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**Department of Psychological and Behavioural Science**

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# “It is a sort of Thought-Soul-Doctor”

# Social Representations of Psychotherapy in German adolescents

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# Abstract

This study explores the social representations of adolescents (age 16-19 years) regarding psychotherapy. Understanding their ideas, values and practices towards psychotherapy are important in face of globally rising numbers of mental disorders in children and adolescents. Research regarding the reasons for low treatment uptake almost exclusively focuses on adults and individuals with diagnosed mental disorders. The main reasons reported for the treatment-gap are fear of stigma and the belief one should be able to handle their issues alone. Yet, to create interventions that address adolescents' needs and decrease the treatment-gap more specific understanding of their social representations of psychotherapy are needed. What do adolescents think about psychotherapy? What is their meta-perception of society's attitude towards psychotherapy? How does this meta-perception influence adolescents' behaviour? And how could treatment uptake be encouraged? To address these questions twelve semi-structured interviews were conducted. Thematic analysis revealed the global theme: *Psychotherapy: A field of contestation and change*. Four organising themes with sub-themes emerged: 1) *Psychotherapy as normal health practice*, 2) *Societal stigmatisation*, 3) *Perpetuating stigmas*, and 4) *Agents of normalisation*. The findings highlight adolescents' struggle to navigate the dissonance between their positive perception and the negative one of society. Although this can lead to stigma perpetuating behaviour they show high intrapersonal attitude resilience and discuss ways stigmas can be challenged through media portrayals, educational institutions and social networks.

# 1. Introduction

Worldwide adolescence is known as the phase where most mental disorders emerge (Vanheusden et al., 2008). Polanczyk et al.'s (2015) review of 27 global studies found a prevalence of mental disorders of 13.4% in children and adolescents. In recent years, these numbers are steadily rising, including countries like the US (Tkacz & Brady, 2021), England (NHS Digital, 2018) and Australia (Atladottir et al., 2015). In Germany, the number of psychological disorders diagnosed in young adults aged 18-25 years increased from 18.7% in 2005 to 25.8% in 2016 (DPtV, 2021). Research suggests different reasons for this increase in prevalence. Either detection mechanisms of mental health care systems have improved or it reflects an actual increase in developed mental disorders (Bolton & Bhugra, 2021).

At this age, young adults have to face a plethora of developmental tasks and processes like hormonal changes, sexual maturity and experimentation, peer dependencies and pressures, future/career planning and independence from parental figures (Hurrelmann & Quenzel, 2019; Slee et al., 2012). Additionally, they increasingly face other socio-cultural stressors such as climate change, pollution, terrorism and wealth inequalities (Amnesty International, 2019; Bolton & Bhugra, 2021).

Regardless of the cause behind rising prevalences, there is reason for concern as many of these mental disorders remain untreated (Kaushika et al., 2016). Not only does it decrease the likelihood to successfully complete developmental tasks, but it also reduces overall health and life expectancy of individuals and increases risky behaviour like substance abuse and violence (Patel et al., 2007; Seven et al., 2021).

Yet, adolescents between the ages of 16-24 years are least likely to reach out for mental health support like psychotherapy and little research is focusing on uncovering the causes (Biddle et al., 2006). Some research with adults suggests that they might avoid treatment due to stigma, negative attitudes, and beliefs of ineffectiveness towards psychotherapy (Biddle et al., 2006; Wells et al., 1994).

To increase the sparse knowledge about reasons for the treatment-gap with adolescents this study asks the question which social representations adolescents in Germany have of psychotherapy. Exploring adolescents' attitude towards psychotherapy, their meta-perception of society's attitude towards treatment and the influence this exerts on their behaviour will provide important insights into how interventions could be designed to increase the treatment rate and help enhance their effectiveness.

First, the literature review presents key definitions, research about the treatment-gap, context to Germany as this study's backdrop and the introduction of SRT as conceptual lens for this research. After detailing this work's methodology and ethical considerations, the findings of the conducted semi-structured interviews are thematically analysed and discussed in the light of the presented theory. Future research areas, indications for interventions and limitations of this research are presented.

# 2. Literature review

To contextualise this research, first a definition of psychotherapy and adolescence is given. This is followed by research regarding the treatment-gap, the context of Germany and Social Representations Theory as framing for this research. Lastly, the research question for this study is presented.

## 2.1. Definition of key terms

For a shared understanding throughout this work and its analysis two key terms will be briefly defined.

Firstly, psychotherapy will be understood following the definition of the American Psychological Association (APA) as "any psychological service provided by a trained professional that primarily uses forms of communication and interaction to assess, diagnose, and treat dysfunctional emotional reactions, ways of thinking, and behaviour patterns" (APA, 2023).

Secondly, the term adolescent needs clarification as many studies use different conceptualisations of the age-range that adolescence covers. Whilst the APA (2018) defines adolescents from the age of 10-19 years, Sawyer et al. (2018) take a broader approach of 10-24 years to account for developmental processes like brain development. This study's sample consists of 16-19 year olds and will therefore refer to them as adolescents.

## 2.2. The treatment gap following mental health diagnoses

Even though many disorders like depressive disorder or psychosis have an early age of onset between 12-24 years and are likely to continue into adult life (Patel et al., 2007), young adults are most likely to not have their psychological needs met in treatment (Kessler et al., 2001).

Additionally, studies provide evidence that adolescents rarely seek out treatment when they are diagnosed with a disorder (Nierman et al., 2021).

Extensive research has been conducted to find reasons for this treatment-gap to design interventions that increase treatment utilisation. One reason might be the severe lack of mental-health services that are specifically designed to address and meet the needs of young people (Patel et al., 2007). Young adults (12-25 years) who have been to psychotherapy only report moderate effectiveness and often feel uncomfortable or like the therapist does not care about them (Morgan et al., 2021). Vanheusden et al.'s (2008) survey of participants aged 19-32 years found that 24% perceive help-seeking negatively and as an ineffective option. Participants engaged in self-limiting because they believed their problems were not serious enough for treatment or would go away on their own. The authors conclude that limited knowledge and treatment options as well as a failure to engage young individuals might lead to this effect. Similarly, Meltzer et al,'s (2003) study of individuals with neurotic disorder aged 16-64 years about why they had not utilised treatment in the past year found that the reasons included doubts regarding the effectiveness of treatments and fear of stigmatisation. Additionally, being diagnosed with a mental illness often leads to others distancing themselves from the patient and makes it harder to maintain a positive identity since diagnoses are associated with being a "failure" (Foster, 2001, p. 12; Pescosolido et al., 2021).

However, both Patel et al. (2007) and Metzler et al. (2003) base their studies on individuals already struggling with mental distress, who might consequently be subject to an interpretation bias which influences perceptions of psychotherapy negatively. (Mobini et al., 2013). Yet, findings of Jorm et al. (1997) who surveyed randomised households with participants aged between 18-73 years show similar outcomes with general practitioners and counsellors rated more often as trustworthy than psychiatrists or psychologists. Furthermore, psychiatric treatments were seen as potentially more harmful than helpful. Jorm and colleagues coined the term Mental Health Literacy (MHL) to describe society's general knowledge about mental health and potential treatments. Jorm (2000, 2012, 2015, 2020) further developed this concept and introduced mental health first aid and mental health action, which encouraged interventions furthering MHL and self-help strategies (e.g. Hart et al., 2020).

Existing research on reasons for not seeking out mental health services display an overwhelming focus on adult participants, usually between 18-60 years (Vanheusden et al., 2008). This means only a slight margin of these studies represent the obstacles and needs of adolescents as they are combined with an overwhelming percentage of participants in different life stages - thus disregarding their perspectives, insights and lived experiences.

These findings highlight two gaps in the literature: Firstly, there is a crucial need to research reasons why adolescents do not seek out mental health treatment when mentally distressed. This would allow tailoring treatment options and information campaigns to their specific needs (Patel et al., 2007) and increase their overall life quality (Seven et al., 2021). Secondly, many studies focus on individuals who are already diagnosed with a mental disorder. Since interpretation biases might negatively affect perception of treatment effectiveness in mentally distressed individuals (Mobini et al., 2013), insights into undiagnosed adolescents' perception of psychotherapy could prove invaluable. Improving attitudes towards psychotherapy might decrease the treatment-gap in cases where adolescents develop mental distress later on and then feel more inclined to reach out to professional help (Hart et al., 2020).

## 2.3. Psychotherapy in Germany

Germany provides an interesting background for research regarding young adults' social understanding of psychotherapy. Each year every fourth adult citizen (27.8%) and every fourth child or adolescent (28%) in Germany are diagnosed with a mental disorder (DPtV, 2021). Furthermore, Germany has one of the highest utilisation rates for general health care worldwide (Mack et al., 2014) and the government is continuously trying to improve its actions to support mental health by increasing treatment capacities (Bramesfeld, 2023). Yet, it has a turbulent history with Psychology and psychological treatments (Malich, 2020), which offers a lot of room for stigmatisation and negative attitudes towards psychotherapy.

Throughout World War I and II, mental illnesses were targeted with practices like forced sterilisations and the murder of thousands of “mentally diseased” (p. 6) individuals (Malich, 2020). Individuals with mental or physical disorders were labelled as “useless eaters” and having “bad gene material” which made them “unworthy to live” (bpb, 2022).
In divided post-war Germany many different developments took place, including a “psycho-boom” (p. 18) in West Germany, where psychotherapeutic methods became integrated into everyday life and denunciation practices in East Germany where therapists reported patients from political oppositions to the secret police (Malich, 2020).
Since the reunification, many efforts were made to establish affordable and accessible mental health services. The psychotherapy law (Psychotherapeutengestetz) was introduced in 1999,

leading public health insurances to fund psychotherapeutic treatment based on an official diagnosis if it is performed by a licensed practitioner (Malich, 2020). Additionally, numbers of treatment places are continuously increased (Bramesfeld, 2023) and since 2019, the Federal Ministry of Health funds the development and advancement of a National Mental Health Surveillance to evaluate and improve public mental health measures for Germany (Robert Koch Institut, 2024; Thom et al., 2021).

Besides these institutional efforts, educational institutions lack this kind of progress. Although German teachers on average have five mentally distressed students each year, they lack action competences and both university and school curricula inadequately address mental health and self-help strategies (Robin et al., 2024). Consequently, it is not surprising that many students would not approach teachers if they felt the need for help (Kelly et al., 2006).

Based on these mixed developments research was conducted to assess citizens' attitude towards psychotherapy and whether they make use of it.

Citizens seem to have increased their acceptance of mental health professionals as a source for help (Angermeyer & Matschinger, 2005a). Between 1990 and 2001, individuals increasingly agree that psychotherapy can be effective in cases of schizophrenia and major depression (Angermeyer & Matschinger, 2005a) and perceive stigmatisation of former patients to decrease (Angermeyer & Matschinger, 2005b). However, they still believe that former patients will be discriminated against during job hiring processes (Angermeyer & Matschinger, 2005a, 2005b). Furthermore, individuals' own attitudes towards the mentally distressed were perceived more positively than those they attributed to others, with the discrepancy increasing with higher education levels (Angermeyer & Matschinger, 1992, 2005b).

There also seems to be a substantial gap between the diagnosis of mental disorders and the utilisation of mental health services in the German population. Mack et al. (2014) found that amongst the German adult population diagnosed with any mental disorder in the last 12 months, only 18.9% sought help from general or specialised mental health care services. Furthermore, they found that for anxiety and mood disorders the time between diagnosis and subsequent outreach to help services was substantial with a respective six and seven-year time gap. Similarly, in the Niermann et al. (2021) study on 14-21 year-old adolescents, 23.3% of the sample displayed at least one lifetime anxiety disorder. Only 39.1% of them were receiving professional health care services, 23% of them from a psychotherapist. Younger participants (14-17 years) were less likely to utilise any health care services (33.2%) whilst older participants (18-21 years) were slightly more likely to use help services (41.9%). The authors

compare their results to a German longitudinal Early Developmental Stages of Psychopathology Study (EDSP) conducted ten years prior which found that only 30.6% participants under 20 years and 33.2% of participants aged 20-24 years reported utilising health care services (as cited in Nierman et al., 2021). A potential reason for the lack of treatment uptake is noted by Seven et al. (2021) who found that their sample of young German adults heavily relied on online sources to inform themselves about treatment options as they perceived to have too little knowledge about mental health topics. However, these online sources were often lacking in quality and reliability in the participants' perception.

Taken together, whilst the German government and national health insurances support the normative normalisation of mental health treatments, society still perceives it as something stigmatised and shows reluctance in the uptake of psychotherapy (Angermeyer & Matschinger, 2005a; Thom et al., 2021). This treatment-gap holds for both adults and adolescents (Angermeyer & Matschinger, 2005b; Niermann et al., 2021). However, there are no studies in the German context providing further insights into why this gap exists and how to close it.

## 2.4. Social Representations Theory

One possibility to gain deeper insights into adolescents' understanding of psychotherapy and to potentially learn why they so rarely utilise mental health services in case of mental distress is Social Representations Theory (SRT).

SRT examines how daily interactions and dialogue in societies build a shared understanding of social objects such as psychotherapy, which slowly transforms into common knowledge and in turn again functions as a guideline for behaviour and communication between individuals (Duvenn & Moscovici, 2001; Moscovici, 1973; Wagner et al., 1999). This common knowledge is communicated in the form of social representations (SRs), which Moscovici (1973) defines as "a system of values, ideas and practices" (p. xiii).

Although SRT has been accused of social determinism, insinuating that SRs presented by powerful actors such as the state could infiltrate and dictate the SRs of individuals (Voelklein & Howarth, 2005), there is ample literature providing evidence against this. Public spheres are arena to constant challenging and reproduction of SRs in everyday communication due to whistle blowers or subcultures (Jovchelovitch, 2007). According to Castro and Batel (2008),

this occurs at three different levels: the societal level (where media, institutions and cultural practices spread SRs with a wide reach), the contextual level (the interpersonal and intergroup interactions where corresponding SRs can be consolidated or divergent SRs can be debated) and the individual level (communication through intra-personal debates and meaning making). Thus SRT is uniquely suited to examine what ideas and values adolescents hold regarding psychotherapy, how they perceive societies SRs of psychotherapy and how these meta-perceptions influence their behaviour and potential outreach to treatment.

At the societal level, news media and cinema culture play a deciding factor for the SRs that are debated on the sublevels of inter- and intrapersonal communication (Wagner et al., 1999). For example, out of 554 films that received nominations as "Oscar for Best Picture" since 1929, 105 had medical and health references, most of them representing psychiatric disorders (21.9%) (Perciaccante et al., 2019). Many of these representations draw on psychoanalysis, with therapeutic settings depicting the "talking cure", dream interpretations or childhood trauma analysis (Orchowski et al., 2006). They disseminate negative stereotypes about psychotherapy, where psychotherapists, psychologists and clients are depicted as "nutty, debased, or sexualized" caricatures (Orchowski et al., 2006, p. 507). Similarly, news often portrays individuals with mental illness as 'Other' who are violent, dangerous and aggressive, whilst rarely counterbalancing these depictions with potential treatment options (Feuston & Piper, 2018, Foster, 2001). These constant negative representations of therapists and psychotherapy in news and movies can have detrimental consequences. It has the power to shape adolescents' SRs about psychotherapy, diminish expectations regarding efficacy, and, in the worst case, even discourage seeking mental health support (Marková, 2003; Wahl, 1995).
However, as established, the influences from the societal level do not dictate the SRs on the contextual or intrapersonal level (Voelklein & Howarth, 2005).

On the contextual level, SRs are subject to constant negotiation and public debate as the same social objects can hold different representations for different groups, which results in tension (Höijer, 2011). An example of this can be observed in Chadee and Evans' (2021) analysis of the hashtag #CAMHS, initiated by the British Child and Adolescent Mental Health Services (CAMHS) on TikTok. Whilst the hashtag was initiated to spread awareness of mental health symptoms and treatments it quickly was Tonyoded with content depicting negative references like self-harm. Social media as a propagating tool offered a public sphere for a counter-community making SRs visible that opposed CAMHSs intentions (de Rosa et al., 2021;

Jovchelovitch, 2007). Both groups utilise two basic SRT processes in their use of #CAMHS: objectification and anchoring (Moscovici, 2008): Objectification relates conceptual schemata to material objects to make them real and graspable for individuals such as Freudian ideas of psychoanalysis associated with the couch. Anchoring allows individuals to familiarise themselves with a new social object by classifying or naming it, drawing on something they already know. Zulato et al. (2023) additionally introduce the term of de-anchoring, where SRs are challenged and reconstructed by negating an existent category of meaning to propose a new one. CAMHS attempted to utilise their hashtag as a symbol for treatment options, hence objectifying #CAMHS. However, users of TikTok negated the hashtag into a representation of self-harm practices (Chadee & Evans, 2021). The public sphere actively constructed and shaped their understanding of a social object and reality by reforming CAMHS's SR for treatment (Jovchelovitch, 2007; Zulato et al., 2023). Due to this ability of de-anchoring to alter existing SRs it is especially suited to challenge stigmas surrounding psychotherapy.

On the intrapersonal level individuals can be in a "state of cognitive polyphasia" (Moscovici, 2008, p. 190), where they hold multiple different SRs of the same object, many of them being only fragments or contradictory (Höijer, 2011). Depending on the situation, its socio-cultural demands and the goal the individual pursues, they can draw on different SRs in interactions with others to, for example, be accepted in a group and satisfy their need of belonging (Breakwell, 1993; Howarth, 2006; Jovchelovitch, 2007). Therefore, it would be possible for adolescents to simultaneously hold the idea that psychotherapy is effective (indicating a positive SR), whilst still stigmatising it as something that represents weakness. They could also engage in impression management, where they consciously act against their intrapersonal SRs to influence how others perceive them and belong to a group (Ebert & Piwinger, 2007).

Academics have criticised SRT for its theoretical ambiguities, according to which it is too fragmented and too speculative for psychology (Voelklein & Howarth, 2005). However, Moscovici states that SRs are complex phenomena that should not be restrict in confining definitions (Moscovici & Marková, 2001). Rather these ambiguities have motivated scholars to develop the theory further and follow Moscovici's example to apply SRT in a more inductive and exploratory approach (Voelklein & Howarth, 2005). To respect the complexity of SRs they should be analysed embedded in cultural and historical contexts of individuals and societies and need to be reflected against these backgrounds (Howarth, 2006; Jovchelovitch, 2007; Voelklein & Howarth, 2005).

As shown, SRT can provide a complex insight into how contrasting beliefs about psychotherapy can be held and potentially be challenged at different levels of communication and will therefore be used as theoretical framework for the present study.

### 2.5. Research Question

This literature review highlights the high prevalence of mental disorders in Germany (DPtV, 2021) and the treatment-gap between diagnoses and treatment uptake (Niermann et al., 2021) despite the institutional efforts supporting mental health (Thom et al., 2021). Research that has addressed this low number of utilisation has focused on very broad age ranges (Vanheusden et al., 2008) giving little opportunity to make inferences of how to effectively address the needs of adolescents (Patel et al., 2007). Additionally, no research could be identified that specifically addressed general attitudes of undiagnosed adolescents towards psychotherapy. Therefore, this study will address the following research and sub-question with three sub-questions:

*What social representations do German adolescents without previous mental health diagnosis between the age of 16-19 years have of psychotherapy?*

- Which SRs do they hold and perceive in others?
- How do SRs on different levels influence adolescents' behaviour in interpersonal encounters?
- How could existing SRs be challenged?

## 3. Methodology

The following illustrates this work's research design, data collection, data analysis and considerations regarding ethics and reflexivity.

### 3.1. Research design

To address the research gap identified above, I chose a qualitative approach utilising semi-structured interviews with thematic analysis (TA).

Semi-structured interviews are unique as they allow to seek knowledge dialogically between researcher and interviewee (Brinkmann & Kvale, 2015; Kvale, 1996). I decided against using focus groups due to two reasons: First, psychotherapy is a stigmatised topic and focus groups (more than my presence as interviewer) could lead participants to conform to perceived dominant SRs rather than reveal their intrapersonal SRs (Bergen & Labonté, 2020; Biddle et al., 2006; Bispo Júnior, 2022). Secondly, one-on-one interviews allow trust to develop and provide more opportunities for participants to share personal, vulnerable experiences than focus groups (Kvale, 1996).

I chose TA for analysis as it allows pattern recognition across different interviews and interpretation follows an inductive approach - one that Moscovici himself applied to his research with SRT (Clarke & Braun, 2017; Voelklein & Howarth, 2005).

## 3.2. Data collection

The following details the participants and sampling strategy of the study, the utilised instrument and the procedure of the research.

### 3.2.1. Participants and sampling

For this research I conducted twelve interviews with German nationals between 16-19 years (Appendix 5). Ten out of twelve interviewees had previous contact with someone who has been to psychotherapy. Half of the participants identified as female, half as male. Six participants were underaged because I specifically reached out to underaged participants due to the identified research gap, hoping to gain a new perspective from this age group, and raise awareness regarding the issues they face at this important developmental stage. With this, I follow the call for research to ground interventions in the lived experiences of the young adults (National Children's Bureau, 2011).

Due to the participants' age they belong to what Goodman (2011) calls "hard-to-reach populations" (p. 350), as parents (of underaged participants), schools and youth facilities act as gatekeepers. Although I reached out to more than ten schools/hobby/youth facilities in the interviews' area, none allowed me to contact participants through them. Therefore, I approached participants through convenience and snowball sampling (Edwards & Holland, 2013). Through personal contacts, I acquired three participants, who further distributed my study within their

friend- and school groups. The only inclusion criteria were that participants: (i) are 16 years or older (as requested by the Ethics Committee of the London School of Economics and Political Science (LSE)), (ii) attend school and (iii) have not been to psychotherapy.
Following Gubrium et al.'s (2012) discussion about qualitative sample sizes between two and 25 participants, I stopped participant collection after twelve interviews as the sample was balanced regarding gender and age and - more importantly - showed theoretical saturation, where I identified recurring themes and observed few new insights.

### 3.2.2. Instrument

Semi-structured interviews allow to cover themes identified both in literature and through interviews, whilst also offering flexibility to follow up on unique experiences shared during the interviews (Alshenqeeti, 2014; Kvale, 1996). This helps maintain "deliberative naiveté" (Brinkmann & Kvale, 2015, p. 33) - the openness to find unexpected and new phenomena. This flexibility was especially important in this study due to the participants' varying experiences and knowledge about the topic.
The question guide (Appendix 2) was designed and based on the literature review conducted and refined based on important insights gained throughout the interviews. After some ethnographic questions, the question guide is organised into four bigger sections and two cool-down questions. The first section covers the intrapersonal level of SRs (Castro & Batel, 2008), exploring personal ideas and associations about psychotherapy. The second section seeks to understand personal interactions with others that have been to psychotherapy. The third section addressed how participants perceive SRs regarding psychotherapy in their social and lived environments. The fourth section is based on interviewees' practices and knowledge regarding mental distress and mental health services.

### 3.2.3. Procedure

I contacted all participants through WhatsApp and gave them an initial overview about my research, shared the information form and answered all remaining questions about the study and their participation. All consent forms were signed (printed or digital) and collected before the interviews.

I conducted interviews in two waves between the end of May and June 2024 with one exception on 10th July 2024 due to scheduling conflicts. After the first set of four interviews, the transcription and annotation process allowed to refine the question guide further before the second wave of interviews.

Ten interviews were conducted in-person in a quiet and private context, so that participants could talk freely and two via Zoom to observe as many non-verbal cues from my participants as possible (Edwards & Holland, 2013; Kvale, 1996).

After I initiated a warm-up phase including highlighting that the interviews were voluntary, data would be anonymised (including pseudonyms) and that there were no wrong answers I again asked for verbal agreement for recording and started the official interviews. Following the official recording I eased into a cool-down phase and provided information about psychotherapy options in Germany and free-of-charge professional help contacts.

The interviews lasted between around 50 minutes and 80 minutes with two exceptions with 35 and 40 minutes. All interviews were transcribed with Microsoft Word's transcription feature and revised by myself in accordance with the audio. Since all interviews were in German, I translated the reported quotes and the exemplary interview transcript in Appendix 4 utilising DeepL, which was checked for data security (DeepL, n.d.) and revised the translation. The anonymised data is saved on an encrypted hard-drive and password-protected.

## 3.3. Data analysis

I followed Brown and Clarke's (2006) approach of TA to analyse the transcripts.

The inductive approach to TA, guided by my research question, allowed me to code my data free of analytical preconceptions and helped create a detailed and complex "thick description" of my data set (Braun & Clarke, 2006, p. 97). The goal was to identify similarities and differences within and across different transcripts to create a coding system that answers the research question with a rich and detailed analysis based on contextualised data (Braun & Clarke, 2006) and suited to inform intervention development for teenagers.

Therefore, I familiarised myself with the data by re-listening to the audios, re-reading the transcripts and annotating everything that related to my research question. I uploaded the transcripts to Nvivo for a first round of coding, following which I grouped them into generalised themes. After multiple rounds of revision, they were organised into a final version of themes and sub-themes.

Although the inductive approach for the TA was utilised, the final codes were contextualised with the existing literature to ensure an analytical rather than descriptive analysis (Braun & Clarke, 2006). Additionally, I acknowledge that coding will always be influenced by the researcher's theoretical and epistemological understandings as well as my own experiences, expectations and values (Braun & Clarke, 2006). Therefore, I will reflect on my influence as a researcher on this project in the following section.

## 3.4. Ethics and reflexivity

As this study involved interviewing young and even underaged participants, apart from getting the regular approval from LSE's Research Ethics Committee, several additional steps were taken to assure their wellbeing. I provided an Enhanced Certificate of Conduct and collected parental consent for interviews with underaged participants. All participants were fully informed about the scope and motivations of the study. Since many participants know each other personally, I tried to abstract personal indicators and choose quotes that even after cross referencing are not identifiable. Additionally, pseudonyms are used in this work. Due to potential power imbalances between me as a researcher and participants (Kvale, 1996), I prepared an alternative option to withdraw from participation or answering specific questions through a printed picture of a traffic light: Leaving a figurine on green signalled feeling comfortable, yellow indicated the wish to skip a question and red communicated the wish to stop participating. None of my interviewees indicated verbally or through this system that they wanted to skip a question or stop participation. Further, I monitored non-verbal cues such as body language and tone of voice to ensure participants felt safe and comfortable (Kvale, 1996). Following guidelines of the National Children's Bureau (2011), the relaxed atmosphere was supported by the warm-up chat before the interview and my informal dressing choices. It is suggested that being close in age to the participants and not being a healthcare professional might support a setting in which young participants feel more inclined to share personal insights and counteract parts of social desirability (Biddle et al., 2006). Lastly, participants were supplied with contacts for free mental health support options and web pages to inform about the mental health care system in Germany.

Besides the ethical considerations during the interviews themselves, some reflections about me as researcher are important. Kvale (1994) suggests qualitative research is always biassed by the

researcher who designs and conducts a study and who has the “monopoly of interpretation” (Brinkmann & Kvale, 2015, p.38) in the analysis. Whilst these cannot be avoided, they can be counter-conducted by explicitly reflecting on my own positionality (Kvale, 1994). Ever since studying psychology as a minor in my undergraduate degree and with the pursuit of the MSc in Social and Cultural Psychology I am highly supportive and passionate about psychotherapy. This research topic developed based on personal experiences of feeling the need for mental health support due to personal circumstances and feeling unsure of where to find it, how to finance it and if I was even eligible for it. This delayed my outreach to support services longer than necessary, but led me to receive three counselling sessions. Therefore, my own experiences and expectations clearly influenced my question guide and potentially my analysis. Some of my expectations included that participants would have little contact with people who have been to psychotherapy, high curiosity about mental health and psychotherapy due to high social media presentation of the topic in my personal media bubble and a perceived stigma around the topic in older generations. Some of these expectations were confirmed (for example strong perceptions of gender expectations) and others were disproved (for example interviewees reported less content about psychotherapy in social media than expected).

Despite these personal influences, I designed, conducted and analysed this study guided by my research question. Ultimately, I refer to Kvale (1994) who states that multiple alternative interpretations and discussions of the same set of data enriches knowledge about a subject rather than diminishes the effort put forth by a study. Therefore, I invite my readers to critically assess my work and discuss diverging findings to enrich the presented study.

# 4. Findings

Guided by the research question, the TA of the transcripts reveals the global theme - Psychotherapy: A field of contestation and change. Four organising themes emerged that allow more insight into adolescents' understanding of psychotherapy. On the intrapersonal level of SRs, participants perceive Psychotherapy as normal health practice. This is contrasted by the meta-perception of Societal stigmatisation of psychotherapy. Caught in between these representations, many interviewees discuss engaging in behaviour that is Perpetuating stigmas in intergroup interactions. Lastly, they perceive society to start accepting psychotherapy and describe different Agents of normalisation that support the change of societal ideas, values and

practices regarding psychotherapy. Each of these themes consists of two to four sub themes which will be further elaborated in the following sections (Figure 1).

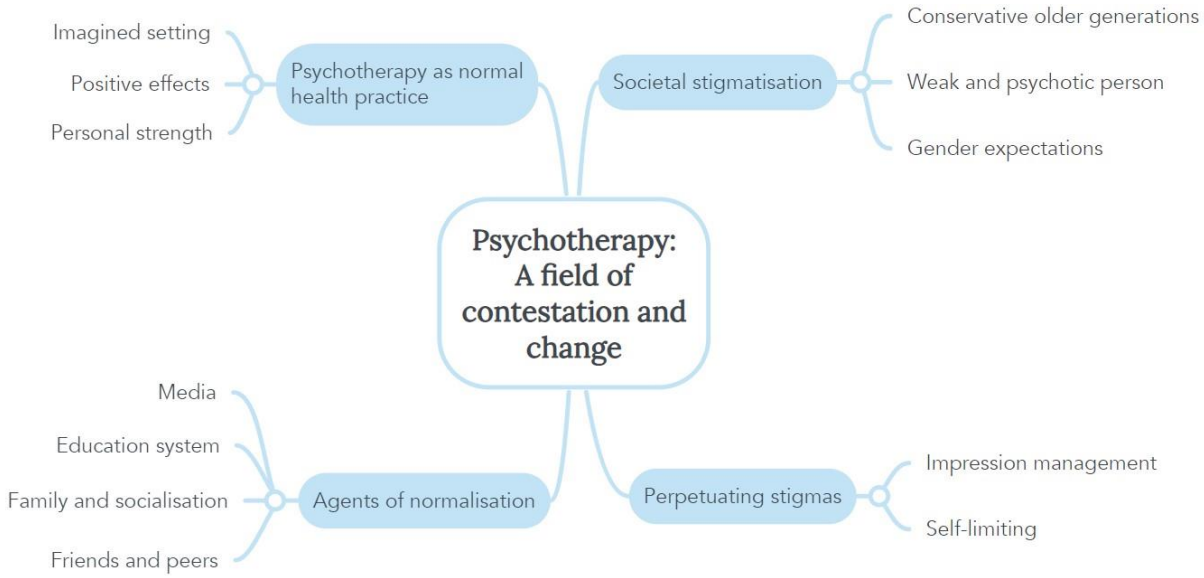


**Figure 1**: Thematic map

## 4.1. Therapy as a normal health practice

This theme illustrates adolescents' intrapersonal SRs of psychotherapy (Castro & Batel, 2008) as a normal health practice that includes sub themes of the *Imagined setting* for psychotherapy, the *Positive effects* they associate with psychotherapy and their perception that accepting this form of help requires *Personal strength*.

Imagined setting. Since none of the participants have been to psychotherapy before, they have no personal experience of the setting and procedure of psychotherapy. Yet, all of them display a very unified imagined setting. To familiarise the unknown setting they draw on different anchorings (Moscovici, 2008).

> **Tessa:** *And psychologists always have such a fancy practice. But I think it's only from movies.*

Like Tessa, many participants anchor their imagined setting on movie representations. Yet, all of them struggle to recall a specific example and none of them seem to be negatively influenced

by the overwhelmingly negative representations of psychotherapy in movie culture (Gharaibeh, 2005; Orchowski et al., 2006). Rather, they oppose this SR by de-anchoring their SRs in associations with doctors.

> **Brie**: *And I know that, I only know doctors' offices, I don't know any psychotherapeutic rooms from the inside. But I obviously imagine it to be the closest representation.*

Zoe draws on the idea of "*hostels*" or "*nursing homes*" to refer to psychiatric wards, objectifying her understanding with something she has experienced herself. Tom anchors psychotherapists as "*thought-soul doctor*" ("Gedanken-Seelenarzt"), which reminds of Freudian psychoanalysis of subconscious thoughts (Moscovici, 2008), whilst granting psychotherapists credibility associated with medical doctors. This de-anchoring in doctors provides the foundation on which consulting psychotherapy as support is a normalised practice, contrary to the distrust towards mental health professionals recorded in previous studies (Jorm et al., 1997).

Other ways participants familiarise themselves with psychotherapy is through reifying Freud's psychoanalysis. Tony's immediate association when hearing the term psychotherapy exemplifies objectifications of Freudian ideas:

.

> **Tony**: *Two people in a room, one on the couch, one on the chair with a notepad.*

Furthermore, participants' imaginations of psychotherapy being a space where patients talk and reflect about their experiences and subconscious emotions signifies notions of Freud's "talking cure" (Orchowski et al., 2006).

> **Tom**: *I think it's like a living room where you maybe sit down to talk and where the therapist first asks you to describe your situation and then follows up or asks the person specific questions to find out the points that are bothering you and then maybe tries to steer your thoughts in a certain direction in the long term by asking specific questions [...]*

Psychotherapy is imagined as something where "*raw material*" (Moscovici, 2008, p. 106) such as trauma from "*when you were a child*" (Zoe) can be presented and resolved by a therapist.

Positive effects. Additionally, psychotherapy is seen as a valuable practice and something everyone, even people without diagnosed mental illness can benefit from.

> **Tom**: *I'd say you have a completely normal everyday life and don't actually have any particular problems, there would probably still be something that you could discuss with the therapy [...] where some positive changes would come from.*

Chris even goes so far as to describe psychotherapy as "*a normal, everyday means of staying healthy and maintaining a zest for life*". This is in stark contrast to multiple previous findings where many individuals perceived psychotherapy to be ineffective (Meltzer et al., 2003; Vanheusden et al., 2008) or even harmful (Moscovici, 2008).
However, many participants underscore that psychotherapy's efficiency is highly individual and situational.

> **Brie***: I think it's only effective if the person is engaging with it. Then I think it's very, very effective. Of course, it still depends on the situation and the person. [...] you can learn to better deal with the death of a parent, but it's never going to be good. But you can deal with, let's say, other things that are less important.[...] school stress, for example.*

Psychotherapy can only be successful if the patient is "*willing to become better*" (Mark), "*honest*" (Chris) and "*open to work*" (Josh) towards improving their personal state. Furthermore, a matching therapist is needed who employs the "*right therapeutic approach*" (Paul) for each individual. This slightly contrasts Morgan et al.'s (2021) findings suggesting adolescents perceived psychotherapy to only be moderately effective because they did not have enough knowledge about the process and did not show enough persistence in finding the right therapist.

Personal strength. Lastly, going to psychotherapy is perceived as a sign of personal strength. Accepting that a problem is too big to deal with oneself and reaching out for help to actively work on a personal issue is acknowledged as a sign of empowerment and achievement.

> **Scarlett**: *But I don't think many people realise that going to therapy is actually a strength. Because then you really do consciously want to be helped and consciously take steps to make yourself feel better.*

These findings mirror those of Moscovici (2008) that "those who take a sympathetic view" (p. 80) as well as "younger subjects stress that anyone going into psychoanalysis requires a strong personality because they see it as an ordeal." (p. 80).
However, while only a few of Moscovici's (2008) participants shared this perspective, the association between psychotherapy and personal strength due to the hard work one has to put in for it to be effective was present in all interviews for this research.

Especially against the German historical background of "euthanizing" (bpb, 2022) mentally distressed individuals, anchoring psychotherapy as strength and portraying it as a normal health practice presents agency and resistance against historically grown SRs of psychotherapy, which will be further addressed in the next section.

## 4.2. Societal stigmatisation

The highly positive SRs of psychotherapy on the intrapersonal level are juxtaposed with the perception of strong stigmatisation on the interpersonal level. Participants assume society's meta-perspective to be largely "*contaminated*" (Paul) and to "*demonise*" (Scarlett) the topic. Their impressions can be grouped into three subthemes: *Conservative older generations*, patients as a *Weak and psychotic person* and *Gender expectations*.

Conservative older generations: Participants are unanimous in their impression that "*the older people get, the worse is the view*" (Paul) on psychotherapy, which is supported by findings of older generations being less supportive of mentally distressed individuals than younger generations (Pescosolido et al., 2021).
When talking about their parents or grandparents, interviewees discuss multiple slurs they have overheard in conversations with older generations: Referring to psychiatric wards as "*Klapse*" (Tom) (like "looney bin") or therapists as "*Seelenklempner*" (Brie) (like "shrink") expresses stark differences to the anchorings and SRs presented on the intrapersonal level, where interviewees largely referenced medical terms to represent psychotherapy.

Additionally, participants perceive older generations to share a practice of repressing their (emotional) problems and a "*lone wolf mindset*" (Scarlett), where problems must be resolved independently.

> **Tony***: I think that my grandma and grandpa would sneer at that a bit, because that's just the old generation. They say: "Yes, well, if you, if you paint the devil on the wall, of course that's a problem for you if you think about it all the time. Just stop thinking about it and you'll be fine."*

Ruminating on personal issues is a "*luxury problem*" (Scarlett) older generations could not afford. Similar notions are reflected globally with mentally distressed individuals refusing psychotherapy because they hope the problems would resolve themselves or should be managed alone (Wells et al., 1994).

Weak and psychotic person: Contrary to the intrapersonal value of psychotherapy being associated with strength, participants grapple with society anchoring the act of going to therapy in weakness.

> **Josh**: *I think there's sometimes an image in society that if you go to therapy, then you're somehow [...] weak. You can't manage it yourself.*

This is especially reported from multiple intergroup interactions, where participants such as Josh can overhear "*derogatory conversations*" about people, who have been to psychotherapy and who "*are made fun of*". Interviewees believe that society sees people who are mentally distressed as "*ballaballa*" (Paul) ("nuts"), "*emotionally unstable*" (Scarlett) and "*crazy*" (Gwyn).

> **Tom**: *Confused, screaming around, or just doing crazy things, overreacting sometimes, maybe extremely emotional, aggressive or something like that.*

These ideas are further cemented in movies and news with portrayals of patients as violent and unstable (Feuston & Piper, 2018; Orchowski et al., 2006). It consolidates the stigmatisation of psychotherapy further since it embodies personal failure and not being able to handle life (Foster, 2001). Therefore, there are even instances, where suggesting "*therapy wouldn't do her*

*any harm!*" (Tessa) is used to derogate people who are deemed out of line and behave against society's norms.

Gender expectations: Similar to Moscovici's (2008) findings that psychotherapy was better suited for women due to them belonging to the "weaker sex" (p. 88), eleven out of twelve participants discussed what they consider to be outdated values regarding gender roles. Many of them describe that "*women are generally more tolerant when it comes to such topics than when talking about them in mens' or boys' groups*" (Josh). This is underscored by a US study showing that men endorse stigmas more and distance themselves more from mentally distressed individuals than women (Pescosolido et al., 2021).

> **Tony**: *Certainly from a past era, when I think men in particular still had this image of: Men are not allowed to cry. Men aren't allowed to show emotions because that's what women do. Because that's feminine. Because it's not proper.*

Both male and female participants discuss these expectations and gender norms as limiting. Whilst female participants can only assume that male friends "*secretly*" (Tessa) feel limited and actually would like to express their feelings more, four out of six male participants actually express that it is "*harder for boys to admit that they have a problem in the first place*" (Mark) due to fears of being perceived as weak or feminine. They discuss women's ability to connect with and reflect on their emotions as a strength that allows them to reach out for help when they need it, whilst men are denied this option based on these gender expectations.

## 4.3. Perpetuating stigmas

Participants experience tension due to their positive intrapersonal representation of psychotherapy and the stigmatising representations they perceive on the societal and contextual levels. Due to this cognitive polyphasia (Moscovici, 2008) they acknowledge that it might not be easy to go to psychotherapy or openly admit to going there. This conflict is also palpable in intergroup contexts, where they engage in actions - *Impression management* - or inactions - *Self-limiting* - that perpetuate stigmas.

Impression management: Being aware of the social stigma around psychotherapy, participants admit to engaging in impression management (Ebert & Piwinger, 2007), where they adjust their

behaviour in intergroup settings to maintain a preferred image, both for themselves and in front of others.

> **Liz***: But I think it's more like a self-image that you have or try to defend. That you present yourself to the outside world, pretending to be something you're not in order to appear more self-confident or something like that.*

This is done to maintain a positive identity, as being associated with a mental illness and seeking help in the form of psychotherapy would imply personal failure (Foster, 2001). Participants illustrate this pursuit of positive identity by downplaying signs of distress, laughing them off to not be perceived as a "*wimp*" (Tessa) or by laughing at others who are rumoured to go to psychotherapy so that oneself is not associated with their weakness.
A form of impression management that is especially prominent in the male participants is to stay silent when in mental distress or wanting psychotherapy. To the question if he would be comfortable to bring up personal issues or the topic of psychotherapy in his male dominated leisure activity group Josh answers:

> **Josh**: *I wouldn't neeever think of approaching anyone. That would be the last thing I would actually do*.

Reason for this is that he feels some group members would mock him for opening up. Yet, Josh believes that something like this would not happen in women groups and he would prefer to talk to a female friend about personal issues rather than male friends. Other mentioned reasons for remaining silent were to keep a "*happy*" (Chris) image or it would be "*embarrassing*" (Mark) to ask further questions about psychotherapy because then others would know that one is feeling unwell. These findings mirror findings of Seven et al. (2021) with German adolescents of both genders, who avoided these topics due to fear of rejection. The impression management practices discussed here also reflect the limitations male participants perceived due to gender expectations as female participants demonstrated more openness to be "*vulnerable*" (Liz) with their friends. Society's SRs for women regarding psychotherapy are closer to those participants illustrate on the intrapersonal level and therefore are more compatible, resulting in higher self-esteem and less need for impression management (Breakwell, 1993). Yet, any form of impression management diminishing mental distress constitutes a form of tabooing

psychotherapy (Seven et al., 2021) and consequently contributes to individuals reluctance to seek out mental health treatments (Pescosolido et al., 2021).

Self-limiting: Similarly, participants limit their outreach to psychotherapy due to lack of knowledge. Over half of the participants bring up that either themselves or friends have talked about potentially seeking out psychotherapy. However, none of them went through with it.

> **Tony**: *Whether I should take a therapy place away from someone who really needs it. And then I just said that I wouldn't do it.*

Tony's reason for self-limiting is replicated in Vanheusden et al. (2008), who found that many of their participants refused psychotherapy due to the feeling that their problems were not serious enough. However, interviews in this study revealed additional reasons like the fear of bringing up the need for psychotherapy with parents, concerns of psychotherapy being "*too expensive*" (Scarlett) or the "*complexity*" (Tom) of getting an appointment.

Additionally, this lack of knowledge was also illustrated by participants avoiding certain conversation topics with close personal contacts who are struggling with mental distress. They feel like they "*don't really know anything*" (Zoe) about mental distress and do not know how to help the other person.

> **Gwyn**: *So I actually find it uncomfortable to talk about these problems when you're afraid of hitting a sore spot*.

They fear to "*trigger*" (Scarlett) negative reactions in others and worsen their situations because they lack knowledge of how to address mental distress or proper helping strategies.

Lacking the knowledge of how to support and help oneself and others and knowledge about the available professional help or where to find information about it, all belong to what Jorm (2000) addresses in MHL. The self-limiting behaviour illustrated by the participants, both directly (avoiding psychotherapy themselves) or indirectly (avoiding conversions about psychotherapy), contribute to the underrepresentation of psychotherapy and stigma-perpetuation, which increases the treatment-gap (Pescosolido et al., 2021).

However, the interviews also indicate that the normalisation of psychotherapy is progressing, which will be explored in the next section.

## 4.4. Agents of normalisation

Although all participants criticised society for its stigmatisation of psychotherapy, they also perceive that "*attending therapy or therapy itself – has become much more recognized in society in general in recent years*" (Liz) and therefore has become more normalised. Throughout the interviews, they reflect on the role of the *Media*, the *Education system, Friends and peers* and *Family and socialisation* in the process of challenging what they perceive to be outdated SRs in broader society.

Media: Many participants recall having seen content on YouTube, Instagram or TikTok, where individuals, like mental health professionals, share self-help tips, influencers encourage to seek out psychotherapy or patients share insights into their experiences. This further provides evidence for the incremental incorporation of psychotherapy into everyday media (Seven et al., 2021).

> **Gwyn**: *So, they either talk about [...] their own experiences or how they feel about it and what is bothering them [...] And I think many also say or want to motivate others to get help.*

Social Media has been shown to be a driving force in the (re-)creation and dissemination of SRs (Feuston & Piper, 2018). However, participants are aware that the SRs they perceive are likely due to the "*bubbles*" (Tony) and algorithms, which positively skew presented content due to their intrapersonal understanding of psychotherapy (de Rosa et al., 2021). A few of them also briefly describe content that portrays "*people are effeminate when they go to therapy and that it's useless*" (Brie). Still, they believe that it is an important contributor to the "*further normalisation*" (Liz) of psychotherapy.

None of the interviewees can recall any SRs of psychotherapy in the news and rarely remember movies with actual depictions. However, Chris is the only participant mentioning *"that media like radio or newspapers or television could also play a big role for the older generation."* This idea is supported by research regarding both the negative portrayal of psychotherapy in media

(Feuston & Piper, 2018; Gharaibeh, 2005) and the high prevalence of negative attitudes in older generations (Pescosolido et al., 2021).

Education system: Participants are aware that they self-limit their outreach to support and avoid psychotherapy in social contexts due to a lack of knowledge about the topic. Therefore, similar to Seven et al.'s (2021) findings, eleven out of twelve participants wish for more institutional support in schools. In the following Scarlett reflects on how learning about treatment options can give a short-term motivational push to seek help.

> **Scarlett**: *[...] but that's only once for one day or it would have been four or five days at most. And then that air or that energy that you want something [psychotherapy] is gone again. That's why I really think it would be so important to constantly address or thematicize this in lessons.*

Themes participants wished would be addressed reflect Jorms (2000) recommendations for MHL - like recognizing signs of mental disorders, self-help strategies and finding mental health support options.

Similar to previous findings in Kelly et al., (2006), participants draw a strict line between "*school and private life*" (Tony). Except for two participants, none could imagine going to (liaison) teachers or school psychologists and would rather "*go privately to therapy sessions*" (Gwyn). Reasons for this again include impression management and not wanting to be perceived as weak or because they believe teachers lack competence and professionalism to support their needs. This feeling is supported in findings showing that German teachers often have inadequate competences to recognise mental distress symptoms and consequently downplay them (Robin et al., 2024), potentially proliferating students beliefs that they must deal with distress themselves and further increasing the treatment-gap (Wells et al., 1994).

Friends and peers: Outside of the institutional and societal level of SRs, participants have stressed the growing importance of friends and peers in their understanding of psychotherapy. Whilst all participants believe some of their friends might be more conservative and stigmatising, they perceive most of them to be supportive and positive in their SRs of psychotherapy. Half of the participants describe situations where they have discussed the topic with their friends.

**Tony**: *So, I mean this [...]: "What is therapy? Do I go there?" I don't think so, but of course like: "Should I go to therapy? Do you think I need that?"*

Even more so, they confront friends who are perceived to be conservative. After discussing that Tom would recommend psychotherapy to his friends the ensuing dialogue unfolded:

**Interviewer**: *Even if it's one of those where you say they might have a difficult attitude towards therapy?*
**Tom**: *Even more so!*
**Interviewer**: *Why?*
**Tom**: *Well, because... if they don't come up with it themselves, then maybe you should suggest it. [...] I think that it would be even more likely to help them - or not more likely to help them, but that's why it would be more necessary [...].*

This suggests that friends and peers can function as a form of public sphere in which they challenge SRs of others (Jovchelovich, 2007). Based on the growing importance of peers in adolescence, this public sphere is an important resource to experiment and negotiate with different SRs to build their own individual set of norms detached from their parents (Slee et al., 2012). Therefore, friends engaging and even encouraging peers to seek out psychotherapy could be an important factor in closing the treatment-gap.

Family and socialisation: Lastly, participants stress the importance of values imparted through family and early childhood socialisation.

**Paul**: *I wonder if it [school] really takes that [stigma] away, according to the cliché. I would doubt that. It just has to be accepted somehow within the families.*

They emphasise how personal contact to mental health professionals in their social networks or parents explaining "*very early on that these [mental distress symptoms] were definitely illnesses that should be taken seriously*" (Liz) shaped their positive intrapersonal values regarding psychotherapy. Both, through direct teaching and modelling behaviour, parents can influence the value and norm system of children and adolescents (Slee et al., 2012). This is important as

these core values often influence the interaction with peers later (Hurrelmann & Quenzel, 2019) and consequently can influence which SRs they will get into contact with. Furthermore, Pescosolido et al. (2021) suggest that with younger, more liberal generations slowly replacing older, more conservative generations, positive SRs regarding psychotherapy are on the rise, which therefore could support such a value change in children's upbringing.

# 5. Discussion

This research explored SRs of psychotherapy in German late adolescents, who currently have no mental distress or diagnoses. Participants understand psychotherapy to be a normal health practice but perceive strong stigmatisation through society. The need to fit in and the lack of mental health knowledge can result in stigma perpetuating behaviour. However, they also discuss the positive influence that media, educational institutions, peers and family can have on improving SRs on the societal and contextual level.

SRT has long been criticised for its social determinism (Voelklein & Haworth, 2005). This study's results reflect back on these critiques and offer deeper insights. In contrast to the assumption of SRs from the social level infiltrating the minds of a whole society and dictating their behaviour (Voelklein & Haworth, 2005), this study suggests that individuals exhibit high agency and resilience on the intrapersonal level of SRs. Many participants discuss movies as a gateway for their SRs of psychotherapy. Yet, although movies portray psychotherapy highly negatively (Gharaibeh, 2005; Orchowski et al., 2006), all of the participants accept it as a normal health practice. They have a highly nuanced and compartmentalised ability to incorporate the process and imagined setting of psychotherapy from movies into their intrapersonal SRs, whilst rejecting the underlying value judgement of effectiveness. However, it is unclear what causes this nuanced internalisation and should therefore be researched further, considering the rising importance of Social Media with polarising representations that are subject to filter bubbles and algorithmic distribution (de Rosa et al., 2021).

Additionally, the displayed resistance against SRs communicated top-down in movies simultaneously addresses critique of theoretical ambiguities in SRT, specifically the lack of clarity on how social change can be addressed (Voelklein & Haworth, 2005). One way this resilience could be cultivated as suggested by this study’s data is through de-anchoring (Zulato et al., 2023). In fact, the anchors and de-anchors of the intrapersonal and contextual level are

often direct juxtapositions, contrasting concepts that discredit psychology with ones that provide approval: “Seelenklempner” (“shrink/soul-plumber”) as a term for therapists is directly opposed with “Seelen-doctor” (“soul-doctor”), “Klapse” (“loones bin”) as referring to psychiatric wards with “hostel” or “care home”, “weakness” with “strength”. Whilst Foster (2001) found that individuals maintained their positive identity by rejecting mental illnesses (which implied personal failure), participants in this study illustrate acceptance of psychotherapy as a normal health practice. Through de-anchoring psychotherapy in personal strength and as a practice to maintain personal happiness, they link going to therapy to a positive identity and healthy self. This association arguably then empowers participants enough to confront friends who are perceived to have a more conservative attitude towards psychotherapy. It underlines Jovchelovitch’s (2007) notion that individuals can “challenge cultures from within and produce heterogeneity in social life” (p. 39).

Yet, Castro and Batel (2008), discuss that change can only occur when norms and actions are coordinated. Similar to their remark that this progress can be resisted and slowed down in society, participants in this study struggle with acting in accordance with their intrapersonal SRs in intergroup encounters. Engaging in impression management or self-limiting their outreach to psychotherapy or conversations with mentally distressed individuals illustrate a discrepancy between the norms adolescents set for themselves and their actions.

The findings of this study provide ample insights into how to address this disparity with age appropriate interventions (Patel et al., 2007). Increasing MHL in adolescents is a potential way to decrease uncertainty and self-limiting, consequently counteracting stigma perpetuating behaviour and increasing peer support in adolescents (Hart et al., 2020). These interventions need to be incorporated in school education as many participants express the desire for school to address the topic of mental health and support more. Besides political efforts to increase treatment options and provide funding to it, normative change also needs to be implemented through the training of teachers who lack these key competences in recognising and supporting mentally distressed students (Robin et al., 2024). Addressing treatment options in school potentially also highlights shared positive intrapersonal SRs and helps overcome the disparity between personal and perceived SRs of societal levels. Interventions should especially utilise and build on de-anchored positive SRs displayed by participants on the intrapersonal level, as it can strengthen the resilience of the target group and empower them to behave according to their own values.

In sum, this study aligns with previous research regarding strong perceptions of social stigma increasing the treatment-gap, but also highlights that the lack of MHL indirectly leads to stigma perpetuating behaviour. It also brought new insights into resistance against SRs distributed socially like in movies and proposes further endorsement of de-anchoring as a mechanism that promotes change processes in SRT. Future research is needed to explore these theoretical advancements and further highlight the voice of adolescents.

## 5.1. Limitations

This work needs to be reflected against its limitations. There is a high likelihood that the sample interviewed in this study underlies a self-selection bias (Heckman, 1990). All participants emphasised that they had enjoyed reflecting on the topic following the interview and many of them had prior interest in psychotherapy. This might have contributed to more fully formed and positively skewed SRs. Likewise connected to the sample is that all participants were German nationals and pursuing their Abitur. However, perceptions about psychotherapy seem to vary based on demographic factors such as education and background of immigration (Angermeyer & Matschinger, 1992; Seven et al., 2021). Therefore, adolescents with diverse demographic backgrounds might provide additional important insights into intervention designs. Lastly, this study chose to address adolescents and explore how their meta-perceptions of others influences their behaviour. However, these behaviours are only based on self-reflection of the interviewees and can therefore be subject to social desirability (Biddle et al., 2006). Observing their actual behaviours in ethnographies or experimental studies as well as in focus groups could provide additional understanding of SRs of psychotherapy. Especially since this study's findings imply a heavy mismatch between older generations and adolescents, including comparative analysis of different generations could prove advantageous for interventions regarding stigma reduction in society.

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## Appendix 1: Information sheet and consent form

**Social representations of therapy amongst high schoolers**

**Department of Psychological and Behavioural Science, LSE**

**Information for participants**

Thank you for considering participating in this study which will take place from May 2024 to the mid of June 2024. This information sheet outlines the purpose of the study and provides a description of your involvement and rights as a participant, if you agree to take part.

**1. What is the research about?**

In this research project I am interested to learn more about how high schoolers think about therapy and how accessible they think it is.

Research shows that young adults are experiencing a lot of emotional and mental struggles like anxiety and are prone to engage in substance abuse like alcohol drinking to cope with stressful situations. They often feel like they need to take on challenges on their own or that their friends and family would not support them if they were to go to therapy. But what they actually think about therapy, how accessible it seems to them and how they talk about it with their peers has so far not been addressed in research. I hope that leading interviews with high schoolers who are 16 years and older will help me to find answers to some of those gaps in research and help to inspire future interventions and information campaigns.

**2. Do I have to take part?**

It is up to you to decide whether or not to take part. You do not have to take part if you do not want to. If you do decide to take part, I will ask you to sign a consent form which you can sign and return in advance of the interview or sign at the meeting.

**3. What will my involvement be?**

If you are **16 years old or above** and have **not** been to therapy yet, you will be asked to take part in an interview about your understanding of therapy. Those interviews will be all about your thoughts about therapy, how accessible you think it is and what you think your friends and family think about therapy. If we touch on some topics you don't feel comfortable to talk about that is completely fine and we will just skip to the next topic.

The interviews should take approximately between 30 minutes and 1 hour.

**4. How do I withdraw from the study?**

You can withdraw from the study at any point until 14th June, 2024, without having to give a reason. If any questions during the *interview* make you feel uncomfortable, you do not have to answer them. Withdrawing from the study will have no effect on you. If you withdraw from the study, I will not retain the information you have given thus far, unless you are happy for me to do so.

To withdraw from the study please send me an email to b.a.franz@lse.ac.uk stating the following: "Hereby I, [your name], am withdrawing my participation in the study 'Social representations of therapy amongst high schoolers'. Please delete all the data of me you have collected so far. [your city, date]"

**5. What will my information be used for?**

I will use the collected information for my dissertation project in the MSc Social and Cultural Psychology at LSE.

**6. Will my taking part and my data be kept confidential? Will it be anonymised?**

The records from this study will be kept as confidential as possible. Only myself and my supervisor, Dr. Edoardo Zulato will have access to the files and any audio tapes. Your data will be anonymised – your name will not be used in any reports or publications resulting from the study. All digital files, transcripts and summaries will be given codes and stored separately from any names or other direct identification of participants. Any hard copies of research information will be kept in locked files at all times.

**Limits to confidentiality:** confidentiality will be maintained as far as it is possible, unless you tell us something which implies that you or someone you mention might be in significant danger of harm and unable to act for themselves; in this case, we may have to inform the relevant agencies of this, but we would discuss this with you first.

**7. Who has reviewed this study?**

This study has undergone ethics review in accordance with the LSE Research Ethics Policy and Procedure.

**8. Data Protection Privacy Notice**

The LSE Research Privacy Policy can be found at:

https://info.lse.ac.uk/staff/divisions/Secretarys-Division/Assets/Documents/Information-Records-Management/Privacy-Notice-for-Research-v1.2.pdf?from_serp=1

The legal basis used to process your personal data will be "Legitimate interests". The legal basis used to process special category personal data (e.g., data that reveals racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, health, sex life or sexual orientation, genetic or biometric data) will be for scientific and historical research or statistical purposes.
To request a copy of the data held about you please contact: glpd.info.rights@lse.ac.uk

**9. What if I have a question or complaint?**
If you have any questions regarding this study please contact the researcher.
If you have any concerns or complaints regarding the conduct of this research, please contact the LSE Research Governance Manager via research.ethics@lse.ac.uk.

If you are happy to take part in this study, please sign the consent sheet attached/below.

**CONSENT FORM**

Social Representations of therapy amongst high schoolers

PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY

| | |
|---|---|
| I have read and understood the study information dated 22.03.2024, or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction. | YES / NO |
| I am 16 years or older. | YES / NO |
| I have not been to therapy before. | YES / NO |
| I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and that I can withdraw from the study at any time up until 14.06.2024, without having to give a reason. | YES / NO |
| I agree to the interview being audio recorded. | YES / NO |
| In the case of the Interview being conducted online I agree to the use of the online audio transcription function during the interview. | YES / NO |
| I understand that the information I provide will be used for the reseracher's dissertation and that the information will be anonymised. | YES / NO |
| I agree that my anonymised information can be quoted in research outputs. | YES / NO |
| I understand that any personal information that can identify me will be kept confidential and not shared with anyone other than the researcher or her supervisor, Dr. Edoardo Zulato. | YES / NO |

Please retain a copy of this consent form.

Participant name:

Signature: _____ Date _____

Participant's guardian (for participants aged under 18 years):

Signature: _____ Date _____

Interviewer name:

Signature: _____ Date _____

For information please contact:

## Appendix 2: Question guideline

**Biographical information**

- How old are you?
- What type of school are you in?
- What grade are you in right now?
- Which gender describes you best?
- What nationality are you?

**Understanding psychotherapy**

- Have you ever thought about psychotherapy or mental health in general?
- What do you think of when you hear the word psychotherapy? Can you describe what you imagine therapy to be like?
- What reasons might someone have for going to therapy?
- How effective do you think therapy is? Medication?

**Experiences with psychotherapy**

- Do you know anyone who has ever been in therapy? Who was it?
- What did they tell you about therapy?
- Did it help them? How did it help them?
- Have you noticed any changes in this person since they have been in therapy?
- Has this changed your idea of therapy? How?

**What others think of psychotherapy**

- What do you think the image of therapy is in society? What do people think about therapy?
- Have you ever talked to your friends about therapy?
    - What do they think about therapy?
- Have you ever spoken to your family about therapy?
    - What do you think they think about it?
- Have you ever talked to anyone else about therapy? Teacher? Group teamers?

- Has therapy or mental health ever been a topic at school or anywhere else? Do you think it should be?

**How to find help**

- If someone you know or you yourself needed help right now, how would you proceed? What would you advise them to do?
- What is the difference between a psychologist, a psychotherapist and a psychiatrist?
- What can you do until you get an appointment?
- How long is therapy?
- How much does therapy cost?

**Conclusion**

- Is there anything else we haven't covered that you would like to talk about or that you think is important to address in this topic?

- What pseudonym would you like to be quoted under?

Appendix 3: Thematic analysis codebook

***Research Question: What social representations do teenagers between the age of 16 and 19 have of Psychotherapy?***

| *Global Theme: Organising Themes* | Basic Themes | Description | Examples |
|---|---|---|---|
| *Therapy as normal health practice* | Imagined setting | The way participants imagine psychotherapy both physical and in how it proceeds and works | **Tessa:** *And psychologists always have such a fancy practice. But I think it's only from movies.*<br><br>**Brie**: *The image is probably just because for me it's just like doctors' offices or something. Simply white. And an authority figure. And usually older. And I know that, I only know doctors' offices, I don't know any psychotherapeutic rooms from the inside. But I obviously imagine it to be the closest representation.*<br><br>**Tony**: *Two people in a room, one on the couch, one on the chair with a notepad.*<br><br>**Tom**: *I think it's like a living room where you maybe sit down to talk and where the therapist first asks you to describe your situation and then follows up or asks the person specific questions to find out the points that are bothering you and then maybe tries to steer your thoughts in a certain direction in the long term by asking specific questions, maybe…* |
| | Positive effects | As long as patients are willing to put in effort interviewees believe psychotherapy is highly effective and can be beneficial for anyone. But they acknowledge that there are certain issues that psychotherapy can only improve but | **Tom**: *But I think from a psychological or medical perspective there won't be a point where it is useless. Because even if you… well, I'd say you have a completely normal everyday life and don't actually have any particular problems, there would probably still be something that you could discuss with the therapy and where something* |

| | | | |
|---|---|---|---|
| | | not solve (i.e. the death of a loved one). | *pos-... where some positive changes would come from.*<br><br>**Brie**: *I think it's only effective if the person is engaging with it. Then I think it's very, very effective. Of course, it still depends on the situation and the person. I mean, what it's about. So sure, you can learn to better deal with the death of a parent, but it's never going to be good. But you can deal with, let's say, other things that are less important. I don't have an example of that, but school stress, for example.*<br><br>**Tony**: *I would say everything that was missing. So, whether it's regaining trust in yourself, trust in other people, facing your fears, being able to organise your thoughts, learning to deal with stressful situations, solving problems or avoiding them.... Yes.* |
| | Personal strength | Going to psychotherapy and accepting help is seen as a strength as participants are aware of the stigma and the effort one has to put in to get better | **Scarlette**: *But I don't think many people realise that going to therapy is actually a strength. Because then you really do consciously want to be helped and consciously take steps to make yourself feel better. As someone who, perhaps as I said, hasn't been to therapy, but who eats up all this worrying and suffering and is actually more unstable than someone who has been to therapy.*<br><br>**Zoe**: *Well, more like strength, because then you seek help.* |
| *Societal stigmatisation* | Conservative older generations | The older the generations get the more conservative they are and share outdated values and practices like the | **Tony***: Yes, well, I think that my grandma and grandpa would sneer at that a bit, because that's just the old generation. They say: "Yes, well, if you, if you paint the devil on the wall, of course that's a problem for you if you think* |

| | | |
|---|---|---|
| | belief one has to solve their own problems | *about it all the time. Just stop thinking about it and you'll be fine."*<br><br>**Brie**: *I think the old values will definitely come out again. So I know roughly what happened with them. So therapy is out of the question. "You can do it on your own. You have to deal with it on your own. That's normal. Everyone has problems, you don't need a shrink for that." That's how I would think.*<br><br>**Scarlette**: *But now I have the feeling that many, many people, especially older people, still think that it's something very strange. Because, I don't know, I think it used to be less. And I don't know, I think for them, the idea that you need another person to help you is a luxury problem in that sense. It's just strange what they wouldn't, would never do, because they think: "Ah no, I can do it on my own. I'm strong enough." And so on. But it's like this, this lone wolf mindset, that you somehow think that, I don't know, I can't explain it, but I really have the feeling that older people are a bit stricter about it.* |
| Weak and psychotic person | Interviewees perceive that society thinks of people who go to psychotherapy are weak and psychotic because they cannot handle their own issues and allegedly behave anti-normative | **Josh**: *I think there's sometimes an image in society that if you go to therapy, then you're somehow [...] weak. You can't manage it yourself, something like this.*<br><br>**Tom**: *Yes, maybe confused, screaming around, or just doing crazy things, overreacting sometimes, maybe extremely emotional, aggressive or something like that.*<br><br>**Mark:** *So, yes, in principle it's always associated with weakness, because you're already, that is,* |

| | | | |
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| | | | *you're mentally – whatever problem you have, you have a problem and that's first of all, that will always come with it, somehow with a stigma that it's not necessarily great to go there.* |
| | Gender expectations | Traditional role expectations that men have to be strong and unemotional and women are soft and overly emotional are still perceived in society by interviews. Participants discuss this as limiting. | **Tony**: *Certainly from a past era, when I think men in particular still had this image of: Men are not allowed to cry. Men aren't allowed to show emotions because that's what women do. Because that's feminine. Because it's not proper.*<br><br>**Zoe**: *So I think girls are simply more emotional and more likely to understand when someone goes to therapy. And I think it's just difficult for them, that they, like they understand why people have reasons to go to therapy.* |
| *Perpetuating stigmas* | Impression management | Interviewees change their behaviour to achieve personal goals like belonging to a group. This includes hiding personal mental distress and therefore underrepresenting and tabooing psychotherapy or even laughing about others who seek help to conceal uncertainty and lack of knowledge about the topic | **Liz**: *But I think it's more like a self-image that you have or try to defend. That you present yourself to the outside world, pretending to be something you're not in order to appear more self-confident or something like that.*<br><br>**Josh**: *I wouldn't neeever think of approaching anyone. That would be the last thing I would actually do.*<br><br>**Mark**: *It will always be a bit difficult for me, just because I would always think to myself: "Oh, what do they think about me now? What's that got to do with the picture-" But that – I know that it's – in principle, yes, I know these people, some of them I've known for 10 years plus. And it's not as if they would think differently of me – well, of course they would think differently of me, because it's something that I* |

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| | | | *probably wouldn't disclose otherwise. But in principle, I never have a problem talking about private things with others.* |
| | Self-limiting | Due to having little mental health literacy - specifically (self-)help strategies and where to find help - participants avoid talking with others about psychotherapy out of fear to make a situation worse, not being able to help or they limit themselves by not reaching out for help when needed. | **Tony**: *Whether I should take a therapy place away from someone who really needs it. And then I just said that I wouldn't do it.*<br><br>**Zoe**: *So I don't think I'm in a position to say that [suggesting psychotherapy] because I don't really know anything about panic attacks.*<br><br>**Gwyn**: *So I actually find it uncomfortable to talk about these problems when you're afraid of hitting a sore spot.* |
| *Agents of normalisation* | Media | Media are discussed as potentially helpful in normalising psychotherapy in society. Traditional media is associated with effective for older generations whilst Social Media is seen as helpful for younger generations (with the caveat of algorithmic bubbles and danger of stigmatising content) | **Gwyn**: *So, they either talk about, I would say, their own experiences or how they feel about it and what is bothering them, I would say. And I think many also say or want to motivate others to get help.*<br><br>**Chris**: *Social media can definitely play a role when people with a lot of followers talk openly about the fact that they've been in therapy, for example. So maybe people have, I don't follow them then, but it can definitely help. But social media appeals more to our generation and they tend to be more open. And that's why I believe that media like radio or newspapers or television could also play a big role for the older generation. That the topic is dealt with better there. Yes.*<br><br>**Brie**: *It just depends on what kind of videos you watch or what kind of posts you see. Either way, I see both sides. For me, I know both sides, I see both sides. It's either the people who are in favour of it* |

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| | | *and I'll say, who are also promoting it. And simply share their experiences. And can actually only talk about it in a good way. And then of course there are other sides, other videos that somehow convey that people are effeminate when they go to therapy and that it's useless and that it's just, I don't know, because I, no… I don't know how to explain it.* |
| Educational system | Mental health and treatment options are perceived as important because participants feel a lack of mental health literacy in themselves and wished school would address it more to empower them and reduce stigma. | **Scarlette**: *I wouldn't just, yeah, bring in guests and have them talk about it, because then you quickly forget about it. And you do have this motivational push at that moment that you might do something yourself, but that's only once for one day or it would have been four or five days at most. And then that air or that energy that you want something [psychotherapy] is gone again. That's why I really think it would be so important to constantly address or thematicize this in lessons.*<br><br>**Tony**: *And that's when I realised that it's a topic with such little attention. Especially this one: What, what is it actually? Is having anxiety normal? It's not normal. When I wake up in a cold sweat every night and have to get a glass of water first and then calm down again until I can go back to sleep. I think that something like that should be discussed much more. I would – I think it's just very difficult because you actually have to start very early. But you also have to have a certain understanding of life in order to understand it. That's why I think it's so difficult to categorise. But I – first of all, I would say that it definitely has to go into school, yes.* |

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| Friends and peers | Friends and peers become more important for interviewees in their process of building their individual system of values. They discuss therapy with each other and even confront conservative friend to challenge existing SRs | **Tony**: *So, I mean this [...]: "What is therapy? Do I go there?" I don't think so, but of course like: "Should I go to therapy? Do you think I need that?"*<br><br>**Interviewer**: *Even if it's one of those where you say they might have a difficult attitude towards therapy?*<br>**Tom**: *Even more so!*<br>**Interviewer**: *Why?*<br>**Tom**: *Well, because... if they don't come up with it themselves, then maybe you should suggest it. I don't know, so I think that it would be even more likely to help them - or not more likely to help them, but that's why it would be more necessary [...].* |
| Family and socialisation | Socialisation from early age on is perceived as highly influential in the process of normalisation of psychotherapy | **Paul**: *I wonder if it [school] really takes that [stigma] away, according to the cliché. I would doubt that. It just has to be accepted somehow within the families.*<br><br>**Brie**: *So I can also imagine that it was more the case before the older generations, who had their childhood during the Second World War, for example, because they also had problems, but perhaps they didn't know whether they could turn to their parents, because I think they also had a lot of problems and that was then passed on to the next generations.* |

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| | | *And maybe it's only now starting to become normalised, I'll say.* |

## Appendix 4: Full interview transcript

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| **Interviewer** | Then let’s start with how old are you? |
| **Tony** | Seventeen years old. |
| **Interviewer** | What type of school are you at? |
| **Tony** | Gymnasium[1]. |
| **Interviewer** | Which class are you currently in? |
| **Tony** | 11. |
| **Interviewer** | Needed a quick think? |
| **Tony** | Yes… still 11. |
| **Interviewer** | Which gender describes you best? |
| **Tony** | Male. |
| **Interviewer** | And what nationality are you? |
| **Tony** | German. |
| **Interviewer** | Then let’s start with the understanding of therapy and that is first of all the general question: Have you ever thought about psychotherapy? |
| **Tony** | Yes, definitely. |
| **Interviewer** | In which context was that? |
| **Tony** | My sister is studying psychology, so that's always a topic. Of course, I've also thought about it: Do I need this myself? Is it important? I would also say that I've had one or two times where I've thought: Maybe it would be good if I would do it. But those were rather short-lived situations that then subsided, simply because the environment was very good and. Yes, exactly. |
| **Interviewer** | That means at the moment when you briefly thought about whether you might need it, you said you have a good environment. How did that help you get through it? |
| **Tony** | Simply, I think a lot of distraction, of course. If you just do a lot with other people, you quickly forget your problems. And also because I've talked to them about it. I have three or four people that I'm really close with and it usually helps if you just talk about your problems for a short time and then you realise: "Oh, it's actually not that bad. It's actually super easy to fix." And... yes, that’s it. |
| **Interviewer** | And who were the people you turned to? |
| **Tony** | So [my] sister in any case. And in general, my closest circle of friends. Yeah, sometimes it's this one [friend], sometimes that one, depending on what - where I had the feeling that the vibe just suited me better. |
| **Interviewer** | Do you have any kind of guide value or idea, what kind of topics you tend to go to friends with? And what kind of topics do you go to your sister or your family with? |
| **Tony** | So, [my] sister, everything... I wouldn't say that there's any exemption. So when, when I talk about something like that, it's with my sister first. And with friends it's often more like this: What do others think about me? Or how do I stand in society at the moment, is that how I'm viewed? It's more like this: Where do I want to be? So, self-doubt and that kind of thing is really just [my] sister. |
| **Interviewer** | So the deeper, more emotional, somehow more intimate topics are [talked about] more with your sister? And so, I mean, the image is also somewhat- |

[1] Highest form of school in Germany; similar to the British grammar school

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| **Tony** | Yes, yes, I understand what you mean. I would say that as far as the core is concerned, so to speak, that's just [my] sister, yes. |
| **Interviewer** | And what is the first association you have in your head when you think of the word therapy? |
| **Tony** | Two people in a room, one on the couch, one on the chair with a notepad. |
| **Interviewer** | Do you have any idea where that picture comes from? |
| **Tony** | Yes, films, media probably. |
| **Interviewer** | And do you think that picture is realistic? |
| **Tony** | Puh, I think therapy can be a lot of things. It's not just like this - it's not just one, one area that you know, this counselling therapy, but I think that's the most common, I would say, yes. |
| **Interviewer** | What other forms of therapy do you know or can you imagine? |
| **Tony** | So the neighbours of a friend of mine once had scream therapy. |
| **Interviewer** | Scream therapy? |
| **Tony** | Yes, that's definitely what it was called. I don't know if it's a legitimised form of therapy, but they just stood in the garden for ten minutes and shouted at each other. But not in a conversational way, just one of them going: "AAAHHHHHH!" and then the other one shouting back. |
| **Interviewer** | I want to do scream therapy! |
| **Tony** | And yes, we were always very aware of that. I remember that. Yes. Anxiety therapy by facing up to your fears, I remember that. And then this is it. So, the normal talk therapy. Can I think of anything else?... No, not right now. |
| **Interviewer** | That's quite a lot. I've never heard of scream therapy before. |
| **Tony** | Me neither. That was the first time. |
| **Interviewer** | Oh no. |
| **Tony** | At some point we asked: "What are you actually doing there?" And they were like: "Yes, that's our scream therapy." It's also a family that had a very modern lifestyle. They moved to the North Sea at some point. |
| **Interviewer** | Awesome. But there they can use the sea. That's good too. If you now - what reasons do you think someone might have for going to therapy? |
| **Tony** | I think, I think the most important reason is that you feel like you need to go to therapy. That can be all sorts of things. So if you're overwhelmed, if you have the feeling that you're all alone, if you have the feeling that you're not being understood. Yes, definitely more often than most people think they need to go to therapy. |
| **Interviewer** | When you say more often than they think, why do you think people don't go as often? |
| **Tony** | Puh, I think because in society, therapy is still seen as an illness. And it's seen as a weakness and people can't just accept it for themselves and say: "Hey, I need help now, I can't get through this on my own." I think that's a very bad problem. |
| **Interviewer** | Hmm. And what… when you now say that in society the whole thing is seen as an illness… What do you think it is when someone goes to therapy? |
| **Tony** | It is definitely an illness that is being treated. But it's also quite normal to take cough syrup when I have a cough. So there's nothing negative about treating an illness. But, for example, I think therapy is unfortunately still seen as something like this, along the lines of: "Don't act like that, it'll go away. Oh my goodness." Yes. And I think that's why it's simply not recognised as such, yes. |

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| **Interviewer** | So, from you more the feeling that if I can get help for a physical, a physical problem and this is accepted, then it should be exactly the same for the psychological. |
| **Tony** | Yes, exactly. |
| **Interviewer** | You also said that society often sees it as a weakness. Do you have any idea where this image of weakness comes from? |
| **Tony** | Certainly from a past era, when I think men in particular still had this image of: men are not allowed to cry. Men aren't allowed to show emotions because that's what women do. Because that's feminine. Because it's not proper. And I think that this has become a lot more recognised in the meantime. But not yet... not yet out of society. So, I think that's another thing. I think there are also a lot of women who say: "I'm on my own. I'm independent and that's why I can't show any weakness." So, I think it's just this, that someone else has to help me, just this, I don't know, maybe in a way 'giving something out of my hands', according to the motto - it's all about yourself, and I think giving it out of your hands, I think that's also difficult for many and is seen as a weakness. |
| **Interviewer** | Like… almost having lost control of yourself. |
| **Tony** | Yes, exactly. |
| **Interviewer** | Interesting. You've just mentioned that 'it's different with men and women'. How do you think women view therapy? Or what do women think about therapy? |
| **Tony** | That's difficult for me now, of course. But I would say that women are definitely more inclined towards it than men. For the reasons I mentioned earlier, because it is simply better anchored in the image of women. |
| **Interviewer** | Mhmm. |
| **Tony** | And I think... No, I think that women go to therapy earlier, like faster. But of course I also - that's also completely depending on the type of person. So I don't think you can generalise that completely, but the old, systematic picture simply fits better with the fact that women go to therapy, yes. |
| **Interviewer** | And do you have the feeling that the image between these women and men is also reflected in your age group? |
| **Tony** | Do you mean in relation to therapy now? |
| **Interviewer** | Yes. |
| **Tony** | Hm... yes, I think so. Above all, it's much easier for me to talk to women - or at least it used to be, by now it's fine with my closest male friends as well. But otherwise, when I'm talking about problems, about the emotional world and so on, I find it so much easier to just talk to women because I have the feeling that they can simply express it much better than men. And then I brabble around for 15 minutes and they just say: "Nah, it's just like this and that." And then it's just like: "Oh, that's right." So I think that's just the way it is, maybe that's also private, of course. But I have the feeling that women are much more self-reflective at my age than boys, yes. |
| **Interviewer** | What's it like when you go to friends and talk about personal problems? How do they react? |
| **Tony** | Puh, well I, I know that the people I go to react well. They listen to me too. But I've also experienced, like that they said: "Oh, come on, don't mop around so much." But then I don't go to those people anymore... like that. But the people I talk to always react very positively and listen to me well, yes. |
| **Interviewer** | And how do you feel, how is it, what do your friends think about therapy? What is their attitude towards it? |

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| **Tony** | Puh, I, well... I think I also have a few conservative friends who I think are a bit more averse to it. They're more along the lines of: "Yeah, it's a bit overdramatised." And that you create a lot of the problems for yourself. But I think the majority of my friends say that therapy is a good thing. I also have friends who have been or are in therapy. In psychiatric wards too, and I think that this simply gives me a very, very positive image of psychiatry, like of psychology as therapy, because I can see how much it can help. But I don't think everyone has that. Yeah. |
| **Interviewer** | Can you tell me about someone you know who is in therapy? |
| **Tony** | A friend of mine who has... Puh, I think it's borderline what he has. And he's had it, I've known him since... we're in class 4 or 5, I met him at school. He was in my class. It's so weird, because when you get to know him like that, you think: "Yeah, he's actually just a normal boy." But at some point, we became closer and closer and at some point I invited him to my birthday and he called four days before and said: "Yeah, I'm not coming because I'm having suicidal thoughts. I'm going to... I have the feeling I don't want to live anymore and that's why I've decided to..." So he'd already been in a psychiatric ward before "... that I'm going to be admitted again." And I knew almost nothing about it. I knew that he had mental health problems and that he was in therapy, but I didn't realise that it was so dire. And that really shocks you. Ah, now I've slipped. What was the question again? |
| **Interviewer** | I asked if you could tell me something about one of your friends. |
| **Tony** | Oh yes, yes, yes, exactly and yes, that's exactly the kind of thing that shocks you. And I was in Vienna with him recently, just the two of us on holiday. And that was really cool. But then you notice these slight, slight traits of the illness. For example, complete disorientation. At some point, we were standing in the middle of Vienna and somehow we both had no reception and we didn't know where to go. And he was just completely lost. And then he kind of fell into a childish pattern and was like a six-year-old and started nagging you and asking: "Yeah, what are we going to do now?" Yes, and then you just realise it. And then - but after 10 or 15 minutes you're having all these cool conversations with him again and you don't even notice it any more... it's really crazy. |
| **Interviewer** | And that means the phone call he made to you was just before your birthday? |
| **Tony** | Yes. |
| **Interviewer** | Was that the first time you really realised that he is experiencing something serious? |
| **Tony** | Yes, yes. |
| **Interviewer** | And he mentioned to you that he had suicidal thoughts of his own accord? |
| **Tony** | Yes, he just told me about it. I think, I think I'm also a very important confidant in his life. Because his parents are also separated and... I think I was a bit of a constant for him because he had a really difficult time, was bullied out of his old class, then joined our new class and I got on really well with him from the start. And we were so much on the same wavelength and I think that's why he had so much trust in me. And I don't think he told everyone, but he told me, yes. |
| **Interviewer** | And did you ever talk to him afterwards about what it was like in therapy or in the psychiatric ward? |
| **Tony** | Yes, well, I also spoke to him on the phone while he was in the, in the psychiatric ward. And we, we just, I always tried to avoid the subject. Because it made me uncomfortable in a way. At some point, I said to him: |

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| | "Well, if there's anything, just talk to me. I'm always happy to listen to you. But I don't want to bring it up again and again. So please, I trust in you, just tell me if anything happens." And I just hope that he does. Yeah. |
| **Interviewer** | Why do you feel that you have avoided the topic? |
| **Tony** | I think because it's a very personal issue. |
| **Interviewer** | Mhm. |
| **Tony** | Which is also an invasion of privacy. And I also find it very difficult for me to open the door, so to speak. Especially, because I'm someone who likes to have my doors closed. And I decide when to open them. But if someone asks me about it, then they open the door, so to speak, and I think that's why I just don't like it myself. Simply probing other people like that, asking them. I always like listening to people like that and when they open the door for me, so to speak, I really enjoy it. But I don't like knocking like that at all, I'd say, yeah. |
| **Interviewer** | In other words, the feeling that you simply don't want to invade privacy too much. |
| **Tony** | Yes, exactly. |
| **Interviewer** | And that the person - you trust him enough that if he feels the need to talk about it, he will come to you. |
| **Tony** | Yes, exactly that. |
| **Interviewer** | And did you - you said you had two or three other people you knew who were in therapy? Have you ever talked to them about what it's like? |
| **Tony** | Yes, one person, a girl in my life, really does have father problems. So yes, her father really is an arsehole, but he just doesn't fuck off from her life. So I think to myself: "Wow." And generally [she] just had a very difficult childhood. And she's also in therapy. And I really talk to her a lot about it now, simply because the issue is probably still present with her father. And... yes. |
| **Interviewer** | And she also goes to therapy? |
| **Tony** | As far as I know, she is in therapy, yes. |
| **Interviewer** | Have you ever talked about it in more detail? |
| **Tony** | What is therapy like? |
| **Interviewer** | Mhm. |
| **Tony** | Not directly about her [therapy] now. But her mum is also a therapist. And then, of course, it's also very present in her life and then I hear stories from time to time... Yes, I don't know, for example, the other day she told me that she was angry and then she stamped on the Tonyor and then her mum came up: "Yes, what is this impulse right now? What colour is this impulse?" And that's the kind of thing I notice. More like that. So we've never talked about her therapy. |
| **Interviewer** | Is there a deeper reason for that? |
| **Tony** | I think that therapy is simply not the most important thing for me when I want to find out how she is doing. Because then I talk directly about the problem and not about the therapy in which the problem is treated. I think that's why it's just never been such a topic. |
| **Interviewer** | You've just said that in your group of friends - or in general, the question is: Have you ever talked about therapy in your group of friends? Has it ever been a topic that has come up for any reason? |
| **Tony** | So purely about therapy I don’t think so, not yet, no. Not really. Not that I remember. |
| **Interviewer** | And un-purely? |

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| **Tony** | So, I mean this, I mean this: “What is therapy? Do I go there?” I don't think so, but of course like: “Should I go to therapy? Do you think I need that?” Something like that. |
| **Interviewer** | And what were the reactions to it? |
| **Tony** | Completely mixed. So, we have - or I, I'm - I realised that once I was the reason. I asked myself: "I don't know, should I? Shouldn't I?" And then we talked about it. And then we realised that it just takes super long to get a therapy spot. So whether that's the case, that you can apply for it, but that maybe that's not such a big problem compared to the people who are really waiting for a place in therapy. Who have suicidal thoughts, for example. Who, for example, have crazy family problems. And whether it's worth it for someone with self-doubt problems who says: "Oh, I don't know, somehow I haven't been feeling so good recently. But I, actually my life is great!" Whether I should take a therapy place away from someone who really needs it. And then I just said that I wouldn't do it. |
| **Interviewer** | So the thought was already there: Let's see how long it would take to get a therapy spot? |
| **Tony** | Yes, well, I just, well, I didn't specifically look to see where I could get a spot and when. But my sister was already studying psychology and so I realised how long something like that can take. Especially if you don't have private insurance, it takes even longer. And yes, that's why it was a topic. |
| **Interviewer** | And you've just talked about this: 'Then you might be taking the therapy spot away from someone who needs it more'. At what point is it necessary? At what point is it justified to take someone's therapy spot? |
| **Tony** | Puh, I think that's a very difficult question. I think that you never feel it's necessary if you, at least - I don't think I would ever feel it's necessary. Because I'm actually someone who tends to downplay my problems and say: "Yes, other people are a lot worse off than me." So I think everyone would actually need it. Everyone who says: "I need a place in therapy." needs to get a spot in therapy. But I would say, I would say, as soon as it really affects your life, you should definitely register. So whether it's because you're really depressed, whether it's because you have anxiety or it's even physically manifesting itself, then you should definitely go to therapy. |
| **Interviewer** | And is it an option to go there before it actually affects your life to get it out of the way faster? |
| **Tony** | Yes, I do believe that. But as I said, I see the problem in the fact that, if it's not that bad yet, it's just not that bad yet - it's a lot of effort to say: "I'm going to go to a complete stranger and tell them about my problems, which are somehow at my core." But I think that would definitely be an option. It should also be more of an option. |
| **Interviewer** | So I have the feeling that your group of friends is quite open about the subject of therapy? |
| **Tony** | Yes. |
| **Interviewer** | Do you have the feeling that it's a topic that's sometimes brought up at school or that somehow - it's a topic with your classmates? |
| **Tony** | So, you mean in class now, right? |
| **Interviewer** | First of all, in class yes... Or not only in class, but in general it's kind of - do you have the feeling from school that it's made a topic by the school, in the school context somewhere? |
| **Tony** | I think we sometimes talk about how important it is in class. But it's never the main topic. It's also never discussed for that long. Young teachers in |

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| | particular just say... well, it starts like this: "Hey, if there's anything wrong, talk to me. We'll find a solution. There's always an option." So, it's always these thoughts about suicide, which is often a problem, especially at our age. I think that's already very much a topic. But this: "You have problems, go to therapy." I wouldn't say that, yeah. |
| **Interviewer** | And do you have some kind of school psychologist or school therapist? |
| **Tony** | We have a liaison teacher, like as a counsellor. But I think you could also go to her with psychological problems. But she's just, I think the problem is that she's still a teacher. I think that the fact that she's still a teacher and that most already fail to go to her because she is still a teacher and already going to her would mean jumping over your shadow, so it sounds absurd. Then she's more of a mediator or if there are any arguments, then she's just there. But I've never really noticed anyone going and saying: "I'd like to have a word." So, I think that happens very, very, very, very rarely. |
| **Interviewer** | Why is it so absurd to go to her with it? |
| **Tony** | Oh, I don't know. I think it's because teachers are simply authority figures who convey the feeling that they're above you. Which they have to be. But - and that gives you an overall picture of teachers, so every teacher is like that. I think that it's - she's not actually a teacher, she doesn't do any teaching. But she's still a teacher, so to speak. And I think it's even more difficult to talk about it in a school context, because school and private life, at least for me, I always separate the two very starkly, even when it comes to the topics I talk about, and that's how it is, there are such huge differences. I would almost go so far as to say that it’s about having such different personalities. And I think that's why it's even more difficult to talk about this in a school context. |
| **Interviewer** | Do you think it's something that should be addressed more in the school context? What therapy is and how you can get this help? |
| **Tony** | Yes, that's definitely the case. I once took part in a study that involved explaining therapy using an escape room, I think that was it. And... or... no, it was mental illness. And what students know about what mental illnesses are and what causes what. And that's when I realised that it's such a small topic. Especially this one: What, what is it actually? Are anxiety states normal? It's not normal. When I wake up in a cold sweat every night and have to get a glass of water first and then come down again until I can go back to sleep. I think that something like that should be discussed much more. I would - I think it's just very difficult because you actually have to start very early. But you also have to have a certain understanding of life in order to understand it. That's why I think it's so difficult to categorise. But I - first of all, I would say that it definitely has to go into school, yes. |
| **Interviewer** | And in what form would you like it to be dealt with at school? Should it be something that is somehow done by the liaison teacher? Or simply a lesson where this is addressed? Similar to a drug prevention day? Or really as a lesson in biology? |
| **Tony** | So I... I think both are an option. Drug prevention day, so to speak, or there are always these prevention days in general, there are always different topics. And that you simply deal with the topic. I don't think it's so important how you deal with it. The main thing is that you deal with it. Be it now, I - teaching is probably a bit more problematic because teaching itself is simply much less accepted and much more ignored. I think that something like a drug prevention day would be good. Or for example, I don't know, a working |

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| | group that works out a concept and then just presents something like that and I think that would be better. More like interactive things. |
| **Interviewer** | Interactive? Does that mean the lessons would not be interactive enough for it? |
| **Tony** | Yes, and it also has an image. So teaching is like this, if I imagine that I have 'therapy and mental, mental illness' as a topic in biology, I don't know whether I'm going to sit there in class and say: "Oh yeah, cool, now finally... er..." I don't know. So, I think, especially when this examination aspect comes into it, there's simply far too much pressure on this subject. If I then have to write a paper about it, where I think to myself: "Okay, that's cool that it's being discussed like this, but it's just not the way you should deal with the topic." Because it's such a difficult topic, because there is no right or wrong. And I think that's why lessons wouldn't, wouldn't be a good place for it. |
| **Interviewer** | Have you ever talked about therapy in your family? Has it come up somehow, not just in the sense of: "Do I need this? Or someone else?" But simply as a general topic? |
| **Tony** | Yes, of course, my sister is studying psychology. So that's always a topic at the dinner table. But... well, yes, my father isn't really into it, but my mother has already thought about going to therapy and what that's like. And yes, my sister too. So, I think that the topic of therapy is already very well recognised in our family. So it's not a taboo subject or anything. |
| **Interviewer** | How do you think your grandparents think about it? |
| **Tony** | Yes, well, I think that my grandma and grandpa would sneer at that a bit, because that's just the old generation. They say: "Yes, well, if you, if you paint the devil on the wall, of course that's a problem for you if you think about it all the time. Just stop thinking about it and you'll be fine." But I think, yes, I think that - I don't think they would think that... I don't think he'd care if I said: "Well, I'm in therapy." Then he'd be like: "Well, okay." But I think it just wouldn't be... it wouldn't be relevant for them. But I think, yes, I think that - I don't think they would think that... I don't think he'd care if I said: "Well, I'm in therapy." Then he'd be like: "Well, okay." But I think it just wouldn't be... it wouldn't be relevant for them. |
| **Interviewer** | Do you think your family would support you if you said you wanted to go to therapy? |
| **Tony** | Yes, definitely. I don't think I'd get any arguments back. So if I said to my mother: "I'd like to go to therapy..." And: "Yes, that's fine. Do that." My sister anyway. Yes, my father... I don't know, I have no idea. He'll say: "Oh, okay." So, I don't know, but I think I would definitely be supported. I think so. |
| **Interviewer** | Do you think your family would also address it if they saw that you were slowly getting worse? And maybe say to you: "Hey, have you thought about going to therapy?" |
| **Tony** | Yes, I think therapy like that would definitely be one of the first things my sister and my mother would say. My father will try something else. He'll somehow say: "Let's do something together. Let's go on a leisure trip together-." So, he'll somehow provide a distraction. I think that's more how my father would deal with it. Yes, but I think the other two would definitely do that, yes. |
| **Interviewer** | If you had - you said at the beginning that in the moments when you might have needed help, you tended to talk about it with those around you, your sister, friends and so on. Do you have any other ideas on how to help yourself if you don't have access to therapy at the moment? |

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| **Tony** | I - so if you - so talking is always important. There are also self-help hotlines. Like if you don't have anyone around you who you can talk to. They're not just there when you're standing on the rim of the bridge. You can also call them a lot earlier and they will be happy to help you. I think what always helps is writing things down. Simply putting your thoughts down on paper, organising them, especially if you're having problems: "What am I going to do now? I feel so helpless, I feel so lost." I think that's always a good thing. Distraction can also be an option if it's just something you need to overcome. For example, panic attacks or something like that. If you can get yourself up, then just do something else so that you don't have the feeling: "Me, me - that's in my head all the time. I cannot, I can't think about anything else." But in any case, either outsource the topic, so to speak, by writing it down or talking about it. Or just try to – if you can't talk about it or can't write it down right away – to not let it dictate you, I'd say, yeah. |
| **Interviewer** | And has the subject of therapy ever come up in any hobby groups? So anything you do outside of school? |
| **Tony** | Well, half of it. I played handball and our goalkeeper, so to speak, he had, he also had psychological problems. He, he just couldn't cope anymore and then he stopped. But he didn't make a big deal of it. He told one or two people and me. And so on, or I played in a handball club in another city for a long time. And I travelled there for 45 minutes, then I had two hours of training, and then I drove home for 45 minutes. That was also the phase where I realised that it was really taking its toll on me mentally. That was the second phase, so to speak, where I thought about therapy. But then I simply came to the realisation that I couldn't do it anymore. That I simply couldn't do it anymore, especially when I had training four times a week, it was just too much. And then I told my coach and he was really understanding. He took it really well. He said: "Ey, yo, do it. I hope you start again next season at a club closer to home." And to the team… I kinda told them in a way. I said to them: "That's just a bit too much for me. I realise it's not doing me any good." And they were all like: "Hey, yo, do it. Take some time out." So I had very positive feedback. |
| **Interviewer** | It's great that you've received so much positive feedback. Do you think this can encourage others to open up about the topic? Or do you think there is still too much restrain? |
| **Tony** | I think, I think it can always help. I don't think it's a case of 'it helps or 'it doesn't help'. I think it's always something in between. But I don't know if it's 100% enough to say: "You have to... Now, now, now he's done it. Now I can too." I think it's a much more gradual process. That you also reflect on yourself or think: "OK, what would it be like if I did that?" I think the more people do it, the better it is. And the more do it then. I think that's why there's such a development at the moment. I have the feeling that it's getting better and better. But I think - I hope - and if it's only helped one person, then that's enough. |
| **Interviewer** | And do you think - or what do you think - what else is needed for society to open up a little more? Or what can help? |
| **Tony** | Yes, so you definitely have to work against these old role models. I think it's very important to, to make it much easier to get therapy. So that you don't have to wait so long. Yes, that this is also addressed in schools, in educational institutions of all kinds. I, to be discussed in the media is also very important. |

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| | And that it's simply shown that you're not suddenly a worse person. Just because you've been in therapy, but that going to therapy can also give you a lot. |
| **Interviewer** | What can therapy do for you? |
| **Tony** | I would say everything that was missing. So, whether it's regaining trust in yourself, trust in other people, facing your fears, being able to organise your thoughts, learning to deal with stressful situations, solving problems or avoiding them.... Yes. |
| **Interviewer** | You just mentioned the media. Where in media do you encounter therapy? Is it on social media, for example? Do you use YouTube, Instagram, TikTok? |
| **Tony** | Everything. But I would say... I think that in my generation, it's much more publicised on social media. And also, I always find it very difficult on social media because you always get caught up in your bubbles. So, I think that's why it's very difficult. But in the bubbles I'm in, it's already a topic and talking openly about your feelings and stuff. And also these self-reflection videos. I think that can help, but it can also be very dangerous. Because people then think that's enough and that they don't need to go to therapy anymore. In other words, they see it as an excuse not to go to therapy. They say: "Yes, but I'm already helping myself." But that's not enough, it's just a start. But that's not enough, yes. |
| **Interviewer** | And can you remember or can you describe to me what kind of, of content you have on social media that deals with therapy? |
| **Tony** | Puh, so much toxic relationship. Like, what should a relationship look like? And then there are often sketches that simply point out: "If your relationship looks like this, then it's not good. Then you shouldn't do it." Yes, or self-reflection in general. So, also more like sketches. Often, often with a light humour touch. But not in such an exaggerated way that it becomes ridiculous, but simply to make the video more enjoyable to watch. That's especially important in my generation. And... yes, otherwise just a lot of real talks. So where people give their opinion and say: "Yes, that's how I see it." Or: "Help, help yourselves." Or: "Look, here's a website where you can do that." And I believe, a lot of that sort. |
| **Interviewer** | And is that now on Instagram and TikTok or is that also YouTube? |
| **Tony** | So on Insta and TikTok it's more these sketches. I also have a lot of videos on YouTube, along the lines of - it's a bit disconnected from therapy - but this one: How do I organise my thoughts? What do I do when my head is too loud? I have videos like that. And they're just real talk videos where people talk about how they've solved problems. |
| **Interviewer** | And do you have the feeling that you come across any topics relating to therapy in the public media? Like in the news, radio, newspapers? |
| **Tony** | Hm. Nope. I would say either - I actually consume very little of this media. But I would say it's very little from what I see. Much less than in social media. In series or films or something like that, of course. But the therapy itself isn't discussed much, it's more about the fact that you're in therapy, that the person is now in therapy or something, yes. |
| **Interviewer** | How are people undergoing therapy portrayed? |
| **Tony** | In film? |
| **Interviewer** | Mhm. |
| **Tony** | So I would say that... Huh… hard question. Let me think… I can think of two examples now. One is in the Kangaroo Chronicles, where they make fun of therapy a bit. He always says that I see a kangaroo and then the therapist |

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| | doesn't believe him. But actually he really does have a kangaroo and then at some point he brings it with him. And then the therapist goes crazy and has to go to therapy himself, like that. Or there's a series that my mum showed me. It's about a mafia boss who has to earn money. And then he gets himself a licence as a parenting counsellor, relationship counsellor or relationship therapist. And then he has his mafia knowledge and somehow uses it to be a therapist. And that somehow works and it's rather funny stuff. But I wouldn't say that it's definitely "well" thematised and authentically portrayed. |
| **Interviewer** | And what do you think in general? How do people in society imagine people who go to therapy? So what kind of, of association is there? |
| **Tony** | Puh, I think it's very quick, that they just are mentally ill. I think that's the first point. Like ‘there's something wrong with the people', at least this conservative image is like that. So 'if you're already in therapy, then it must be really bad'. Or just the other side, which is more accepting. I think it's just normal for them. Just like any other person. |
| **Interviewer** | Then to the question, if you had the feeling now that you really wanted to seek help... how would you proceed? What would you do? |
| **Tony** | I would talk to my sister first. I would say that I would like a place in therapy and ask her if she can help me, because I think it's always difficult to look for a spot in thrapy on your own. Especially if you have a problem and you really need a place in therapy. I think it's especially easier if you have someone else who's keeping you going for it, because I think it's still an effort. Even if you have decided to do it. And yes, then I would definitely look first to see what therapists there are in my area. Erm. Then maybe ask two or three questions to see if you could somehow get an appointment in the next few weeks or as soon as possible. Just to find out first... sometimes it just doesn't fit. Sometimes you don't get on with the therapist and... yes, that's how I would do it, I think. |
| **Interviewer** | And if you now - assuming you don't get an appointment with a therapist for the time being, because you've already mentioned that it can take a long time… |
| **Tony** | Yes. |
| **Interviewer** | Where could you go if it's really acute right now? |
| **Tony** | Yes, as I said, I think there are always self-help hotlines, they are always, they always have an open ear for you. They always listen to you. Yes, family and friends. That also helps. If you're in church, the priest. He also has a duty of confidentiality. There's also, I don't know if it's a thing in Germany, but I've seen in America that there's this online thing where you can have online therapists. |
| **Interviewer** | Mhm. |
| **Tony** | And you can try something like that. Ah yes... and then persevere if possible. |
| **Interviewer** | Do you have any idea how long such a therapy can last in total? |
| **Tony** | Puh, I think therapy can go on indefinetly. I don't think that's the case - of course it depends a lot on what you're treating. But I think many, many therapies are chronic. So at some point you need the therapy because you just can't cope with your life or something. I think it's more like sometimes you need more appointments, sometimes you need fewer appointments. I think that's more of a thing like this then. Everyone I know who is in therapy is still in therapy. So I don't know if that just ends. I could imagine that if you're there for a phobia or something like that, for example, and you've overcome this phobia at some point, that you then say: "I don't need the therapy any |

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| | more." But otherwise, I would say that therapy definitely lasts until you no longer need it. Yes, I think it can last as long as it should. I don't know. |
| **Interviewer** | If you now say that the friends you have who have been in therapy and are still in therapy, do you have the feeling that their behaviour has changed over the time they have been in therapy? |
| **Tony** | Well, my friend, who was also in a psychiatric ward, you can really tell. But I think it's also very difficult at my age because we're in such a state of development. So you're still developing yourself. Well I now, now I don't have the feeling that people who have been in therapy have changed much more than people who haven't been in therapy. I think that's why it's very difficult to say, but you can tell that it helps them. So, when I talk to them, they know more about how to deal with these issues because they've already talked to someone about them. But I can't say that this person has changed in such and such a way because they were in therapy. My friend has changed because he's on medication. I think it's antidepressants, but I'm not entirely sure. And you notice that, of course, because his personality changes or he just shakes. But I haven't noticed any changes from pure therapy. |
| **Interviewer** | Do you still think it has changed your attitude towards therapy? To the fact that your friends go there? |
| **Tony** | Yes, definitely. So I think, I think it would have been enough if only my sister had studied psychology. But I think it would have also been enough for me if I'd only had friends who went to therapy, because that just gives you an idea of how important it is. Because, as I said, you realise that they need it, that it helps them. |
| **Interviewer** | But that means the first influence you had was through your sister and her studies? |
| **Tony** | Yes, I think, well, I, no, I think, I think the first was my good friend, I think. Yes, that was pretty much at the same time, I would say. But my sister was also interested in it beforehand, so it was already a topic. So I would say the first point of entry was my sister, yes. |
| **Interviewer** | Mhm. And then you just mentioned medication, that it can be used as a supplement in therapy. What are your thoughts on medication? Would you be happy if someone came and said you were in therapy, for example, and it was suggested to you that you could take medication as a supplement... |
| **Tony** | Oh, I think medication is difficult. I think I would have a problem with it, because it affects your personality a lot. Especially because I've seen it now. But I think that if my therapist told me that he recommended that I take them to make me feel better, then I would trust them and take them. But I would definitely be very careful with them, yeah. |
| **Interviewer** | Do you have any idea how expensive such a therapy can be? |
| **Tony** | Puh, no. I can definitely imagine, very expensive. I also don't know how much of it is covered by health insurance. Erm. Of course, it always depends on how many hours of therapy you have. How long has the therapy been going on? But I would say... Although I can imagine that a good hour of therapy is already in the three-figure range, yes. |
| **Interviewer** | Okay. I think I've now asked everything I could think of. At least I've covered everything for now. Otherwise, I'd like to give you the space again if you think there's any topic that we haven't covered yet or that you'd like to take up again because you think it's important? |
| **Tony** | A topic, that is important... for therapy... No, I can't think of anything now. |

## Appendix 5: Participants

Since many participants know each other their ages were grouped together. Additionally, I decided to exclude the grades they are in, as it made them highly identifiable.

| Name | Age | Gender | nationality |
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| Gwyn | underage | female | German |
| Zoe | underage | female | German |
| Liz | underage | female | German |
| Tessa | adult | female | German |
| Scarlett | adult | female | German |
| Brie | adult | female | German |
| Tony | underaged | male | German |
| Mark | underaged | male | German |
| Chris | underaged | male | German |
| Josh | adult | male | German |
| Paul | adult | male | German |
| Tom | adult | male | German |