

**Title: The Use of Autobiographical and Autoethnographic Approaches in Understanding and Analysing Individuals' Lived Experiences within Psychoanalytic or Psychotherapeutic Frameworks**

**Abstract**

This paper explores the use of autobiographical and autoethnographic approaches in understanding and analysing individuals' lived experiences within psychoanalytic or psychotherapeutic frameworks. Autobiographical and auto ethnographic methods involve the researcher or therapist engaging in self-reflection and self-analysis to gain insights into their own experiences, which can then inform their understanding of clients' narratives and therapeutic processes. By drawing on personal stories, these approaches aim to bridge the gap between subjective experiences and theoretical frameworks, offering a unique lens through which to explore the complexities of human psychology and therapeutic relationship.

The theoretical foundations and practical applications of autobiographical and autoethnographic approaches in psychoanalysis and psychotherapy is highlighted alongside the significance of personal narratives as a source of knowledge and insight, emphasising the importance of reflexivity and self-analysis in therapeutic process. Drawing on existing literature, the potential benefits and challenges associated with using autobiographical and autoethnographic methods including ethical considerations, countertransference and the balance between personal and professional boundaries is elucidated.

Furthermore, case studies illustrating the ways in which autobiographical and autoethnographic approaches have been employed in psychoanalytic and psychotherapeutic settings are highlighted. These examples demonstrate how personal narratives can enhance clinicians' understanding of experiences, facilitate empathy and rapport, and contribute to the overall therapeutic process. Potential limitations and areas for further exploration in utilising these approaches, such as potential biases and the need for ongoing self-reflection and supervision is explored. This paper seeks to contribute to the growing body of literature on narrative approaches within psychoanalysis and psychotherapy.

Key words: autobiography, autoethnography, psychoanalytic, psychotherapeutic, reflexivity, self-analysis,

## **Introduction**

Traditional research methods often adopt an objective stance, aiming to maintain distance from the subject matter. However, the field of psychology has increasingly recognised the value of incorporating subjective and introspective perspectives to gain deeper insights into the intricate workings of the human mind (Lumma and Weger, 2023). In recent years, there has been a growing recognition of the unique insights offered by autobiographical and autoethnographical approaches in this context (ReedDanahay, 2019). These approaches offer a unique lens through which to delve into the complexities of individuals' experiences, emotions, and psychological processes within the therapeutic context.

In this pursuit, the present study seeks to delve into multifaceted terrain of individuals' lived experiences by merging the introspective nature of these methodologies with the rich theoretical underpinnings of psychoanalysis and psychotherapy (Roth and Fonagy, 2006). It would illuminate the intricate interplay between personal narratives and psychodynamic processes. The investigation not only contributes to the expanding landscape of qualitative research, but it also holds the potential to offer profound insights into the ways in which psychoanalytic and psychotherapeutic interventions shape and are shaped by diverse tapestries of human experiences. By examining the benefits and challenges inherent in these approaches, alongside the ethical considerations that arise, this study aims to synthesize the ways in which researchers, therapists and the client can foster a deeper connection whilst redefining the boundaries of our understanding.

## **Literature review**

The autobiographical approach involves individuals narrating their own life stories, experiences, and memories (McLean and Fournier, 2008). In the context of psychoanalysis, this approach can be used in therapeutic process, dream analysis, identity and self-construction, life transitions and trauma (Wampold, 2001; Fischmann *et al.*, 2013; Buchanan, 2007). On the other hand, ethnographic

approach involves the researcher, in some instances, the therapist examining their own personal experiences and reflections within the context of the therapeutic process. In psychoanalysis and psychotherapy, this approach can be applied in therapist self-reflection, cultural sensitivity and understanding, research and theory development, ethical considerations (Sue *et. al.*, 2009; Corey, 2011). A more empathetic and person-centred therapeutic environment promoting healing and growth can be fostered.

Encouraging clients to share their life stories and experiences can facilitate selfexploration, self-awareness, and emotional expression. Clients may gain insights into patterns, themes and unresolved conflicts that influence their current thoughts and behaviours (Corey, 2011). Hence, the therapeutic process. Furthermore, dream analysis can aid therapists in understanding the unconscious conflicts and desires of the client (Fischmann *et. al.*, 2013). Whereas identity and self-construction sheds light on self-perception, values, and beliefs (Kraven, 2022). Exploring autobiographical accounts of major life events and traumatic experiences can help clients process and integrate these events. Therapists may use autoethnographic practices to reflect on their reactions, emotions, and countertransference in response to the client. This selfawareness helps therapists maintain objectivity and manage their own biases and emotional responses (Poulous, 2021). In addition, autoethnography can help therapists recognize their cultural positioning and biases, leading to greater competence when working with clients from diverse backgrounds. The client-therapist relationship, and the impact of personal factors on treatment outcomes, enriches data and insight for research and theory development whilst examining ethical dilemmas (Gergen and Gergen, 1986).

Psychoanalytic frameworks refer to the theoretical perspectives and therapeutic approaches developed by Sigmund Freud and his followers focusing on understanding the unconscious mind and how it shapes human behaviour, thoughts, and emotions (Sharma and Spiro, 2023). Whereas psychoanalysis is a comprehensive theory of human psychology and a method of treatment with key components and concepts including unconscious mind, ID, Ego, and Superego; defence mechanisms, psychosexual stages, dream analysis, free association,

transference, countertransference, Oedipus complex and Electra complex; object relations theory (Henkel *et al.*, 2022 cited in Sharma and Spiro, 2023). It is essential to note that while psychoanalytic frameworks have greatly influenced psychology and therapy, contemporary psychology incorporates various other approaches and theories to understand human behaviour and mental processes. Critics have raised concerns about the lack of empirical support for some of Freud's ideas (Plaut, 1981), leading to the evolution of alternative psychotherapeutic methods. Nonetheless, the psychoanalytic frameworks remain an essential part of the history and development of psychology.

Psychotherapeutic frameworks encompass a wide range of therapeutic approaches and techniques including Cognitive Behavioural Therapy (CBT), Psychodynamic Therapy, Humanistic-Experiential Therapies, Mindfulness-Based Therapies, Family Therapy, Acceptance and Commitment Therapy, Dialectical Behaviour Therapy, Narrative Therapy, Solution-Focused Brief Therapy, Integrative and Eclectic Therapies (Cook *et al.*, 2017; Angus *et al.*, 2015). Each framework has its strengths and limitations, and the choice of approach often depends on the therapist's training, the client's needs, and the nature of the presenting issues.

A deeper look into the theoretical foundations and practical applications aids understanding and analysis of individuals' lived experiences within psychoanalytic or psychotherapeutic frameworks. Theoretical foundations include narrative psychology; constructivist and social constructionist theories; and postmodernism (Young and Popadiuk, 2012). Both autobiographical and autoethnographic approaches draw heavily from narrative psychology, which asserts that individuals make sense of their experiences and identities through stories (McAdams, 2001). Narratives help people organize memories, emotions, and beliefs into coherent and meaningful frameworks. In psychoanalysis and psychotherapy, understanding a person's life story can provide insight into their psychological struggles and promote healing. On the one hand, Constructivist and Social Constructionist theories propose that individuals actively construct their realities through interactions with their environment and culture (Amineh and Ash, 2015). Hence, autobiographical and autoethnographic methods explore how personal narratives are shaped by societal

norms, values, and shared meanings. Whereas postmodernism challenges the notion of objective truth and highlights the multiplicity of subjective perspectives (Rosenau, 1991). Therapists using these approaches view clients' stories as subjective truths that can be explored and reinterpreted to create new meanings and possibilities.

Little wonder then that practical applications have been noted in Therapeutic Selfreflection; Externalizing and Re-authoring; Cultural and Contextual Understanding; Group and Community healing. In psychotherapy, individuals are encouraged to engage in self-reflection and introspection, exploring their personal narratives. Therapists may guide clients in examining their life stories, identifying recurring themes and recognising patterns that contribute to their psychological well-being or challenges (Ackerman and Hilsenroth, 2003). Conversely, externalising and reauthoring involves externalising issues such as trauma, from the self. By treating these issues as separate entities, clients can gain a sense of agency and empowerment. On the one hand, co-constructing new narratives that emphasize strengths, resilience, and positive change, fostering a sense of personal agency and growth has been reported as hugely successful (Ungar, 2013). In addition, therapists that use cultural and contextual understanding approaches explore how cultural sensitivity enhances the therapist's understanding and helps them tailor interventions that resonate with clients' unique backgrounds (Sue *et al.*, 2009). The long-waiting list to see therapists and/or trauma situations that have multiple witnesses or victims has seen success in employing group and community healing. Participants share their stories and engage in collective meaning-making. This collaborative process fosters a sense of belonging, support, and validation, facilitating healing and promoting emotional well-being. However, practitioners using autobiographical and autoethnographic methods must consider boundaries and the potential impact of sharing personal experiences. Transparency, informed consent, and a focus on the clients are essential to ensure a safe and productive therapeutic relationship.

The purpose of the study is to employ autobiographical and autoethnographic approaches as tools for deepening the understanding and analysis of individuals' lived experiences within the context of psychoanalytic or psychotherapeutic

frameworks. By exploring personal narratives and cultural contexts through these methodologies, the study aims to illuminate the intricate interplay between individuals' subjective experiences, therapeutic processes, and the broader socio-cultural environments in which they unfold. Through the lens of autobiographical and autoethnographic research, this study seeks to contribute nuanced insights that enhance the comprehension of how individuals' stories and therapeutic interactions shape and are shaped by psychoanalytic or psychotherapeutic frameworks.

## **Methods**

### *Study Approach and Design - theoretical framework, methodological orientation*

Autobiographical and autoethnographic methods align well with a qualitative approach, as they encourage participants to share their personal narratives and reflections, providing rich and contextually situated data (Cheryl, 2017). This approach captures the depth and nuances that quantitative methods may overlook (Biggerstaff, 2012). The interpretive research paradigm aligns with the qualitative approach for this study. Interpretivism emphasises understanding and interpreting the social world from the perspectives of the participants (Bryman, 2015). In this study, the goal is to delve into the meaning-making processes of individuals with psychoanalytic or psychotherapeutic frameworks. It is recognised that reality is constructed through human experiences and perceptions, and seeking to uncover these constructions to gain a deeper insight is an aim of this study. The Constructivist Grounded Theory (CGT) explains active meaning construction from experiences and interactions (Mills *et al.*, 2006). Furthermore, collaborative construction of theoretical insights is encouraged by this theory. By embracing the interpretive paradigm, the researchers acknowledge that the lived experiences of individuals are shaped by cultural, social, and personal contexts, which should be considered to create a holistic understanding. By combining CGT with the Interpretive phenomenology methodological orientation, a holistic exploration and analysis of individuals' lived experiences whilst facilitating cocreation of knowledge and development is captured (Burns *et al.*, 2022). The methodology is reported following the Consolidated Criteria for Reporting Qualitative Research (COREQ) to improve rigor.

*Participants - sampling, method of approach, sample size, non-participation, setting of data collection, presence of non-participants, description of sample.*

The study included a diverse group of participants: therapists representing different therapeutic modalities (psychotherapy, counselling, hypnotherapy), and patients who had undergone psychoanalytic or psychotherapeutic treatment in the United Kingdom, Nigeria, and Canada. Participants were approached, through a professional network, both face-to-face and using an online meeting portal. Of the eighteen participants approached, six declined participations due to personal life commitment and worry of reliving trauma. A total of four therapists and eight patients were purposefully selected to ensure variation in experience, gender, age, and cultural backgrounds. Bryman, 2015 postulates that one or two interviewees is needed to accomplish research of a narrative design. The participants aged between 21 and 60 years old, spoke English and volunteered for the study. Informed consent was sought after the information sheet was provided to all twelve participants. Interviewing carried on until data saturation was reached, ending the sample frame.

*Data Collection - interview guide, repeat interviews, audio, field notes, duration, data saturation, transcripts returned.*

Data collection encompassed the use of individual interview guides produced by the researcher. Open-ended semi-structured interviews and autoethnographic narratives provided a platform for participants to share their experiences, perceptions, and insights within the context of psychoanalytic or psychotherapeutic frameworks. The interviews for therapists and patients were tailored to their roles and experience respectively, lasting approximately 60 minutes with only researcher and participant present. Additionally, participants were invited to produce written autobiographical and autoethnographic narratives that offered a deeper exploration of their experiences within the therapeutic context. Prior to conducting research, each participant was provided with detailed information about the study's purpose, procedures, potential risks, and benefits. They were given sufficient opportunity to ask questions and clarify doubts. Participant's rights and autonomy was maintained throughout the research process. Data was collected in August 2023. No repeat interviews required, and field notes made during the interview. The online portal

transcribed easing the process of data collection. The notes and transcribed data were presented to participants post interview for additional comments or correction.

*Data analysis - number of data coders, description of coding tree, derivation of themes, software, participant checking, quotations presented, data and findings consistent, clarity of major themes, clarity of minor themes.*

One data coder, one of the researchers, coded data and pseudonymised data. The data is stored for 12 months on Google Drive with researcher, participants and stakeholders having shared access to pseudonymised data. The data analysis method employed is interpretative phenomenological data analysis. Seven nodes with subnodes were hierarchically used in the coding tree (see table 1). This was followed by thematic analysis (TA) to identify recurring themes and patterns within participants' narratives, highlighting individual experiences. Then theme refinement, and theme validation ensued using guidelines by Braun and Clarke, 2013 to generate mind maps and journals. A comprehensive approach through multiple readings, interpreting notes into themes, seeking connections, and clustering themes whilst familiarising with the recordings was done by the researcher.

### *Ethical considerations*

Ethical guidelines were strictly adhered to throughout the study. Informed consent was obtained from all participants, emphasising their voluntary participation, confidentiality of data, and the right to withdraw without repercussions. Participant anonymity was maintained using pseudonyms.

## **Findings**

### *Characteristics of participants*

Table 2 describes the demographic characteristics of the participants as explored by age and education. Participants are aged 21 to 60 years old, with five having tertiary education, one undergraduate, three with secondary education, one technical apprentice and two with no formal education. Table 2 shows Participant's demographic characteristics. The demographics showed diversity to aid generalisation of findings however, further characteristics need to be understood for better insights. However, the themes identified from TA follow.



### *Theme 1: Personal Narratives and Exploration*

Both therapists and patients experienced the power of personal narratives, uncovered hidden insights, and navigated emotional terrain whilst reconstructing identity. Some participants (P2, P3, P6, P9, P10, P11, P12) reported that engaging with personal narratives provided a sense of healing and catharsis. P2 and P3 believe there is an interplay between personal narratives and the psychotherapeutic framework. P2 states, “through the process of sharing their personal stories, a renewed sense of agency and empowerment helps re-author and re-interpret their life experiences”. P4 plans to integrate self-exploration into ongoing growth. There is a transformative potential of autobiographical and autoethnographic methods in fostering self-awareness, emotional understanding, and personal growth. P4 states, “clients engaging in narrative-oriented therapy described a heightened self-awareness achieved through the examination of their life events and creation of new, empowering ones”. There is an element of resistance from an inner perspective. P1, P4, P5, P7, P10 reported an inner turmoil during self-exploration.

### *Theme 2: Therapeutic Relationship*

P1 reports building trust and connection as a pivot in the first therapy sessions. A witness statement that stands out from P1 is “from the first five minutes, I knew I wanted to work with this person because of how relatable and transparent ...”. P1 strongly believes trust and rapport facilitated openness and vulnerability. P1 states the importance of empathetic responses in fostering a sense of connection. This is a theme reported by P4, P5, P6, P8, P9, P10 and P12. A strong therapeutic relationship contributed to positive outcomes as some statements made are “collaborative relationship was very helpful for my treatment”, “The empathy oozed out of my therapist, this was so so helpful”. However, managing boundaries and intimacy is key to foster therapeutic relationships because personal narratives and professional boundaries have a delicate divide. The therapeutic relationship highlighted how the learnings about communication, trust and vulnerability impact other relationships. P10 felt, “I do not want to work with this therapist when they

themselves are going through similar issue but three sessions in, I changed my mind and I actually see the therapist privately now". Navigating sensitive topics and addressing countertransference is achieved by ensuring a client-centred focus. Conversations ensued about how trust allowed for the exploration of deeply emotional and potentially triggering content.

### *Theme 3: Integration of Frameworks*

P1 and P3 reported challenges faced in reconciling personal narratives with the broader theoretical frameworks as there were unique life experiences that did not neatly fit within existing theoretical constructs. The use of cognitive restructuring to challenge negative self-perceptions discovered through autoethnographic exploration proves successful. P2 and P4 succeeded in using attachment theory to explore relationship patterns or applying narrative therapy techniques to reframe life stories. This way, therapeutic goals are shaped using a strength-based approach to build resilience or working with schema therapy to address maladaptive patterns. In some instances, reflecting on how therapeutic interventions were adapted based on personal narratives within the framework involved modifying exposure techniques in trauma-focused therapy to address autobiographical triggers. Insights gained from the integration of frameworks and personal narratives extended beyond the therapeutic context. P1, P2, P4, P5, P6, P10, P11 and P12 reported using mindfulness techniques learned in therapy to navigate daily stressors within a cognitive behavioural framework.

### *Theme 4: Cultural and Societal Contexts*

Cultural identity influenced the narratives explored and the way they interpreted their experiences. Cultural norms, values and traditions shaped their understanding of life events within the therapy context. The hypnotherapist found it commonplace for dream-exploration to be influenced by cultural norms and treatment challenges by patients due to tradition. One specific example that stood out is an African patient feeling dubious of treatment because culturally, there are stories of people having out of body experience during hypnotherapy, some were believed to transform into spirits. This impacted treatment as a lot of sessions were spent on trust-building

exercises. Some instances saw personal narratives intersected with broader cultural or societal stories. These cultural expectations impacted family dynamics. Societal expectations and norms influenced the way autobiographical narratives were constructed. Gender roles, career aspirations, familial obligations impacted life choices within the context of psychotherapy. This extended to intergenerational trauma, diaspora experiences or discrimination-related stressors. P5, P10, P11 and P12 explored instances where cultural stigma or taboos influenced willingness to engage in self-exploration. It was difficult disclosing sensitive cultural matters or confronting cultural expectations. P2 and P3 discussed the use of art therapy to circumnavigate the barrier of divulging what is termed as culturally sensitive. This when followed by role play was deemed effective. Using autoethnographic approaches allowed recontextualizing personal stories within larger cultural narratives. Personal struggles were reframed as shared cultural experiences. Resilience in the face of adversity in some contexts is seen as a cultural norm and to an extent gender role impacted on the therapeutic experience. Therapists adapting interventions to consider the cultural implications of clients' personal narratives recorded successful therapies. Such therapists alluded to their cultural and societal contexts influencing their navigation of psychoanalytic or psychotherapeutic frameworks. There was divergence of opinion in terms of cultural relativism vs. universality. Some participants were able to balance cultural relativism and the universality of psychotherapeutic concepts with their personal narratives. To a great extent, cultural values influence their interpretations of personal challenges and growth.

#### *Theme 5: Therapist's Role*

Therapists provide prompts, questions, or exercise to guide patients during the therapeutic process. These facilitated engagement with autoethnographic methods and autobiography as underlying emotions, patterns and meanings within stories are explored. All participants believe a safe space is created where the therapist and patient co-create meaning. P8 states, "the therapeutic relationship served as a catalyst for change". "I felt heard, respected and validated," states P12. In addition, P6 states,

“my therapist was empowering as their shared experiences facilitated growth”. Reframing challenges or identifying strengths and resources within stories fosters a deeper connection. Therapists’ empathy and emotional presence influenced their experience of engaging with personal narratives. Therapists provide insights and interpretations while respecting the client’s unique experience. This creates a balance in perspective.

#### *Theme 6: Countertransference*

All four therapists stated moments of empathy, resonance, discomfort, or personal triggers as emotional reactions to clients’ autobiographical and autoethnographic narratives. P1 and P3 allude to countertransference improving the therapeutic relationship on reflection. P2 was unsure despite reflection. P4 states maintaining a client-focused approach as a therapeutic dynamic to navigate the emotions. P1, P2 and P3 state that supervision helped them gain insights into their emotional reactions and informed their therapeutic interventions. Therefore, engaging with their own countertransference reactions facilitated growth and self-awareness. Moreover, this is more effective when integrated into supervision. P2 and P4 allude that attending to countertransference led to breakthroughs, improved rapport, and enhanced therapeutic progress. There was an undercurrent of therapist’s own personal narratives and life experiences intersecting with their countertransference reactions to clients’ stories.

### **Discussion**

The ancient roots of psychological healing and therapy can be found in various ancient cultures. Greeks practiced catharsis, a process of emotional release often associated with drama and storytelling. In ancient Egypt, ‘dream interpretation’ and ‘talking cures’ improved wellbeing. Indigenous cultures around the world also employed rituals and spiritual practices that served therapeutic processes. The late 19<sup>th</sup> Century laid the foundation for many approaches as we know them today, thanks to Sigmund Freud

(1856 – 1939). This was followed by the works of Carl Jung (1875 – 1961), Alfred Adler (1870 – 1937). Evolution of therapy in the 20<sup>th</sup> century and beyond has seen

diverse incorporation of neuroscientific insights and most-recently integration of technology. In all this time, our understanding of lived experiences and to what extent they shape narratives in the world of therapy has been ongoing research, hence the role of autoethnography and autobiography. We can explain these complex phenomena using the Constructivist Grounded Theory.

Constructivist Grounded Theory is a qualitative research methodology that emphasises the development of theory from data in a systematic and iterative process (Charmaz and Thornberg, 2021). It is particularly suitable for exploring complex and nuanced phenomena (Hussein *et al.*, 2020), such as individuals' lived experiences within psychoanalytic or psychotherapeutic frameworks. This means themes emerged from the data as data collection and analysis occurred simultaneously. Line by line analysis of the data identified self-reflection, emotional breakthrough, therapist-client relationship, unconscious process, universal therapeutic milestones, and countertransference. Comparison of different therapists from different backgrounds, applying varied psychotherapeutic frameworks suggests similar experiences and challenges, which patients, from diverse backgrounds, confirmed in their own narratives.

Reflexivity and self-analysis play a pivotal role in the therapeutic process, contributing to its effectiveness and the quality of outcomes (Levitt *et al.*, 2006). These concepts emphasise the therapist's ability to critically examine their own biases, emotions, and reactions throughout the therapeutic journey. By engaging in reflexivity and selfanalysis, therapists can enhance their understanding of clients, improve therapeutic relationships and provide more culturally sensitive and ethical care. Several scholars and researchers have highlighted the significance of reflexivity and self-analysis in the therapeutic context (Schon, 1983; Wampold, 2001; Roth and Fonagy, 2005; Mearns and Thorne, 2007; Parker, 2007).

### *Case study*

Psychologist McAdams, D. P. 1993 emphasises the importance of understanding a person's life story and how it impacts their psychological well-being. By exploring the client's personal myths and life narratives, therapists can gain insights into their inner

worlds and facilitate healing and growth. This is echoed by some of the study's participants including the hypnotherapist. Narrative therapy is reported to be effective in trauma treatment (Denborough, 2008). Therapeutic conversations can be guided by the client's own autobiographical narratives as reported by three of the twelve participants, which is three of the five participants who had been treated for trauma or used this method in treatment. By externalising the trauma and considering its impact on multiple levels (personal, social, cultural and political), clients are empowered to reauthor their stories and find new meanings in their experiences (Besley, 2002). Autoethnography is reported in group psychotherapy as it creates a collaborative therapeutic environment where participants co-construct meaning and support each other's healing journeys (Lennart *et al.*, 2022). One of the four therapists reports this effectively used in case where suicide was witnessed by several at a worksite. "Looking round the room, it was obvious they were all experiencing similar emotions, but they had never discussed it, explored their feelings and were all grieving," states P1. "At the end of the sessions, despite agreement to carry on treatment individually, it was a general consensus that collaboratively, the healing process had started as the workers worked through their emotions together, bouncing off each other." Group members engaged in selfreflection and shared their personal stories to foster understanding and connection.

### *Strengths and Limitations*

A strength of this study is the diverse backgrounds and perspectives of the participants which contributed to a richer understanding of the complex interplay between personal narratives, therapeutic practices and cultural contexts. The identities provide valuable insights into the nuances of therapists' roles and the impact of their experiences on the therapeutic process. There is also a representation of Cultural context from Europe, Africa, and America.

The study recognised potential limitations, including the possibility of participant bias, the subjectivity inherent in autobiographical and autoethnographic data, and the small sample size of therapists.

## **Conclusion**

In conclusion, this study highlights the delicate balance between providing support, insights and empowerment whilst respecting client's autonomy and self-discovery within the context of psychoanalytic and psychotherapeutic frameworks. The need for ongoing reflection and supervision has been emphasised. Future research directions should focus on application to specific populations. Also, the use of digital tools such as virtual reality or digital storytelling platforms can enhance the collection and analysis of autobiographical and autoethnographic data for a more immersive experience for participants. This should be researched as it is an emerging field that could yield interesting insights.

## **Conflict of interest**

The psychotherapist author has experience in the field of psychotherapy and may hold personal and professional beliefs that could influence perspective and interpretation in the study. The Health and Social Care lecturer is involved in academia which could potentially influence stance on research outcome. Despite these potential conflicts, the authors have taken measures to minimise bias and uphold rigour and objectivity of the study by maintaining transparency in reporting, analysis, and adherence to ethical research practices.

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### **Node 1: Autobiographical Approach**

- 1.1 Benefits of autobiographical approach *participants discussing how autobiographical methods enhanced their understanding of their own experiences. Mentions of increased self-awareness through reflection on personal narratives*
- 1.2 Challenges of autobiographical approach  
*Instances where participants found it difficult to express certain personal experiences. Discussion of emotional discomfort or vulnerability when sharing personal stories.*
- 1.3 Therapist's role in autobiographical approach *Therapist's guidance in exploring autobiographical narratives. Instances of therapists facilitating self-reflection and meaning-making through autobiographical methods.*

### **Node 2: Autoethnographic Approach**

#### 2.1 Cultural and Contextual factors

*Participants reflected on how cultural background influenced the way they approached treatment. Exploring the interplay between personal narratives and societal context within the therapeutic process.*

#### 2.2 Autoethnography and Therapeutic Relationship

*How the use of ethnographic methods impacted the therapeutic relationship. Discussion of increased client-therapist collaboration through co-constructed narratives.*

### **Node 3: Integration with frameworks**

#### 3.1 Incorporation of persona Narratives into frameworks

*How participants experienced their personal narratives interacting with psychoanalytic or psychotherapeutic concepts. Instances of frameworks modified or adapted based on personal narratives.*

#### 3.2 Frameworks informing autoethnographic exploration

*Participants discussing how theoretical frameworks guided their exploration of personal narratives. Reflections on how frameworks provided structure to their autoethnographic inquiries.*

### **Node 4: Impacts and Reflections**

#### 4.1 Self-Reflection and Personal Growth

*Participants described how engaging with personal narratives influenced their self-awareness and personal development. Discussion of instances where insights from narratives led to positive changes.*

#### 4.2 Emotional and Psychological Effects

*Participants sharing emotional reactions triggered by the exploration of personal narratives.  
Reflections on any distress or discomfort encountered during the process.*

**Node 5: Ethical considerations****5.1 Participant confidentiality and anonymity**

*Discussion of steps taken to ensure participant privacy and confidentiality. Strategies employed to maintain anonymity when sharing narratives.*

**5.2 Ethical handling of sensitive content**

*Participants discussing strategies to address potential emotional challenges and distress associated with sensitive content.*

**Node 6: Future Implications**

*Envisioning future use of approaches. Participants' perspectives on the future integration of autobiographical and autoethnographic methods in psychotherapy. Potential benefits for both clients and therapists.*

**Node 7: Cross-cutting Themes****7.1 Therapist Perspectives**

*Therapists' insights on the integration and management of autobiographical and autoethnographic methods in their practice. Exploration of therapeutic impact from the therapist's point of view.*

**7.2 Therapeutic Relationship**

Themes related to how the therapeutic relationship influences the efficacy. Discussion of trust, openness, and collaboration between clients and therapists.

Table 1 – Coding tree

Participant ID	Age	Level of education
1	43	Tertiary
2	60	Tertiary
3	37	Tertiary
4	50	Tertiary
5	21	Secondary
6	26	Undergrad
7	32	Secondary
8	28	Secondary
9	48	Tertiary
10	47	No education
11	58	No education
12	25	Technical Apprentice

Table 2 – Characteristics of participants.