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# BMJ Open

## **“This bloody rona!”: Using digital story completion to learn about mental health impacts of COVID-19 in Australia**

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2021-057393
Article Type:	Original research
Date Submitted by the Author:	14-Sep-2021
Complete List of Authors:	Vaughan, Priya; University of New South Wales, Black Dog Institute Lenette, Caroline; University of New South Wales, School of Social Sciences, Faculty of Arts, Design and Architecture Boydell, Katherine; University of New South Wales, Black Dog Institute
Keywords:	COVID-19, MENTAL HEALTH, QUALITATIVE RESEARCH

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3 **Title:** “This bloody rona!”: Using digital story completion to learn about mental health  
4 impacts of COVID-19 in Australia  
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29 **Word Count** (excluding title page, abstract, references, figures and tables): 3,081  
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3 **“This bloody rona!”: Using digital story completion to learn about mental**  
4 **health impacts of COVID-19 in Australia**  
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6 **KEYWORDS:** COVID-19, Story Completion, Mental Health, Coping Strategies,  
7 Social Supports, COVID-19 Vocabulary.  
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11 **ABSTRACT**  
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13 **Objectives:** To use digital story completion to prompt participants to describe  
14 thoughts, fears, and mental health experiences in response to a story stem about  
15 COVID-19 to capture a specific socio-historic moment.  
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21 **Design:** We used digital story completion, a qualitative research method, to gather  
22 narratives from Australians coping with physical distancing and social restriction  
23 measures. Our reflexive thematic analysis of the data was underpinned by a  
24 constructionist approach to reflect the importance of social context in understanding  
25 health experiences.  
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33 **Setting:** Australia.  
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36 **Participants:** 52 people living in Australia (aged 18 years and over).  
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39 **Results:** Four meta-themes were prevalent across 52 stories submitted: (i)  
40 Expressions of *Mental Distress* linked to COVID-19; (ii) Various *Coping Strategies*  
41 offered by characters in stories; (iii) Narratives outlining *Social Supports* offered to  
42 alleviate distress; and (iv) Specialised *COVID-19 Vocabulary*.  
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49 **Conclusion:** We cautiously propose that points of convergence across stories  
50 suggest a level of shared experience among participants resulting from intensive  
51 media coverage, persistent public-health messaging, engagement with social media  
52 and instant messaging technologies, and extended lockdowns that impacted vast  
53 numbers of Australians.  
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## STRENGTHS AND LIMITATIONS OF THIS STUDY

- Story Completion has the potential to elicit rich detail regarding individual and collective experiences of social phenomenon, such as the impact of a pandemic on health and wellbeing.
- The story completion method invites people to think creatively and speculatively to reveal processes of sense-making and social experience.
- First study to report on *data* generated from story completion relating to the COVID-19 pandemic.
- Need for caution vis-à-vis assumptions about the relationship between the story content and participants' realities.
- Lack of significant ethnic and cultural diversity in our cohort signaled that we had not utilised story completion in appropriate ways for diverse cultural groups.

## BACKGROUND

Story completion is an innovative mode of qualitative inquiry which offers a unique means of creatively engaging research participants. The method encourages participants to respond creatively and speculatively to a scenario in a manner that does not require them to disclose personal details or their own experiences.<sup>1,2,3</sup> It is adaptable to various epistemological frameworks but is most frequently used within a social constructionist framework.<sup>1,2</sup> The story completion method has burgeoned in recent years.<sup>4,5</sup> This relatively new research approach has been detailed in the introduction to a special journal issue on story completion.<sup>2</sup> The method was also featured in a 2019 symposium with an introduction and three abstracts published in

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3 *BMJ Open*,<sup>6-9</sup> signalling a growing interest in its applications in health and social  
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5 care.

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8 Story completion originated in psychology, feminist theory and psychotherapy  
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10 traditions.<sup>2, 10</sup> It was first adapted by Kitzinger and Powell for use in qualitative  
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12 research using a social constructionist perspective and discourse analysis.<sup>11</sup> Story  
13  
14 completion is increasingly used to study repeated patterns of social meaning and  
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16 assumptions depicted in stories.<sup>12</sup> The method has recently garnered interest from  
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18 qualitative researchers keen to pursue its possibilities as a narrative method,<sup>2</sup> largely  
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20 to stimulate social meanings and understand sense-making and lifeworlds.<sup>13</sup> As  
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22 such, story completion has untapped potential to elicit rich detail regarding individual  
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24 and collective experiences of large-scale social phenomena such as the impact of a  
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26 pandemic on health and wellbeing.

## 31 32 **DESIGN**

33  
34 We used digital story completion to gather narratives from Australians coping with  
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36 physical distancing and social restriction measures in place from March 2020. Story  
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38 completion was appropriate to explore how people were responding to rapidly  
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40 changing situations, given its use as a tool for “accessing *social* meanings and  
41  
42 discourses, and dominant assumptions and norms”.<sup>14</sup> The method was used to  
43  
44 archive unusual global circumstances affecting Australia as a distinct context. Our  
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46 interest in capturing how respondents coped with public health restrictions informed  
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48 our choice of stem: *An 11pm phone call is received from Ali's elderly parent who is*  
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50 *distressed due to COVID-19. What happens next?*

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55 We set up a submission point using Qualtrics. We outlined consent and ethics  
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57 information, followed by the stem, and demographic questions. We shared the link in  
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59 May 2020 via Twitter, seeking to recruit people living in Australia aged 18 years or  
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3 older. We also posted a Facebook invitation on the [organisation] webpage (a  
4 specialist mental health research institute), after which we saw a net increase in  
5 submissions. We chose these recruitment strategies for a rapid response and to  
6 attract a diverse cross-section of respondents. When the survey was closed after  
7 four weeks, we had 52 stories. We did not set a word limit, hoping that it would  
8 encourage respondents to be creative with the stem.  
9

10 We discussed the 'hypothetical' nature of the stem, in line with past applications of  
11 story completion. Given the uniqueness of the COVID-19 situation and attendant  
12 collective experiences of uncertainty, we acknowledged that the stem might also  
13 echo participants' reality.<sup>1</sup> We hypothesized that respondents might use the stem to  
14 creatively explore and represent their lived experiences of the pandemic.  
15

16 Because of likely variation in quality and length of stories, recruiting at least 10  
17 participants per story stem is recommended.<sup>15</sup> However, story completion studies  
18 typically recruit sample sizes of 40 to 60 participants.<sup>16, 17</sup> We are confident that our  
19 52 stories represent a robust corpus of data for analysis. The length of stories  
20 submitted varied from one sentence to a lengthy paragraph. The former identified the  
21 next step or action the protagonist would take, while the latter was either reflective or  
22 followed a narrative arc with a beginning, middle and end (orientation, complication,  
23 resolution).  
24

25 To frame each participant's storytelling choices in our analysis, we collected  
26 demographic data using a mix of pre-determined and open responses. We wanted to  
27 understand who responded to the call to participate and what specific markers of  
28 identity might reveal about how people told stories about COVID-19. We provide  
29 demographic information in the results section.  
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## ANALYSIS

Author1 read all the stories and Author2 and Author3 read half each, so that each story was read at least twice. We recorded our initial thoughts using two headings: (i) “Are there particular storylines? What are the ‘turning points’ or what Fels calls ‘tug on the sleeve’ moments?”<sup>18</sup> Are there repeated patterns of meaning?” and (ii) “Key themes”. We identified the most prominent or important elements in the stories, before engaging in collaborative analysis.

We used reflexive thematic analysis,<sup>15</sup> an approach widely utilised in psychology and story completion analysis. This method positions researchers as active agents in the process and requires reflection on the assumptions they bring to the analysis.<sup>19</sup> We have used thematic analysis extensively in previous work.<sup>20-22</sup> We interpreted the data using a constructionist approach to story completion, as each story reflects the participant's social context.<sup>11, 23, 24</sup>

We identified four meta-themes across the stories:

1. Expressions of *Mental Distress* linked to COVID-19;
2. Various *Coping Strategies* offered by Ali and other characters in stories;
3. Narratives outlining *Social Supports* offered to alleviate distress; and
4. Specialised *COVID-19 Vocabulary*.

In our overview of these meta-themes, we explore their prevalence across stories.

Moller et al. note that reporting on “frequency counts or percentages” when using story completion “may be seen as controversial (e.g., antithetical to qualitative values)”.<sup>5</sup> However, given our interest in archiving a specific *moment* in Australia

relating to a public health crisis, we felt that a top-down focus, which captured commonalities and differences in experiences, was imperative.

## RESULTS

### 1. Mental distress

We tracked expressions of mental distress that Ali, the parent, or others conveyed in the stories. Almost all (96%) stories included implied or explicit discussions of experiences of mental distress. While the stem mentioned that Ali's parent was distressed, participants could choose how they developed their narrative and how much emphasis they placed on this element. We identified the language used in stories rather than assigning diagnostic categories to the texts, to understand how participants described a character's state of mind. Some participants explicitly named the type of mental distress a character suffered, while in other instances we made inferences about mental distress experienced.<sup>ii</sup> We used an iterative process to classify these expressions by counting mentions associated with mental distress. Many stories featured more than one form of distress. We then assigned these to 19 top-level categories.<sup>iii</sup>

The most expressed concern was *Worry* (41% of concerns), mostly related to the possibility that Ali or their parent would contract COVID-19. Other expressions of distress related to government-imposed physical and social distancing provisions, leading characters to feel lonely, isolated and angry. Table 1 summarises expressions of mental distress that account for more than 5% of those counted.<sup>iv</sup>

Mental Distress	Example	Percentage of Count
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Worry	“Ali is tired, it's been a long day trying to work from home with small kids, but they listen carefully to all the worries of their dad.”	41%
General Implication of Psychological Discomfort <sup>v</sup>	“Ali remains calm and tries to get to the root of the problem and lends a listening ear. She redirects one of the concerns towards practical solutions to calm the parent and reminds the parent of some trusted neighbours and friends nearby and commits to checking back in in one hour.”	10%
Fear	“She lives in an assisted care home and has been reading the news about the deaths in other nursing homes. She is understandably scared...”	8%
Lonely	“...She's lonely, none of her children are there, this is not something she says often but Ali knows this to be true. The call is about COVID-19 on the face of it but she just wants to talk to someone.”	8%
Anxiety	“...his mother is anxious about running out of toilet rolls and not getting basic things from the grocery store.”	6%
Distress	“Ali gets distressed with his mother's distress...”	5%

*Table 1: Mental Distress*

## 2. Coping Strategies

79% of stories featured coping strategies of some kind, and 66% featured more than one strategy. Strategies were articulated by characters in the stories, typically to allay the distress of Ali's parent. We used an iterative process and counted mentions of coping strategies, then assigned these to a set of top-level strategy types. The

most common strategy was *Talking* (29% of strategies). Talking as a coping strategy underpins the story stem, which begins with a phone call to Ali. Many stories began with Ali verbally reassuring their parent. Table 2 outlines coping strategies accounting for more than 5% of strategies counted.<sup>vi</sup>

Coping Strategy	Description of Strategy	Percentage of Count
Talking	Talking through worries; Ali providing verbal reassurance; talking about things beyond COVID-19.	29%
Socialising	Planning to, or undertaking, social interaction.	12%
Prevention Strategies	Discussing strategies to limit risks of catching COVID-19 to limit parental worry.	11%
Information	Getting information to combat worry and anxiety, including engaging with reputable sources to bust COVID-19 myths (e.g., COVID-19 is caused by 5G network).	10%
Instrumental	Practical support Ali proposed to alleviate stress (e.g., offering to shop for parents).	10%
Relaxation Activities	Watching movies; reading books; gardening or getting fresh air.	8%

Table 2: Coping Strategies

### 3. Social Supports

85% of stories included Ali providing or offering social support to their parent.<sup>vii</sup>

Arguably, Ali's ability to provide support underpins the story stem, as Ali's parent

calls while distressed. We counted explicit mentions of supports articulated in

stories. In health research, various social support categories are used including:

instrumental, emotional, tangible, affectionate, positive interactions, or appraisal.<sup>25-28</sup>

We used three broad social supports categories: 1) *Emotional*: Expression of

empathy, love, trust, care and support. 2) *Instrumental*: Tangible service or help. 3)

*Informational*: Advice, suggestions and information. Table 3 records the presence (or

co-presence) of social supports in stories. *Emotional* support was by far the most

prevalent. We note that coping strategies and social supports sometimes

overlapped.

Support Type(s)	Example	Percentage of Stories Type(s) Appear
<i>Emotional</i>	"... Ali speaks to her mother for a few minutes, calming her down and reassuring her that she will be ok..."	30%
<i>Emotional</i> and <i>Informational</i>	"Ali assures her Mum that she is listening and encourages her Mum to share what is worrying her... Ali sits at her laptop while she talks to her Mum and looks up trusted sources of medical information (WHO, Aus Govt, mydr.com.au) to help her Mum, and herself, understand what we know."	18%
<i>Emotional</i> , <i>Instrumental</i> ,	"Ali seeks to reassure her parent that if he/she follows current health advice that the risks to this parent can be minimised..."	16%

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	and  <u>Informational</u>	<i>Ali is mindful of his/her parents' social isolation during COVID-19 and is conflicted by the need to visit to help and reassure his/her parent and to remain isolated to ensure risks are minimised... Ali contacts the Government COVID-19 assistance line for advice. The following day, Ali arranges a Telehealth consult with his/her elderly's parent to ensure parent is informed on how best to look after themselves, and to arrange a flu shot."</i>	
22 23 24 25 26 27 28 29 30	<i>Emotional</i> and <b>Instrumental</b>	<i>"It will be okay, we can help. What do you need, we can get you groceries, there will be enough food, what's in your pantry, we can send you toilet paper and hand sanitizer... We will take care of you. We love you."</i>	11%
31 32 33 34 35 36 37 38 39 40 41 42 43 44	<u>Informational</u>	<i>"...Ali's mum then goes on to explain she saw on Facebook how 5G is linked to increased cases... <u>Ali rubs his eyes and explains that you should never believe what you see and read on social media...The next morning he finds some credible sources explaining there is absolutely no link between Corona Virus and 5G and send them to his mum."</u></i>	11%
45 46 47 48 49 50	<b>Instrumental</b>	<i>"...Ali drove to his parent's house, bringing with him some medicine. After looking at the nearest drive-through testing centre, he brought them to be tested the next day."</i>	9%
51 52 53 54 55 56 57 58 59 60	<b>Instrumental</b> and <u>Informational</u>	<i>"...Ali, now wide awake, opens her laptop, googles the symptoms of Corona and asks her mum if she is suffering from any of these symptoms...Ali will check on her in the morning."</i>	5%

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3 *Table 3: Social Supports*  
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9 **4. COVID-19 Vocabulary**  
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12 Stories contained specific language and terminology that became more prominent  
13 due to the COVID-19 pandemic. We compiled a COVID-19 vocabulary list drawing  
14 on news and web articles on COVID-19 terminology and vocabulary.<sup>29-35</sup> We  
15 counted 24 COVID-19 vocabulary words or expressions (and variations) in 65% of  
16 stories.<sup>viii</sup> Table 4 lists terms that appear in 5% or more of the stories.<sup>ix</sup>  
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Covid-19 Term	Related Variations	Percentage of Stories Term Appears
COVID-19	COVID, Corona Virus, Corona, Rona	30%
Isolation	Isolate, Self-Isolate, Self-Isolated, Self-Isolation	10%
Social Distancing	Socially Distanced, Socially Distancing, Distancing, Distance from People, Kept Our Distances	8%
Lockdown		5%
Pandemic		5%
Vulnerable Group	Vulnerable Age Group, Vulnerable Age Bracket, High Risk Category	5%

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52 *Table 4. Covid-19 Vocabulary*  
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58 **5. Demographic Data**  
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Demographic data indicates participant composition:

- *Age*: Most participants were aged 25-34 years (39%), followed by 35-44 years (27%).
- *Gender*: Majority identified as women (84%); 10% as men; 6% as non-binary or trans.
- *Marital status*: Most were married or in de facto relationships (67%); 33% were single.
- *Location*: Majority lived in Major Cities of Australia (42 out of 46 postcodes recorded or 91.3%) according to *Australian Bureau of Statistics Remoteness Area Designations*.<sup>36</sup>
- *Highest level of education*: Largest proportion had completed a university degree (47%); second largest had completed a postgraduate degree (45%).
- *Country of origin*: Most participants listed Australia as country of origin (78%); 6% from UK; 4% from USA and remainder from China, Germany, Malaysia, New Zealand, Pakistan, and Sweden.
- *Languages spoken at home*: 94% spoke English at home; remainder spoke a mix of languages (Dutch, Polish, Spanish, Urdu, Punjabi) in addition to English.
- *Employment status*: Most were in full time employment (53%).
- *Ethnicity*: Majority identified as Caucasian or Anglo (56%).

Two participants did not answer, and some did not respond to all demographic questions. Given the relative homogeneity of the cohort and small sample size, demographic data did not significantly enhance our analysis but provided contextual information about who participated and who had not, which impacted our thinking regarding future story completion research. The lack of significant ethnic and cultural



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3 diversity in our cohort signalled that we had not utilised story completion in  
4 appropriate ways for diverse cultural groups. This led us to develop  
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6 recommendations to decolonise story completion.<sup>37</sup>  
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## 10 **DISCUSSION**

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13 Story completion has been used in psychology, health and social research to learn  
14 about personal crisis. It is emerging as an effective method to engage with COVID-  
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16 19; “a crisis on a much larger scale”.<sup>14</sup> To our knowledge, this is the first study to  
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18 report on *data* generated from story completion with a COVID-19 scenario. We  
19  
20 acknowledge Braun, Clarke and Moller’s work describing their methodological  
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22 approach using story completion during the pandemic.<sup>14</sup> The story completion  
23  
24 method garnered a rich array of engaging and moving stories, with insights into  
25  
26 individual knowledge about, and experiences of, pandemic-related language, mental  
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28 distress, and strategies to alleviate discomfort and offer social support. The stories  
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30 stand as a creative, textual archive of the pandemic as experienced in Australia in  
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32 early 2020.  
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### 40 **Mental Distress**

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42 Preliminary research in Australia indicates that the pandemic and associated health  
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44 risks, social restrictions, and economic impacts have adversely impacted the mental  
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46 health of the general public and those with pre-existing mental health diagnosis.<sup>38, 39</sup>  
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48 The full mental health impact is yet to become fully apparent. Preliminary research on  
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50 the topic should be followed up with rigorous longitudinal studies.<sup>40</sup> In our research,  
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52 creative, narrative expressions seemed to imitate real-life, with most stories centring  
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54 around experiences of psychological anguish. Mental distress caused by fear of  
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56 COVID-19, and the emotional and psychological impact of hearing from a loved one  
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3 in distress formed the narrative core of most stories. This correlates with findings from  
4 narrative qualitative research undertaken in Australia which documented feelings of  
5 vulnerability and anxiety due to the threat of catching COVID-19 and hearing about  
6 the impact of COVID-19 on others.<sup>41</sup> The stories clearly conveyed (sometimes  
7 viscerally) the psychological suffering wrought by COVID-19.  
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### 17 **Social Supports and Coping Strategies**

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19 While mental distress permeates most stories, various social supports and coping  
20 strategies were also included. Ali and their parent offered, recommended, and  
21 practiced diverse coping strategies. Most are associated with positive self-care  
22 approaches such as recreation, socialising, or exercise, rather than maladaptive  
23 coping strategies such as shouting, smoking or binge drinking.<sup>42</sup> This suggests that  
24 participants had a relatively high level of mental health literacy and were aware of  
25 healthy approaches to managing psychological discomfort. This may be due to our  
26 recruitment approach (i.e., distribution via [organisation] and our social media  
27 networks).  
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41 There is an emerging body of small-scale research assessing coping strategies in  
42 response to COVID-19. Socially oriented coping strategies, as well as mindfulness or  
43 positive thinking, emerge across this literature as productive and healthy approaches  
44 to cope with COVID-19 related distress.<sup>43-45</sup> While we identified these coping  
45 strategies across stories, respondents also suggested additional practical  
46 approaches including: strategies to limit the risk of contracting COVID-19, reading  
47 reputable material to learn facts or combat myths about the virus, or engaging in  
48 practical actions to alleviate anxiety (such as Ali shopping for their parent). The  
49 characters sought out or offered a combination of cognitive, emotional and practical  
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3 supports or coping strategies to address distress. Again, this suggests a good level  
4 of mental health literacy *and* shows awareness of stressors beyond the threat of  
5 catching COVID-19, such as: increased news consumption and ‘doom scrolling’;<sup>46</sup>  
6 the flourishing of COVID-myths, misinformation, and conspiracy theories;<sup>41, 47, 48</sup> and  
7 panic related to supermarket shortages.<sup>49</sup>  
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### 15 **COVID-19 Vocabulary**

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18 The language used in stories largely reflected public health messaging at the time of  
19 data collection. New words had entered the lexicon, likely due to increased exposure  
20 and attention to the 24-hour news cycle. Indeed, news media was mentioned in 13  
21 stories (~8%) as a source of both information and anxiety. It is likely that constant  
22 engagement with media caused new terms to permeate everyday conversations.  
23 This uptake of a COVID-19 vocabulary assisted respondents to express their fears  
24 using commonly understood language that can unite people “around a set of  
25 collective cultural references points [like a]...lexical ‘social glue’”.<sup>33</sup> The ubiquity of  
26 COVID-19 vocabulary in stories reflects community engagement with media and  
27 health messaging. As Rudd and Baur report, “communication messages and  
28 materials related to COVID-19 have introduced unusual vocabulary and phrases into  
29 common speech over the past several months...over a short time period these  
30 previously rare words have become commonly understood”.<sup>50</sup>  
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### 49 **Conclusions and Future Research Directions**

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51 We cautiously suggest that points of convergence across stories might indicate a  
52 shared experience amongst participants resulting from intensive media coverage,  
53 persistent public-health messaging, engagement with social media and instant  
54 messaging technologies, and extended lockdowns that impacted vast numbers of  
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3 Australians. However, we cannot do more than cautiously speculate. Part of the  
4  
5 appeal of story completion, and what makes it a potentially empowering research  
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7 tool, is that it engages participants in a hypothetical, creative, and imaginative way. It  
8  
9 asks participants to imagine themselves in a situation but does not *demand* that  
10  
11 stories only reflect their lived realities. Researchers must be cautious about making  
12  
13 sweeping assumptions regarding the relationship between story content and  
14  
15 respondents' realities. While we agree that story completion has the potential to  
16  
17 reveal much about participants' social, personal, and psychological worlds, more  
18  
19 information was needed to undertake this form of extended interpretative analysis  
20  
21 within our dataset. This does not diminish the method's potential in illustrating how  
22  
23 narrative inquiry can elicit and capture social knowledge, mores, vocabulary, and  
24  
25 experience.  
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30  
31 It may be effective to pair story completion with complementary methods such as  
32  
33 one-on-one interviews<sup>10</sup> to examine, for example, the gap between knowledge of  
34  
35 positive mental health coping strategies and their uptake or practice. The  
36  
37 combination of arts-based or narrative-based methods with oral qualitative data  
38  
39 collection methods has worked successfully in our own previous research.<sup>51, 52</sup>  
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44

45 **ACKNOWLEDGEMENTS:** We would like to thank all study participants. We  
46  
47 acknowledge that this research took place on unceded Aboriginal land.  
48  
49

50 **FUNDING STATEMENT:** This research received no specific grant from any funding  
51  
52 agency in the public, commercial or not-for-profit sectors.  
53  
54

55 **ETHICS APPROVAL:** This project was reviewed and approved by the [removed for  
56  
57 review] Human Research Ethics Committee.  
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**AUTHOR CONTRIBUTIONS:** Author2 and Author3 were responsible for conceptualising, planning, and implementing the study. Author 1 wrote the first draft of the paper. All authors contributed to data analysis and interpretation and approved the final draft.

**PATIENT AND PUBLIC INVOLVEMENT STATEMENT:** Members of the public were not involved in the development of this research. As noted above we believe the lack of significant ethnic and cultural diversity in our cohort signalled that we had not utilised story completion in appropriate ways for diverse cultural groups. This led us to develop recommendations to decolonise story completion (see Authors 2021). A key recommendation is that story completion research be co-developed in collaboration with individuals with lived experience that is relevant to the research being undertaken.

**COMPETING INTERESTS:** None declared.

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25  
26 <sup>i</sup> Indeed, one participant wrote that the stem was an exact reflection of their life during the pandemic.

27 <sup>ii</sup> For example, we inferred that the following was taken as an expression of *anger*: "F\*\*\* off Mum, she  
28 *thinks. F\*\*\* off Everybody. F\*\*\* off COVID*".

29 <sup>iii</sup> We sought to retain participant language when creating meta-categories and combined only closely  
30 related terms under each overarching category. For example, *scared* was included in the category of  
31 *fear*, while *worry* and *anxiety* were retained as separate categories.

32 <sup>iv</sup> Expressions of distress appearing in fewer than 5% of stories were *upset, frustration, panic, anger,*  
33 *anguish, trapped, helplessness, isolation, paranoia, stress, suicidal ideation, uncertainty, unease.*

34 <sup>v</sup> There were instances (10% of concerns) where no specific feeling of mental distress was articulated  
35 but there was a general implication or expression of mental distress in the narratives.

36 <sup>vi</sup> Strategies accounting for less than 5% were *cognitive* (e.g., changing, and challenging patterns of  
37 thinking), *food and drink, limiting new consumption, planning for the future, caring for others, exercise,*  
38 *professional support* (e.g., consulting a GP or therapist), *and sleep.*

39 <sup>vii</sup> We did not track supports offered to Ali by their parents as these appeared only infrequently in  
40 stories.

41 <sup>viii</sup> We counted the number of stories which featured specific words from the Covid Vocabulary list  
42 (e.g., if a single story used the word *Covid* three times, this was counted as one story featuring that  
43 word). The authors took context into consideration when tracking words use. For example, *isolated*  
44 was taken to be an example of Covid Vocabulary if it related to public health orders about isolating to  
45 prevent the spread of Covid-19: "she's in a place where she can self-isolate". However, we did not  
46 count *isolated* as Covid Vocabulary if it appeared in contexts like the following: "Ali's mother is feeling  
47 isolated and lonely".

48 <sup>ix</sup> Other words counted (that appeared in less than 5% of stories) were *Face Mask, Restrictions,*  
49 *Washing Hands, 1.5 Meters, Hand Sanitiser, Telehealth, Zoom, Asymptomatic, Cluster, COVIDsafe*  
50 *App, Death Tolls, Drive-Through Testing, Essential Activities, Frontline Healthcare Worker, Incubation*  
51 *Period, Intubate, Panic Buying, and Safety Measures.*  
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# Standards for Reporting Qualitative Research (SRQR) – Checklist for “This bloody rona!”: Using digital story completion to learn about mental health impacts of COVID-19 in Australia

	Page(s)
<b>Title and abstract</b>	
<b>Title</b> - Concise description of the nature and topic of the study Identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	1
<b>Abstract</b> - Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	1
<b>Introduction</b>	
<b>Problem formulation</b> - Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	2-6
<b>Purpose or research question</b> - Purpose of the study and specific objectives or questions	3-4
<b>Methods</b>	
<b>Qualitative approach and research paradigm</b> - Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/ interpretivist) is also recommended; rationale	5
<b>Researcher characteristics and reflexivity</b> - Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	N/A
<b>Context</b> - Setting/site and salient contextual factors; rationale	4-5
<b>Sampling strategy</b> - How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale	N/A
<b>Ethical issues pertaining to human subjects</b> - Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	16
<b>Data collection methods</b> - Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale	3-4

1		
2	<b>Data collection instruments and technologies</b> - Description of instruments (e.g.,	
3	interview guides, questionnaires) and devices (e.g., audio recorders) used for data	
4	collection; if/how the instrument(s) changed over the course of the study	3-4
5		
6	<b>Units of study</b> - Number and relevant characteristics of participants, documents,	
7	or events included in the study; level of participation (could be reported in results)	13-14
8		
9	<b>Data processing</b> - Methods for processing data prior to and during analysis,	
10	including transcription, data entry, data management and security, verification of	
11	data integrity, data coding, and anonymization/de-identification of excerpts	5
12		
13	<b>Data analysis</b> - Process by which inferences, themes, etc., were identified and	
14	developed, including the researchers involved in data analysis; usually references a	
15	specific paradigm or approach; rationale	5-13
16		
17	<b>Techniques to enhance trustworthiness</b> - Techniques to enhance trustworthiness	
18	and credibility of data analysis (e.g., member checking, audit trail, triangulation);	
19	rationale	5
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### Results/findings

21		
22		
23	<b>Synthesis and interpretation</b> - Main findings (e.g., interpretations, inferences, and	
24	themes); might include development of a theory or model, or integration with	
25	prior research or theory	6-12
26		
27	<b>Links to empirical data</b> - Evidence (e.g., quotes, field notes, text excerpts,	
28	photographs) to substantiate analytic findings	6-12
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### Discussion

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32	<b>Integration with prior work, implications, transferability, and contribution(s) to</b>	
33	<b>the field</b> - Short summary of main findings; explanation of how findings and	
34	conclusions connect to, support, elaborate on, or challenge conclusions of earlier	
35	scholarship; discussion of scope of application/generalizability; identification of	
36	unique contribution(s) to scholarship in a discipline or field	13-16
37		
38	<b>Limitations</b> - Trustworthiness and limitations of findings	2 and 15-16
39		

### Other

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42	<b>Conflicts of interest</b> - Potential sources of influence or perceived influence on	
43	study conduct and conclusions; how these were managed	17
44		
45	<b>Funding</b> - Sources of funding and other support; role of funders in data collection,	
46	interpretation, and reporting	16
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# BMJ Open

## **“This bloody rona!”: Using the digital story completion method to explore mental health impacts of COVID-19 in Australia**

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2021-057393.R1
Article Type:	Original research
Date Submitted by the Author:	19-Nov-2021
Complete List of Authors:	Vaughan, Priya; University of New South Wales, Black Dog Institute Lenette, Caroline; University of New South Wales, School of Social Sciences, Faculty of Arts, Design and Architecture Boydell, Katherine; University of New South Wales, Black Dog Institute
<b>Primary Subject Heading</b>:	Mental health
Secondary Subject Heading:	Mental health
Keywords:	MENTAL HEALTH, QUALITATIVE RESEARCH, COVID-19

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2  
3 **Title:** “This bloody rona!”: Using the digital story completion method to explore  
4 mental health impacts of COVID-19 in Australia  
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29 **Word Count** (excluding title page, abstract, references, figures and tables): 3,105  
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3 **“This bloody rona!”: Using the digital story completion method to explore**  
4 **mental health impacts of COVID-19 in Australia**  
5

6 **KEYWORDS:** COVID-19, Story Completion, Mental Health, Coping Strategies,  
7 Social Supports, COVID-19 Vocabulary.  
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10  
11 **ABSTRACT**  
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13 **Objectives:** To use the digital story completion method to prompt participants to  
14 describe thoughts, fears, and mental health experiences in response to a story stem  
15 about COVID-19, to capture a specific socio-historic moment.  
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18 **Design:** We used digital story completion, a qualitative research method, to gather  
19 narratives from Australians coping with physical distancing and social restriction  
20 measures. Our reflexive thematic analysis of the data was underpinned by a  
21 constructionist approach to reflect the importance of social context in understanding  
22 health experiences.  
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32 **Setting:** Australia.  
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35 **Participants:** 52 people living in Australia (aged 18 years and over).  
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38 **Results:** Four meta-themes were prevalent across 52 stories submitted: (i)  
39 Expressions of *Mental Distress* linked to COVID-19; (ii) Various *Coping Strategies*  
40 offered by characters in stories; (iii) Narratives outlining *Social Supports* offered to  
41 alleviate distress; and (iv) Specialised *COVID-19 Vocabulary*.  
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48 **Conclusion:** We cautiously propose that points of convergence across stories  
49 suggest a level of shared experience among participants resulting from intensive  
50 media coverage, persistent public-health messaging, engagement with social media  
51 and instant messaging technologies, and extended lockdowns that impacted vast  
52 numbers of Australians.  
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### Strength and Limitations of this Study:

- Story completion has the potential to elicit rich detail regarding individual and collective experiences of social phenomenon, such as the impact of a pandemic on health and wellbeing.
- The story completion method invites people to think creatively and speculatively to reveal processes of sense-making and social experience.
- First study to report on *data* generated from story completion research relating to the COVID-19 pandemic.
- Need for caution vis-à-vis assumptions about the relationship between the story content and participants' realities.
- Lack of significant ethnic and cultural diversity in our cohort signaled that we had not used story completion in appropriate ways for diverse cultural groups.

### BACKGROUND

Story completion is an innovative mode of qualitative inquiry that offers a unique means of creatively engaging research participants. The method encourages participants to respond creatively and speculatively to a scenario in a manner that does not require them to disclose personal details or their own experiences.<sup>1-3</sup> It is adaptable to various epistemological frameworks but is most frequently used within a social constructionist framework.<sup>1,2</sup> The story completion method has burgeoned in recent years.<sup>4,5</sup> This relatively new research approach has been detailed in the introduction to a special journal issue on story completion.<sup>2</sup> The method was also featured in a 2019 symposium with an introduction and three abstracts published in



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3 *BMJ Open*,<sup>6-9</sup> signalling a growing interest in its applications in health and social  
4  
5 care.  
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8 Story completion originated in psychology, feminist theory and psychotherapy  
9 traditions.<sup>2, 10</sup> It was first adapted by Kitzinger and Powell for use in qualitative  
10 research using a social constructionist perspective and discourse analysis.<sup>11</sup> Story  
11 completion is increasingly used to study patterns of social meaning and assumptions  
12 depicted in a set of stories responding to a 'stem' or cue.<sup>12</sup> The method has recently  
13 garnered interest from qualitative researchers keen to pursue its possibilities as a  
14 narrative method,<sup>2</sup> largely to stimulate social meanings and understand sense-  
15 making and lifeworlds.<sup>13</sup> As such, story completion has untapped potential to elicit  
16 rich detail regarding individual and collective experiences of large-scale social  
17 phenomena such as the impact of a pandemic on health and wellbeing.  
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## 32 **METHODS**

### 33 **Design**

34 We used digital story completion to gather narratives from Australians coping with  
35 physical distancing and social restriction measures in place from March 2020. We  
36 were particularly interested in the pandemic's impact on mental health and wellbeing  
37 as, at the time, government and media discourse often focused on mental health  
38 concerns resulting from the management of COVID-19.<sup>14-17</sup> For example, in April  
39 2020 the New South Wales Government announced a \$73 million dollars support  
40 package intended to support mental wellbeing during the pandemic.<sup>18</sup>  
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52 Story completion was appropriate to explore how people were responding to rapidly  
53 changing situations, given its use as a tool for "accessing *social* meanings and  
54 discourses, and dominant assumptions and norms".<sup>19</sup> The method was used to  
55 archive unusual global circumstances affecting Australia as a distinct context. Our  
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3 interest in capturing how respondents coped with public health restrictions and their  
4 impact on health and wellbeing informed our choice of stem: *An 11pm phone call is*  
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7  
8 *received from Ali's elderly parent who is distressed due to COVID-19. What happens*  
9  
10 *next?*

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12  
13 We discussed the 'hypothetical' nature of the stem, in line with past applications of  
14 story completion. Given the uniqueness of the COVID-19 situation and attendant  
15 collective experiences of uncertainty, we acknowledged that the stem might also  
16 echo participants' reality.<sup>1</sup> We hypothesized that respondents might use the stem to  
17 creatively explore and represent their lived experiences of the pandemic.

### 24 25 **Patient and Public Involvement**

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28 Members of the public were not involved in the development of this research. As  
29 discussed below, we believe the lack of significant ethnic and cultural diversity in our  
30 participant cohort signalled that we had not utilised story completion in culturally  
31 appropriate ways nor paid enough attention to the recruitment strategy to engage  
32 more diverse respondents. This led us to develop recommendations to decolonise  
33 story completion. A key recommendation is that story completion research be co-  
34 developed in collaboration with individuals with lived experience relevant to the  
35 research topic.<sup>20</sup>

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### 54 55 **Data Collection**

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58 We set up a submission point using Qualtrics. We outlined consent and ethics  
59 information, followed by the stem, and demographic questions. We began participant

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2  
3 recruitment in May 2020. At the time, various COVID-19 related restrictions in place  
4  
5 across all states and territories were beginning to ease slightly. For example, in  
6  
7 Australia's most populous state, New South Wales, strict restrictions aimed at  
8  
9 limiting the spread of COVID-19 began to relax in May 2020. For instance, a  
10  
11 household was allowed up to five visitors at one time, up to ten people could gather  
12  
13 outdoors, and cafes and restaurants could seat a maximum of 10 people. However,  
14  
15 various restrictions on physical distancing, travel across state and territory borders,  
16  
17 and international travel remained in place.<sup>18</sup>  
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22 We shared the Qualtrics link via Twitter, seeking to recruit people living in Australia  
23  
24 aged 18 years or older. Participation was not incentivised. We also posted a  
25  
26 Facebook invitation on the [organisation] webpage (a specialist mental health  
27  
28 research institute), after which we saw a net increase in submissions. We chose  
29  
30 these recruitment strategies for a rapid response and to attract a diverse cross-  
31  
32 section of respondents. When the survey was closed after four weeks, we had 52  
33  
34 stories. We did not set a word limit, hoping that it would encourage respondents to  
35  
36 be creative with the stem.  
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41 To frame each participant's storytelling choices in our analysis, we collected  
42  
43 demographic data using a mix of pre-determined and open responses. We wanted to  
44  
45 understand who responded to the call to participate and what specific markers of  
46  
47 identity might reveal about how people told stories about COVID-19. We provide  
48  
49 demographic information in the results section.  
50  
51  
52

### 53 **Sample Size**

54  
55 Because of likely variation in quality and length of stories, recruiting at least 10  
56  
57 participants per story stem is recommended.<sup>21</sup> However, story completion studies  
58  
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60

1  
2  
3 typically recruit sample sizes of 40 to 60 participants.<sup>22, 23</sup> We are confident that our  
4  
5 52 stories represent a robust corpus of data for analysis.  
6  
7

## 8 **ANALYSIS**

9  
10  
11 We used reflexive thematic analysis,<sup>21</sup> an approach widely used in story completion  
12  
13 analysis and in qualitative research more generally.<sup>12, 24</sup> This analytical lens  
14  
15 positions researchers as active agents in the process and requires reflection on the  
16  
17 assumptions and experiences they bring to the analysis.<sup>25</sup> Author 2 and Author 3  
18  
19 are senior researchers and have extensive experience using arts-based qualitative  
20  
21 methods in the context of participatory sociological and psychological research on  
22  
23 mental health and social inclusion. Author 1 is an early-career, postdoctoral  
24  
25 researcher who trained as a social anthropologist and has also used arts-based  
26  
27 research methods to collect data on mental health. This was the first time members  
28  
29 of the research team had used story completion as a research method. We have  
30  
31 used thematic analysis extensively in previous work.<sup>26-28</sup> We interpreted the data  
32  
33 using a constructionist approach to story completion, as each story reflects the  
34  
35 participant's social context.<sup>11, 29, 30</sup>  
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42 The data analysis process involved the following phases. A detailed overview of this  
43  
44 process is described elsewhere.<sup>31</sup>  
45  
46

- 47 1. *Familiarisation*: All researchers reviewed all stories to get a sense of the data  
48 set as a whole.
- 49 2. *Initial Coding*: Author1 read all the stories and Author2 and Author3 read half  
50 each, so that each story was read at least twice. We recorded our initial  
51 thoughts using two headings: (i) "Are there particular storylines? What are the  
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3 'turning points' or what Fels calls 'tug on the sleeve' moments? <sup>32</sup> Are there  
4 repeated patterns of meaning?" and (ii) "Key themes".  
5  
6

- 7  
8 3. *Identification of Themes*: We identified the most prominent or important  
9 elements in the stories, before engaging in collaborative analysis to produce  
10 an initial set of themes (or codes).  
11  
12 4. *Refining Themes*: We collaboratively reviewed themes and iteratively refined  
13 our coding structure to identify the overarching themes which characterised  
14 the data set. This led to the identification of four meta-themes described  
15 below.  
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## 24 **RESULTS**

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27 Participants produced 52 stories. The length of each story varied from one sentence  
28 to a lengthy paragraph. Typically, short stories covered the next step or action the  
29 protagonist would take in immediate response to the situation outlined in the stem.  
30  
31 Longer stories outlined a narrative arc with a beginning, middle and end (orientation,  
32 complication, resolution), or contained reflections on the situation the protagonist  
33 faced.  
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### 42 **Demographic Data**

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45 Demographic data collected indicated a relatively homogenous participant  
46 composition, particularly regarding ethnic or cultural background (see Table 1 for  
47 details). Not all participants responded to all demographic questions. Given the  
48 relative homogeneity of the cohort and small sample size, demographic data did not  
49 significantly enhance our analysis but provided contextual information about who  
50 participated and who had not, which impacted our thinking regarding future story  
51 completion research. We discuss this in greater detail below.  
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<b>Demographics</b>	<b>Participants n (%)</b>
<i>Age</i>	
18-24	2 (4%)
25-34	20 (39%)
35-44	14 (27%)
45-54	7 (14%)
55-64	6 (12%)
65-74	2 (4%)
75 and older	0
<i>Gender</i>	
Female	42 (84%)
Male	5 (10%)
Non-binary	1 (2%)
Trans	2 (4%)
<i>Highest education level</i>	
Some high school but not completed final year	0
Completed final year at high school	0
Completed some post-school technical training	1 (2%)
Completed some university study	3 (6%)
Completed university degree	24 (47%)
Postgraduate degree	23 (45%)
<i>Marital status</i>	
Married/de-facto	30 (67%)
Single	15 (33%)
Widowed	0
<i>Race/Ethnicity†</i>	
Aboriginal	1 (2%)
Anglo	4 (8%)
Anglo Australian	3 (6%)
Anglo Celtic	1 (2%)
Anglo Saxon	1 (2%)
Anglo White	1 (2%)
Anglo/Sri Lankan	1 (2%)
Asian	1 (2%)
Asian Australian	1 (2%)
Australian	8 (16%)
Caucasian	11 (22%)
Caucasian (Anglo Celtic)	1 (2%)
Caucasian Australian	1 (2%)
Chinese	1 (2%)
European	3 (6%)
Irish Catholic Australian	1 (2%)
Jewish Anglo	1 (2%)
Mixed	1 (2%)

Non Indigenous Australian	1 (2%)
None - my family comes from many continents	1 (2%)
South Asian	1 (2%)
The Human Race	1 (2%)
White	3 (6%)
White Australian	1 (2%)
† Language of participants retained	
<i>Country of origin</i>	
Australia	39 (78%)
China	1 (2%)
Germany	1 (2%)
Malaysia	1 (2%)
New Zealand	1 (2%)
Pakistan	1 (2%)
Sweden	1 (2%)
UK	3 (6%)
USA	2 (4%)
<i>Language(s) spoken at home</i>	
English only	47 (94%)
English and other language(s)‡	3 (6%)
‡ Other languages reported: Dutch, Polish, Punjabi, Spanish, Urdu	
<i>Employment status</i>	
Full-time employment	27 (53%)
Part-time employment	16 (31%)
Unemployed	7 (14%)
Volunteer	1 (2%)
<i>Residency</i>	
Major city	42 (91%)
Regional	4 (9%)

Table 1: Participant demographics

## Meta-Themes

We identified four meta-themes across the stories:

1. Expressions of *Mental Distress* linked to COVID-19;
2. Various *Coping Strategies* offered by Ali and other characters in stories;
3. Narratives outlining *Social Supports* offered to alleviate distress; and
4. Specialised *COVID-19 Vocabulary*.

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3 In the following overview of these meta-themes, we explore their prevalence across  
4 stories. Moller et al. note that reporting on “frequency counts or percentages” when  
5 using story completion “may be seen as controversial (e.g., antithetical to qualitative  
6 values)”.<sup>5</sup> However, given our interest in archiving a specific *moment* in Australia  
7 relating to a public health crisis, we felt that a top-down focus, which captured  
8 commonalities and differences in experiences, was imperative.  
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## 16 17 18 **1. Mental distress**

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20 We tracked expressions of mental distress that Ali, the parent, or others conveyed in  
21 the stories. Almost all (96%) stories included implied or explicit discussions of  
22 experiences of mental distress. While the stem mentioned that Ali’s parent was  
23 distressed, participants could choose how they developed their narrative and how  
24 much emphasis they placed on this element. We identified the language used in  
25 stories rather than assigning diagnostic categories to the texts, to understand how  
26 participants described a character’s state of mind. Some participants explicitly  
27 named the type of mental distress a character suffered, while in other instances we  
28 made inferences about mental distress experienced.<sup>ii</sup> We used an iterative process  
29 to classify these expressions by counting mentions associated with mental distress.  
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31 Many stories featured more than one form of distress. We then assigned these to 19  
32 top-level categories.<sup>iii</sup>  
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49 The most expressed concern was *Worry* (41% of concerns), mostly related to the  
50 possibility that Ali or their parent would contract COVID-19. Other expressions of  
51 distress related to government-imposed physical and social distancing provisions,  
52 leading characters to feel lonely, isolated and angry. Table 2 summarises  
53 expressions of mental distress that account for more than 5% of those counted.<sup>iv</sup>  
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Mental Distress	Example	Percentage of Count
Worry	“Ali is tired, it's been a long day trying to work from home with small kids, but they listen carefully to all the worries of their dad.”	41%
General Implication of Psychological Discomfort <sup>v</sup>	“Ali remains calm and tries to get to the root of the problem and lends a listening ear. She redirects one of the concerns towards practical solutions to calm the parent and reminds the parent of some trusted neighbours and friends nearby and commits to checking back in in one hour.”	10%
Fear	“She lives in an assisted care home and has been reading the news about the deaths in other nursing homes. She is understandably scared...”	8%
Loneliness	“...She's lonely, none of her children are there, this is not something she says often but Ali knows this to be true. The call is about COVID-19 on the face of it but she just wants to talk to someone.”	8%
Anxiety	“...his mother is anxious about running out of toilet rolls and not getting basic things from the grocery store.”	6%
Distress	“Ali gets distressed with his mother's distress...”	5%

*Table 2: Mental Distress*

## 2. Coping Strategies

79% of stories featured coping strategies of some kind, and 66% featured more than one strategy. Strategies were articulated by characters in the stories, typically to

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allay the distress of Ali's parent. We used an iterative process and counted mentions of coping strategies, then assigned these to a set of top-level strategy types. The most common strategy was *Talking* (29% of strategies). Talking as a coping strategy underpins the story stem, which begins with a phone call to Ali. Many stories began with Ali verbally reassuring their parent. Table 3 outlines coping strategies accounting for more than 5% of strategies counted.<sup>vi</sup>

Coping Strategy	Description of Strategy	Percentage of Count
Talking	Talking through worries; Ali providing verbal reassurance; talking about things beyond COVID-19.	29%
Socialising	Planning to, or undertaking, social interaction.	12%
Prevention Strategies	Discussing strategies to limit risks of catching COVID-19 to limit parental worry.	11%
Information	Getting information to combat worry and anxiety, including engaging with reputable sources to bust COVID-19 myths (e.g., COVID-19 is caused by 5G network).	10%
Instrumental	Practical support Ali proposed to alleviate stress (e.g., offering to shop for parents).	10%
Relaxation Activities	Watching movies; reading books; gardening or getting fresh air.	8%

Table 3: Coping Strategies

### 3. Social Supports

85% of stories included Ali providing or offering social support to their parent.<sup>vii</sup>

Arguably, Ali's ability to provide support underpins the story stem, as Ali's parent calls while distressed. We counted explicit mentions of supports articulated in stories. In health research, various social support categories are used including instrumental, emotional, tangible, affectionate, positive interactions, or appraisal.<sup>33-36</sup> We used three broad social supports categories: 1) *Emotional*: Expression of empathy, love, trust, care and support. 2) *Instrumental*: Tangible service or help. 3) *Informational*: Advice, suggestions and information. Table 4 records the presence (or co-presence) of social supports in stories. *Emotional* support was by far the most prevalent. We note that coping strategies and social supports sometimes overlapped.

Support Type(s)	Example	Percentage of Stories Type(s) Appear
<i>Emotional</i>	".... Ali speaks to her mother for a few minutes, calming her down and reassuring her that she will be ok..."	30%
<i>Emotional</i> and <i>Informational</i>	"Ali assures her Mum that she is listening and encourages her Mum to share what is worrying her... Ali sits at her laptop while she talks to her Mum and looks up trusted sources of medical information (WHO, Aus Govt, mydr.com.au) to help her Mum, and herself, understand what we know."	18%
<i>Emotional</i> , <i>Instrumental</i>	"Ali seeks to reassure her parent that if he/she follows current health advice that the risks to this parent can be minimised... Ali is mindful of his/her parents' social isolation during COVID-	16%

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	and <u>Informational</u>	<i>19 and is conflicted by the need to visit to help and reassure his/her parent and to remain isolated to ensure risks are minimised... Ali contacts the Government COVID-19 assistance line for advice. The following day, Ali arranges a Telehealth consult with his/her elderly's parent to ensure parent is informed on how best to look after themselves, and to arrange a flu shot."</i>	
19 20 21 22 23 24 25 26 27 28	<i>Emotional</i> and <b>Instrumental</b>	<i>"It will be okay, we can help. What do you need, we can get you groceries, there will be enough food, what's in your pantry, we can send you toilet paper and hand sanitizer... We will take care of you. We love you."</i>	11%
29 30 31 32 33 34 35 36 37 38 39 40 41 42	<u>Informational</u>	<i>"...Ali's mum then goes on to explain she saw on Facebook how 5G is linked to increased cases... <u>Ali rubs his eyes and explains that you should never believe what you see and read on social media...The next morning he finds some credible sources explaining there is absolutely no link between Corona Virus and 5G and send them to his mum."</u></i>	11%
43 44 45 46 47 48	<b>Instrumental</b>	<i>"...Ali drove to his parent's house, bringing with him some medicine. After looking at the nearest drive-through testing centre, he brought them to be tested the next day."</i>	9%
49 50 51 52 53 54 55 56 57 58	<b>Instrumental</b> and <u>Informational</u>	<i>"...Ali, now wide awake, opens her laptop, googles the symptoms of Corona and asks her mum if she is suffering from any of these symptoms...Ali will check on her in the morning."</i>	5%

Table 4: Social Supports

#### 4. COVID-19 Vocabulary

Stories contained specific language and terminology that became more prominent among the general public due to the COVID-19 pandemic. We compiled a COVID-19 vocabulary list drawing on news and web articles on COVID-19 terminology and vocabulary.<sup>37-43</sup> We counted 24 COVID-19 vocabulary words or expressions (and variations) in 65% of stories.<sup>viii</sup> Table 5 lists terms that appear in 5% or more of the stories.<sup>ix</sup>

<b>Covid-19 Term</b>	<b>Related Variations</b>	<b>Percentage of Stories Term Appears</b>
COVID-19	COVID, Corona Virus, Corona, Rona	30%
Isolation	Isolate, Self-Isolate, Self-Isolated, Self-Isolation	10%
Social Distancing	Socially Distanced, Socially Distancing, Distancing, Distance from People, Kept Our Distances	8%
Lockdown		5%
Pandemic		5%
Vulnerable Group	Vulnerable Age Group, Vulnerable Age Bracket, High Risk Category	5%

*Table 5. Covid-19 Vocabulary*

#### DISCUSSION

Story completion has been used in psychology, health and social research to learn about personal crisis and health concerns. It is emerging as an effective method to

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3 engage with COVID-19, “a crisis on a much larger scale”.<sup>19</sup> To our knowledge, this  
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5 is the first study to report on *data* generated from story completion with a COVID-19  
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7 scenario. We acknowledge Braun, Clarke and Moller’s work describing their  
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9 methodological approach using story completion during the pandemic.<sup>19</sup> In our  
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11 research, the story completion method garnered a rich array of engaging and moving  
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13 stories, with insights into individual knowledge about, and experiences of, pandemic-  
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15 related language, mental distress, and strategies to alleviate discomfort and offer  
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17 social support. The stories stand as a creative, textual archive of the pandemic and  
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19 mental health and wellbeing concerns as experienced in Australia in early 2020.  
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### 24 **Mental Distress**

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26 Preliminary research in Australia indicates that the pandemic and associated health  
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28 risks, social restrictions, and economic impacts have adversely impacted the mental  
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30 health of the general public and those with pre-existing mental health diagnosis.<sup>44, 45</sup>  
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32 The full mental health impact is yet to become fully apparent. Preliminary research on  
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34 the topic should be followed up with rigorous longitudinal studies.<sup>46</sup> In our research,  
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36 creative, narrative expressions seemed to imitate real-life, with most stories centring  
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38 around experiences of psychological anguish. Mental distress caused by fear of  
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40 COVID-19, and the emotional and psychological impact of hearing from a loved one  
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42 in distress formed the narrative core of most stories. This correlates with findings from  
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44 narrative qualitative research undertaken in Australia which documented feelings of  
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46 vulnerability and anxiety due to the threat of catching COVID-19 and hearing about  
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48 the impact of COVID-19 on others.<sup>47</sup> The stories clearly conveyed (sometimes  
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50 viscerally) the psychological suffering wrought by COVID-19 because of its highly  
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52 infectious nature and the fatalities that resulted from the virus.  
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## Social Supports and Coping Strategies

While mental distress permeates most stories, respondents also included various social supports and coping strategies. Ali and their parent offered, recommended, and practiced diverse coping strategies. Most were associated with positive self-care approaches such as recreation, socialising, or exercise, rather than maladaptive coping strategies such as shouting, smoking or binge drinking.<sup>48</sup> This suggests that participants had a relatively high level of mental health literacy and were aware of healthy approaches to managing psychological discomfort. This may be due to our recruitment approach (i.e., distribution via [organisation name removed for review] and our social media networks).

There is an emerging body of small-scale research assessing coping strategies in response to COVID-19. Socially oriented coping strategies, as well as mindfulness or positive thinking, emerge across this literature as productive and healthy approaches to cope with COVID-19 related distress.<sup>49-51</sup> While we identified these coping strategies across stories, respondents also suggested additional practical approaches including strategies to limit the risk of contracting COVID-19, reading reputable material to learn facts or combat myths about the virus, or engaging in practical actions to alleviate anxiety (such as Ali shopping for their parent). The characters sought out or offered a combination of cognitive, emotional and practical supports or coping strategies to address distress. Again, this suggests a good level of mental health literacy *and* shows awareness of stressors beyond the threat of catching COVID-19, such as: increased news consumption and 'doom scrolling';<sup>52</sup> the flourishing of COVID-myths, misinformation, and conspiracy theories;<sup>47, 53, 54</sup> and panic related to supermarket shortages.<sup>55</sup>

## COVID-19 Vocabulary

The language used in stories largely reflected public health messaging at the time of data collection. New words had entered the lexicon among the general public, likely due to increased exposure and attention to the 24-hour news cycle. Indeed, news media was mentioned in 13 stories (~8%) as a source of both information and anxiety. It is likely that constant engagement with media caused new terms to permeate everyday conversations. This uptake of a COVID-19 vocabulary assisted respondents to express their fears using commonly understood language that can unite people “around a set of collective cultural references points [like a]...lexical ‘social glue’”.<sup>41</sup> The ubiquity of COVID-19 vocabulary in stories reflects community engagement with media and health messaging. As Rudd and Baur report, “communication messages and materials related to COVID-19 have introduced unusual vocabulary and phrases into common speech over the past several months...over a short time period these previously rare words have become commonly understood”.<sup>56</sup>

## CONCLUSION

We cautiously suggest that points of convergence across stories indicate a shared experience amongst participants resulting from intensive media coverage, persistent public-health messaging, engagement with social media and instant messaging technologies, and extended lockdowns that impacted the mental health and wellbeing of vast numbers of Australians. However, we cannot do more than cautiously speculate the reason for this caution is outlined below.

## Strengths, Limitations and Directions for Future Research



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3 A strength of the story completion method, and what makes it a potentially  
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5 empowering research tool, is that it engages participants in a hypothetical, creative,  
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7 and speculative manner to reveal patterns and processes of sense-making and  
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9 social experience. It asks participants to imagine themselves in a situation but does  
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11 not *demand* that stories only reflect their lived realities.<sup>5</sup> In our research, this  
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13 methodological strength has resulted in a limitation regarding how much we can infer  
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15 about data collected. Researchers must be cautious about making sweeping  
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17 assumptions regarding the relationship between story content and respondents'  
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19 realities. While we agree that story completion has the potential to reveal much  
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21 about participants' social, personal, and psychological worlds, more information was  
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23 needed to undertake this form of extended interpretative analysis within our dataset.  
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25 This does not diminish the method's potential in illustrating how narrative inquiry can  
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27 elicit and capture social knowledge, mores, vocabulary, and experience. In future  
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29 research, it may be effective to pair story completion with complementary methods  
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31 such as one-on-one interviews<sup>10</sup> to examine, for example, the gap between  
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33 knowledge of positive mental health coping strategies and their uptake or practice.  
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35 The combination of arts-based or narrative-based methods with oral qualitative data  
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37 collection methods has worked successfully in our previous research.<sup>57, 58</sup>  
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45 Another limitation of this study was the lack of significant ethnic and cultural diversity  
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47 in our cohort. This perhaps signals that we did not utilise story completion in  
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49 culturally appropriate ways nor paid enough attention to the recruitment strategy to  
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51 engage more diverse respondents. For example, our stem (which we developed in  
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53 line with the accepted story completion approach) privileged western modes of story  
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55 construction, with participants being asked to complete a story by providing a *middle*  
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57 and *end* to the *beginning* offered by the stem.<sup>59</sup> This approach may not have  
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3 appealed to those familiar with other storytelling approaches grounded in distinct  
4 sociocultural contexts.<sup>60</sup> A lack of diversity in our sample may also have been the  
5 result of our recruitment strategy via social media.<sup>61</sup> In the future, these  
6 shortcomings could be addressed through the collaborative co-creation of a stem  
7 with a diverse participant advisory group, and via deliberative recruitment to ensure  
8 cultural diversity. These considerations have led us to develop recommendations to  
9 decolonise story completion.<sup>20</sup>

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22 **ACKNOWLEDGEMENTS:** We would like to thank all study participants. We  
23 acknowledge that this research took place on unceded Aboriginal land.

24  
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26  
27 **FUNDING STATEMENT:** This research received no specific grant from any funding  
28 agency in the public, commercial or not-for-profit sectors.

29  
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32 **ETHICS STATEMENT:** This project was reviewed and approved by the University of  
33 New South Wales Human Research Ethics Committee (Approval number:  
34 HC200535). Participant involvement in the study was voluntary and informed  
35 consent was gained from participants prior to their participation. A study information  
36 sheet and consent form were provided at the outset of the digital platform for the  
37 research.

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42 **DATA AVAILABILITY STATEMENT:** No additional data available.

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46 **AUTHOR CONTRIBUTIONS:** CL and KB were responsible for conceptualising,  
47 planning, gaining ethics approval, and initiating data collection for the study. PV, CL,  
48 and KB all undertook analysis and interpretation of data, working collaboratively to  
49 code the stories and to identify core meta-themes. This manuscript was co-  
50 conceived by all authors. PV wrote the manuscript and produced the tables. The  
51 manuscript was critically reviewed by CL and KB who provided detailed feedback. All  
52 authors take responsibility for the work, had access to the data, and controlled the  
53 decision to publish.

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7 **COMPETING INTERESTS:** None declared.  
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12 **REFERENCES**  
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24  
25 <sup>i</sup> Indeed, one participant wrote that the stem was an exact reflection of their life during the pandemic.

26 <sup>ii</sup> For example, we inferred that the following was taken as an expression of *anger*: "*F\*\*\* off Mum, she*  
27 *thinks. F\*\*\* off Everybody. F\*\*\* off COVID*".

28 <sup>iii</sup> We sought to retain participant language when creating meta-categories and combined only closely  
29 related terms under each overarching category. For example, *scared* was included in the category of  
30 *fear*, while *worry* and *anxiety* were retained as separate categories.

31 <sup>iv</sup> Expressions of distress appearing in fewer than 5% of stories were *upset, frustration, panic, anger,*  
32 *anguish, trapped, helplessness, isolation, paranoia, stress, suicidal ideation, uncertainty, unease.*

33 <sup>v</sup> There were instances (10% of concerns) where no specific feeling of mental distress was articulated  
34 but there was a general implication or expression of mental distress in the narratives.

35 <sup>vi</sup> Strategies accounting for less than 5% were *cognitive* (e.g., changing, and challenging patterns of  
36 thinking), *food and drink, limiting new consumption, planning for the future, caring for others, exercise,*  
37 *professional support* (e.g., consulting a GP or therapist), *and sleep.*

38 <sup>vii</sup> We did not track supports offered to Ali by their parents as these appeared only infrequently in  
39 stories.

40 <sup>viii</sup> We counted the number of stories which featured specific words from the Covid Vocabulary list  
41 (e.g., if a single story used the word *Covid* three times, this was counted as one story featuring that  
42 word). The authors took context into consideration when tracking words use. For example, *isolated*  
43 was taken to be an example of Covid Vocabulary if it related to public health orders about isolating to  
44 prevent the spread of Covid-19: "she's in a place where she can self-isolate". However, we did not  
45 count *isolated* as Covid Vocabulary if it appeared in contexts like the following: "Ali's mother is feeling  
46 isolated and lonely".

47 <sup>ix</sup> Other words counted (that appeared in less than 5% of stories) were *Face Mask, Restrictions,*  
48 *Washing Hands, 1.5 Meters, Hand Sanitiser, Telehealth, Zoom, Asymptomatic, Cluster, COVIDsafe*  
49 *App, Death Tolls, Drive-Through Testing, Essential Activities, Frontline Healthcare Worker, Incubation*  
50 *Period, Intubate, Panic Buying, and Safety Measures.*  
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## Standards for Reporting Qualitative Research (SRQR) – Checklist for “This bloody rona!”: Using the digital story completion method to explore mental health impacts of COVID-19 in Australia

Page(s)

**Title and abstract**

<b>Title</b> - Concise description of the nature and topic of the study Identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	1
<b>Abstract</b> - Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	1-2

**Introduction**

<b>Problem formulation</b> - Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	2-3
<b>Purpose or research question</b> - Purpose of the study and specific objectives or questions	3-4

**Methods**

<b>Qualitative approach and research paradigm</b> - Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/ interpretivist) is also recommended; rationale	6-7
<b>Researcher characteristics and reflexivity</b> - Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	6
<b>Context</b> - Setting/site and salient contextual factors; rationale	3-4
<b>Sampling strategy</b> - How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale	N/A
<b>Ethical issues pertaining to human subjects</b> - Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	4
<b>Data collection methods</b> - Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale	4



1		
2	<b>Data collection instruments and technologies</b> - Description of instruments (e.g.,	
3	interview guides, questionnaires) and devices (e.g., audio recorders) used for data	
4	collection; if/how the instrument(s) changed over the course of the study	4
5		
6	<b>Units of study</b> - Number and relevant characteristics of participants, documents,	
7	or events included in the study; level of participation (could be reported in results)	7-9
8		
9	<b>Data processing</b> - Methods for processing data prior to and during analysis,	
10	including transcription, data entry, data management and security, verification of	
11	data integrity, data coding, and anonymization/de-identification of excerpts	6-7
12		
13	<b>Data analysis</b> - Process by which inferences, themes, etc., were identified and	
14	developed, including the researchers involved in data analysis; usually references a	
15	specific paradigm or approach; rationale	6-7
16		
17	<b>Techniques to enhance trustworthiness</b> - Techniques to enhance trustworthiness	
18	and credibility of data analysis (e.g., member checking, audit trail, triangulation);	
19	rationale	6-7
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### Results/findings

21		
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23	<b>Synthesis and interpretation</b> - Main findings (e.g., interpretations, inferences, and	
24	themes); might include development of a theory or model, or integration with	
25	prior research or theory	7-15
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27	<b>Links to empirical data</b> - Evidence (e.g., quotes, field notes, text excerpts,	
28	photographs) to substantiate analytic findings	7-15
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### Discussion

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32	<b>Integration with prior work, implications, transferability, and contribution(s) to</b>	
33	<b>the field</b> - Short summary of main findings; explanation of how findings and	
34	conclusions connect to, support, elaborate on, or challenge conclusions of earlier	
35	scholarship; discussion of scope of application/generalizability; identification of	
36	unique contribution(s) to scholarship in a discipline or field	15-18
37		
38	<b>Limitations</b> - Trustworthiness and limitations of findings	18-20
39		

### Other

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42	<b>Conflicts of interest</b> - Potential sources of influence or perceived influence on	
43	study conduct and conclusions; how these were managed	20
44		
45	<b>Funding</b> - Sources of funding and other support; role of funders in data collection,	
46	interpretation, and reporting	20
47		

# BMJ Open

**“This bloody rona!”: Using the digital story completion method and thematic analysis to explore mental health impacts of COVID-19 in Australia**

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2021-057393.R2
Article Type:	Original research
Date Submitted by the Author:	14-Dec-2021
Complete List of Authors:	Vaughan, Priya; University of New South Wales, Black Dog Institute Lenette, Caroline; University of New South Wales, School of Social Sciences, Faculty of Arts, Design and Architecture Boydell, Katherine; University of New South Wales, Black Dog Institute
<b>Primary Subject Heading</b>:	Mental health
Secondary Subject Heading:	Mental health
Keywords:	MENTAL HEALTH, QUALITATIVE RESEARCH, COVID-19

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3 **Title:** “This bloody rona!”: Using the digital story completion method and thematic  
4 analysis to explore mental health impacts of COVID-19 in Australia  
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29 **Word Count** (excluding title page, abstract, references, figures and tables): 3348  
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3 **“This bloody rona!”: Using the digital story completion method and thematic**  
4 **analysis to explore mental health impacts of COVID-19 in Australia**  
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6 **KEYWORDS:** COVID-19, Story Completion, Mental Health, Coping Strategies,  
7 Social Supports, COVID-19 Vocabulary.  
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10  
11 **ABSTRACT**  
12

13 **Objectives:** To use the digital story completion method to prompt participants to  
14 describe thoughts, fears, and mental health experiences in response to a story stem  
15 about COVID-19, to capture a specific socio-historic moment.  
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18 **Design:** We used digital story completion, a qualitative research method, to gather  
19 narratives from Australians coping with physical distancing and social restriction  
20 measures. Our reflexive thematic analysis of the data was underpinned by a  
21 constructionist approach to reflect the importance of social context in understanding  
22 health experiences.  
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32 **Setting:** Australia.  
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35 **Participants:** 52 people living in Australia (aged 18 years and over).  
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38 **Results:** Four meta-themes were prevalent across 52 stories submitted: (i)  
39 Expressions of *Mental Distress* linked to COVID-19; (ii) Various *Coping Strategies*  
40 offered by characters in stories; (iii) Narratives outlining *Social Supports* offered to  
41 alleviate distress; and (iv) Specialised *COVID-19 Vocabulary*.  
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48 **Conclusion:** We cautiously propose that points of convergence across stories  
49 indicate a level of shared experience among participants relating to COVID-19 in  
50 Australia. We suggest this is due to intensive media coverage of the pandemic,  
51 persistent public-health messaging, engagement with social media and instant  
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3 messaging technologies, and extended lockdowns that impacted the mental health  
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5 of vast numbers of Australians.  
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### 8 **Strength and Limitations of this Study:**

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- 10 • Story completion has the potential to elicit rich detail regarding individual and  
11 collective experiences of social phenomenon, such as the impact of a  
12 pandemic on health and wellbeing.  
13
- 14 • The story completion method invites people to think creatively and  
15 speculatively to reveal processes of sense-making and social experience.  
16
- 17 • First study to report on *data* generated from story completion research relating  
18 to the COVID-19 pandemic.  
19
- 20 • Need for caution vis-à-vis assumptions about the relationship between the  
21 story content and participants' realities.  
22
- 23 • Lack of significant ethnic and cultural diversity in our cohort signaled that we  
24 had not used story completion in appropriate ways for diverse cultural groups.  
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### 40 **BACKGROUND**

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42 Story completion is an innovative mode of qualitative inquiry that offers a unique  
43 means of creatively engaging research participants. The method encourages  
44 participants to respond creatively and speculatively to a scenario in a manner that  
45 does not require them to disclose personal details or their own experiences.<sup>1-3</sup> It is  
46 adaptable to various epistemological frameworks but is most frequently used within a  
47 social constructionist framework.<sup>1,2</sup> The story completion method has burgeoned in  
48 recent years.<sup>4,5</sup> This relatively new research approach has been detailed in the  
49 introduction to a special journal issue on story completion.<sup>2</sup> The method was also  
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3 featured in a 2019 symposium with an introduction and three abstracts published in  
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5 *BMJ Open*,<sup>6-9</sup> signalling a growing interest in its applications in health and social  
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7 care.  
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9

10 Story completion originated in psychology, feminist theory and psychotherapy  
11  
12 traditions.<sup>2, 10</sup> It was first adapted by Kitzinger and Powell for use in qualitative  
13  
14 research using a social constructionist perspective and discourse analysis.<sup>11</sup> Story  
15  
16 completion is increasingly used to study patterns of social meaning and assumptions  
17  
18 depicted in a set of stories responding to a 'stem' or cue.<sup>12</sup> The method has recently  
19  
20 garnered interest from qualitative researchers keen to pursue its possibilities as a  
21  
22 narrative method,<sup>2</sup> largely to stimulate social meanings and understand sense-  
23  
24 making and lifeworlds.<sup>13</sup> As such, story completion has untapped potential to elicit  
25  
26 rich detail regarding individual and collective experiences of large-scale social  
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28 phenomena such as the impact of a pandemic on health and wellbeing.  
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34 Research undertaken in various locations globally, including Australia, reveals that  
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36 COVID-19 (and the unique socio-economic impacts it has wrought) has adversely  
37  
38 impacted the mental health and wellbeing of diverse cohorts of people.<sup>14-20</sup> We  
39  
40 utilised the story completion method with Australian participants coping with  
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42 measures put in place to limit the spread of COVID-19 to gain insights regarding the  
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44 impact of the pandemic on mental health and wellbeing.  
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## 51 **METHODS**

### 52 **Design**

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54 We used digital story completion to gather narratives from Australians coping with  
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56 physical distancing and social restriction measures in place from March 2020. We  
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3 were particularly interested in the pandemic's impact on mental health and wellbeing  
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5 as, at the time, government and media discourse often focused on mental health  
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7 concerns resulting from the management of COVID-19.<sup>21-24</sup> For example, in April  
8  
9 2020 the New South Wales Government announced a \$73 million dollar support  
10  
11 package intended to support mental wellbeing during the pandemic.<sup>25</sup>  
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14  
15 Story completion was appropriate to explore how people were responding to rapidly  
16  
17 changing situations, given its use as a tool for “accessing *social* meanings and  
18  
19 discourses, and dominant assumptions and norms”.<sup>26</sup> The method was used to  
20  
21 archive unusual global circumstances affecting Australia as a distinct context. Our  
22  
23 interest in capturing how respondents coped with public health restrictions and their  
24  
25 impact on health and wellbeing informed our choice of stem: *An 11pm phone call is*  
26  
27 *received from Ali's elderly parent who is distressed due to COVID-19. What happens*  
28  
29 *next?*  
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34 We discussed the ‘hypothetical’ nature of the stem, in line with past applications of  
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36 story completion. Given the uniqueness of the COVID-19 situation and attendant  
37  
38 collective experiences of uncertainty, we acknowledged that the stem might also  
39  
40 echo participants’ reality.<sup>i</sup> We hypothesized that respondents might use the stem to  
41  
42 creatively explore and represent their lived experiences of the pandemic.  
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### 46 **Patient and Public Involvement**

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48  
49 Members of the public were not involved in the development of this research. As  
50  
51 discussed below, we believe the lack of significant ethnic and cultural diversity in our  
52  
53 participant cohort signalled that we had not utilised story completion in culturally  
54  
55 appropriate ways nor paid enough attention to the recruitment strategy to engage  
56  
57 more diverse respondents. This led us to develop recommendations to decolonise  
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3 story completion. A key recommendation is that story completion research be co-  
4 developed in collaboration with individuals with lived experience relevant to the  
5 research topic. <sup>27</sup>  
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10 Ethics approval was sought from the [removed for review] Human Research Ethics  
11 Committee and approval was gained in May 2020 (Approval Number: [removed for  
12 review]).  
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16

### 17 **Data Collection**

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19  
20 We set up a submission point using Qualtrics. We outlined consent and ethics  
21 information, followed by the stem, and demographic questions. We began participant  
22 recruitment in May 2020. At the time, various COVID-19 related restrictions in place  
23 across all states and territories were beginning to ease slightly. For example, in  
24 Australia's most populous state, New South Wales, strict restrictions aimed at  
25 limiting the spread of COVID-19 began to relax in May 2020. For instance, a  
26 household was allowed up to five visitors at one time, up to ten people could gather  
27 outdoors, and cafes and restaurants could seat a maximum of 10 people. However,  
28 various restrictions on physical distancing, travel across state and territory borders,  
29 and international travel remained in place. <sup>25</sup>  
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45 We shared the Qualtrics link via Twitter, seeking to recruit people living in Australia  
46 aged 18 years or older. Participation was not incentivised. We also posted a  
47 Facebook invitation on the [organisation] webpage (a specialist mental health  
48 research institute), after which we saw a net increase in submissions. We chose  
49 these recruitment strategies for a rapid response and to attract a diverse cross-  
50 section of respondents. When the survey was closed after four weeks, we had 52  
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3 stories. We did not set a word limit, hoping that it would encourage respondents to  
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5 be creative with the stem.  
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8 To frame each participant's storytelling choices in our analysis, we collected  
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10 demographic data using a mix of pre-determined and open responses. We wanted to  
11  
12 understand who responded to the call to participate and what specific markers of  
13  
14 identity might reveal about how people told stories about COVID-19. We provide  
15  
16 demographic information in the results section.  
17  
18

### 19 20 21 **Sample Size**

22  
23 Because of likely variation in quality and length of stories, recruiting at least 10  
24  
25 participants per story stem is recommended.<sup>28</sup> However, story completion studies  
26  
27 typically recruit sample sizes of 40 to 60 participants.<sup>29, 30</sup> We are confident that our  
28  
29 52 stories represent a robust corpus of data for analysis.  
30  
31

### 32 33 **ANALYSIS**

34  
35 We used reflexive thematic analysis,<sup>28</sup> an approach widely used in story completion  
36  
37 analysis and in qualitative research more generally.<sup>12, 31</sup> This analytical lens  
38  
39 positions researchers as active agents in the process and requires reflection on the  
40  
41 assumptions and experiences they bring to the analysis.<sup>32</sup> Author 2 and Author 3 are  
42  
43 senior researchers and have extensive experience using arts-based qualitative  
44  
45 methods in the context of participatory sociological and psychological research on  
46  
47 mental health and social inclusion. Author 1 is an early-career, postdoctoral  
48  
49 researcher who trained as a social anthropologist and has also used arts-based  
50  
51 research methods to collect data on mental health. This was the first time members  
52  
53 of the research team had used story completion as a research method. We have  
54  
55 used thematic analysis extensively in previous work.<sup>33-35</sup> We interpreted the data  
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3 using a constructionist approach to story completion, as each story reflects the  
4 participant's social context.<sup>11, 36, 37</sup>

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8 The data analysis process involved the following phases. A detailed overview of this  
9 process is described elsewhere.<sup>38</sup>

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13 1. *Familiarisation*: All researchers reviewed all stories to get a sense of the data  
14 set as a whole.
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16  
17 2. *Initial Coding*: Author 1 read all the stories and Author 2 and Author 3 read  
18 half each, so that each story was read at least twice. We recorded our initial  
19 thoughts using two headings: (i) "Are there particular storylines? What are the  
20 'turning points' or what Fels calls 'tug on the sleeve' moments?<sup>39</sup> Are there  
21 repeated patterns of meaning?" and (ii) "Key themes".
- 22  
23  
24 3. *Identification of Themes*: We identified the most prominent or important  
25 elements in the stories, before engaging in collaborative analysis to produce  
26 an initial set of themes (or codes).
- 27  
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29 4. *Refining Themes*: We collaboratively reviewed themes and iteratively refined  
30 our coding structure to identify the overarching themes which characterised  
31 the data set. This led to the identification of four meta-themes described  
32 below.

## 33 34 35 36 37 38 39 40 41 42 43 44 45 46 **RESULTS**

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49 Participants produced 52 stories. The length of each story varied from one sentence  
50 to a lengthy paragraph. Typically, short stories covered the next step or action the  
51 protagonist would take in immediate response to the situation outlined in the stem.  
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54 Longer stories outlined a narrative arc with a beginning, middle and end (orientation,  
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complication, resolution), or contained reflections on the situation the protagonist faced.

## Demographic Data

Demographic data collected indicated a relatively homogenous participant composition, particularly regarding ethnic or cultural background (see Table 1 for details). Not all participants responded to all demographic questions. Given the relative homogeneity of the cohort and small sample size, demographic data did not significantly enhance our analysis but provided contextual information about who participated and who had not, which impacted our thinking regarding future story completion research. We discuss this in greater detail below.

Demographics	Participants n (%)
<i>Age</i>	
18-24	2 (4%)
25-34	20 (39%)
35-44	14 (27%)
45-54	7 (14%)
55-64	6 (12%)
65-74	2 (4%)
<i>Gender</i>	
Female	42 (84%)
Male	5 (10%)
Non-binary	1 (2%)
Trans	2 (4%)
<i>Highest education level</i>	
Completed some post-school technical training or university study	4 (8%)
Completed university degree	24 (47%)
Postgraduate degree	23 (45%)
<i>Marital status</i>	
Married/de-facto	30 (67%)
Single	15 (33%)
<i>Race/Ethnicity†</i>	
Aboriginal	1 (2%)

Anglo	10 (20%)
Asian	2 (4%)
Australian (including Asian Australian, Non-Indigenous Australian, Irish-Catholic Australian)	11 (22%)
Caucasian	13 (26%)
Chinese	1 (2%)
European	3 (6%)
Jewish Anglo	1 (2%)
Mixed (including Anglo/Sri Lankan)	3 (6%)
The Human Race	1(2%)
White	4 (8%)
† Categories based on language used by participants	
<i>Country of origin</i>	
Australia	39 (78%)
Other Countries‡	11 (22%)
‡ Other countries reported: China, Germany, Malaysia, New Zealand, Pakistan, Sweden, UK, USA	
<i>Language(s) spoken at home</i>	
English only	47 (94%)
English and other language(s) §	3 (6%)
§ Other languages reported: Dutch, Polish, Punjabi, Spanish, Urdu	
<i>Employment status</i>	
Full-time employment	27 (53%)
Part-time employment	16 (31%)
Unemployed	7 (14%)
Volunteer	1 (2%)
<i>Residency</i>	
Major city	42 (91%)
Regional	4 (9%)

Table 1: Participant demographics

## Meta-Themes

We identified four meta-themes across the stories:

1. Expressions of *Mental Distress* linked to COVID-19;
2. Various *Coping Strategies* offered by Ali and other characters in stories;
3. Narratives outlining *Social Supports* offered to alleviate distress; and
4. Specialised *COVID-19 Vocabulary*.

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3 In the following overview of these meta-themes, we explore their prevalence across  
4 stories. Moller et al. note that reporting on “frequency counts or percentages” when  
5 using story completion “may be seen as controversial (e.g., antithetical to qualitative  
6 values)”.<sup>5</sup> However, given our interest in archiving a specific *moment* in Australia  
7 relating to a public health crisis, we felt that a top-down focus, which captured  
8 commonalities and differences in experiences, was imperative.  
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## 16 17 **1. Mental distress**

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19 We tracked expressions of mental distress that Ali, the parent, or others conveyed in  
20 the stories. Almost all (96%) stories included implied or explicit discussions of  
21 experiences of mental distress. While the stem mentioned that Ali’s parent was  
22 distressed, participants could choose how they developed their narrative and how  
23 much emphasis they placed on this element. We identified the language used in  
24 stories rather than assigning diagnostic categories to the texts, to understand how  
25 participants described a character’s state of mind. Some participants explicitly  
26 named the type of mental distress a character suffered, while in other instances we  
27 made inferences about mental distress experienced.<sup>ii</sup> We used an iterative process  
28 to classify these expressions by counting mentions associated with mental distress.  
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30 Many stories featured more than one form of distress. We then assigned these to 19  
31 top-level categories.<sup>iii</sup>  
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49 The most expressed concern was *Worry* (41% of concerns), mostly related to the  
50 possibility that Ali or their parent would contract COVID-19. Other expressions of  
51 distress related to government-imposed physical and social distancing provisions,  
52 leading characters to feel lonely, isolated and angry. Table 2 summarises  
53 expressions of mental distress that account for more than 5% of those counted.<sup>iv</sup>  
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Mental Distress	Example	Percentage of Count
Worry	"Ali is tired, it's been a long day trying to work from home with small kids, but they listen carefully to all the worries of their dad."	41%
General Implication of Psychological Discomfort <sup>v</sup>	"Ali remains calm and tries to get to the root of the problem and lends a listening ear. She redirects one of the concerns towards practical solutions to calm the parent and reminds the parent of some trusted neighbours and friends nearby and commits to checking back in in one hour."	10%
Fear	"She lives in an assisted care home and has been reading the news about the deaths in other nursing homes. She is understandably scared..."	8%
Loneliness	"...She's lonely, none of her children are there, this is not something she says often but Ali knows this to be true. The call is about COVID-19 on the face of it but she just wants to talk to someone."	8%
Anxiety	"...his mother is anxious about running out of toilet rolls and not getting basic things from the grocery store."	6%
Distress	"Ali gets distressed with his mother's distress..."	5%

*Table 2: Mental Distress*

## 2. Coping Strategies

79% of stories featured coping strategies of some kind, and 66% featured more than one strategy. Strategies were articulated by characters in the stories, typically to

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allay the distress of Ali's parent. We used an iterative process and counted mentions of coping strategies, then assigned these to a set of top-level strategy types. The most common strategy was *Talking* (29% of strategies). Talking as a coping strategy underpins the story stem, which begins with a phone call to Ali. Many stories began with Ali verbally reassuring their parent. Table 3 outlines coping strategies accounting for more than 5% of strategies counted.<sup>vi</sup>

Coping Strategy	Description of Strategy	Percentage of Count
Talking	Talking through worries; Ali providing verbal reassurance; talking about things beyond COVID-19.	29%
Socialising	Planning to, or undertaking, social interaction.	12%
Prevention Strategies	Discussing strategies to limit risks of catching COVID-19 to limit parental worry.	11%
Information	Getting information to combat worry and anxiety, including engaging with reputable sources to bust COVID-19 myths (e.g., COVID-19 is caused by 5G network).	10%
Instrumental	Practical support Ali proposed to alleviate stress (e.g., offering to shop for parents).	10%
Relaxation Activities	Watching movies; reading books; gardening or getting fresh air.	8%

Table 3: Coping Strategies

### 3. Social Supports



85% of stories included Ali providing or offering social support to their parent.<sup>vii</sup>

Arguably, Ali's ability to provide support underpins the story stem, as Ali's parent calls while distressed. We counted explicit mentions of supports articulated in stories. In health research, various social support categories are used including instrumental, emotional, tangible, affectionate, positive interactions, or appraisal.<sup>40-43</sup> We used three broad social supports categories: 1) *Emotional*: Expression of empathy, love, trust, care and support. 2) *Instrumental*: Tangible service or help. 3) *Informational*: Advice, suggestions and information. Table 4 records the presence (or co-presence) of social supports in stories. *Emotional* support was by far the most prevalent. We note that coping strategies and social supports sometimes overlapped.

Support Type(s)	Example	Percentage of Stories Type(s) Appear
<i>Emotional</i>	".... Ali speaks to her mother for a few minutes, calming her down and reassuring her that she will be ok..."	30%
<i>Emotional</i> and <i>Informational</i>	"Ali assures her Mum that she is listening and encourages her Mum to share what is worrying her... Ali sits at her laptop while she talks to her Mum and looks up trusted sources of medical information (WHO, Aus Govt, mydr.com.au) to help her Mum, and herself, understand what we know."	18%
<i>Emotional</i> , <i>Instrumental</i>	"Ali seeks to reassure her parent that if he/she follows current health advice that the risks to this parent can be minimised... Ali is mindful of his/her parents' social isolation during COVID-	16%

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	and  <u>Informational</u>	<i>19 and is conflicted by the need to visit to help and reassure his/her parent and to remain isolated to ensure risks are minimised... Ali contacts the Government COVID-19 assistance line for advice. The following day, Ali arranges a Telehealth consult with his/her elderly's parent to ensure parent is informed on how best to look after themselves, and to arrange a flu shot."</i>	
19 20 21 22 23 24 25 26 27 28	<i>Emotional</i> and <b>Instrumental</b>	<i>"It will be okay, we can help. What do you need, we can get you groceries, there will be enough food, what's in your pantry, we can send you toilet paper and hand sanitizer... We will take care of you. We love you."</i>	11%
29 30 31 32 33 34 35 36 37 38 39 40 41 42	<u>Informational</u>	<i>"...Ali's mum then goes on to explain she saw on Facebook how 5G is linked to increased cases... Ali rubs his eyes and explains that you should never believe what you see and read on social media...The next morning he finds some credible sources explaining there is absolutely no link between Corona Virus and 5G and send them to his mum."</i>	11%
43 44 45 46 47 48	<b>Instrumental</b>	<i>"...Ali drove to his parent's house, bringing with him some medicine. After looking at the nearest drive-through testing centre, he brought them to be tested the next day."</i>	9%
49 50 51 52 53 54 55 56 57 58	<b>Instrumental</b> and <u>Informational</u>	<i>"...Ali, now wide awake, opens her laptop, googles the symptoms of Corona and asks her mum if she is suffering from any of these symptoms...Ali will check on her in the morning."</i>	5%

Table 4: Social Supports

#### 4. COVID-19 Vocabulary

Stories contained specific language and terminology that became more prominent among the general public due to the COVID-19 pandemic. We compiled a COVID-19 vocabulary list drawing on news and web articles on COVID-19 terminology and vocabulary.<sup>44-50</sup> We counted 24 COVID-19 vocabulary words or expressions (and variations) in 65% of stories.<sup>viii</sup> Table 5 lists terms that appear in 5% or more of the stories.<sup>ix</sup>

<b>Covid-19 Term</b>	<b>Related Variations</b>	<b>Percentage of Stories Term Appears</b>
COVID-19	COVID, Corona Virus, Corona, Rona	30%
Isolation	Isolate, Self-Isolate, Self-Isolated, Self-Isolation	10%
Social Distancing	Socially Distanced, Socially Distancing, Distancing, Distance from People, Kept Our Distances	8%
Lockdown		5%
Pandemic		5%
Vulnerable Group	Vulnerable Age Group, Vulnerable Age Bracket, High Risk Category	5%

*Table 5. Covid-19 Vocabulary*

#### DISCUSSION

Story completion has been used in psychology, health and social research to learn about personal crisis and health concerns. It is emerging as an effective method to

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3 engage with COVID-19, “a crisis on a much larger scale”.<sup>26</sup> To our knowledge, this  
4  
5 is the first study to report on *data* generated from story completion with a COVID-19  
6  
7 scenario. We acknowledge Braun, Clarke and Moller’s work describing their  
8  
9 methodological approach using story completion during the pandemic.<sup>26</sup> In our  
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11 research, the story completion method garnered a rich array of engaging and moving  
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13 stories, with insights into individual knowledge about, and experiences of, pandemic-  
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15 related language, mental distress, and strategies to alleviate discomfort and offer  
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17 social support. The stories stand as a creative, textual archive of the pandemic and  
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19 mental health and wellbeing concerns as experienced in Australia in early 2020.  
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### 24 **Mental Distress**

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26 Preliminary research in Australia indicates that the pandemic and associated health  
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28 risks, social restrictions, and economic impacts have adversely impacted the mental  
29  
30 health of the general public and those with pre-existing mental health diagnosis.<sup>19, 20</sup>  
31  
32 The full mental health impact of the pandemic is yet to become fully apparent.  
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34 Preliminary research on the topic should be followed up with rigorous longitudinal  
35  
36 studies.<sup>51</sup> In our research, creative, narrative expressions seemed to imitate real-life,  
37  
38 with most stories centring around experiences of psychological anguish. Mental  
39  
40 distress caused by fear of COVID-19, and the emotional and psychological impact of  
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42 hearing from a loved one in distress formed the narrative core of most stories. This  
43  
44 correlates with findings from narrative qualitative research undertaken in Australia  
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46 which documented feelings of vulnerability and anxiety due to the threat of catching  
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48 COVID-19 and hearing about the impact of COVID-19 on others.<sup>52</sup> The stories clearly  
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50 conveyed (sometimes viscerally) the psychological suffering wrought by COVID-19  
51  
52 because of its highly infectious nature and the fatalities that resulted from the virus.  
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## Social Supports and Coping Strategies

While mental distress permeates most stories, respondents also included various social supports and coping strategies. Ali and their parent offered, recommended, and practiced diverse coping strategies. Most were associated with positive self-care approaches such as recreation, socialising, or exercise, rather than maladaptive coping strategies such as shouting, smoking or binge drinking.<sup>53</sup> This suggests that participants had a relatively high level of mental health literacy and were aware of healthy approaches to managing psychological discomfort. This may be due to our recruitment approach (i.e., distribution via [organisation name removed for review] and our social media networks).

There is an emerging body of small-scale research assessing coping strategies in response to COVID-19. Socially oriented coping strategies, as well as mindfulness or positive thinking, emerge across this literature as productive and healthy approaches to cope with COVID-19 related distress.<sup>54-56</sup> While we identified these coping strategies across stories, respondents also suggested additional practical approaches including strategies to limit the risk of contracting COVID-19, reading reputable material to learn facts or combat myths about the virus, or engaging in practical actions to alleviate anxiety (such as Ali shopping for their parent). The characters sought out or offered a combination of cognitive, emotional and practical supports or coping strategies to address distress. Again, this suggests a good level of mental health literacy *and* shows awareness of stressors beyond the threat of catching COVID-19, such as: increased news consumption and 'doom scrolling';<sup>57</sup> the flourishing of COVID-myths, misinformation, and conspiracy theories;<sup>52, 58, 59</sup> and panic related to supermarket shortages.<sup>60</sup>

## COVID-19 Vocabulary

The language used in stories largely reflected public health messaging at the time of data collection. New words had entered the lexicon among the general public, likely due to increased exposure and attention to the 24-hour news cycle. Indeed, news media was mentioned in 13 stories (~8%) as a source of both information and anxiety. It is likely that constant engagement with media caused new terms to permeate everyday conversations. This uptake of a COVID-19 vocabulary assisted respondents to express their fears using commonly understood language that can unite people “around a set of collective cultural references points [like a]...lexical ‘social glue’”.<sup>48</sup> The ubiquity of COVID-19 vocabulary in stories reflects community engagement with media and health messaging. As Rudd and Baur report, “communication messages and materials related to COVID-19 have introduced unusual vocabulary and phrases into common speech over the past several months...over a short time period these previously rare words have become commonly understood”.<sup>61</sup>

## CONCLUSION

We cautiously suggest that points of convergence across stories indicate a shared experience amongst participants resulting from intensive media coverage, persistent public-health messaging, engagement with social media and instant messaging technologies, and extended lockdowns that impacted the mental health and wellbeing of vast numbers of Australians. However, we cannot do more than cautiously speculate. The reason for this caution is outlined below.

## Strengths, Limitations and Directions for Future Research

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3 A strength of the story completion method, and what makes it a potentially  
4 empowering research tool, is that it engages participants in a hypothetical, creative,  
5 and speculative manner to reveal patterns and processes of sense-making and  
6 social experience. It asks participants to imagine themselves in a situation but does  
7 not *demand* that stories only reflect their lived realities.<sup>5</sup> In our research, this  
8 methodological strength has resulted in a limitation regarding how much we can infer  
9 about data collected. Researchers must be cautious about making sweeping  
10 assumptions regarding the relationship between story content and respondents'  
11 realities. While we agree that story completion has the potential to reveal much  
12 about participants' social, personal, and psychological worlds, more information was  
13 needed to undertake this form of extended interpretative analysis within our dataset.  
14 This does not diminish the method's potential in illustrating how narrative inquiry can  
15 elicit and capture social knowledge, mores, vocabulary, and experience. In future  
16 research, it may be effective to pair story completion with complementary methods  
17 such as one-on-one interviews<sup>10</sup> to examine, for example, the gap between  
18 knowledge of positive mental health coping strategies and their uptake or practice.  
19 The combination of arts-based or narrative-based methods with oral qualitative data  
20 collection methods has worked successfully in our previous research.<sup>62, 63</sup>  
21  
22 Another limitation of this study was the lack of significant ethnic and cultural diversity  
23 in our cohort. This perhaps signals that we did not utilise story completion in  
24 culturally appropriate ways nor paid enough attention to the recruitment strategy to  
25 engage more diverse respondents. For example, our stem (which we developed in  
26 line with the accepted story completion approach) privileged western modes of story  
27 construction, with participants being asked to complete a story by providing a *middle*  
28 and *end* to the *beginning* offered by the stem.<sup>64</sup> This approach may not have  
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3 appealed to those familiar with other storytelling approaches grounded in distinct  
4 sociocultural contexts.<sup>65</sup> A lack of diversity in our sample may also have been the  
5 result of our recruitment strategy via social media.<sup>66</sup> In the future, these  
6 shortcomings could be addressed through the collaborative co-creation of a stem  
7 with a diverse participant advisory group, and via deliberative recruitment to ensure  
8 cultural diversity. These considerations have led us to develop recommendations to  
9 decolonise story completion.<sup>27</sup>

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22 **ACKNOWLEDGEMENTS:** We would like to thank all study participants. We  
23 acknowledge that this research took place on unceded Aboriginal land.

24  
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26  
27 **FUNDING STATEMENT:** This research received no specific grant from any funding  
28 agency in the public, commercial or not-for-profit sectors.

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32 **ETHICS STATEMENT:** This project was reviewed and approved by the University of  
33 New South Wales Human Research Ethics Committee (Approval number:  
34 HC200535). Participant involvement in the study was voluntary and informed  
35 consent was gained from participants prior to their participation. A study information  
36 sheet and consent form were provided at the outset of the digital platform for the  
37 research.

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42 **DATA AVAILABILITY STATEMENT:** No additional data available.

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46 **AUTHOR CONTRIBUTIONS:** CL and KB were responsible for conceptualising,  
47 planning, gaining ethics approval, and initiating data collection for the study. PV, CL,  
48 and KB all undertook analysis and interpretation of data, working collaboratively to  
49 code the stories and to identify core meta-themes. This manuscript was co-  
50 conceived by all authors. PV wrote the manuscript and produced the tables. The  
51 manuscript was critically reviewed by CL and KB who provided detailed feedback. All  
52 authors take responsibility for the work, had access to the data, and controlled the  
53 decision to publish.

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58 **COMPETING INTERESTS:** None declared.



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46 <sup>i</sup> Indeed, one participant wrote that the stem was an exact reflection of their life during the pandemic.

47 <sup>ii</sup> For example, we inferred that the following was taken as an expression of *anger*: "F\*\*\* off Mum, she  
48 *thinks. F\*\*\* off Everybody. F\*\*\* off COVID*".

49 <sup>iii</sup> We sought to retain participant language when creating meta-categories and combined only closely  
50 related terms under each overarching category. For example, *scared* was included in the category of  
51 *fear*, while *worry* and *anxiety* were retained as separate categories.

52 <sup>iv</sup> Expressions of distress appearing in fewer than 5% of stories were *upset, frustration, panic, anger,*  
53 *anguish, trapped, helplessness, isolation, paranoia, stress, suicidal ideation, uncertainty, unease.*

54 <sup>v</sup> There were instances (10% of concerns) where no specific feeling of mental distress was articulated  
55 but there was a general implication or expression of mental distress in the narratives.

56 <sup>vi</sup> Strategies accounting for less than 5% were *cognitive* (e.g., changing, and challenging patterns of  
57 thinking), *food and drink, limiting news consumption, planning for the future, caring for others,*  
58 *exercise, professional support* (e.g., consulting a GP or therapist), *and sleep.*  
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vii We did not track supports offered to Ali by their parents as these appeared only infrequently in stories.

viii We counted the number of stories which featured specific words from the Covid Vocabulary list (e.g., if a single story used the word *Covid* three times, this was counted as one story featuring that word). The authors took context into consideration when tracking words use. For example, *isolated* was taken to be an example of Covid Vocabulary if it related to public health orders about isolating to prevent the spread of Covid-19: "she's in a place where she can self-isolate". However, we did not count *isolated* as Covid Vocabulary if it appeared in contexts like the following: "Ali's mother is feeling isolated and lonely".

ix Other words counted (that appeared in less than 5% of stories) were *Face Mask, Restrictions, Washing Hands, 1.5 Meters, Hand Sanitiser, Telehealth, Zoom, Asymptomatic, Cluster, COVIDsafe App, Death Tolls, Drive-Through Testing, Essential Activities, Frontline Healthcare Worker, Incubation Period, Intubate, Panic Buying, and Safety Measures*.

1 **Standards for Reporting Qualitative Research (SRQR) –**  
 2 **Checklist for “This bloody rona!”: Using the digital story**  
 3 **completion method to explore mental health impacts of COVID-**  
 4 **19 in Australia**  
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Page(s)

8  
 9 **Title and abstract**

10 11 12 13 14 15 16 17 18	<b>Title</b> - Concise description of the nature and topic of the study Identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	1
19	<b>Abstract</b> - Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	1-2

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 21 **Introduction**

22 23 24 25 26 27	<b>Problem formulation</b> - Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	2-3
28	<b>Purpose or research question</b> - Purpose of the study and specific objectives or questions	3-4

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 30 **Methods**

31 32 33 34 35 36 37	<b>Qualitative approach and research paradigm</b> - Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/ interpretivist) is also recommended; rationale	6-7
38 39 40 41 42 43	<b>Researcher characteristics and reflexivity</b> - Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	6
44	<b>Context</b> - Setting/site and salient contextual factors; rationale	3-4
45 46 47 48	<b>Sampling strategy</b> - How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale	N/A
49 50 51 52	<b>Ethical issues pertaining to human subjects</b> - Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	4-5
53 54 55 56 57	<b>Data collection methods</b> - Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale	5-6

1 2 3 4 5	<b>Data collection instruments and technologies</b> - Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study	5-6
6 7 8	<b>Units of study</b> - Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	8-9
9 10 11 12	<b>Data processing</b> - Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/de-identification of excerpts	6-7
13 14 15 16	<b>Data analysis</b> - Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale	6-7
17 18 19 20	<b>Techniques to enhance trustworthiness</b> - Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale	6-7

### Results/findings

21 22 23 24 25 26	<b>Synthesis and interpretation</b> - Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory	7-15
27 28 29	<b>Links to empirical data</b> - Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings	7-15

### Discussion

30 31 32 33 34 35 36 37 38	<b>Integration with prior work, implications, transferability, and contribution(s) to the field</b> - Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/generalizability; identification of unique contribution(s) to scholarship in a discipline or field	15-18
39	<b>Limitations</b> - Trustworthiness and limitations of findings	18-20

### Other

40 41 42 43 44	<b>Conflicts of interest</b> - Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed	20
45 46 47	<b>Funding</b> - Sources of funding and other support; role of funders in data collection, interpretation, and reporting	20