

Exploring Influence and Autoethnography: A Dialogue Between Two Counselling Psychologists

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Abstract

This article utilises a dialogical approach to explore the potential of autoethnography as a research method for counselling psychology while using the method to reflect on what it means to have influence as a researcher. We use a collaborative autoethnographical approach to explore the themes of influence, curiosity, rich insight and sincerity. We attempt to bring honesty and transparency to our collaborative dialogue about our previous work on vicarious trauma (VT) and secondary traumatic stress (STS), as well as how our themes are revealed in the different paths we have taken as counselling psychologists since our earlier collaboration. We consider what it means to influence, to be influential, and to be influenced. Through our dialogue, we try to speak with authenticity about our experiences as colleagues, counselling psychologists, scientist practitioners, and human beings. We discuss both the potential contribution of autoethnographical approaches and the challenges of using these methods, for counselling psychologists.

Keywords: counselling psychology, autoethnography, qualitative research, influence, vicarious trauma, secondary traumatic stress

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Introduction

Autoethnography is a methodological approach that is relatively new to counselling psychology, despite having been developed and used extensively within the field of sociology.

As O’Riordan (2014, p. 3) describes, autoethnography is:

“an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural” (Ellis & Bochner, 2000, p. 739). It is a reflexive form of ethnography in which the researcher’s interaction with the object of study is taken into account (Davies, 2008) and in which the author’s gaze is turned and bent back upon itself (Babcock, 1980). Its main purpose is to link the micro and the meta (Boyle & Parry, 2007); more specifically, it is used to describe and systematically analyse (*graphy*) personal experience (*auto*) in order to understand cultural experience (ethno) (Ellis, 2004; Holman Jones, 2005). As such, it involves the production of highly personalised accounts in which authors draw on their own experiences to extend the understanding of a particular culture (Reed-Danahay, 1997).

As an established method in other social sciences, we, as counselling psychologists, have an opportunity to consider what the methodological approach offers to our field and how it can be best used.

In the spirit of exploring new methods, we were invited by the Editorial Team to write an autoethnography for this Journal about our influence in the field as our article *Vicarious traumatization and secondary traumatic stress: A research synthesis* published in 2006 in *Counselling Psychology Quarterly* (Baird & Kracen, 2006) has been one of the journal's most frequently cited articles. The Editorial Team recommended addressing quality criteria (specifically, sincerity, rich insight, resonance, and contribution) as detailed by O'Riordan (2014). For a detailed description of these quality indicators, interested readers are referred to O'Riordan (2014). In this paper, we chose to prioritise some of the criteria over others, specifically sincerity and rich insight. Therefore, the three themes we address throughout this article are these quality indicators, as well as the issues of influence and curiosity.

While we (Katie and Amanda) have experience conducting qualitative research, we had not had the opportunity to engage in autoethnography before being invited to write this article. Therefore, we looked to the research literature for advice about how to proceed, especially with two writers working together. As discussed by Chang, Ngunjiri, and Hernandez (2013), we developed a collaborative autoethnography using a dialogical approach. As summarised by the authors, collaborative autoethnography is "...engaging in the study of self, collectively; it is a process and product of an ensemble performance, not a solo act" (Chang, Ngunjiri, & Hernandez, 2013, p. 11).

Using a dialogical approach, our discussions took place in numerous verbal and written exchanges. We spoke by Skype regularly between July through October 2015 and then, again, between February and August 2017 and we posed questions to each other in drafts of this manuscript. We revised the manuscript numerous times, including after getting reviewer and editorial feedback, which continued the process of data collection, collaborative dialogue, analysis, and modification. Our conversations and revisions led to a deeper understanding of our topic "[for]...the dialogical process enables co-researchers to go deeper and also to discover areas of similarities and differences" (Chang, Ngunjiri, & Hernandez, 2013, p. 48). This enabled us to reflect together and independently on the themes of this paper; the quality indicators, what it means to have "influence" and the role of curiosity in driving our research and our development as counselling psychologists. We are aiming to both explore autoethnography as a research method and use the method to explore the impact (and our response to the impact) of our earlier collaboration. Our dialogue attempts to capture both of these purposes, through responding to each other and to the questions we were asked to consider. Our dialogue starts in Katie's voice, and, thereafter, we use headings to clarify who is speaking.

Our Autoethnography

Katie: It's a rainy, cool spring day in Dublin, and I come to my office in the hospital where I work. I've just finished co-facilitating a three-and-a-half-hour group with people who have experienced complex trauma. Even though I debriefed with my co-facilitator, my mind feels full with the pain, frustration, and sheer courage of the people with whom I've spent the last hours. I'm both saddened by their experiences and hopeful that our group is going to be helpful for them. I sit down, take a few breaths and then decide to try and catch up on my email before I leave for the day. There is an email from an address I don't recognise, that I read quickly and then have to re-read several times. It seems that someone has decided I have done something "influential" in my career as a counselling psychologist, and they are inviting me to write and submit an article about it. The email references an article (Baird & Kracen, 2006) that I wrote over 10 years ago, and I am surprised to learn that it is

still frequently cited. I haven't thought about this article, or what inspired me to author it with my friend and colleague, Amanda Kracen, for quite some time. I spend some time thinking about the paths that both our careers have taken since our collaboration and find myself getting curious about the opportunity I've been offered. Now, I spend a lot of time working with people to help them develop the ability to spot their "inner critics," and so I spot mine right away as she begins to offer such things like "You? Influential? Could they not find any really influential psychologists? I bet they will want money – it's one of those things where you pay to be included." I've learned to softly smile at my critic and look beyond her, but I can't help feeling she might be on to something.

I decide to reflect on my surprise and pleasure that this joint piece of work has had an impact on the field of counselling psychology, and become aware that I am curious about what the word influential, in this instance, means to me. I also become curious about what influence our article may have had on counselling psychology, and whether it would be wise to try to make time for another professional commitment. I procrastinate by Googling the definition of influence and find that the Oxford dictionary defines it as "the capacity to have an effect on the character, development, or behaviour of someone or something, or the effect itself" ("[Influence](#)," n.d.).

The email I've received asks me to consider the invitation, noted previously, to write an autoethnographical piece. As I didn't do the work that has been credited as influential alone, I want to try to include my co-author and friend, Amanda, as I consider this opportunity. Amanda and I had met when we worked together in a university counselling service, and as two Americans living and working in Dublin, Ireland, we discovered that we had many interests in common. In 2001, I asked Amanda to join me in working on a systematic review of the literature on vicarious trauma (VT) and secondary traumatic stress (STS). This review, previously cited, is the subject of the email I've received. Although Amanda and I have lived in different countries for many years, we have remained friends and our shared interest in VT and STS has remained a thread in both of our careers. I decide to take a chance and find out more and, thus, begins the journey that has resulted in you reading this article that is both about autoethnography and is an autoethnographical piece. I read a few examples of autoethnography and emailed Amanda.

Amanda, what was it like for you to get my email asking if you wanted to collaborate with me on this autoethnography, reflecting on our "influential?" article [Vicarious Traumatization and Secondary Traumatic Stress: A Research Synthesis \(Baird & Kracen, 2006\)](#) published in [Counselling Psychology Quarterly](#)?

Amanda: I was shocked and amused to learn that we had been asked to write this paper in the first place. Respectfully, it feels a bit absurd. This may be the familiar 'imposter syndrome' ([Clance & Imes, 1978](#)) rearing its head in my life again. However, as much as I respect you, I would not say that either of us are influential counseling psychologists on a macro-level. In post-graduate training, 15 years ago, I hoped to be an influential counseling psychologist; I was much more ambitious and had lofty goals. Now, I have young children and seek a balanced life. I've let go (most of the time) of the need to do great things in psychology, and my hopes these days are to bring small comforts and benefits to my patients and students, while living a meaningful, ethical life. While I have just said that I do not think of either of us as influential within our field, that is not to say that we do not influence others and each other. I believe that our patients, students and colleagues would describe us as having an effect on them and our communities. And most related to this paper, I am grateful for your influence

in my life as your support led me to my identity as a counseling psychologist. I most likely would have pursued a PhD in clinical psychology, for that is what I knew, until you encouraged me to be curious, explore my options, and talk through the philosophical differences between the degrees.

Thus, while I didn't feel influential, I was surprised to learn that our article is one of the most frequently cited from the journal. This became clearer to me when, several years ago, I registered with ResearchGate, the social networking site for researchers, and began receiving regular (often weekly) notifications that our article was getting cited. As of August 2017, the article has been cited 288 times according to Google Scholar Citations. Although I can't claim that we had the forethought back in 2001-2002 when we were doing the original research together, we were curious and exploring concepts that were important to our field. We were exercising influence in the act of conducting and disseminating our research.

Before returning your email, I wondered: Could I squeeze it in with everything that I already had on? Could I do the paper justice? Do I really have anything worthwhile to say? I thought about my honest motivations to write this paper. First, I welcomed the opportunity to collaborate again with you; we work well together and complement each other's strengths. Second, I had recently taken a new academic position and a publication definitely would be good for my CV. Third, I had been thinking about pursuing more qualitative research in my new position, and I am curious to explore the inter- and intrapersonal process of writing a co-written autoethnography. While I have engaged in several qualitative research studies, I have no experience with autoethnography. It was the format recommended by the Editor. After reading several articles, I am intrigued by the challenges and opportunities for learning. [Kumari \(2017\)](#) reflects on her experience of writing autoethnography, explaining that it is both challenging and liberating. I am mildly anxious about the self-disclosure required. In therapy and training, I strive to be self-reflective and aware. However, I feel discomfort at the focus of an autoethnography about me (and you too, thankfully). I admit that I am more used to taking an academic stance in my writing that provides distance, especially, now, as a practicing therapist who discloses little to therapy clients and who is cautious about my presence in social media. That said, I highly value narratives as I find them useful ways to learn about others' subjective experiences. For instance, I enjoyed reading [Humphreys' \(2005\)](#) autoethnographic study of his experience of navigating academia as a mature graduate student and early career professor as it normalised some of my current experiences.

Katie, how do you feel about the proposed research format, specifically co-writing an autoethnography?

Katie: First of all, it's quite pleasurable to think I influenced your decision about counselling psychology. I feel I've done something good for our profession! Even though counselling psychology has made and continues to make remarkable contributions to societies and to psychology, I think it still suffers from being less well known and understood than some other specialties within psychology.

It's interesting that we are both so surprised that our article has been cited by many other researchers working in the areas of vicarious trauma and secondary traumatic stress. If I think about some of the challenges that we encountered when we did our research synthesis, this begins to make sense. Because our originally planned methodology was a meta-analysis, we struggled to find studies that met the criteria for rigour that was needed at that time to include a study in a meta-analysis. Since then, new statistical approaches to the challenges of meta-analysis have been developed, but in 2001, we were faced with a decision to exclude much of the research literature or be innovative and adapt our methods by using a level of evidence approach. The fact that

we could not do meta-analysis highlights the paucity of the existing research at the time (2001, when we started to 2006, when the article was published). Although these constructs are more widely spoken and written about now, and there are other syntheses available (e.g., [Cohen & Collens, 2013](#)), we disentangled and then summarised the findings about two issues that are quite important for counselling psychologists and other helping professionals. It seems that many people are still writing about these constructs, (as evidenced by citations in Google Scholar). I am hopeful that they find our early work normalising and empowering.

I had the thought, as [Delamont \(2007\)](#) argued, that I might not be an interesting enough subject for ethnography. Like you, I feel inexperienced at this kind of writing and share many of your concerns. I feel that same wariness of exposing myself and my experiences (as well my institution) as you wrote about above, and am relieved to find that this is something others have felt when doing autoethnography ([Wall, 2008](#)).

That said, something feels very true to me about naming the act of co-constructing knowledge ([Gergen, 1985](#)) that we engage in when we write from our own voices. Earlier in my career I was so hungry for learning about research that I decided I would commit myself to being proficient in both quantitative and qualitative methods. I would not be the kind of scientist-practitioner limited by positivism, or even post-positivism. I even worked to introduce lectures on qualitative research to those I learned with and taught. Sometime, about 8 years ago, I became more a consumer than a producer of research, and my gaze narrowed to studies that helped me “know” what might be helpful interventions for people. I hadn’t read any autoethnographic work until I embarked on this, and had not considered it as a research method in counselling psychology. Coming back to the idea of influence, I think certain kinds of research have been privileged to have quite a high level of influence over the past decades and other methodologies have been relegated (by some) to less influential status; their contribution seen as somehow less important. I like challenging this. I think that autoethnography has the potential to offer a very honest and empowering way of understanding many issues of concern to counselling psychologists, and had I known about it back in the early 2000’s, I might have written a very different article; one that took into account my own experiences of vicarious trauma as a young mental health professional working with children in a public setting.

For me, this raises questions about that choice that we made when we decided to try and synthesise the research findings on VT and STS, and how differently we might approach these concepts now. It strikes me that both VT and STS reflect another kind of influence, the kind that arises from a therapeutic relationship. [Pearlman and Saakvitne \(1995\)](#) pointed out that there are strong influences on therapists engaged in trauma work that naturally result from their empathic engagement with clients. I remember being very curious and motivated to try and find a way to normalise and progress a discussion about the impact of this influence. I have a strong belief that it would have been helpful for me if this had been included in my training or supervision at earlier stages of my career. And yet, a few years after our article was published, I was at a training event where someone made the point that people who suffer from complex trauma can feel shamed and blamed when they hear about VT, and I had to really reflect on whether my work had contributed to this and had been harmful to this vulnerable (yet strong) group of people. It was really difficult to consider that I had, even inadvertently, caused harm in this way. I realised that, although my intention was to raise awareness and be helpful, my work could have had another kind of influence that was hurtful.

I would still be very curious about learning and discovering the most effective responses I could make as a supervisor, when I see that someone has been affected by what they have heard or felt in sessions.

Amanda, what was your interest in exploring VT and STS when we collaborated more than 10 years ago? And what would you be curious about, if we were to do research on these issues now? Would you consider the use of autoethnography to address the things you are curious about?

Amanda: Your motivation (“to normalise and progress a discussion” about the impact of working with people who experienced trauma) was much more altruistic, while mine was more practical. I wanted to get research experience. My involvement in the project was not due to the topic (you could have suggested studying people’s preferences in pickles!) and had little meaning to me because, at that point in my career, I had no clinical experience. However, as I was applying to counselling psychology graduate programs in the United States that required research experience, I welcomed the opportunity to serve as a research assistant and be able to discuss the research process during selection interviews. Thankfully, the topic about the effects of trauma on therapists was interesting to me in an academic sense, again, because I had not yet engaged in clinical work.

I also want to comment on how studying these concepts benefitted me, which is consistent with your intention to support trainees and practitioners and another way that you and the work influenced me. With the benefit of hindsight, I can see how working on the study had profound benefits for me during my graduate training and subsequently during my career. Learning about these constructs, I believe helped me be more aware of the interpersonal, transactional nature of a therapeutic relationship. Additionally, despite the awareness of the “costs” of doing trauma work, I sought out opportunities to learn how to treat trauma. For instance, I have spent most of my training and career working in medical settings with people coping with life threatening illness, usually cancer. Additionally, I spent 2 years working with military veterans and completed a postdoctoral fellowship in trauma treatment.

Writing the paper with you, before starting my clinical work, highlighted potential concerns for me, and I believe it helped me better attend to issues of self-care. Even now, as I shift careers from a hospital-based position to an academic position, I’m proud that I’m making a change as a strategy to enhance my self-care, as I’ve neglected my health, well-being and relationships were beginning to suffer due to administrative expectations.

Since we published our paper, I have written and researched related issues over the years, but mostly focused on people with cancer, oncology professionals, and psychology trainees in psycho-oncology. I am interested in how people with a potentially deadly disease cope and sometimes even thrive, and simultaneously how healthcare providers manage the interpersonal and occupational demands of their jobs. I have written about and presented on well-being among oncologists (Kracen, 2010), managing compassion fatigue (Kracen & Deshields, 2013), resilience among individuals coping with cancer (Deshields, Heiland, Kracen, & Dua, 2016), and clinical supervision in psycho-oncology (Kracen, 2013). If we were to pursue this line of research again, I would be interested in examining how we can support healthcare providers, therapists, and trainees when they are affected by patient care. I wonder about how we can structure training experiences to help students and early career professionals be aware of how they are affected by the work that they do. What are the evidence-based best practices in graduate/medical education to prepare students for the effects of trauma work? What are essential components in clinical training and supervision that mitigate the impact of exposure to trauma and promote personal growth?

As I write this, I am excited about future research possibilities. With a better understanding of autoethnography, I wonder if there may be rich opportunities for patients, trainees, and healthcare providers to learn the

methodology and write narratives that would complement other types of research we have in psychology and medicine (such as case studies, randomized controlled trials, epidemiologic studies of big data, etc.). For instance, drawing on my research interests, I think back to my former psychology trainee, who realised she disliked working in an oncology setting because of the constant presence of grief and death; I would like others to hear her account of how she coped and was resilient during the subsequent 10 months of the placement. Additionally, there is very little research about patients' or providers' experiences with cancer-related alopecia despite its prevalence during cancer care; I can envision a powerful autographic study of hair loss. And finally, physician burnout is a significant cause of concern (Shanafelt et al., 2015); dare I get too ambitious here, but I believe a special issue of a qualitative journal devoted to autoethnographic accounts of physicians' challenges and resiliency could be a significant contribution to challenging physician shame and understanding physician well-being.

Katie, as a full-time clinician working with individuals coping with trauma, what piques your curiosity and motivates you to engage in research now? And how might you consider using autoethnography as a research approach?

Katie: That is an interesting question in that my recent research activity has not been solely driven by my curiosity and interests, but also by a need to know if the interventions I'm carrying out are effective. So, I am and have been involved with a lot of evaluation research (mostly quantitative using pre- post- designs with waitlist controls) conducted by doctoral students who are not delivering the intervention. This has been rewarding and there is also that feeling of relief when outcomes from work I've done match my own internal, clinical judgement that people are recovering.

When the research is complete, the thesis completed by the student and the *Viva* passed, another piece of work starts for me and my colleagues as we work with the student to turn the research into an article so that our findings are disseminated beyond ourselves. A challenge for me would be finding additional time to write, as I find that it is difficult to find the time and focused 'head space' for writing when working in a very busy hospital. I would also like to pursue research into the opposite side of the coin from that we looked at: vicarious posttraumatic growth (VPTG) (Cohen & Collens, 2013) and vicarious resilience (VR; Hernández, Gangsei, & Engstrom, 2007). I find myself thinking along these lines and feeling this happening much more these days. I feel quite inspired by the strength and resiliency of the people with whom I work, and even as I find it painful at times to bear witness to the horrible things we can do to each other as human beings, I feel privileged to be able to see the wisdom and healing that we are capable of. Not many people in the world get to see and be influenced by that side of humanity. I'd like to learn more about what fosters VPTG and VR in trainees and supervisees (and myself!) and perhaps explore what supervisory interventions can lead to this kind of influence. These topics, VPTG and VR, may easily lend themselves to autoethnography, as the topics seem to call out for the rich personal accounts that could illustrate most clearly what it means to be, for example, more resilient, as a result of exposure to working with people who have lived through trauma.

Amanda, you mentioned that you left your primarily clinical role partly in order to attend to your own needs. Bravo! What currently informs your research agenda?

Amanda: Thanks for the "bravo," Katie. As we discuss influence here in this paper, it truly was the effects of working as a counseling psychologist with my patients who helped me clarify what is most important to me. Like you suggested, I find it to be a privilege to work so closely with people. In my specialty, I have the opportunity to

be with people diagnosed with cancer as they face potentially life-threatening diseases and, as does happen, to be with them as they approach death. I have never heard of the specific concepts you mentioned (VPTG and VR) but they are consistent with my experiences of working in oncology as well as what I have read in the literature (e.g., [Granek et al., 2012](#)) and heard anecdotally from colleagues. Actually, just an hour ago, I learned of the natural death of one of my patients, who I worked with regularly for over 3 years. She had a previous history of trauma and also survived over 10 years with a cancer diagnosis and numerous treatments. She, like others do, chose to live in a meaningful way despite ongoing suffering. This patient, as well as many others, inspire me to try to live fully. I often think of my favorite quote from the poet Mary Oliver (1992), “Tell me, what is it you plan to do with your one wild and precious life?”

Having been made aware by my patients, that life is short, I want to select research projects that are meaningful and are balanced with other important personal and professional demands. I know, for myself, that at the end of my life, I will be more grateful for a meaningful experience (chat with my parents, vacation with my children, dinner with my partner) than another publication. Even as I write this, one of my sons interrupts, pretending to be a ghost, and so I take a moment and play with him. This constant seeking of balance and meaning will likely lead me to do less research ultimately, but hopefully, I can be content with my small contributions.

Additionally, I want research to be enjoyable. Actually, it was another patient, an esteemed researcher, who shared with me that he does not engage in research unless it is “Fun and with FUN people.” He influenced me in many ways, but that comment shifted how I evaluate potential projects. Katie, you make the cut, of course!

And so finally, continuing this theme of influence, I want to keep exploring, especially in rich qualitative approaches, how we, as individuals and as healers (therapists, medical providers, etc.) influence each other. Since we’ve started working on this article, I’ve collaborated with two counselling psychologists at the University of Denver on a qualitative study of career development of psychologists working in cancer care in the United States. Additionally, I’m pleased that we recently received a small grant to conduct another qualitative study; specifically, we will be interviewing postdoctoral fellows in oncology about their experiences in clinical supervisory relationships. These projects are meaningful and enjoyable to me.

Katie, as we have struggled through writing this article together, attempting to stay true to the autoethnographic methodology and style, the Editors have asked us to reflect specifically on O’Riordan’s (2014) quality indicators of Sincerity, Rich Insight, Resonance, and Contribution. Of these four quality indicators, can you discuss those that feel most meaningful to you?

Katie: As challenging as I find it to write in a way that reveals more of who I am, it is interesting to me to learn that these aspects of autoethnography are linked to key quality indicators used to evaluate research. Writing and thinking in this way feels awkward to me, and I feel unskilled at it. However, I find myself drawn to the quality indicator sincerity and the opportunity to write with transparency about my experience, as opposed to trying to contain my experience and keep it out of my writing. It seems very useful to harness the reflexivity that goes into research planning and try to write in a way that allows the rich insight from my and our combined experience to be expressed. When I think about it, it seems a bit strange that I haven’t explored this more in written accounts of research because I agree with the need to challenge that there is one “truth” that can be summarised in a theory or abstraction without reference to the stories and feelings of the people about whom

the “truth” is meant to be (Ellis & Bochner, 2000). And yet, I have continued to conform to traditional ways of writing about research. I am curious about this.

It has dawned on me that being asked to write this article has had an influence on me as it has reminded me to challenge ideas about what research is and what makes good research. I hesitate and find myself reluctant to engage with the quality indicator resonance, as I really can't judge as to whether my efforts will resonate with others. In a similar vein, and back to Delamont's point raised earlier, is this act of reflecting and writing about my own career experiences a real contribution? For example, if I compare what I am writing with Ellerby's (2014a, 2014b) accounts of his experiences as a voice-hearer in Compassion Focused Therapy, can I say I have made a contribution? I think that his work would be classified as autoethnographic, and it captures so much that research which might be viewed by others as more 'scholarly', for example a randomized controlled trial, could never show. So, I find myself influenced by the challenges of writing with an autoethnographic voice.

Amanda, what do you think about those quality indicators?

Amanda: Like you, Katie, some of the indicators resonate more than others. I connect most with sincerity, which I have viewed as being honesty and transparency, and rich insight, which I have understood as being self-revealing. Developing this article has been an interesting, and also challenging process of being forthcoming about the process of thinking, writing, and collaborating. Similar to Wall (2008, p. 41), who writes: “During the production of my autoethnographic text, I experienced persistent anxiety about how I was representing myself in it,” I have been mildly anxious about what to include and exclude to ensure that I am presenting myself in a sincere manner. I write this as we near the end of developing this paper, and I am acutely aware that I have allocated more energy to different tasks in this paper than I have in the writing of other traditional research articles. For me, this anxiety is derived from the challenge of maintaining sincerity as I have found it to be an ongoing, active process of self-reflection.

I initially struggled more with the indicators of resonance and contribution. Honestly, I am uncertain if this article will be relevant to or affect others. I agreed to write this article because we were invited to do so, not because we were motivated by having a personal experience that we felt would resonate with others and, thus, needed to be written. Similarly, as I mention earlier, I still question if we are making a contribution to our field. Using other methodological approaches after conducting empirical research, I tend to feel confident that I have something to add to the research literature. Here, with complete sincerity and insight, I continue to admit that I am uncertain. I can say that with our best intentions and interests, I do believe that we are offering up what we can as a contribution. However, knowing that I've gleaned a great deal from reading others' autoethnographic accounts and seeing how frequently our original article (Baird & Kracen, 2006) has been cited in the last 11 years, I'm more confident that we make a professional contribution by writing this article. If I've learned anything from the success of our first article, it is that we cannot always anticipate the impact and influence we have on others.

Katie, as we wrap up here, what do you think about how the discipline of counselling psychology can use autoethnography as a research method?

Katie: It seems that counselling psychology has been slow to adapt autoethnography as a research method. Like all methodological approaches, it has a place in our field and may offer unique research benefits. Wall (2008, p. 50) writes that, “autoethnography is a useful vehicle for injecting personal knowledge into a field of

expert voices (Muncey, 2005), resisting dominant discourses (Ellis & Bochner, 2000), or promoting dialogue (Ellis, 2000).” As Wall (2008) suggests, autoethnography provides opportunities that are consistent with the philosophy of counseling psychology, particularly from empowering the disempowered, being culturally sensitive, advocating for social justice concerns, and championing feminist and intersectional voices. Having said that, it is important to retain the need for our research methods to be suited to the questions we are trying to ask. Many of our questions are not about our own experience, but about the experiences of people who are suffering, who are oppressed, who are in need of help, and who are trying to learn. The methods we use should be methods that will make contributions and give voice to these people perhaps more often than to ourselves.

As we close the article, I find myself going back to the idea of influence, as engaging in this process seems to have influenced us both in several ways. Perhaps through stimulating our thinking in new ways, ripples of influence and contribution will continue.

Amanda: Katie, I agree. Throughout this article and the process of writing it together as a dialogue, we have explored the concepts of quality indicators (sincerity and rich insight), curiosity, and influence. I came across this fascinating article by Dwayne Custer (2014, p. 8), and he writes about autoethnography:

Each individual human being creates society and culture. We are the world both in the literal and figurative sense. Responsibility becomes more than just a duty to family or country—it becomes a living reality, first to ourselves and then outward to others. Autoethnography communicates the “self” to the world and the world is deeply augmented.

I believe that we have strived in this article to expose ourselves, thus, creating ‘society and culture’ through the act of writing together. My hope is that we have shared our experiences as counselling psychologists living in different countries, pursuing research for different goals, and ending up at different ‘places’ in our careers. With honesty, sincerity, and insight, we have offered what we believe we know about ourselves and our roles as counselling psychologists. While from my perspective it may not seem that the “world is deeply augmented” as a result of our efforts, I do hope that we have generated a ripple of influence that will contribute to a larger tide. As we’ve recently learned by virtue of being involved in this process, it is hard to predict how much influence any piece of work will have. Perhaps someone will read this and decide to embark on an autoethnographical project that truly will create a lasting change or deeply augment the world. As I finish up this article on a cool autumn day in St. Louis, Missouri, I welcome readers to be curious themselves and determine the value and influence that our autoethnography provides.

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Both authors contributed equally to this work.

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