The Cognitive Behaviour Therapist (2019), vol. 12, e38, page 1 of 11
doi:10.1017/S1754470X19000217

BABCP
www.babcp.com

ORIGINAL RESEARCH

Writing the 'self' into self-practice/self-reflection (SP/SR) in CBT: learning from autoethnography

Craig Chigwedere

School of Medicine, Trinity College Dublin, College Green, Dublin 2, Republic of Ireland
Corresponding author. Email: cchigwedere@stpatsmail.com

(Received 3 January 2019; revised 2 May 2019; accepted 8 May 2019)

Abstract

Self-practice/self-reflection (SP/SR) allows cognitive behavioural therapists (CBT) to self-experience the techniques they use clinically. However, it is difficult to find published first-hand accounts of CBT therapists' SP/SR experiences. This may be because CBT research is primarily positivist and objective, while SP/SR is intrinsically subjective. Borrowing from the principles of autoethnography may offer a subjectivist qualitative methodology, allowing CBT therapists to write up their SP/SR experiences as rich, first-hand research material, potentially impacting theory and practice. This novel personal case study of SP/SR borrows from autoethnography, adapting it to analyse the self-practice of the CBT model of worry, in order to understand my own experience of worry as well as the model itself.

Key learning aims

(1) To develop an approach to the research that is applicable to first-hand SP/SR material.
(2) To demonstrate how therapists can continue SP/SR practice post-CBT training.
(3) To illustrate how, with the aid of autoethnographic principles, SP/SR practice can influence not only the practitioner's personal and therapist-self, but also theory development.

Keywords: cognitive behavioural psychotherapy (CBT); generalized anxiety disorder (GAD); self-practice/self-reflection; worry

Introduction

Cognitive behavioural psychotherapy (CBT) research is primarily positivist and empirical. However, its practice may be interpretable as both objectivist and subjectivist (Richardson and Bowden, 1983). For example, a therapist and patient may hold subjectively true but differing beliefs (i.e. pluralist/subjectivist). The *objective* truth may differ from both their positions. The task of therapy then becomes the confirmation of the degree of inaccuracy. Both therapists' and patients' beliefs may be a function of their developmental experiences (e.g. Beck, 1976; Young *et al.*, 2003). As such, each CBT therapist's developmentally acquired schemata may influence his/her understanding and application of theory. This pluralist perspective raises the possibility of multiple versions and interpretations of CBT theory, each slightly differently coloured by the therapist's schemas. CBT's reliance on positivist research risks marginalizing the influence of this subjectivist, pluralist perspective.

Positivist research has been central to the development of CBT and its empiricism. Notwithstanding the significant influence of positivist research, I propose that there is a need for a pluralist research approach in CBT. By marrying a self-experiential, therapist self-development approach [self-practice/self-reflection (SP/SR); Bennett-Levy, 2006] and an adapted qualitative

research and writing methodology (autoethnography; Anderson, 2006; Ellis and Bochner, 2000), it is possible to develop a credible, subjectivist personal case study-based methodology for SP/SR in CBT. I will offer this proposal in six sections: (1) a brief outline of theory (autoethnography and CBT and the worry model), (2) a description of the methods of self-reflection I used, (3) an outline of my socio-cultural background, (4) an example of my worry experience and self-practice of CBT for worry (5) an example of the influence of my self-practice on my clinical practice, and (6) a synthesizing discussion.

Theory

Autoethnography

Autoethnography is an approach to qualitative research and writing, whose objective is the description and systematic analysis of personal (auto) experience, in order to understand cultural (ethno) context (Deenshire, 2013; Ellis *et al*., 2011). It can be either evocative (Ellis and Bochner, 2000) or analytical (Anderson, 2006). In evocative autoethnography, the writer/researcher selectively and retrospectively focuses on his/her own experiences, analysing epiphanies (Ellis *et al*., 2011). The focus is primarily on emotion evocation, so that issues which may be affected by social and cultural structures (e.g. identity, emotionality, the relational nature of experience, and institutional stories) can be examined (Haynes, 2017). It is unashamedly subjective, rejecting generalization of experience and the representation of the other (e.g. Anderson, 2006).

Analytic autoethnography also focuses on personal experience and its cultural contexts, but places greater value on a sense of objectivity, not simply emotion evocation (Haynes, 2017). It generalizes to broader 'social phenomena', emphasizing theoretical analysis of specific personal experiences. Anderson (2006) defines its distinguishing features as: (1) complete member researcher (CMR) status, (2) analytic reflexivity, (3) narrative visibility of the researcher's self, (4) dialogue with informants beyond the self, and (5) commitment to theoretical analysis.

Exo-autoethnography, a recent addition to the autoethnographic stable, emphasizes transgenerational trauma transmission (Denejkina, 2017). It analyses the proxy experience of trauma through its impact on the 'other' (e.g. a child's proxy experience of a parent's trauma). It builds on evocative and analytic autoethnography, adding the understanding of '(1) a history that impacted the researcher by proxy; and (2) personal and community experience (ethno) as related to that history' (Denejkina, 2017; p. 2).

The autoethnographic researcher/writer uses tenets of autobiography and ethnography, and 'retrospectively and selectively write[s] about epiphanies that stem from, or are made possible by, being part of a culture and/or by possessing a particular cultural identity' (Ellis *et al*., 2011; p. 8). Adams and Manning (2015) stress the importance of the use of memories, personal experience and storytelling as defining features of autoethnography. Except for a few examples (e.g. Putri *et al*., 2018; Short *et al*., 2013), there is a dearth of CBT autoethnographies.

I propose that a pluralist perspective has been an essential omission in the development of CBT-therapists and their theories. This may be especially pertinent when considering the assertions that culture flows through self and vice versa (Bochner and Ellis, 1996) and all truth is contingent on human representational activity (Rorty, 1979). CBT theory and practice may be representational, flowing through the therapist's self, while the self of the therapist flows though his/her understanding and application of theory. Such an interpretivist perspective may be a perfect fit for SP/SR (Bennett-Levy, 2006), a self-focused practice modality that allows CBT therapists to self-apply and reflect upon the techniques they use with patients (see, for example, Bennett-Levy, 2006). SP/SR leads to a deeper sense of knowing (e.g. Bennett-Levy *et al*., 2001) and a personal understanding of the theory (Chigwedere *et al*., 2018). It may meet the goals of therapists' personal training therapy (Chigwedere *et al*., 2018), but it is difficult to locate peer-reviewed journal publications of the first-hand SP/SR experiences of CBT therapists.

https://doi.org/10.1017/S1754470X19000217 Published online by Cambridge University Press

This autoethnography-informed personal case study describes a marrying of SP/SR and autoethnography, in an attempt to bridge this gap.

Why *this* autoethnographic personal case study in *this* way?

CBT, SP/SR and this autoethnography

Historically CBT attributed therapeutic change to the faithful application of empirically supported techniques, not the relationship or the self of the therapist (Laireiter and Willutzki, 2003). Consequently, although acknowledged, CBT therapist self-exploration was not widely practised. SP/SR is one of the new approaches leading a change in CBT culture. Although SP/SR encourages therapists' subjective experience of theory, its research literature has been overwhelmingly objective and positivist. Together, SP/SR and autoethnography potentially achieve more than the sum of their parts, turning therapist self-experience into rich, first-hand research material. This paper describes my borrowing from the principles of autoethnography to analyse and write-up my SP/SR. My objective was to (1) autobiographically reflect on worry in my life and its possible social context, (2) view that experience through the lens of the CBT theory, (3) reflect on that theory through my personal experience of it, and (4) examine the impact of my new learning upon my clinical practice.

I explicitly borrowed from principles of autoethnography, in particular features of analytic autoethnography (Anderson, 2006) in order to develop an SP/SR relevant, subjectivist research approach. As such, in this personal case study, I am a complete member researcher, reflexive, narratively visible, dialogue with informants beyond myself and engage in theoretical analysis. I have replaced culture with theoretical perspectives by borrowing Bochner and Ellis's (1996) synergy of self and culture. I suggest a synergy of the therapist's 'self' and CBT culture and theory, thus replacing socio-cultural with 'socio-theoretical'. My objective is to better understand and highlight the haptic nature of the 'theory-researcher/therapist-patient' interface.

Haptic, defined as 'relating to the sense of touch, in particular, relating the perception and manipulation of objects using the senses of touch and proprioception' (https://en.oxforddictionaries.com/definition/haptic), is an apt descriptor for the functions of SP/SR and therapy. The theory affects me, so I can affect the patient, which in turn changes my understanding of that theory. Unfortunately, positivist research takes the 'me' out of this process. In standard autoethnography, experiences are reconstructed using hindsight (Bruner, 1993; Denzin, 1989; Ellis *et al*., 2011; Freeman, 2004), but in this personal case study I mirrored the deliberate, prospective, change-focused nature of SP/SR and psychotherapy, thereby making the theory as important as my personal experience. For this reason, it was necessary to have an identified theory/model within which my experience was analysed. I therefore use a reductionist model (CBT model of worry), which is not typical of standard autoethnography.

CBT models of worry

CBT-based generalized anxiety disorder (GAD) models of worry include avoidance of worry (Borkovec and Inz, 1990), intolerance of uncertainty (IoU; Dugas *et al*., 1998), meta-cognitions (Wells, 1995), and emotional dysregulation (Mennin *et al*., 2004). In brief, the main feature of GAD is 'excessive and uncontrollable worry and anxiety about a number of situations' (Dugas and Robichaud, 2007; p. 7). Worry in GAD is diffuse and about almost everything, so that it can spiral from one topic to another, although the worry topics are no different from those of non-worriers (Dugas and Robichaud, 2007). It centres on remote future events and negatively affects quality of life. CBT worry research has largely been patient-, not therapist-focused. It is unlikely that CBT therapists do not worry sufficiently to warrant researching. Consider the following personal experience:

https://doi.org/10.1017/S1754470X19000217 Published online by Cambridge University Press

I am at a conference and due to travel early in the morning. My colleague (A) will drive. I wake at 8 a.m. and message her. No response. She is an early riser and would usually have knocked on my door by now. I head for breakfast. She is not there. I telephone her. No response again. I have an image of her dead in bed. I recall a recent story of an apparently healthy colleague who died suddenly from a heart attack. She just dropped dead after returning from lunch with her friends. What if the same has happened to my friend? What if I have to identify her body? Who will I call? How will I react? I run into another colleague, B.

'Where is A? I thought you guys had gone already', she says.

'No, I am waiting for her. We'll have breakfast and then set off', I reply.

'I knocked on her door and she didn't respond. That's not like her. I wonder if everything is ok', she says, voicing my own fears.

'I don't know. Let me try to call her again', I say, trying to sound calm. I dial her number. 'Morning', A says, chirpy as ever. She explains that she had taken a shower, then took a long telephone call. She does not want breakfast. I tell B.

'I was really worried there for a second', says B. 'I was having all sorts of catastrophic thoughts'.

'Me too', I say. 'I think this is what our patients go through when they worry'.

'What a thought', she says. 'Being a cognitive behavioural psychotherapist does not render us immune to worry, does it?'. We laugh.

The IoU model (Dugas *et al*., 1998; Dugas and Robichaud, 2007) hypothesizes four contributory factors to the development and maintenance of worry: (1) IoU (2) positive beliefs about worry (3) negative problem orientation, and (4) cognitive avoidance (Dugas *et al*., 1998). IoU is 'a dispositional characteristic that results from a set of negative beliefs about uncertainty and its implications' (Dugas and Robichaud, 2007; p. 24). Such a characteristic has been associated with beliefs that uncertainty is 'stressful and upsetting, that being uncertain about the future is unfair, that unexpected events are negative and should be avoided, and that uncertainty interferes with one's ability to function' (Dugas and Robichaud, 2007; p. 24). In my own worry experience, I do not quite recognize this global characteristic as described by Dugas and colleagues.

Problematic worrying is hypothesized to be associated with high levels of anxiety, due to a tendency to make threatening interpretations of ambiguous information and to search for unattainable absolute certainty. I am certainly not aware of seeking absolute certainty, but my worries involve catastrophic thinking. Compared with non-worriers, worriers are hypothesized to need more information in moderately ambiguous situations, which results in reduced confidence in their decisions. Worrying has been associated with negative problem orientation (i.e. viewing problems as threatening, doubting own problem-solving skills, and being pessimistic about outcomes). Although I recognize a tendency to need more information when worrying, I do not recognize the negative problem orientation as described.

The model also incorporates the metacognitive model (Wells, 1995), which proposes that worrying is associated with positive (e.g. 'worrying is helpful') and negative beliefs (e.g. 'worrying will make me ill'). Finally, worrying involves cognitive avoidance (the use of overt and covert strategies to avoid threatening cognitions), is generally verbal linguistic (e.g. hypothetical 'what if . . . ' scenarios), and is free from imagery (Borkovec and Inz, 1990). Such avoidance is hypothesized to reduce unpleasant autonomic arousal, which negatively reinforces its use and maintains beliefs about worry. Although I work with worriers, recognize all these concepts and have faith in the model, I have never truly explored them in my own worry. Dugas and Robichaud (2007) outline a six-module treatment approach:

https://doi.org/10.1017/S1754470X19000217 Published online by Cambridge University Press

(1) Psychoeducation to increase understanding and awareness of uncertainty;
(2) Uncertainty recognition and behavioural exposure to real life situations (i.e. *in vivo* exposure to events occurring now);
(3) Re-evaluation of the usefulness of worry;
(4) Problem-solving training;
(5) Imaginal exposure to hypothetical situations that have not yet occurred;
(6) Relapse prevention.

My methods

My self-application approach

I took a prospective approach, rather than a strictly retrospective one recommended in standard autoethnography. However, I first reflected on the developmental and social context of my worry. I then defined my worry as '*moments when I felt noticeable levels of anxiety associated with cyclical thoughts that felt uncontrollable and troublesome*'. I then saved the worry formulation diagram from Dugas and Robichaud (2007) onto my computer, so that I could use it to monitor and analyse my worry experiences. Initially, I attempted to deliberately activate my own worries. This felt rather contrived and unsatisfactory and my anxiety was very low. Therefore, I monitored my worry events over a period of 6 months, applying CBT interventions, as would be the case with worry/GAD patients in Module 5 of Dugas and Robichaud's (2007) protocol.

To avoid interrupting the experience too much, I did not make reflective notes until after each worry self-practice event. When reflecting, I completed the Dugas and Robichaud formulation diagram, then wrote a separate reflective summary of each worry event, noting when I was worrying, the triggers of the worry, the types of thoughts I was having, my affective responses and what happened when I self-applied the CBT interventions. I also noted anything else that caught my attention, either due to its confirmation of the model or otherwise. I repeated this with each new worry event ($n = 8$), reviewing the formulation and noting any subjective experiences. Except for one event (relating to hearing that my four-year-old son – who was abroad with his mother – was playing in a place where I know someone had been bitten by a snake), all the worry events occurred at night. My method of analysis was loosely informed by deductive thematic analysis (Braun and Clarke, 2006) and philosophically, an epistemological consideration of the phenomenon of worry. As I do not have a diagnosis of worry or GAD, I needed to confirm that my worry experience had some similarity to clinically diagnosed worry. I therefore confirmed my findings with patients ($n = 6$) and fellow CBT therapists ($n = 8$). Rather than reporting themes from my experiences, I will use illustrative composite examples to tell the 'story' of my SP/SR practice.

Results

Me, SP/SR and autothenography

I was born in Zimbabwe, then called Rhodesia. I struggle to find a satisfactory answer to the question, 'Where are you from?' Firstly, my birth country changed names after my birth. Secondly, I have lived abroad in multiple countries for the greater proportion of my life. My cocktail of experiences means that I have multiple cultural influences. I am often amazed by the resilience of my early familial and cultural messages. At the risk of offensive over-generalization, I experienced traditional Zimbabwean culture as collectivist, discouraging individuality. One's good or bad deeds were a reflection on the family, which lead to an ever-present shadow of guilt and shame.

Professionally, I am a CBT therapist, faithfully practising the modality but influenced by a range of theoretical perspectives. I am wedded to CBT's rational empiricism, but when first

https://doi.org/10.1017/S1754470X19000217 Published online by Cambridge University Press

introduced to SP/SR, I felt, rather than rationally identified, its importance. Having thrown myself headfirst into it to PhD level, I was frustrated by the lack of 'me' in my SP/SR writing. Through SP/SR, I was developing personal and theory-focused hypotheses. I self-practised a range of CBT interventions and more recently, I have focused my SP/SR attentions on CBT theories and models, not just interventions. I have focused on CBT models of worry but until I discovered autoethnography, I had no way of expressing them. However, autoethnography seemed too focused on emotion evocation. I do not merely want to evoke emotion in my reader but rather, to analyse personal experiences using theory in order to better understand that theory. That is the point of SP/SR for me, not simply to understand myself but theory and its application. I needed to adapt existing approaches to autoethnography or at least borrow from them.

Worry and me

My tendency to worry has been with me for as long as I can remember. As a child, I worried about growing up to be a 'proper man'. Why? There were comparisons; comparisons between individuals, between families. I heard about the acceptability or otherwise of people based on family of origin. It was important to be acceptable and one's family of origin impacted on how one was perceived. So, when I started school, I worried about fitting in. I sensed that I was materially better-off than my peers. I was 5 or 6 years old. Fearing being perceived as different, I would remove my warm coat or jumper and leave it hanging on the garden fence and shiver to school. I didn't want my good clothing to give me away.

In my teenage years, my best friend had a motorbike and I had a bicycle. One day, fearless and reckless as young boys can be, I held onto his shoulder while he opened the throttle. We wanted to go faster and zoomed along dangerously. We were stopped by the police, who loaded us and our vehicles into the back of a truck. They threatened to lock us in police cells and to throw away the keys. They certainty succeeded in scaring us but when they spoke of calling our parents, that did it. My friend, who was of white European decent, seemed unperturbed. I shook, virtually in tears. The thought of the disappointed look on my mother's face was too much to bear. She would be disgraced, and I would be the cause. Perceptions were everything. This was spelt out for me some years later when I met a girl from Zimbabwe and she introduced me to her family. Later she told me that her aunt had become quite excited when she discovered my surname. 'The Chigwederes are a very good family', she had apparently said.

I rarely consciously worry in the day. I often studied before dawn as a student, having woken up early, *worrying* about failure. However, the tentacles of worry silently stretch into my daytime activities and decisions. Activities such as doing things for myself, overt expressions of pleasure in my own achievements or buying expensive personal goods can activate shame. Only recently, one of my supervisees asked me why the name on my office door does not say 'Dr'. Why indeed? It appears that my worry in the day involves subtle avoidance behaviours but at night it is bold, sweaty, tense and uncomfortable. It imitates the worry that my patients describe. For this reason, I decided to focus on the worry as part of my SP/SR work.

Example of my worry-focused SP/SR practice

I am briefly up in the middle of the night. When I return to bed, I cannot sleep. I am in a nightmarish whirlwind of thoughts, in which my recently purchased house is worth far less than I paid for it. 'What if the estate agent duped me? What if I am stuck in a worthless pile of bricks for the rest of my life?' This is worry. In keeping with Dugas and Robichaud (2007), these are my 'What if…' scenarios, my hypothetical worrying. As described in the model offered by Dugas and Robichaud, my heart beats a frenetic rhythm. I am tense and anxious. Rivers of sweat drench my pillow. As an experienced CBT therapist, I know not to problem-solve hypothetical worries. I start SP/SR, imaginal exposure to an apocalyptic hypothetical homeless future. It is difficult to

https://doi.org/10.1017/S1754470X19000217 Published online by Cambridge University Press

sufficiently disengage from the worry to do the exposure. I am surprised at how difficult it is to vividly picture the scene. There are too many possible worst-case scenarios. I am reminded of a former patient who described this approach to imaginal exposure as being like trying to corral a fleeing herd of horses. Finally, I create a composite worst-case scenario. I paint a picture of it in my mind's eye, as detailed as I can. Despite knowing what to expect, the intensity of my anxiety surprises me.

I feel as though I am usefully searching for solutions. In keeping with the metacognitive model described by Wells (1995), I have a sense of doing something positive when worrying. What surprises me, and is not clearly stated in the theories, is the sense of reality associated with my 'verbal-linguistic worries' as described by Borkovec and Inz (1990). Also, although verbal, my worries are accompanied by vague imagery, like grainy premonitions of what will eventually come to pass unless I find solutions.

It is difficult to reflect without affecting my experience. Besides the hypothetical 'What ifs . . . ' popping like corn in my head, I must monitor my thoughts, rate my anxiety and think of the theory. This is what I make my patients do. Although I do not time myself, habituation seems to come quickly. However, while reflecting on the experience, new 'What ifs . . . ' are rising like phoenixes in the corners of my awareness. On a whim, I do something different. Earlier in the day, I heard a news reports of a slowdown in house prices. This is in keeping with the findings that worry is associated with a tendency to make threatening interpretations of ambiguous information (Dugas and Robichaud, 2007). I know this to be the trigger for my worry, but it has been the focus of neither my conscious worry, nor my exposure efforts.

I return my mind to the news report that 'House price rises are showing signs of slowing down' and the associated sense of 'not knowing'. I resist my mind's efforts to move towards 'What ifs . . . ?' It tugs like a spooked horse on a leash. I pull it back, and back again. What I feel is not quite anxiety, but a discomfort, an uncertainty. I 'sit' with it, and an accompanying sense of shame, as though possible homelessness equates to letting people down. I know where this comes from – my childhood. The implied messages of failure. The lessons of self-sacrifice and subjugation. I am reminded of this by the current slow-down in the housing market. I hold the thought, resisting my mind's desire to curl away from it and its discomfort like a plastic bag near a fire. Soon, I catch my mind wandering off, relaxed, as though taking a gentle summer stroll. I sleep. In the following weeks, I return to this exercise with different worries. I attempt the exercise with and without accompanying images. Even though sometimes the worry returns, the result is generally the same.

Me, the model and the patient

Unsure if my experience had any validity outside of my own worry, I have done two things: (1) I have discussed my own hypotheses with eight professionals (e.g. my colleague A, above), and (2) as I am not clinically diagnosed with worry/GAD, I spoke with six clinically diagnosed worriers to confirm the similarity between my experience and theirs. I have since tentatively adapted my clinical questioning to ask about what I have termed 'current uncertainty' and the sense of premonition. All the patients endorsed the sense of a current uncertainty before hypothetical worries, which have the feel of eventualities (what I have called a 'premonition bias'). For example, one patient said, 'When I am worrying, the possibilities become eventualities'. This is very similar to the experience I described above, and I have tentatively applied the same approach to patients who were struggling with the normative imaginal exposure approach. The following composite vignette, based on a number of patient interactions, is illustrative.

Patient: I woke up at 3 a.m., all hot and bothered, my mind racing. I was thinking things like, 'I have a meeting tomorrow, what if I am not sharp enough? What if I am asked a question and I can't answer? What if I am not quick enough? What if I don't get back to sleep and

https://doi.org/10.1017/S1754470X19000217 Published online by Cambridge University Press

I am even more tired? What if I am not good company and am cranky with my family?' (*hypothetical worry*)

Therapist: What does it feel like you're doing, when you're worrying? Is there an objective?

Patient: Like I am trying to find an answer (*worry objective*)

Therapist: So, when you think that you won't be able to answer questions or something like that, how does it feel? For example, like your own thought that's just a possibility or does it have a sense of reality, like it could or will eventually happen?

Patient: Oh, like it's real. Definitely, like it will happen (*sense of premonition/eventuality*)

Therapist: So it makes sense that you were trying to problem-solve it then. Did you find an answer that worked?

Patient: I did, several answers, but then I worried again (*negative reinforcement*)

Therapist: Sounds like it doesn't really work in the long run. What was the trigger of this worry?

Patient: I had this meeting in the morning and I couldn't sleep (*trigger*)

Therapist: I see. Tell me, how would you complete this statement, 'I have a meeting and I can't sleep. I don't know . . . ?'

Patient: . . . I don't know how I am going to function? (*current uncertainty*)

Therapist: Can you just hold on to that thought, just focus on it? Take yourself back to that bed. Hear that thought 'I don't know how I will function!' What's that like? (*exposure to current uncertainty*)

Patient: How will I cope? These guys are intelligent and what if they're asking intelligent questions? (*future focused hypothetical worry*)

Therapist: So, your mind wants to go to that future possibility. Is that what was happening at 3 a.m.?

Patient: Yes

Therapist: Can you resist doing that right now? Just stay in that bed with that sense of not knowing? Use that as your anchor when your mind wants to go to those 'what ifs . . . '. What happens?

Patient: It's uncomfortable. My heart jumps a bit, some tension in my chest and stomach. (*affective response*). It's hard not to try to do something about it (*urge to cognitively avoid current uncertainty*). At night I would think something nice (*covert avoidance*) *or* get up and go downstairs to distract myself (*overt avoidance*)

As with my own experience, targeting the current uncertainty was often described positively; for example: 'This is better. You're catching the problem at its onset. The other way (i.e. targeting the hypothetical worry), it's like trying to close the stable door after the horse has bolted'.

Discussion

I borrowed from autoethnography to add to my SP/SR. I self-practised CBT for worry, reflecting on my personal experience, thereby deepening my knowledge of the model. Compared with standard autoethnography my approach was pseudo-experimental and prospective, not retrospective.

https://doi.org/10.1017/S1754470X19000217 Published online by Cambridge University Press

This approach enhanced my reflection on my worry experience and the worry theory. As proposed by Bennett-Levy and colleagues, SP/SR practice deepened my sense of knowing. Besides awareness of how difficult it is to hold the imagined feared scenario, which I regularly ask patients to do, I became aware that the majority of my worries were informed by messages derived from my familial and cultural developmental experiences. To my knowledge, this is the first autoethnography informed personal case study of SP/SR in CBT.

The IoU model of worry as described by Dugas and Robichaud (2007) held personal credibility for me. I was able to identify the different components of the model in my worry experience but there were small but significant areas of divergence. For example, the theory proposes that worry is diffuse and jumps from one topic to another (Dugas and Robichaud, 2007). Although this appeared to be the case, once I changed my imaginal exposure focus, I experienced a sense of 'current uncertainty', an involuntary core belief-informed response to specific triggers. My apparently diffuse worries seemed to be associated with a small range of core belief domains (Beck, 1976). This may be worth considering in future IoU and worry research, especially as a small number of patients confirmed similar experiences. Such core beliefs may represent developmentally salient implicit learning and unwanted outcomes (e.g. familial shame and disgrace, in my case) activated by ambiguous explicit current events (e.g. the news report).

My worry seemed to function as a means of cognitively avoiding and escaping from the discomfort associated with the current uncertainty. I seemed to seek certainty and solutions by escaping into hypothetical worry. As such, my worry experience supports the theory (e.g. Borkovec and Inz, 1990; Dugas and Robichaud, 2007). However, my experience was that the hypothetical scenarios had a 'premonition'-like quality, as though representing realities that would eventually come true. As such, my cognitive and behavioural efforts seemed productive and positive. Feedback from the experiences of a handful of patients seemed to support this hypothesis. This may be a worthy area of focus for research, which may provide a hitherto unclear rationale for the notion of positive meta-worry (Wells, 1995).

Strengths and limitations

This is a combination of elements of case study and autoethnography, which is unashamedly *my* subjective experience and should be interpreted as such. Efforts to use personal experience to inform wider theory may be going too far beyond the 'data'. It is difficult to generalize from an *n* of 1, and even more questionable when the research subject is the researcher. However, this may be a valid and long overdue approach in CBT, with the potential to reduce stigmatization of patients and to increase therapist personal development and engagement with theory. This case study may be usefully called a 'haptic autoethnography' due to its use of autobiographical data and personal experience as a way of increasing understanding of theory, and theory to understand the self. Generalization of personal experience is not unusual in subjectivist writing and research (e.g. Anderson, 2006; Putri *et al.*, 2018).

Systematic reflection is hypothesized as the route by which expert therapists elaborate their declarative and procedural knowledge (e.g. Bennett-Levy, 2006). Subjectivist research and writing may provide a modality by which CBT therapists can use their SP/SR experiences as valid research material. Experts can elaborate their knowledge through SP/SR and write them up as 'haptic autoethnographic case studies'. Doing so can help to disseminate knowledge, which would otherwise be lost.

Writers of SP/SR case studies or 'haptic autoethnographies' may need to be aware of the limitations of their work, including the representativeness of their own observations and recollections. For example, it was challenging for me to avoid contaminating or being contaminated by the process of reflection. However, this is not dissimilar to a research participant tasked with self-monitoring to feedback to a researcher. This is an uncomfortable process involving self-exposure, vulnerability and the potential for offending others who may be identifiable in the writing.

https://doi.org/10.1017/S1754470X19000217 Published online by Cambridge University Press

Self-censorship is therefore a threat to honesty and validity. For ethical purposes, it may be necessary to seek permission from those who may be recognizable in the writing.

Conclusions

This personal case study, which may be called a 'haptic' autoethnography, is not standard autoethnography but borrows heavily from it. It is, however, not dissimilar to others (e.g. Putri *et al*., 2018). The marrying of SP/SR and autoethnographic technique provides a potentially valid research methodology for SP/SR. This may help to influence the current position, in which most CBT therapists have little or no experience of what they practise clinically, which is akin to a great chef whose recipe is enjoyed by many but which he/she has never tasted. The approach demonstrated here may allow the CBT chef to taste his/her recipe and perhaps, improve it.

Author ORCID. Craig Chigwedere 0000-0003-1081-246X

Acknowledgements. The author would like to acknowledge his gratitude to Dr Alec Grant for his autoethnography influence, Dr Richard Thwaites and Dr Brian Fitzmaurice for their support, and my colleagues and mentors and Professor Gary Donohoe and Professor James Bennett-Levy.

Financial support. No financial support was received for this study.

Conflicts of interest. The author, Dr Craig Chigwedere, has no conflicts of interest with respect to this work.

Ethical statement. The author has abided by the Ethical Principles of Psychologists and Code of Conduct as set out by the APA. No ethical approval was needed: the treatments were delivered within routine clinical practice and the clinical cases consented for anonymized details of their therapy to be included.

Key practice points

(1) This personal case study is an initial demonstration of how SP/SR practice can be continued by experienced CBT therapists post-training.
(2) Given that SP/SR is subjectivist and its research evidence is positivist, a subjective methodology for writing and publishing personal insights gained, as well as the influence on theory, is timely.
(3) Borrowing from autoethnography can enhance the influence and dissemination of learning from SP/SR.

Further reading

Anderson, L. (2006). Analytic autoethnography. *Journal of Contemporary Ethnography*, **35**, 373–395.

Bennett-Levy, J. (2006). Therapist skills: a cognitive model of their acquisition and refinement. *Behavioural and Cognitive Psychotherapy*, **34**, 1–22. doi.org/10.1017/S1352465805002420

Dugas, M. J., & Robichaud, M. (2007). *Cognitive-Behavioral Treatment for Generalized Anxiety Disorder: From Science to Practice*. New York/London: Routledge.

Putri, A. P. S., Poerwandari, E. K., & Rusli, E. (2018). Social anxiety and internet addiction: CBT intervention module development based on self-reflection. *Advances in Social Science, Education and Humanities Research*, **135**, 397–409.

References

Adams, T. E., & Manning, J. (2015). Autoethnography and family research. *Journal of Family Theory and Review*, **7**, 350–366.

Anderson, L. (2006). Analytic autoethnography. *Journal of Contemporary Ethnography*, **35**, 373–395.

Beck, A. T. (1976). *Cognitive Therapy and the Emotional Disorders*. New York, USA: The New American Library.

Bennett-Levy, J. (2006). Therapist skills: a cognitive model of their acquisition and refinement. *Behavioural and Cognitive Psychotherapy*, **34**, 1–22. doi:org/10.1017/S1352465805002420

Bennett-Levy, J., Turner, F., Beaty, T., Smith, M., Paterson, B., & Farmer, S. (2001). The value of self-practice of cognitive therapy techniques and self-reflection in the training of cognitive behavioural therapists. *Behavioural and Cognitive Psychotherapy*, **29**, 203–220. doi:org/10.1017/S1352465801002077

Bochner, A., & Ellis, C. (1996). Introduction. Talking over ethnography. In C. Ellis and A. Bochner (eds), *Composing Ethnography. Alternative Forms of Qualitative Writing*. Walnut Creek, CA, USA: AltaMira Press.

Borkovec, T., & Inz, J. (1990). The nature of worry in generalised anxiety disorder: the predominance of thought activity. *Behaviour Research and Therapy*, **28**, 153–158.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, **3**, 77–101. doi:10.1191/1478088706qp063oa

Bruner, J. (1993). The autobiographical process. In R. Folkenflik (ed), *The Culture of Autobiography: Constructions of Self-Representation* (pp. 38–56). Stanford, CA, USA: Stanford University Press.

Chigwedere, C., Thwaites, R., Fitzmaurice, B., & Donohoe, G. (2018). SP/SR as an alternative to personal therapy in cognitive behavioural therapy: a qualitative analysis. *Clinical Psychology and Psychotherapy*, **26**, 74–83.

Deenshire, S. (2013). Autoethnography. *Sociopedia.isa*. doi: 10.1177/205684601351

Denejkina, A. (2017). Exo-autoethnography: an introduction. *Forum: Qualitative Social Research*, *18*, article 13.

Denzin, N. (1989). *Interpretic Biography*. Newbury Park, CA, USA: Sage Publications, Inc.

Dugas, M. J., Gagnon, F., Ladouceur, R., & Freeston, M. H. (1998). Generalized anxiety disorder: a preliminary test of a conceptual model. *Behaviour Research and Therapy*, **36**, 215–226.

Dugas, M. J., & Robichaud, M. (2007). *Cognitive-Behavioral Treatment for Generalized Anxiety Disorder: From Science to Practice*. New York/London: Routledge.

Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: an overview. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, *12*, article 10, http://dx.doi.org/10.17169/fqs-12.1.1589

Ellis, C., & Bochner, A. P. (2000). Autoethnography, personal narrative, reflexivity: researcher as subject. In N. K. Denzin and Y. S. Lincoln (eds), *Handbook of Qualitative Research* (2nd edn, pp. 733–769). Thousand Oaks, CA, USA: Sage.

Freeman, M. (2004). Data are everywhere: narrative criticism in the literature of experience. In C. Daiute and C. Lightfoot (eds), *Narrative Analysis: Studying the Development of Individuals in Society* (pp. 63–81). Thousand Oaks, CA, USA: Sage.

Haynes, K. (2017). Autoethnography in accounting research. In Z. Hoque, L. D. Parker, M. A. Covaleski and K. Haynes (eds), *Routledge Companion to Qualitative Accounting Research Methods* (pp. 215–230). London, UK: Routledge.

Laireiter, A.-R., & Willutzki, U. (2003). Self-reflection and self-practice in training of cognitive behaviour therapy: an overview. *Clinical Psychology and Psychotherapy*, **10**, 19–30. doi:10.1002/cpp.348

Mennin, D. S., Turk, C. L., Heimberg, R. G., & Carmin, C. N. (2004). Focusing on the regulation of emotion: a new direction for conceptualizing and treating generalized anxiety disorder. In M. A. Reinecke and D. A. Clark (eds), *Cognitive Therapy over the Lifespan: Evidence and Practice* (pp. 60–89). New York, USA: Cambridge University Press.

Putri, A. P. S., Poerwandari, E. K., & Rusli, E. (2018). Social anxiety and internet addiction: CBT intervention module development based on self-reflection. *Advances in Social Science, Education and Humanities Research*, **135**, 397–409.

Richardson, A., & Bowden, J. (1983). *A New Dictionary of Christian Theology*. London, UK: SCM.

Rorty, R. (1979). *Philosophy and the Mirror of Nature*. Princeton, NJ, USA: Princeton University Press.

Short, N. P., Turner, L., & Grant, A. (2011). *Contemporary British Autoethnography*. Rotterdam, Netherlands: Sense Publishers.

Wells, A. (1995). Metacognition and worry: a cognitive model of generalized anxiety disorder. *Behavioural and Cognitive Psychotherapy*, **23**, 301–320.

Young, J. E., Klosko, J. S., Weishaar, M. E. (2003). *Schema Therapy: A Practitioner's Guide*. New York, USA: Guilford Press.

Cite this article: Chigwedere C. Writing the 'self' into self-practice/self-reflection (SP/SR) in CBT: learning from autoethnography. *The Cognitive Behaviour Therapist*. https://doi.org/10.1017/S1754470X19000217