They must be systemic therapists who have completed either the Year Two Intermediate Postgraduate Diploma in Systemic Practice, the CYP IAPT Systemic Family Practitioner Courses, the Master's in Family and Systemic Psychotherapy, or the Doctorate in Systemic Practice. The study will exclude individuals who have only completed the year one foundation course in Systemic Practice. Participants must be practicing therapists, regardless of the therapeutic moniker they use (such as a clinical psychologist or counsellor), if they have a systemic therapy qualification. As the study will focus on hypothetical distinctions between individual, family, couples and friendship therapy, participants do not need prior experience working with friendship therapy.

6	**How long will my part in the study take?**

If you decide to participate in this study, you will be involved for the duration of a semi-structured interview, which will last approximately one hour.

7	**What will happen to me if I take part?**

Once you have expressed interest in participating in the study, the researcher will contact you to verify that you meet the inclusion and exclusion criteria and schedule a time for the semi-structured interview, which can be conducted via video conferencing or in person. The interview will be recorded and later transcribed for thematic analysis. The researcher will begin the interview by asking about your job role, the types of clients you typically work with, and your years of experience as a systemic practitioner for demographic purposes. The researcher will then ask several questions about your perspectives on implementing and the potential utility of systemic friendship therapy. After the interview, the researcher will provide you with a debrief sheet.

8   **What are the possible disadvantages, risks, or side effects of taking part?**

There are no known disadvantages, risks, or side effects of taking part in the study.

9   **What are the possible benefits of taking part?**

By participating in this study, you will be contributing to the understanding of the role of systemic family therapists in providing friendship therapy and effective ways to implement it in practice.

10   **How will my taking part in this study be kept confidential?**

The researcher will only publish data gathered as part of this study in an aggregated and anonymised form to ensure participants cannot be identified.

11   **Audio-visual material**

The researcher will transfer interview recordings to the University of Hertfordshire's One Drive for secure storage.

12   **What will happen to the data collected within this study?**

The recordings will be transcribed and anonymised before being stored electronically in a password-protected environment until the completion of the doctorate of the principal investigator. After that time, the researcher will destroy the data under secure conditions.

13   **Will the data be required for use in further studies?**

The data will not be used in any further studies.

14   **Who has reviewed this study?**

This study has been reviewed by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

The UH protocol number is <*enter*>

15   **Factors that might put others at risk**

Please note that if any medical or non-medical circumstances, such as unlawful activity, become apparent that might have put others at risk during the study, the University may refer the matter to the appropriate authorities. Under such circumstances, you will be withdrawn from the study.

16   **Who can I contact if I have any questions?**

If you would like further information or to discuss any details personally, please get in touch with the researcher via email at eburcham@herts.ac.uk

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during this study, please write to the University's Secretary and Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

Thank you very much for reading this information and considering participating in this study.

Systemic therapists' perspectives on using their relational skills to work with friends.

UNIVERSITY OF HERTFORDSHIRE
ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS
('ETHICS COMMITTEE')

FORM EC3 - CONSENT FORM FOR STUDIES INVOLVING HUMAN PARTICIPANTS

I, the undersigned *[please give your name here, in BLOCK CAPITALS]*

....

of [*please give contact details here, sufficient to enable the investigator to get in touch with you, such as a postal or email address]*

....

hereby freely agree to take part in the study entitled *[insert name of stu*dy *here]*

....

(UH Protocol number ....)

1. I confirm that the researcher has given me a Participant Information Sheet (a copy of which is attached to this form) detailing particulars of the study, including its aims, methods and design, the names and contact details of key people, the risks, and potential benefits, how the information collected will be stored and for how long, and any plans for follow-up studies that might involve additional approaches to participants. The researcher has informed me how my personal information on this form will be stored and for how long. The researcher has provided details of my involvement in the study. I have been told that in the event of any significant change to the aims or design of the study, I will be informed and asked to renew my consent to participate in it.
2. The researcher has assured me that I may withdraw from the study at any time without a disadvantage or having to give a reason.
3. In giving my consent to participate in this study, I understand that voice, video, or photo recording will occur. The researcher has informed me how and whether this recording will be transmitted and displayed.
4. The researcher has told me how information relating to me, obtained during the study, provided by myself, will be handled, how it will be kept secure, who will have access to it, and how the researcher will or may use it.
5. I understand that if there is any revelation of unlawful activity or any indication of non-medical circumstances that would or has put others at risk, the University may refer the matter to the appropriate authorities.

Signature of participant:

....
Date

....

Signature of the principal investigator

....
Date

....

Name of the principal investigator

ELLIOTT BURCHAM

Systemic therapists' perspectives on using their relational skills to work with friends.

Appendix E - Participant research privacy notice

University of Hertfordshire Privacy Notice for Research Participants
This version was finalised in September 2022

1.   General Information
At the University of Hertfordshire (the University) we are committed to undertaking research to the highest standards. This includes compliance with the relevant data protection legislation, namely, the UK's General Data Protection Regulation (UK GDPR) and the UK Data Protection Act 2018 (DPA).
If you agree to participate in a research project being undertaken by one of our members of staff or students, we may need to collect personal data. This Privacy Notice sets out how we will process personal data for research purposes generally.

This privacy notice should be read in conjunction with the Participant Information Sheet (PIS) that you will be given for the research you are involved in. This PIS will provide you with detail in relation to the specific data being collected from you and how it will be processed. Please also refer to the University's Data Protection Policy and Privacy Statement (UPR IM08) for further detail on the University's approach to data protection and privacy (the Policy is available here.

The University will be the data controller (sometimes jointly with other data controllers) for any data you provide, which means we are responsible for ensuring all data is processed lawfully, fairly, and securely, and that we are transparent in how we do this. The University is registered as a controller with the Information Commissioner's Office (ICO), registration number Z5759523.

2.   What personal data do we collect
"Personal data" is any information from which you can be identified, e.g., name, date of birth, contact details, identification numbers, photographs, and expressions of opinion about you.

The University collects a range of information to carry out its research activities. The type of personal information collected and used will depend on the research objectives of the project you are taking part in, and this should be clearly explained to you in the PIS that you should receive before you participate in the project. This may include personal details such as name and address; information on your views on specific research topics; biological information. Some data collected could be 'Special Category Data'**,** such as racial or ethnic origin; religion; political views; health data; and genetics and biometric data (where used for ID purposes).

The University collects this information in a variety of ways. For example, data might be collected via surveys or questionnaires, through interviews or focus groups, or by taking photographs, audio, or video recordings. Once again, this should all be explained in the PIS for the specific project.

The University will always collect the minimum amount of personal data required to fulfil the research objectives. Pseudonymisation (when personally identifiable information is replaced by artificial identifiers) may be used and / or personal data will be anonymised at the earliest opportunity, where possible.

3.   What is the lawful basis for collecting personal data for research
Under the terms of the UK GDPR and other relevant data protection legislation, the legal basis for the processing of personal data used in research is determined by the type of organisation involved in that research:
- Where research is undertaken by a university (or an NHS organisation or Research Council), the legal basis for the processing of personal data is that processing is necessary for the performance of a public function and carried out in the public interest [Article 6(1)(e) GDPR].
- Where research is carried out for commercial companies or charitable research organisations, the processing of personal data for that research will be necessary to meet the legitimate interests of the data controller [Article 6(1)(f) GDPR].
- Where any research is carried out using special category or 'sensitive' personal data, the University will ensure the processing is necessary for: archiving purposes in the public interest, scientific or historical research purposes or statistical purposes, on the basis of EU or Member State law, and appropriate safeguards for the rights of data subjects will be established. [Article 9(2)(j)].

3.1.   NHS Position
Despite the position under the UK GDPR and other data protection legislation, please be aware that the NHS has determined that consent is still needed to access and use confidential patient information for research.

3.2.   Ethics considerations
Irrespective of the specific legal basis for processing personal data as part of research, the University expects compliance with all ethical requirements and procedures relating to studies involving human participants.

4.   How personal data is stored and protected

The University has dedicated storage areas for research data with restricted and controlled access required. Specific details for data storage will be provided in the PIS.

Alongside technical measures, there are comprehensive and effective policies and processes in place to ensure that users and administrators of University information are aware of their obligations and responsibilities for the data they have access to. By default, people are only granted access to the information they require to perform their duties.

Training is provided to all new staff joining the University and existing staff have ongoing refresher training, and advice and guidance is also made available.

5.   Who has access to data?
Your data will be accessed by members of the research team (including supervisors of student projects). If it is necessary for anyone else to have access to the data, or for the data to be shared more widely, this will be made clear in the PIS.

6.   Your Rights Under Data Protection
One of the aims of the UK GDPR is to empower individuals and give them control over their personal data.
The UK GDPR gives you the following rights:
- The right to be informed
- The right of access
- The right to rectification
- The right to erase
- The right to restrict processing
- The right to data portability
- The right to object
- Rights in relation to automated decision making and profiling

Please note that many of these rights do not apply when the data is being used for research purposes, but we will always try to respond to concerns or queries that you may have. For more information about these rights please click here IM08-apxII-Data-Subjects-Rights.pdf (herts.ac.uk)

7.   Retention
Your information will not be kept for longer than is necessary and will be kept in an anonymised format wherever possible. The length of time for which we keep your data will depend on several factors, including the importance of the data, the funding requirements, the nature of the study, and the requirements of the publisher. Details will be given in the information sheet for each project.
After anonymisation, your data may be stored in the University research data archive where it may be accessed by other researchers with permission from the University.

8.   Contact Us
If you have any queries about the information that the University holds, please get in touch with the Data Protection Officer at:
dataprotection@herts.ac.uk
Legal & Compliance Services
University of Hertfordshire
Hatfield
AL10 9AB
UK

If you have concerns with how the researchers undertook the research or how they treated you, please contact the Head of Research Ethics, Dr Susan Grey:
s.grey@herts.ac.uk
(0)1707 285893
9.   Further Information and Support
The Information Commissioner's Office (ICO) has a website with information and guidance for members of the public:
https://ico.org.uk/for-the-public/

Systemic therapists' perspectives on using their relational skills to work with friends.

Systemic Therapists Perspectives on Using Their Relational Skills to Work with Friends

Hi, I'm Elliott!
A Trainee Clinical Psychologist who previously studied at the Institute of Family Therapy.

I am researching systemic therapists' perspectives on using their relational skills to work with friends

Have you completed systemic training (at least up to intermediate level)?
Do you work in the U.K.?
Do you speak English?

Then I invite you to join me for a one-hour virtual or in-person interview to share your perspectives on how systemic therapists can integrate friendship therapy into their practice.

For more information about participating in this study, don't hesitate to contact me at e.burcham@herts.ac.uk.

The University of Hertfordshire Ethics Committee has approved this study.
Protocol Number: LMS/PGR/UH/05311

University of Hertfordshire UH

Systemic therapists' perspectives on using their relational skills to work with friends.

Appendix G - Research invitation email and advert blurb

EMAIL ADVERT

Dear Systemic Therapy Colleagues,

I am researching systemic therapists' perspectives on applying systemic skills, typically used with families and couples, to therapeutic work with friends.

Friendship therapy is an emerging field in psychotherapy research, primarily focused on individuals' ability to make and maintain friendships. However, friendships are some of the most important and enduring **relationships** in people's lives, and systemic therapy has yet to make a significant contribution to the topic. Given the relational underpinnings of systemic therapies, this research aims to fill that gap.

The objectives of the research are to:
- Examine how systemic therapists can integrate friendship therapy into their practice by incorporating it with existing systemic approaches, models, and techniques.
- Explore the potential barriers and facilitators to delivering friendship therapy and identify strategies to improve the delivery and accessibility of this intervention.
- Broaden the scope and inclusivity of systemic therapy by making it available to people who do not have a traditional family structure and may experience barriers to accessing conventional forms of systemic treatment.

I am seeking qualified systemic practitioners who are English-speaking and working in the U.K. to participate in this study. I will invite participants to a one-hour virtual or in-person interview to share their perspectives.

For more information about participating in this study, don't hesitate to contact me at e.burcham@herts.ac.uk.

With gratitude,

Elliott Burcham
Trainee Clinical Psychologist
Hertfordshire University

RESEARCH BLURB

Can systemic and family therapists apply their relational skills to therapeutic work with friends? Friendship therapy is an emerging field in psychotherapy research, typically focusing on supporting individual clients to make and maintain friendships. As friendships are some of the most enduring relationships in people's lives, and systemic therapists work relationally, I believe systemic family therapy has something meaningful to offer in this area. This study aims to fill the gap in systemic therapy's contribution to the field by exploring systemic therapists' viewpoints on incorporating friendship therapy into their practice. I am seeking systemic practitioners who have completed at least intermediate-level training, are English-speaking and are working in the U.K. to share their perspectives in an interview. For further details, reach out to me at e.burcham@herts.ac.uk. Gratefully, Elliott Burcham.

Appendix G - Research invitation email and advert blurb

Systemic therapists' perspectives on using their relational skills to work with friends.

Appendix H - Participant demographics questionnaire

1   What is your **age**?

    _____

2   How would you describe your **gender**?

    _____

3   What is your **ethnicity**?

    _____

4   How many **years of experience** do you have as a systemic therapist?

    _____

5   In what context do you practice systemically?

    -   NHS

    -   Social care

    -   Schools or education sector

    -   Private practice

    -   Other (please specify)

    _____

6   Who do you consult with mostly?

    -   Adults

    -   Young people

    -   Children

    -   Other (please specify)

    _____

7   Where did you undertake your **systemic training**?

    _____

8   What is your **faith/spiritual background**?

    _____

9   What **systemic qualifications** do you have?

    -   Year Two Intermediate Postgraduate Diploma in Systemic Practice

    -   CYP IAPT Systemic Family Practitioner Courses

    -   Masters in Family and Systemic Psychotherapy

    -   Doctorate in Systemic Practice

    -   Other (please specify)

    _____

Your participation in this study is voluntary, and all the information you provide will be kept confidential. The data collected will be used for research purposes only and will be reported in a manner that ensures your anonymity.

Systemic therapists' perspectives on using their relational skills to work with friends.

Appendix I - Ethical approval notice

University of Hertfordshire UH

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	Elliott Burcham
CC	Dr Lizette Nolte
FROM	Dr Rebecca Knight, Health, Science, Engineering & Technology ECDA Vice Chair
DATE	20/04/2023

Protocol number: **LMS/PGR/UH/05311**

Title of study: Perspectives of Systemic Therapists on Using Their Relational Skills to Work with Friends

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Dr Hendrix Hammond – External Supervisor/Principle Supervisor

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 20/04/2023

To: 30/09/2024

Student number: 18000160   P a g e | 150

Systemic therapists' perspectives on using their relational skills to work with friends.

Debrief Sheet
(UH Protocol number **LMS/PGR/UH/05311**)

Perspectives of Systemic Therapists on Using Their Relational Skills to Work with Friends

The researchers carried out this study to investigate the perspectives of systemic therapists on incorporating friendship therapy into their work with clients. It aimed to examine the potential use of systemic therapy principles to work with friends.

Previous research in this field highlights friendships' many physical and psychological benefits. There are examples of including friends in systemic therapy sessions, such as multidimensional therapy and multisystemic therapy. However, the focus of these interventions remains on the nuclear or extended family. Studies have highlighted the risks of systemic therapists offering friendship therapy to clients who ask for it without training in friendship therapy. They can inadvertently pathologize platonic relationships and assume they are sexual.

Research into using systemic therapy principles with friends is sparse. Your participation in this study has furthered our understanding of the challenges, benefits, and effective ways of implementing friendship therapy using systemic practices.

If you would like to withdraw your data from the study, you may do so over the following two weeks. If this is the case, please get in touch with either the principal investigator or the supervisor, whose details are at the bottom of this page. After that time, analysis of the data will have started and data will no longer be extractable.

If you have any questions or wish the research team to inform you of the study's outcome, please do not hesitate to contact one of the research team members listed below.

The research team hopes that you have found the study interesting and that it has not raised any concerns for you. However, if it has raised issues that you need support for, please do not hesitate to contact the principal investigator or the supervisor.

Thank you for taking the time to participate in this study.

Principle Investigator: Supervisor
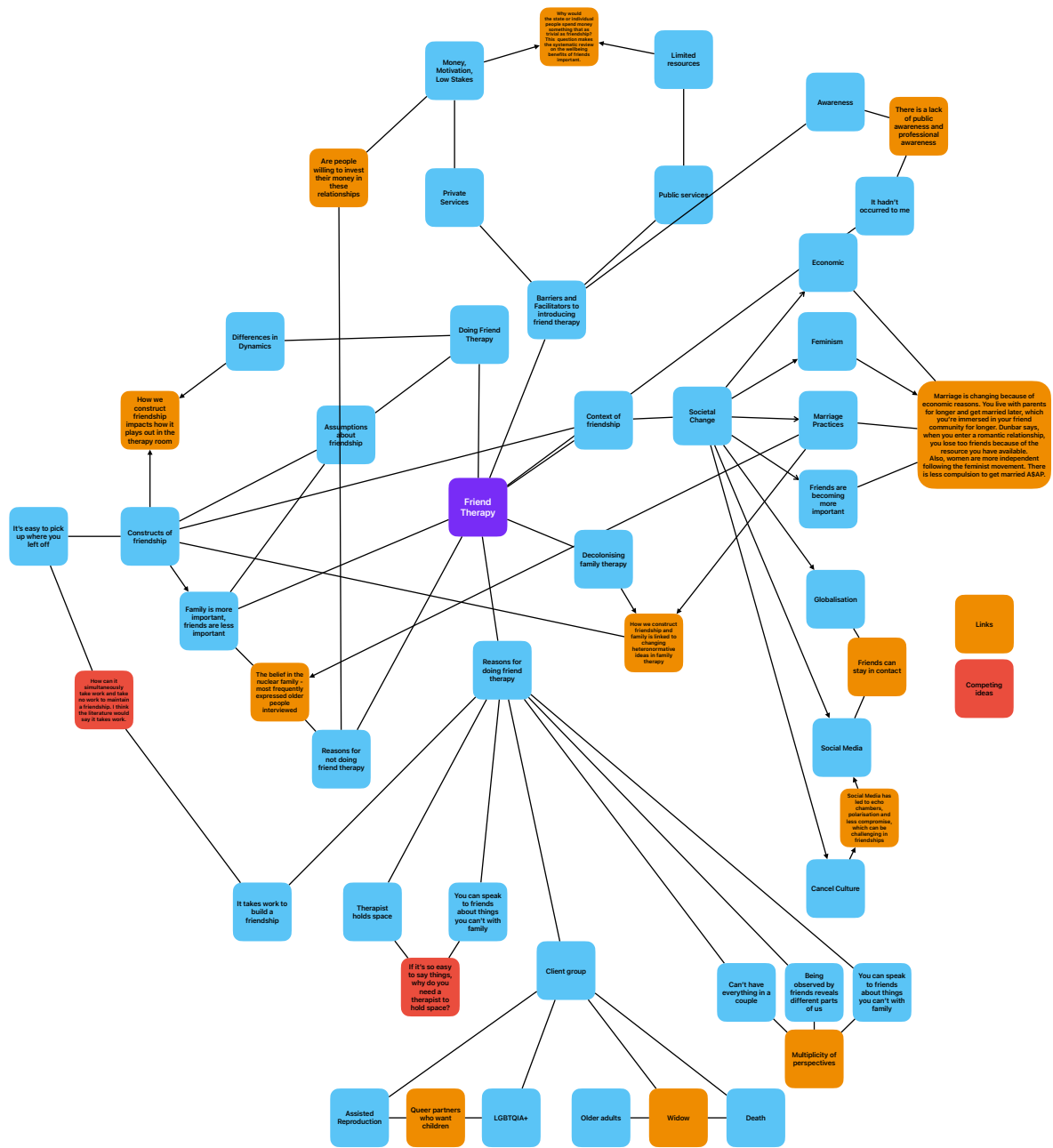Elliott Burcham   Dr Lizette Nolte
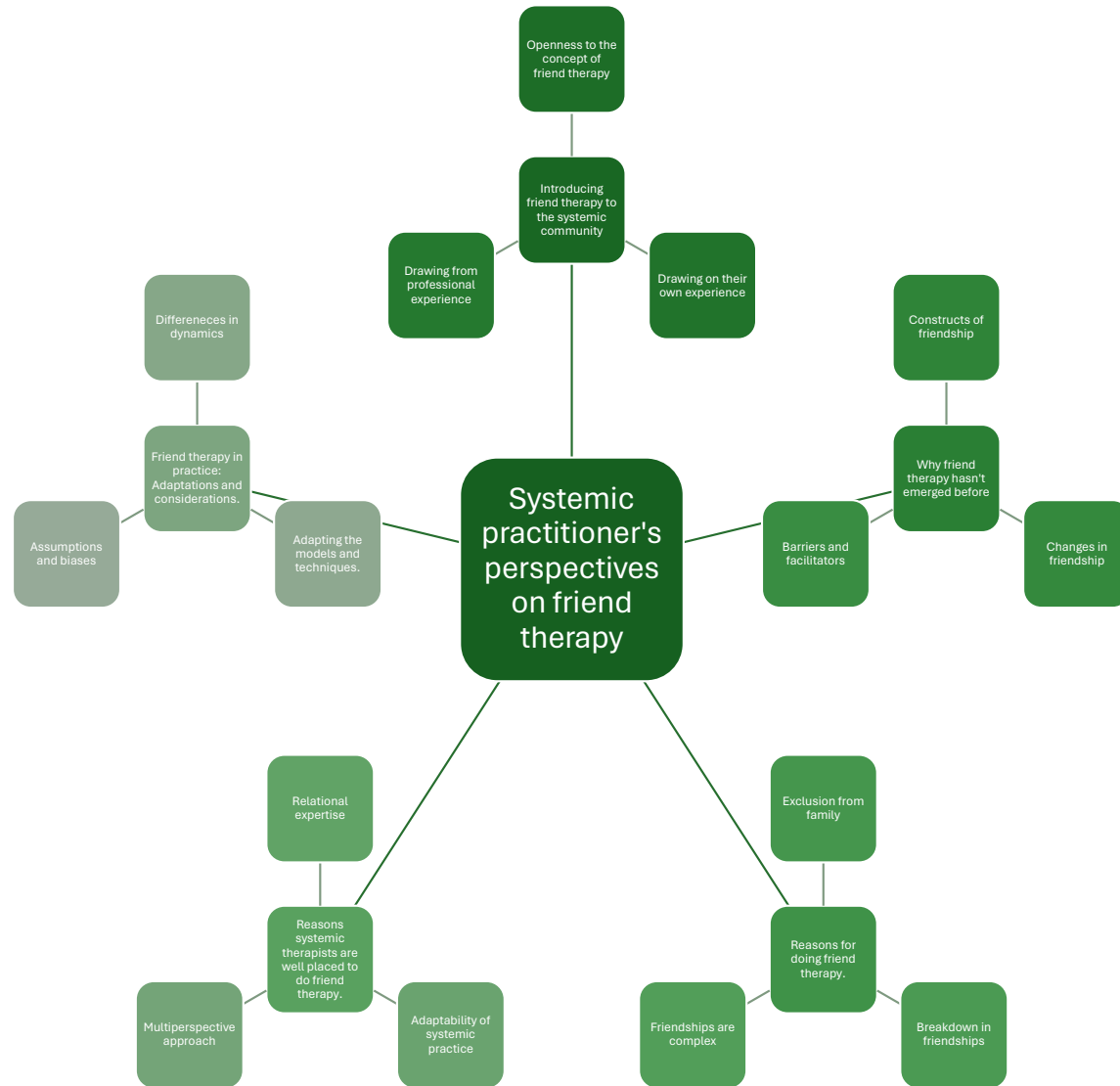e.burcham@herts.ac.uk   l.nolte@herts.ac.uk

Systemic therapists' perspectives on using their relational skills to work with friends.

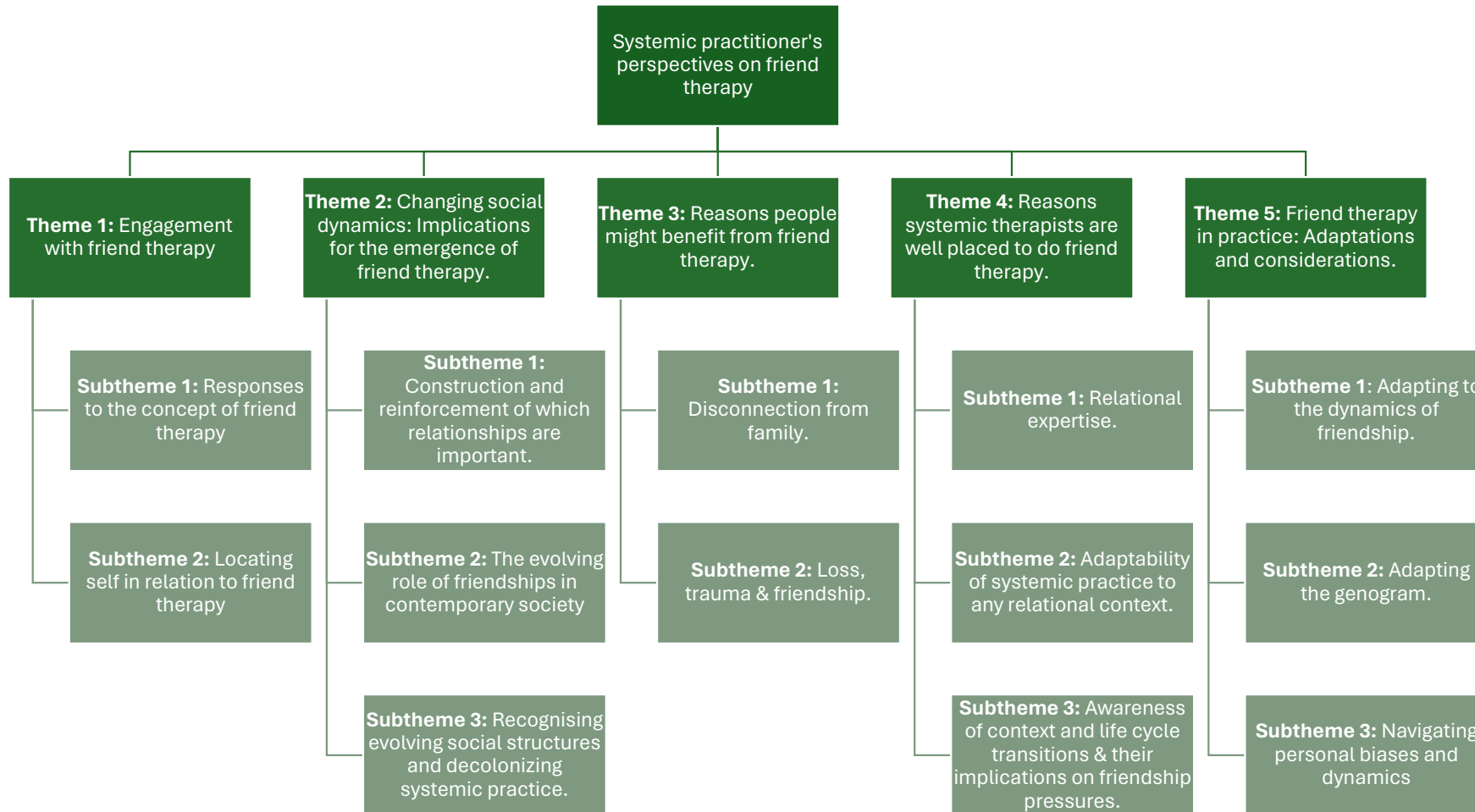*Appendix K - Visual map of code connections*

Systemic therapists' perspectives on using their relational skills to work with friends.

Appendix L - Preliminary thematic map

Openness to the concept of friend therapy

Introducing friend therapy to the systemic community

Drawing from professional experience

Drawing on their own experience

Differeneces in dynamics

Friend therapy in practice: Adaptations and considerations.

Assumptions and biases

Adapting the models and techniques.

Constructs of friendship

Why friend therapy hasn't emerged before

Changes in friendship

Barriers and facilitators

Systemic practitioner's perspectives on friend therapy

Relational expertise

Reasons systemic therapists are well placed to do friend therapy.

Multiperspective approach

Adaptability of systemic practice

Exclusion from family

Reasons for doing friend therapy.

Friendships are complex

Breakdown in friendships

Systemic therapists' perspectives on using their relational skills to work with friends.

Appendix M - Final thematic map

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                        Systemic practitioner's
                        perspectives on friend
                              therapy
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Theme 1: Engagement with friend therapy

Theme 2: Changing social dynamics: Implications for the emergence of friend therapy.

Theme 3: Reasons people might benefit from friend therapy.

Theme 4: Reasons systemic therapists are well placed to do friend therapy.

Theme 5: Friend therapy in practice: Adaptations and considerations.

Subtheme 1: Responses to the concept of friend therapy

Subtheme 1: Construction and reinforcement of which relationships are important.

Subtheme 1: Disconnection from family.

Subtheme 1: Relational expertise.

Subtheme 1: Adapting to the dynamics of friendship.

Subtheme 2: Locating self in relation to friend therapy

Subtheme 2: The evolving role of friendships in contemporary society

Subtheme 2: Loss, trauma & friendship.

Subtheme 2: Adaptability of systemic practice to any relational context.

Subtheme 2: Adapting the genogram.

Subtheme 3: Recognising evolving social structures and decolonizing systemic practice.

Subtheme 3: Awareness of context and life cycle transitions & their implications on friendship pressures.

Subtheme 3: Navigating personal biases and dynamics

0:21:42.390 --> 0:21:43.390

Interviewer

Lovely, yeah. And I'm just going to come back to the question, "are there any reasons you anticipate that two friends might want therapy together to work on their relationship? Yeah.

0:21:56.750 --> 0:21:57.430

Participant 16

Well, yeah. So, if we could make it a thing where if somebody in that, kind of, situation that I've talked about, has said, "actually, this this is the person that I go to." Seldomly, have I thought, do I need to work on their friendship together to strengthen that friendship even further? Never have I thought to have asked, "Well, what are the things that you don't talk about? Is it everything that you can talk about?" Yeah, those kinds of questions that I might ask a family member. Okay, "So how does that person notice when you're upset? What would they notice when you're upset?" I've never asked that about a friend, and I'm questioning that now. You know, because this is the go-to person, isn't it? And it's just occurred to me. Well, what about men? Because there's a lot of things that men can't, kind of, can't go to their wives about. Or, you know, do men need special friendships like that.

Coding Density

Age Groups
Adults
Impact of Social Changes on Friendship Dynamics
Barriers & Facilitators to Introducing Friend Therapy
Decolonising Family Therapy
Social Exclusion
Participant draws on their own experiences of friendship
Public Services
Globalisation, freedom of movement, Network Society & Liquid Life
Public Perception
Mistakenly thought it was therapy with personal friends

Family-Friend Networks Intergenerational Bonds
Stigma - Acceptance
Why friend therapy hasn't emerged before
Unsupportive Family or community
Constructs of friendship
Being observed by friends rather than family reveals different aspects of self
Consent, Confidentiality & Record Keeping
Something Else
Universality of Systemic Approach
Why systemic is well placed
Can't have everything in a couple
To compliment couple or family work
Marriage Practices, Nuclear Family & Different relationships

It hasn't occurred to me!

Gender

Client Groups & services
2. Possible Chapter - Reasons for doing Friend Therapy

Systemic therapists' perspectives on using their relational skills to work with friends.

Interviewer

And you said you're questioning why you haven't done that in the past and yeah.

0:23:4.520 --> 0:23:8.290

Participant 16

Yeah. So, it's there. Because, if you go back, it's their relationship together. So, I'm just working out, okay. What would be the benefit of their relationship together? Because it, you know, there's lots of times where a mother's come to me and said, "Well, I used to have somebody that I would always go to, but we've broken up. We've had we've had a falling out." And never have I thought, "Ahh. Well maybe I can get that person in, and maybe, work on their relationship together." Because, maybe that mum having a having a really good friend again is going to impact on this child, in some way. You know, because it's CAHMS and because it's social care, it always comes, it's coming, it comes, my mind works as if it comes back to the young person. In individual's therapy, yeah, I don't, I don't know. I don't know whether I'd be brave enough. If I, if I was, if I didn't have the protection of an organization around me as well, or an okay from a supervisor.

Systemic therapists' perspectives on using their relational skills to work with friends.

0:24:16.750 --> 0:24:17.540

Interviewer

I just want to really lean into what you were just saying about mums there and that particular context. First of all, just what difference do you think it would make to the child if you were to bring that friend in?

0:24:31.790 --> 0:24:44.100

Participant 16

Yeah, yeah. I think children would massively benefit because often, those friends of the parents, are their auntie or uncle, right, in a way. Even if they're not called auntie or uncle. Even if you you're taking first names. It has a different quality when children mention that person. So, I think it would improve. If the well-being of the parent is impacted through this relationship that they have, I think there would be a positive impact on the children. Just sharing, you know, the idea that it takes a village to raise a child. That's where I'm coming from, I think, yeah.

0:25:26.470 --> 0:25:31.760

Interviewer

And the parents that you're thinking about, the mothers that you're thinking about in that context. Is there any particular reason that

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Being observed by friends rather than family reveals different aspects of self

Consent, Confidentiality & Record Keeping

Something Else

University of Systemic Approach

Why systemic is well placed

Can't have everything in a couple

To compliment couple or family work

Marriage Practices, Nuclear Family & Different relationships

they are isolated from family or partners and friendship might be a particular resource?

0:25:40.530 --> 0:25:43.390

Participant 16

It could be because there are mental health issues. It could be physical health issues. And remember particular case, actually, where, it was a case where the child has a diagnosis of autism. And has a very rare, kind of, chromosome abnormality, as well. And looks, and the facial features are a little bit different, not completely. Not something that you, that you'd, you'd turn around and take note. But just oddly shaped features in certain ways. Really, kind of, that young person was really struggling at school. Had an older sister. Was struggling with social anxiety. And one of the questions was, "Did you, did they ever feel a part of something or belong to something?" I don't know whether it was even a question, but Mum was talking about living on a street where she had lots of friends. And so, when I took it into supervision, it was, like, through those friendships that the mum had, the children had friendships too, because you were on the street and you were playing with the children of your mum's friends. It gives you a very safe outlet, a very safe place to be. Where, when they moved from there, now they've got, now all of the issues, I think, come out, much more into the fore. So yeah, particularly when the issues around, kind of, social anxiety, other, kind of, mental

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Family-Friend Networks: Intergenerational Bonds

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health issues. Maybe, you know, those sorts of things that makes a person slightly odd. That makes it difficult to make friendships anyway. And the parent having that friendship therapy, I think, would definitely impact on the children. Gives them a community, yeah.

Yeah, I mean, it reminds me. I don't know whether it makes sense or not. But it reminds me of my own. It just occurred to me, kind of, my own upbringing. Because my mum moved to the U.K. with me as a baby. And my mum's always been slightly socially anxious. I'm sure she's undiagnosed asperges or something. And it was almost like, when I was growing up, I had to take care of her, rather than her taking care of me, in a lot of situations. And I often thought that it wouldn't it be great, and imagined how wonderful it would be, if my mum was like the other mums. Kind of, standing around chatting. And now as an adult, I think if she had been in [South Asia] still, I think they would have been those people, those friendships around for her. But it wasn't in the U.K., certainly. And she still doesn't have that many friendships. But I think there was well-being for me. Kind of, I remember being turned 12/13, those ages, when she did have more solid friendships, and I felt better for it.

0:29:7.110 --> 0:29:10.310
Interviewer

Systemic therapists' perspectives on using their relational skills to work with friends.

How might friendship therapy, systemic friendship therapy, have...

How do you envisage it occurring in that context or that? Yeah.

0:29:16.490 --> 0:29:17.450

Participant 16

Interesting. I think it's about when, you know, when we invite people. So, I suppose, when we invite people to the sessions or even when we do ask our clients, "Who would you like to bring in?" And it's immediately assumed that those people that they're bringing in will be family members. Yeah, but we seldomly, kind of, ask, "Not just family members. Are there any friendship groups? Is there, is there anyone else that you'd like to bring in?" I know I've invited social workers in and it's felt like a friend's been in the session.

0:29:57.160 --> 0:30:3.80

Interviewer

Do you think there are any benefits to friendship therapy that might not be present within couple or family work?

0:30:4.890 --> 0:30:5.690

Participant 16

Sorry, could you say that again. Yeah.

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Decolonising Family Therapy