

Personal Therapy for Future Therapists: Reflections on a Still Debated Issue

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Abstract

The issue of personal therapy in the training of counsellors and counselling psychologists has long been debated and is still being discussed. Although some people believe that trainees' processing of personal issues helps increase their self-understanding, they do not consider it mandatory. Others argue that personal therapy is an integral part of training for future therapists revealing the characters and personalities of those who are fit or unfit to practice this profession. In most European countries a certain number of hours of personal therapy are mandatory to qualify for admission to the profession. In other countries, only certain training programs require it. What are the arguments for or against personal therapy in training? What does research indicate? What is meant by "personal development" and what by "personal therapy"? How is the necessary breadth and depth of "the work with oneself" which is contained in good educational training programs ensured? The present article reviews some of the relevant research in an effort to answer the questions raised and discuss the arguments developed.

Keywords: counsellors, counselling psychologists, therapists, mental health professionals, training, personal therapy, personal development

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Introduction

The importance of personal therapy in the training of mental health professionals began when Freud put forward the belief that personal therapy is the deepest and most non-negotiable part of clinical education (Freud 1937/1964). He said: "*But where and how is the poor wretch to acquire the ideal qualification which he will need in this profession? The answer is in an analysis of himself, with which his preparation for his future activity begins*" (p. 246). Freud also suggested that psychotherapists themselves return periodically to their own therapy without feeling ashamed about it.

Nowadays, whether future therapists¹ should have personal therapy during their training is an issue that is still being debated. Certain theorists in the field agree that dealing with personal issues definitely helps trainees become better acquainted with themselves but they are skeptical as to whether it should be a mandatory requirement during their training (Wiseman & Shefler, 2001). Others, argue that personal therapy is an integral part of training for future therapists (Atkinson, 2006). They posit that "work with the self", sheds light on the characters and personalities of those who are fit and those who are unfit for the profession, and provides trainees with expertise and skills that are necessary to exercise counselling and psychotherapy. The latter premise, emphasizes this aspect of training based on the belief that counsellors and counselling psychologists should have attained a significant level of psychological maturation, adjustment, and personal awareness in order to be able to help another person do the same (Norcross, 2005).

But how is personal awareness achieved? How is the therapy of the trainee and the professional influenced by the therapeutic approach each one embraces? What are the arguments for and against personal therapy in training? What does research indicate? How is the necessary breadth and depth of "the work with oneself" which is contained in good educational training programs ensured? Should personal therapy be a mandatory requirement?

The article reviews some of the relevant research in an effort to answer the questions raised and discuss the arguments developed.

Personal Development in the Training of Counselling Psychologists

The issue of personal therapy, personal development or personal growth in the preparation of future therapists, has a dual role: a) adds knowledge and skills and helps trainees comprehend more effectively the counselling process, and b) promotes self-awareness. This dual role of personal therapy during training is supported by many experts in the field (Elton-Wilson, 1994; McLeod, 2003) and by personal accounts of therapists and trainees in various studies (Grimmer & Tribe, 2001; Kumari, 2011; Rake & Paley, 2009). In the present section we will explore the issue of self-awareness of the trainee counselling psychologist.

The whole rationale for the inclusion of personal development in the training of counselling psychologists goes back to the concept of self-actualization introduced by Abraham Maslow and Carl Rogers. In his writings, Carl Rogers (1957; 1961) argues that each of us possesses a basic drive, which he calls "self-actualization tendency". It is an inherent tendency which motivates people towards the constructive achievement of their potential, towards becoming fully functioning persons. The whole journey towards self-actualization through a continuously growing self-awareness, is believed to be beneficial not only for the counselling psychologist but for the whole counselling process. In that sense, trainees must learn to distinguish their different feelings, be aware of their beliefs, values, moral principles and their reactions to various stressful situations. Such awareness is necessary if they are to be considered sufficiently trained to exercise their profession. Therefore, it is reasonably considered to be a necessary part of their overall preparation (Dryden & Thorne, 2008).

Counselling psychology in practice requires a high level of self-awareness and the ability to connect skills and knowledge of personal and interpersonal dynamics in the therapeutic context (Reupert, 2006; Wosket, 1999). Moreover, the mastery of theory, research, skills and knowledge is closely related to personal characteristics and qualities as well as to interpersonal engagement skills. However, no clear definition has yet been provided as to what self-awareness means and how it is achieved (Donati & Watts, 2005). This is partly due to the different emphasis placed by different training programs supported by different theoretical and therapeutic approaches, as well as, by national professional associations and societies. This ambiguity in the clarification of the concept inevitably leads at times to confusion and uncertainty as to the definition of objectives that should be linked to personal development in the training of future counsellors and counselling psychologists.

The need for a higher level of self-awareness in the future therapist, leads to the acceptance of personal therapy and personal development as a mandatory requirement for the completion of many training programs and as a prerequisite for accreditation in different professional associations. Nevertheless, the debate still holds.

In Britain, the Division of Counselling Psychology of the British Psychological Society requires that trainees in counselling psychology would engage in at least 40 hours of personal therapy (Rizq & Target, 2008) or personal development programs that include practical workshops and individual psychological counselling as part of their

training (Williams & Irving, 1996). The European Federation of Psychologists' Associations (EFPA) requires at least 100 hours of personal therapy or personal development (as specified by different therapeutic schools), as part of future psychotherapists' training (European Federation of Psychologists' Associations, n.d.). The British Association for Counselling and Psychotherapy (BACP, 2002) until recently required trainees to complete a minimum of 40 hours of personal therapy; this changed in 2005, and personal therapy is no longer a requirement for accreditation. This alteration in the accreditation standards, raised a long debate in the world of counselling and psychotherapy professionals (Atkinson, 2006; Crabtree, 2005).

In Greece, in the recently started post-graduate counselling psychology and counselling programs, personal growth and development is highly recommended and/or required. Postgraduate students are asked to have the experience of about 40 hours of personal development work as part of their training and self-awareness process. The rationale behind this requirement is that besides getting to know themselves better, it will sensitize them to the feelings, thoughts and expectations a client might experience during the therapeutic process. The clinical psychology post-graduate programs at the Greek universities also recommend several personal development hours on an individual basis as well as 20 hours of group counselling.

A Greek Committee of Psychologists of the Central Health Council of the Ministry of Health was assembled and worked for two years instituting accreditation and licensure criteria for specialty areas in psychotherapy. The criteria, included among other requirements their involvement in self-awareness/personal development individual and/or group programs. Unfortunately, the report submitted by the Committee to the Ministry was never activated (Kalantzi-Azizi et al., 2003).

All the above information take us back to the question: "should personal development be an obligatory requirement for future therapists?" Before discussing this issue, let us first try to explore the different directions that lead to the self-awareness of the trainee counselling psychologist.

How Do Trainees Achieve Self-Awareness? Counselling Psychology is a specialty of applied psychology and as such, the majority of postgraduate programs contain modules that are experiential in their essence. As a result, self-awareness is "part of the game" in various subjects and particularly in courses offered in the form of workshops. In this sense, self-knowledge is an integral part of counselling training that is achieved through experiential learning, role plays and videorecordings of sessions, through self-reflection in the classroom or in log books and journals (Griffith & Frieden, 2000; Hawley, 2006; Ivey, 1973; Paladino, Barrio Minton, & Kern, 2011). Additionally, supervision in training or during internship – in programs where this is provided- is another factor involved in personal growth and development² (Dryden & Thorne, 2008; Wosket, 1999).

Besides learning that takes place in the classroom, the extra-curricular activities connected with self-awareness are usually twofold: a) through personal development groups with the trainees as participants and b) through personal therapy, on an individual or group basis. The difference between these two forms may lie in the "depth of the work with oneself" (Izzard & Wheeler, 1995).

The personal development group usually consists of several hours of group work, where trainees are invited to explore their own behaviour and develop an awareness of their impact on others. Students in such groups have the opportunity, "to experience the uncertainty of an ambiguous situation, the fear and anxiety of disclosing personal information and depending on others, and the satisfaction of receiving feedback and developing insight" (Davidson-Arad, Stange, Wilson, & Pinhassi, 2002, pp. 81-82). A personal development group (often also cited

as “experiential group”, or “interpersonal growth-oriented group.”) can take different forms and be attached with different theoretical approaches (Davidson-Arad et al., 2002; Ieva, Ohrt, Swank, & Young, 2009; Robson & Robson, 2008).

The second path towards self-awareness for the trainee counselling psychologist is personal (psycho-) therapy or analysis³. The difference between therapy and personal development groups lies on the depth of the work with the self. Personal therapy, whether individual or group, is concerned with a deep internal searching and working through unresolved conflicts aiming at personality changes. Psychoanalysts call it «training analysis». [Wosket \(1999\)](#) parallels the depth of the “work with oneself” with gardening: you can choose gardening that eradicates every tiny weed or gardening that pulls out only the large weed.

What route one would take towards self-awareness? The planning of a training program in Counselling Psychology and Counselling entails also these kind of choices: personal development groups or/and personal therapy, either mandatory or not. Additionally, a training program gets attached to a therapeutic orientation and such an affiliation in a way reflects also a stance towards all these dilemmas. In the following section we will discuss briefly how different theoretical approaches position themselves in the issue of therapy for trainees.

The Position of Different Theoretical Approaches on the Issue of Personal Therapy During Training

Research indicates that choice of theoretical orientation, and hence the decision to undergo personal therapy or personal development each trainee will follow, as well as the choice of techniques one will want to use, depends on their character, personality, and their personal philosophy ([Arthur, 2000](#); [Fear & Woolfe, 1999](#); [McConaughy, 1987](#)). More specifically, studies have shown that supporters of the humanistic approach are flexible, sensitive, with a tendency for intimate personal relations, internally directed, supporters of the values of self-actualization, openly expressing their feelings. Behaviourists have been found to be less flexible, over-controlled emotionally, and externally oriented. In addition, psychoanalytic psychotherapists have been found to be externally oriented, emotionally restrained, flexible, and with a target oriented behavior ([Tremblay, Herron, & Schultz, 1986](#)). In a more recent study ([Ogunfowora & Drapeau, 2008](#)) it was similarly assessed that personality traits are related to theoretical orientation preferences and hence to the pursue or not, of personal therapy during training.

How is personal therapy of future counsellors and counselling psychologists approached by the different theoretical orientations? Some theories see personal therapy as actually therapeutic for specific symptoms or problems of the trainees, while others believe that its primary role is to correct the limitations and distortions dating back to their prior development of personality, in order to promote their positive personal development ([Orlinsky, Rønnestad, et al., 2005](#)). The person-centered, existential, psychodynamic, and many other approaches support the notion that personal therapy should be an integral part of psychotherapy training, with each one giving a different emphasis on it. The psychoanalytic approach is affirmative to the importance and the need for personal therapy of future mental health professionals; followers of other theoretical approaches are less clear and vary in their positions concerning the value of personal therapy in the training of future therapists. Below is a brief review of the stance held by the major theoretical approaches regarding this issue followed by a discussion of research findings with regards to therapy for professionals.

a) Psychoanalytic Approach

The emphasis on personal analysis as an integral part of the training of future psychotherapists came initially from Freud himself. With personal analysis he referred to the process of knowledge of the content and function of the unconscious desires that guide our thought and behavior. He could not imagine how a psychoanalyst could help someone else in the process of self-knowledge, without first having gained awareness of his/her own hidden thoughts and desires. Very famous are his words in the First Topographical Theory, "*where there is unconscious, conscious shall be*", which was later changed in the Second Topographical, the Structural Theory, into "*where there is id, ego shall be*" (Lasky, 2005, p.16).

More recent psychodynamic approaches support strongly personal analysis (or "training analysis" as they call it) of future psychotherapists, setting through different processes and outcome criteria (Corey, 2009). They emphasize the internal subjective state of the individual, his/her unconscious motivation, and suitable expression of emotions and past experiences (Lorr & McNair, 1964; Sundland & Barker, 1962), putting at the same time a strong emphasis on awareness to deal with countertransference reactions (Kumari, 2011).

Those espousing this belief claim that students preparing to become therapists must be fully aware of their personal capabilities to be able to distinguish between healthy and pathological countertransference reactions of their clients (Dryden & Thorne, 2008).

b) Existential-Humanistic Approach

This approach, including besides person-centered, also the more recent developments of the Rogerian approach, namely focusing (Gendlin, 1981; 1996) and emotion-focused counselling (Greenberg, 2002; Greenberg, Rice, & Elliott, 1993), stresses the importance of trainees' "personal development" or "personal becoming". It cannot be stressed enough how great an emphasis this approach places on self-knowledge since its whole philosophy is targeted towards the importance of self-awareness, as well as openness to one's experience. Although not specifically stated as a mandatory requirement in the training of future therapists, personal growth is integral in their program by being pursued through the whole developmental process of self-acceptance, genuineness, congruence and the development of empathy, the basic qualities a helpful professional should possess (Mearns & Thorne, 2007). Gestalt therapy, which also belongs to the humanistic-existential approaches, places similarly a great emphasis on self-awareness but goes one step further and is more firm on its demand that trainees pursue their personal therapy (Clarkson, 2005).

In general, one may conclude that the humanistic-existential therapeutic approach is based on the belief that people possess a growth trend leading to self-actualization which is considered to be always present and creates the basis for therapeutic change. The two main pillars supporting this trend for growth are, on the one hand, self-awareness and on the other, the lifetime's task to continuously work with one's self (Greenberg et al., 1993; Mearns & Thorne, 2007).

c) Cognitive-Behavioral Approach

Initially, this approach did not require personal therapy as part of the training of future therapists. Therapy was believed to be a learning experience through which therapists were teaching their clients how to change attitudes, behavior and cognitions using various techniques. Since therapy did not focus on tracing the unconscious, but was rather a learning experience of behavioral change, the therapists did not need to be aware of their unconscious feelings and fantasies (Laireiter & Willutzki, 2005).

However, in recent years this attitude has changed. Cognitive-behavioral approach advocates argue that personal therapy can be very useful in achieving the goals of training for future counselling psychologists. Knowledge of personal sensitivity and way of interaction, development of empathy, identification of inappropriate feelings toward the client and self-awareness are personal qualities or skills that can be promoted through personal therapy. (DiGuiseppe, 1991; Kalantzi-Azizi, Aggeli, & Efstathiou, 2002). A few years ago, Bennett-Levy et al. (2001) developed a training method called "Self-practice/Self-reflection" through which trainees in the cognitive-behavioural approach gain a deeper understanding of themselves and of the whole therapeutic process. Over the last 25-30 years, many cognitive-behavioral training programs have incorporated personal therapy in their training, although not as obligatory, focusing primarily on personal development in the way Rogers defined it. (Laireiter & Willutzki, 2005).

d) Systemic Approach

The systemic or family paradigm appears in different models and therefore has no unified stance towards the issue of the necessity of personal therapy for trainees. The first approaches based on *the general systems theory* and *cybernetics*, stemmed from disciplines other than psychology, and therefore did not raise issues of personal therapy for trainees. Even in the *structural therapy* developed by Minuchin (1974), personal therapy was considered irrelevant to the training of future systemic psychotherapists.

In contrast, other systemic approaches place great emphasis on personal therapy of future psychotherapists. For example, *experiential family therapy* developed by Whitaker (Whitaker & Keith, 1981) *narrative family therapy* supported by Michael White (White & Epston, 1990), and the *conjoint family therapy* of Virginia Satir (1964), stress the importance of self-exploration of trainees, particularly through their participation in group or family therapeutic settings.

Research Findings on Personal Therapy According to Theoretical Orientation

Research efforts trying to investigate counsellors' and counselling psychologists' experience of personal therapy from a different therapeutic approach, rely primarily on practicing therapists and not on trainees. Studies researching mental health professionals of different theoretical orientations who sought personal therapy on their own initiative have been conducted in the U.S.A. during the decades 1980 and 1990 (Norcross & Guy, 2005) as well as in several other countries around the same period of time (Orlinsky, Rønnestad, et al., 2005). In the U.S. survey, which was based on the results of 14 investigations involving psychologists, psychiatrists, social workers and psychotherapists, approximately 82% to 97% psychodynamic and 88% to 97% of psychoanalytically oriented psychotherapists, sought personal therapy on their own initiative, while 44% to 66% of behavioural counsellors were involved in a short-term personal therapy involving fewer hours than their colleagues of other orientations. The followers of the humanistic-existential theoretical orientation were found somewhere in between these two categories (Norcross & Guy, 2005). Bike, Norcross, and Schatz (2009) replicated the 1987 study of Norcross, Strausser-Kirtland, and Missar (1988) focusing, among others, also on the evolution of psychologists' and social workers' personal therapy experiences over the years. They found an increasing prevalence of personal therapy for both groups over time, with psychologists seeking to a greater percentage personal therapy than social workers (Bike, Norcross, & Schatz, 2009). In terms of theoretical orientation, results did not differ from those reported twenty years ago: psychoanalytic and psychodynamically-oriented therapists seek to a larger number personal therapy (98% and 96% respectively), followed by humanistic (91%), cognitive (76%), behavioral (74%) and multi-cultural therapists (72%) (Bike, Norcross, & Schatz, 2009; Norcross, Bike, Evans, & Schatz, 2008).

In a survey conducted in 14 countries in Europe, Asia, Australia and America (Orlinsky, Rønnestad, et al., 2005), the sample included mainly psychologists, psychiatrists and other psychotherapists. The results did not differ significantly from those in the U.S., since 92% of psychoanalysts and 92% of humanistically-oriented therapists had been involved in personal therapy, compared to 60% of cognitive-behaviorally oriented therapists. Cognitive-behaviorists showed lower rates of engagement in personal therapy than the other therapeutic approaches in all countries, a finding consistent with the position of this approach as regards the importance of undergoing personal therapy of its followers.

All these studies are indicative and comparisons between them should be made with caution because not all of them follow the same methodology nor do they have similar sample sizes and the different theoretical orientations are disproportionately represented. However, a general conclusion that can be drawn is that the position supported by each approach regarding the necessity of their followers' involvement in personal therapy, undoubtedly influences their decision to pursue it.

It is interesting to note in this context that when it comes to engaging in their personal therapy, most therapists seek psycho-dynamically oriented personal therapy 40% - 60% more than other approaches, regardless of their own theoretical orientation (Norcross, Strausser-Kirtland, & Faltus, 1988). In a similar study 20 years later, one notices a slight change, the predominant theoretical orientation of a therapist's therapist being predominantly integrative/eclectic, followed by psychodynamic and cognitive (Norcross, Bike, & Evans, 2009).

This is not to say that therapists do not choose a therapist from their own theoretical orientation. For instance, although the research by Norcross, Strausser-Kirtland, and Faltus (1988) back in 1988, found that 90% of supporters of the psychoanalytically oriented therapeutic approach had selected psychoanalytic (45%) or psychodynamic (34%) personal therapy, while 33% of supporters of the humanistic approach chose humanistic personal therapy, in the study of 2009, this percentage for psychoanalysts declined to 70% while the adherence to other approaches remained at about the same level (Norcross, Bike, & Evans, 2009).

Personal Development and Personal Therapy for Trainees and Professionals: Pros and Cons of the Experience

Until recently, studies on trainees' pursue of personal therapy while in training were mostly position papers and the research studies conducted focused mainly on their attitudes and opinions concerning its necessity (DeVries & Valadez, 2006). Similarly, the topic of experiential groups as a personal development tool for trainees, although extensively discussed (Ieva et al., 2009) was not sufficiently researched. Luckily, in the last five years, some qualitative studies added the narratives of trainees both for the experience of personal therapy and for the participation in personal development groups. In this module, we review what theorists and researchers posit on all these issues.

The Experience of the Personal Development Group During Training

The narratives of trainees in recent qualitative studies are in accordance with the literature: the experiential group enhances self-awareness and contributes to the personal development of the students. The findings of Ieva et al. (2009) confirm the dual role of personal development in the preparation of future therapists as mentioned earlier in this article. The categories that emerged from the transcripts of 15 interviews with trainee counsellors included both the issue of self-awareness and personal development, as well as the issue of professional devel-

opment. Participants described their experience in the group as a means for the “development of insight regarding one’s strength and areas of growth” (Ieva et al., 2009, p. 357). Also, trainees stressed that the group provided the opportunity to engage in the risk of disclosing blind spots to others, to share and interact in a more intimate way. Additionally, students emphasized that by participating in the group, they learned a great deal about the group process, had the chance to observe the leader as a model and also enhance their empathy skills. In another recent qualitative study by Luke and Kiweewa (2010) the themes that emerged revealed that the group experience enhanced personal growth and awareness of the trainees in different levels: in the intrapersonal and the interpersonal but also on a level involving the whole group experience.

Benefits From Personal Therapy

Strozier and Stacey (2001) claim that personal therapy contributes to the greater effectiveness in the use of different skills, the possibility of a more authentic connectedness between therapists and clients, and the protection from harmful interventions due to self-awareness and experience gained from having been in the position of the client. Consequently, exploration and awareness of personal experiences are believed to be core to the training of counselling psychologists (Norcross, 2005).

Back in the 1950’s, Fromm-Reichmann had argued that personal therapy during the training of psychoanalysts leads to an enhanced sensitivity and awareness, to improved mastery and technique, a decreased personal symptomatology and an increased conviction about the validity of the theory used (Rizq, 2011). Referring to the benefits of personal therapy, Norcross, Strausser-Kirtland, and Missar (1988) reported six distinct benefits derived from this experience: it improves the emotional and mental functioning of the therapist, provides a better understanding of personal dynamics so that therapy may be conducted with clearer perceptions, alleviates the emotional stress of the profession, serves as a profound socialization experience, sensitizes to the interpersonal reactions and needs of the clients by being placed into the client role, and provides an excellent opportunity to observe clinical methods directly. In a similar effort, Macran, Stiles, and Smith (1999) summarized the benefits of personal therapy into three main topics: one that has to do with the role of the therapist (humanness, power, boundaries), a second that has to do with the counsellee (trust, respect, patience), and a third that has to do with the therapeutic relationship (active listening “with a third ear”).

Research Findings Supportive of Personal Therapy

Personal therapy is beneficial in learning what therapy means and what issues may arise when trainees are faced with personal difficulties. Empirical investigations of the efficacy of personal therapy in the training of therapists indicate improved self-esteem, improved social life, symptom improvement, as well as improvement in work function (Grimmer & Tribe, 2001).

Qualitative research with graduate students in counselling psychology (Kumari, 2011; Murphy, 2005) and practicing psychotherapists (Rake & Paley, 2009), found that personal therapy is a positive experience which may facilitate the process of preparation of professional counsellors. Similar findings were reported by other qualitative studies as well (Koskina, 2012; Oteiza, 2010), in which participants stated that it was an enriching although difficult experience, but undoubtedly beneficial to their work.

Psychotherapists who have sought personal therapy, report that they benefited by becoming more aware of the personal relationship that develops between therapists and clients, by being more aware of issues of transference and counter transference in the therapeutic relationship, and by having developed increased warmth, empathy,

genuineness, patience and tolerance (Bike, Norcross, & Schatz, 2009; Macaskill & Macaskill, 1992; Norcross, 2005). Apart from self-awareness and self-esteem, they report that it showed them the way to their own introspection (Bike, Norcross, & Schatz, 2009; Orlinsky, Norcross, Rønnestad, & Wiseman, 2005; Pope & Tabachnick, 1994). In a comparative study among groups of psychotherapists in the U.S. and England, similar answers were reported by the participants. (Norcross, Dryden, & DeMichele, 1992; Norcross, Strausser-Kirtland, & Missar, 1988). Similarly, other studies refer to the increased effectiveness in the use of skills, ability to use the self in therapy and relate authentically with the client, and enhancement of self-awareness (Grimmer, 2005; Kumari, 2011; McLeod, 2003; Strozier & Stacey, 2001). In a survey involving counselling psychologists, three domains in which they benefited from personal therapy were mentioned: handling their personal issues, dealing with difficulties encountered in their training, and mostly learning how to conduct psychotherapy (Williams, Coyle, & Lyons, 1999).

Research studies with social workers have concluded that personal therapy helped them gain greater self-awareness, become better active listeners, develop empathy for their clients, and gain a greater awareness of their personal and professional identity (Mackey & Mackey, 1994; Mackey, Mackey, & O'Brien, 1993). Moreover, their therapist's empathy indicated healthy ways of connecting and disconnecting from their clients. The whole therapeutic experience was helpful in understanding the therapeutic process. When asked about the importance of personal therapy in their education, most post-graduate social work students reported that it is essential in increasing their self-awareness and in understanding their clients' needs (Strozier & Stacey, 2001).

Inhibiting Factors to Enter Personal Therapy for Trainees and Professionals

Some of the usually presented reasons for not seeking personal therapy have to do with issues of confidentiality, financial burden, lack of time, a sense of self-sufficiency, fear of exposure, and difficulty to identify an appropriate psychotherapist (Norcross & Connor, 2005). An earlier study by Stefl and Prosperi (1985) had similarly indicated that the main barrier to help-seeking was affordability, followed by ignorance about available services, difficulties in transportation, and fear of exposure. In surveying the reasons why clinical psychology doctoral students had never engaged in personal therapy, Holzman, Searight, and Hughes (1996) came to similar conclusions.

In a more recent study on post-graduate students help-seeking attitudes, the issue of confidentiality was rated high among non-seekers (Dearing, Maddux, & Tangney, 2005). Norcross, Bike, Evans, and Schatz (2008) recently found that some of the reasons therapists do not seek personal therapy have to do with support from family and friends as well as the possession of personal coping strategies. It is worth noticing that both students in training and psychotherapists report similar reasons for not entering therapy.

Inhibiting factors to enter personal therapy have been very skillfully grouped into four categories in an earlier survey by Burton (1973, p. 100), as cited in Norcross and Connor (2005): "therapists believe that what was sufficient for Freud is also sufficient for them; that is self-analysis; therapists fear personal regression and the transfer of power to another person; shame is another inhibiting factor for personal therapy; there exists also a paradox that therapists themselves who believe strongly in the usefulness and effectiveness of psychotherapy are precisely those who have their deeper doubts about it".

It has been suggested that therapists who insist on the idea that they are strong and have a command of their work and therefore do not need to pursue their own personal therapy, experience internal conflict and struggle with a personal desire to support themselves searching for perfection, and an intense fear to confront unsolved internal issues which might give the impression to their therapists that they are incompetent (Berman, 2005).

Negative Impact of Personal Therapy During Training

Atkinson (2006) challenges the assumption that personal therapy during training leads only to positive development and posits that the overall outcome of work with oneself, is not always a desirable aspect of training (Kumari, 2011). It may furthermore, interfere with their practicum in that, as research indicates, trainees' personal therapy may lead to distraction and have a negative impact on their clients (Clark, 1986).

Self-exploration definitely leads to new discoveries, but often to unfamiliar psychological territories which may be misleading, so that almost all the trainees spend periods of distress or confusion, anxiety or depression at some stage of their training. Getting to know oneself can be a difficult and painful process at times. Moreover, training to become a practicing counselling psychologist is a mentally and emotionally charged activity: students are trying to master new skills, establish a professional identity and a sense of self-efficacy as a therapist and deal with the personal issues that arise from the experiential nature of the training itself. Therefore, some of the questions raised have to do with how legitimate it is to engage students in personal therapy during their training period in the event of emergence of difficult emotional situations that might interfere with their academic performance.

In addition, individual personal therapy is also financially demanding and therefore not affordable for some students. There are some who support that trainees need to engage in personal therapy only when blocked with a case and cannot proceed. Also, surveys have concluded that psychotherapists involved in personal therapy during training are not necessarily more effective in their work, because of that experience (Clark, 1986; Crabtree, 2005; Lambert, 2003; Macran & Shapiro, 1998).

Research Findings Refuting Personal Therapy During Training

Research indicates that 33% of trainees declare that personal therapy was not a satisfactory experience, and that it probably had a negative influence on their clients (Aveline, 1990).

Some studies have shown that personal therapy led to trainees' depression and an excessive preoccupation with self-exploration (Macaskill, 1998; McEwan & Duncan, 1993). Some other negative outcomes from personal therapy that have been reported, include: inadequate resolution of problems and relationship difficulties (Grimmer & Tribe, 2001) and increased levels of stress (Kumari, 2011). In another study (Pope & Tabachnick, 1994) with a sample of 800 psychologists, 84% had engaged in personal therapy. When asked about their experience, 22% said they felt the experience was stressful, 61% reported depressive symptoms, 20% said they concealed important information about themselves and 10% reported that confidentiality was violated. In a recent qualitative study in a sample of 12 Greek therapists, participants reported similarly psychological distress, difficulties encountered in their relationship with their therapist and interference of personal therapy with their therapeutic work (Koskina, 2012).

How "Deep Should the Knife Be Tucked" When It Comes to Trainees?

Results such as these could probably lead us again to one of the questions posed at the beginning: "How is the necessary breadth and depth of "the work with oneself" which is contained in good educational training programs ensured?". In other words, "*how deep should the knife be tucked?*". Since the counselling psychologist's personality is inevitably involved in the whole counselling process, it should be certain that it will not have a negative effect on the client. Through personal therapy the character of those who are fit or unfit to exercise this profession will be revealed and they will be helped accordingly. However, one question that arises in relation to personal therapy while in training has to do with how deep one should move into personal analysis. If someone is content with the use of his/her defense mechanisms, how necessary is it to unmask them? Is it necessary to analyze the psyche

and the personality or is the awareness of personal beliefs, values and moral principles of the trainees enough? At what point should self-exploration stop and how good a therapist will one become, how many and what kind of issues will s/he be able to deal with depending on the depth of self-knowledge?

The whole process of personal therapy definitely involves risk, in the sense that no one can predict the outcome. Could it be that personal therapy poses more risk than benefit for some trainees? And consequently, should it be a mandatory requirement in their training?

Additionally, something important seems to be missing from the discussion of the “mandatory requirement”: the issue of motivation of the counselling psychology student to enter therapy. Hundreds of pages have been written to underscore the importance of the “change and choice readiness” of the counsellee (Carter, 2011; Ryan, Lynch, Vansteenkiste, & Deci, 2011). If we revisit and paraphrase the old joke about psychologists and the light bulb we could ask: “How can a trainee benefit from personal therapy, how can he/she “change the light bulb” unless the experience is his/her choice?”

Conclusion

One may conclude that personal therapy has definitely a positive impact on some counsellor characteristics which are believed to contribute to clients’ constructive change, such as are for example, empathy, authenticity, and warmth (Macran & Shapiro, 1998). Personal therapy can help trainees acquire insight, growth and development. However, the “work with oneself” may or may not have positive outcomes for the person experiencing the process, depending on the character and the motives which impel them to it, the time period in which it occurs but also on some of their personal characteristics. When the motive is self-awareness and when the choice to undergo personal therapy is conscious and deliberate, it will certainly be beneficial. “Work with oneself” offers the opportunity for learners to explore and shield their personal “Achilles heels” which, if not identified and not been dealt with in the past, may come to the surface and impede their work in the future. Practically, this means that they will need to be resilient in order to be able to confront the suffering and to tolerate anger, criticism, contempt, and even rejection by some of their clients (Orlinsky, Norcross, et al., 2005).

In evaluating the impact of therapists’ personal therapy on the outcome of the counselling process and their clients’ therapeutic outcome, the results of empirical research are mixed and inconclusive (Glass, 1986; McLeod, 2003). The extent to which personal development can influence the “self” of the trainee in order to lead to a positive therapeutic outcome remains a target to be explored. Further well-documented research and more theoretical support as to how personal therapy affects clinical practice is needed, before reaching conclusions about its effect on the self-awareness of trainees and the outcome of the counselling process.

One of the main questions raised in this paper was whether personal therapy should be a mandatory requirement for future therapists’ training or not. Dryden and Feltham (1994) provide a suggestion by recommending that trainees following two year training programs be involved in personal development, experiential groups in their first year and become involved in personal therapy in the second year of their studies, when they start working with actual cases.

Nevertheless, any discussion about the personal development and personal therapy of counselling psychologists, during training or in the course of their professional path, cannot be independent of their theoretical orientation. The present author espouses the existential-humanistic philosophy, in which the ‘self’ is a central tool of the

therapist and therefore the counselling process does not evolve if the counselling psychologist is not really present, with warmth, congruence and self-awareness. Therefore, going back to Maslow's and Rogers' concept of the 'self-actualization tendency', personal development is an on-going and lifelong process which should certainly be included and pursued during training in order to increase self-awareness.

However, in line with this "worldview" lies also the idea that students cannot be forced into personal therapy. As a counsellor educator and an academic, I would agree with Rogers in his description of the good teacher:

"Whatever the resource he supplies – a book, space to work, a new tool, an opportunity for observation of an industrial process, a lecture based on his own study, a picture, graph or map, his own emotional reactions – he would feel that these were, and would hope they would be perceived as, offerings to be used if they were useful to the student. He would not feel them to be guides, or expectations, or commands, or impositions or requirements. He would offer himself, and all other resources he could discover, for use" (Rogers, 1961, p. 289).

As a result, my position is that trainees would benefit by being involved in personal therapy by choice. Personal therapy should be considered essential and mandatory for practicing therapists, but for trainees could be given the alternative of engaging in it after training. *Personal development* as defined originally by Rogers and subsequently supported by many others, through group work or by any other means, should be included in the training of future therapists. On the other hand, *personal therapy* or *analysis* as defined by Freud and the followers of the psychoanalytic approach might be an optional, but not an obligatory part of training.

Notes

- 1) The terms therapist, counselling psychologist and counsellor are used interchangeably.
- 2) Oftentimes, the boundaries between personal therapy and supervision are unclear. In both cases similar techniques are often used, yet their goals should not be confused. The aim of supervision is to assist the trainees in understanding their emotional problems and resistances that may interfere with the therapeutic process. Seen from this angle, supervision is certainly involved and contributes to personal development.
- 3) In the present article the terms personal analysis and personal therapy are used interchangeably.

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