# *The Value and Cost of Mandatory Personal Therapy*

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> Money can't buy you happiness but it does bring you a more pleasant form of misery.
> Spike Milligan

## Abstract

Counselling psychology trainees, in the UK, are obliged to undertake a minimum of 40 hours of personal therapy as part of their DPsych course requirements. This requirement creates some stress and remains controversial in the profession at large. This paper constitutes part of a wider doctoral study on how this mandatory therapy is experienced from the perspectives of both trainees and counselling psychologists who have trainees as clients. Interpretative Phenomenological Analysis (IPA) was employed to access the lived experience of four trainees and four qualified psychologists. Four overarching categories common to the two groups were identified in the broader study: impact of mandatory therapy on therapeutic process; the therapeutic performance; the value of therapy and; boundaries. Whilst many trainees felt that therapy should remain a compulsory course requirement, they also highlighted that it costs them both emotionally and financially. I had not included questions regarding finance in my original interview schedules and did not anticipate that both trainees and therapists would mention finance so often and so fervently. Consequently in this paper, I am selectively focusing on the financial and emotional side of mandatory personal therapy. This article will concentrate solely on the findings related to the emotional and financial impact of mandatory personal therapy on trainees and their therapists.

## Introduction

Previous research has discussed whether or not therapy should be a mandatory requirement and the positive and negative consequences of the experience (Macaskill, 1999; Grimmer, 2005). Otherwise there is a substantial amount of research which explores therapists' experiences of undergoing their own personal therapy. There is far less research on trainee counselling psychologists and their personal therapy. Although there have been some papers on this (e.g.Kaslow and Friedman, 1984, Grimmer and Tribe, 2001), few have addressed the mandatory aspect of trainees having to have therapy as part of their training requirements. The only research which asks the perspectives of both trainees undergoing therapy, and qualified therapists giving therapy in the same study, is the research conducted by Kaslow and Freedman (1984) and that took place over 20 years ago.

As an increasing number of people apply to DPsych counselling psychology courses, the impact of the lack of information given to students about the rationale for mandatory therapy and/or process of possibly starting therapy for the first time, assumes a greater significance. Many studies state that the therapeutic relationship is one of the most important factors of therapeutic 'success' (Martin, Garske

and Davis, 2000; Bachelor and Horvath, 1999), yet there have been no studies conducted looking at the unique relationship dynamics between counselling psychology trainees and their therapists.

The purpose of this study is to explore how DPsych trainee counselling psychologists experience their personal therapy, and how counselling psychologists experience having trainee counselling psychologists as clients. The BPS website (2009) states that "The practice of counselling psychology requires a high level of self-awareness and competence in relating the skills and knowledge of personal and interpersonal dynamics to the therapeutic context"; consequently counselling psychologists should not be afraid to reflect on and challenge what is part of the training to become part of this unique branch of the profession.

# Literature Review

## *A debated topic*

The subject of personal therapy for therapists is a controversial one, with conflicting views on

whether it should be a core component of training or non-essential (Macaskill, 1999). Norcross, Strausser-Kirtland and Missar (1988, p.37) eloquently outlined the issue stating the subject is "shrouded in mystique, defensiveness and anxiety sometimes bordering on the irrational". The rationale for mandatory therapy has remained unclear. Professional difficulties are not given as a primary rationale by counselling psychology courses. If they were, the question remains unanswered as to why therapy (like supervision) does not remain mandatory throughout therapists' careers. The notion of whether personal therapy should be mandatory has been questioned frequently by those in the therapy profession.

Amongst the reasons given for the necessity of trainees having personal therapy are that use of the self and interpersonal abilities are seen as key factors in the therapeutic process (Woolfe, 1996). Arguably, if trainees are not required to have mandatory personal therapy, there are no assurances that they will address the parts of their personality which could possibly be problematic (Thorne and Dryden, 1991). Whilst some studies would argue that personal therapy is key in training to become a therapist, both in addressing problematic areas of their personality and understanding therapy from the perspective of the client (Thorne and Dryden, 1991), others have maintained that there has been no empirical evidence to endorse these claims (Williams *et al.*, 1999).

An ongoing debate is whether mandatory therapy is ethical and alternative personal development exercises have been suggested, including therapy as an option (Mearns, 1997; Norcross and Halgin, 2005). It is questionable whether personal therapy is vital in therapist training and should be a key activity; perhaps other activities in training (e.g. membership of a therapeutic group) may fulfil the tasks which personal therapy is there to accomplish (Atkinson, 2006). Although acknowledging that there should be substantial opportunities for personal development in the training of therapists, Atkinson (2008, p.408) vividly described mandatory personal therapy as "neither intellectually nor ethically coherent".

There is little conclusive empirical evidence as to whether mandatory therapy is beneficial for trainee therapists, and there are opposing views about whether it should be included as a mandatory part of a training course. There is also a lack of research concerning qualified therapists' opinions on whether therapy has been useful to their trainee-therapist clients, and indeed their experience of having therapist-clients. The research that has been undertaken has mainly been by authors aligned to psychodynamic/psychoanalytic therapy (Geller, Norcross and Orlinsky, 2005).

### *Therapists' experience of treating fellow mental health professionals*

Norcross, Geller, and Kurzawa (2000, 2001) conducted informative research on therapists' experience of treating fellow mental health professionals. They examined responses to a questionnaire from 349 psychologists of the American Psychological Association Division of Psychotherapy. Psychologists reported that their therapy styles and therapy processes were

mainly similar for both psychotherapy patients and non-therapist patients. However, they admitted that they felt less removed from and experienced greater comradeship toward their therapist-patients. In spite of this, they were more also anxious about treatment effectiveness and more insecure of their techniques when the patient was also a mental health specialist (Norcross, 2005). Heery and Bugental (2005), who used an existential-humanistic approach to psychotherapy with psychotherapists, highlighted that special attention must be paid to the transference and counter-transference relationship with psychotherapist - clients.

In contrast, Beck and Butler (2005, p.254) maintained that "there is little difference in our cognitive therapy treatment of therapist-patients versus other patients". They argued that issues that may be seen as unique to trainees, such as the possibility of dual relationships, that occur with other patients as well. A possible reason for the disparity between their views, and those of the previous studies, is the difference in theoretical orientation. Beck and Butler (2005) used CBT in their treatment of therapist-patients, which is arguably more protocol orientated than psychodynamic therapy which is more process focused. This may explain why they noticed little distinction.

## Methodology

Interpretative Phenomenological Analysis (IPA) is "a version of the phenomenological method which accepts the impossibility of gaining direct access to research participants' life worlds" (Willig, 2001, p.53). Smith and Osborn (2008, p.55) described IPA as being "especially useful when one is concerned with complexity, process or novelty", such as with my own research.

Four trainee counselling psychologists and four qualified counselling psychologists were recruited. Trainee counselling psychologists, undertaking their doctorate in counselling psychology, were recruited from the second year of their training. The second year was chosen because, similarly to my reasons for recruiting solely counselling psychologists, I wanted as homogenous a group of participants as possible (Smith et al, 2009). The participants were required to have had a therapeutic relationship for at least six sessions, as this still allowed for the analysis of the therapeutic relationship in short-term therapy. Any theoretical orientation was considered as counselling psychology incorporates different modes of therapy. Lastly, the participants had to have finished therapy no more than three years ago so as to make the memory of the experience of mandatory personal therapy as fresh as possible. I did not specifically recruit trainees who had seen counselling psychologists as their therapists because at the time, some counselling psychology courses permitted trainees to see UKCP and BACP registered therapists.

### *Ethical considerations*

I kept to the BPS Ethical Principles for Conducting Research with Human Participants (BPS, 2000) and my ethics proposal form was approved by my university. Whilst planning my research I was aware that, for the participants, talking about their therapy experiences could potentially be upsetting. It was

hoped that by making the participants fully aware of the nature of the study before they participated in it, psychological/physiological distress would be avoided (as much as possible). When the interview was finished I debriefed the participant both verbally and in writing.

### *Analysis*

Consistent with the theoretical guidelines of IPA, semi-structured interviews were employed. This inductive 'bottom up' approach permits the participant and the researcher to partake in a discussion in which preliminary questions are changed after receiving the participant's response. It also allows the researcher to have the chance to be able to investigate significant subjects which surface and to ask the participant for clarification (Smith and Osborn, 2008). Willig (2008) explained that, in comparison to structured interviews, the order of the questions is less significant, and the interviewer has more flexibility in pursuing the interests of the participants. Each interview lasted for about an hour.

IPA is "not a prescriptive methodology" (Smith and Osborn, p.66) so I was able to adapt my approach by using two groups of participants, looking to see if there was any connection in the themes between the two groups. Whilst my main research interest was on the individual experiences of the trainees and the qualified therapists, I also wanted to determine if there were any similarities, or indeed differences, in the experiences of both groups.

There are several stages to carrying out IPA analysis for an individual case. The first step involved reading and re-reading the transcript to get a general 'feel' of the interview. The second stage involves the researcher distinguishing and labelling themes (using the right hand column) that typify each segment of the text. The third stage investigates how the themes are associated with each other. This stage requires incorporating more organisation into the analysis (Willig, 2008). The term 'abstraction' is used to describe the basic way of distinguishing connections between the emergent themes and finding a 'superordinate theme' (Smith *et al.*, 2009). This encompasses placing similar themes together and finding a name to define the cluster.

This is an iterative type of analysis, and involved the hermeneutic principles of being aware that I was calling upon my own interpretative resources, in order to attempt to understand what the respondent was saying and then examining whether this was actually what the respondent had experienced (Smith and Osborn, 2008). To ensure that this is evident, the fourth stage is to produce a list of the structured superordinate themes, alongside quotations that demonstrate each theme. Themes were only included if they portrayed something about the quality of the participant's experience of the phenomenon under investigation. The same process was performed for each interview.

A list of master themes is produced which depict the quality of the participants' shared experience of the phenomenon under investigation and subsequently tells the reader something about the characteristics of the phenomenon itself. Analysing which themes were the most frequent required my taking each theme individually and seeing how relevant it was for each of the four participants. My decision was to focus on the pervasiveness of themes within the data, and to also highlight both the similarities and differences between the participants in my analysis.

Comparing the groups: The master themes were found by looking at each individual interview from the trainee counselling psychologist group and performing all of the steps above. This process was then repeated for the chartered counselling psychologists. The next step involved looking at the summary table for each group. I noted that there were four overarching categories that clearly emerged. Whilst creating themes/categories at ever increasing levels of abstraction I was careful not to lose the individual and their lived experience by pondering whether this was really what the participant thought/felt.

# Findings

## The trainee therapists

### *Therapy Costs*

Mandatory personal therapy comes at a price, both emotionally and financially, for thetrainees. The financial implications of mandatory personal therapy were spoken aboutpassionately during the interviews. For trainees on courses that cost a significant amount ofmoney, the additional cost of personal therapy causes significant financial, and therefore also emotional, stress compounding the emotional experience of therapy. Bor, Watts, and Parker (1997) suggested that some people may be discouraged from applying for a training course due its cost. It can be argued that the financial requirement of mandatory personal therapy adds a further obstacle. This has certainly been true at times for Robert and frequently for Claire.

> Robert: The therapy is a big part of the course fees....on one hand I could see it as being an essential part of the course, in the other hand I could see it as being a component of the stress ...perhaps it is counter- productive.

Robert's ambivalence raises questions about the relative costs and benefits of therapy It seems that for Robert, he is at times uncertain of whether the experience is worth the cost. Macaskill and Macaskill (1992) advised against being complacent regarding the advantages and disadvantages of personal therapy for trainees. This theme is illustrated in

Claire's interview:

> I hated having to have therapy at the beginning of the course because of finances... Ifound myself getting quite angry having to pay for it... I was taking my anger out on her ... I was so keen at the beginning because I wanted to get on the course that I was prepared to take that on. But having to work and study at the same time is a real strain on me personally and emotionally.

This quotation offers an indication of the strength of Claire's emotional response to mandatory therapy. By using the expression *"having to have therapy"* Claire implies that she has no choice in the matter, and that an early financial commitment was something that she *"hated"*. This strong expression was mirrored in her impassioned tone of voice. Claire feels resentful and resistant to having therapy because she disagrees, both at a financial and ideological level, with its mandatory nature. She is angry at the counselling psychology profession and rails against its training system for her financial difficulty. Claire's words *"I was taking my anger out on her*" reveal how her anger seeps into the therapy, and taints the experience, thereby affecting her ability to form a working therapeutic relationship. In spite of this, Claire acknowledges that although she knew therapy was a course requirement, she had underestimated the toll it would have on her:

For Claire the "*strain"* of working and studying was taking a toll and spilling out into her therapy. Dearing *et al.* (2005) highlighted that psychotherapy trainees often have other stressors, aside from course requirements, including financial worries. This is certainly true of Claire, as she says the cost of working and studying was affecting her both "*personally **and** emotionally"*. In separating the personal and

emotional, Claire hints at her difficulties in integrating these two areas of her life.

## Wanting a return on investment

It is clear that mandatory personal therapy comes at a price for the trainees. They want value for their financial and emotional input. This can be seen in the following extracts from Sara and Robert:

> Sara: I just think to myself, right I am paying for this, I am paying more... and I'm really conscious... I'm committed to the therapy.

> Robert: If I am not as open as I can be then I'm not going to benefit from the time that I'm spending there and to be fair it's not particularly cheap so I think I just kind of, began to realize that I wanted to use the time there the best I could and to use the money that that I was paying the best I could so I just began becoming as open as I could be.

Both Sara and Robert link their wish for value from the therapy with the amount of money that they have invested in it. Sara's investment in the therapy (*"I am paying more")* strengthens her dedication to it (*I'm* ***committed*** *to the therapy)*. Robert also highlights the fact that the onus is on him to ensure that he is rewarded for his financial commitment. It is important to him that he obtains maximum value from the sessions. Perhaps, despite the negative financial costs 'having' to pay makes the trainees attach greater importance to therapy than if it were being offered for free.

## Therapy is precious

With the exception of Claire, trainees feel that despite the negative financial and emotional implications, the return of having personal therapy outweighs the costs. This supports the findings of Williams *et al.* (1999), as the majority of their participants believed that therapy should be obligatory for counsel- ling psychology trainees, including 69 per cent of those who reported negative effects. It appears that, despite the noted disadvantages, the trainee counselling psychologists in this study consider that they have made a profitable investment. As Sara says: "I know we have to pay for it but I think it's money worthwhile...it's quite precious to me my whole therapy experience."

Her use of the word *"precious"* implies that Sara calculates that therapy is a valuable commodity. She depicts it as a positive opportunity despite the strong emotions it evokes.

The trainees in this study clearly distinguish the positive from the negative aspects of mandatory personal therapy. Overall they express the view that the return was worth the outlay. They view it both as an important part of their training to be a therapist, and also crucial to their development on a personal level.

> Robert: I just could go and I could bitch and I could whinge, and I could address things and the concerns that I had, and it was just so so so helpful to do that....

> Robert: I think it is a essential training tool

> Claire: If we could get funding in the way that clinical psychologist trainees get funding, I wouldn't mind doing mandatory personal therapy. I'd actually love it because I think it's great to have personal therapy but it's just the fact that I think it seems to have gotten in the way a little bit in terms of me being able to develop a relationship with my therapist.

Claire feels that the return of mandatory therapy would be very positive if she were able to *"get funding"*. She goes as far as to say she would *"love it"* which was a very different take from the rest of her narrative. Again she reiterates the interweaving of the emotional and

financial, by suggesting that if the financial burden was eased the therapeutic experience would be something that she would *"actually love"*. Although previously in the interview Claire sounded and appeared outraged about the inclusion of mandatory therapy, it seems that it is the self funding of the mandatory therapy that contaminates the experience for her and impacts on the therapeutic relationship ("*it seems to have gotten in the way a little bit in terms of me being able to develop a relationship with my therapist"*).

## The therapists

### *Resonating with own personal experience*

The therapists have strong memories about their own training journeys, and being with the trainees triggers emotions and brings back memories of their own personal experiences.

> Brian: It brought back a lot of memories about… like you're at the beginning of your programme, quite a journey to go through yet.

Brian's own experience of training seems to have been a turbulent one, filled with mixed emotions. He is well aware of the demands, both academically and personally that the course makes, and this is indicated by him saying *"quite a journey to go through yet"*. He feels and sounds empathic about the training experience for the trainees and it reawakens his own feelings regarding the training course. Wosket (1999) stated that many authors have written on the subject of therapist's latent issues being activated when seeing therapist-clients.

Marion's experience shows something of this complexity:

> This is something that I have been through and had to deal with and yeah, actually that is part of my role, sort of helping people to keep their balance.

Despite Marion wanting the trainees to use therapy and to challenge themselves, she discusses in the interview that she is aware of the challenges the trainees are facing in the process of becoming a counselling psychologist. Seeing trainees causes her to reflect on her own experience of training. Her choice of words *"something that I have **been through**… had to **deal** with"* implies that Marion had found her training experience taxing and that years on from qualifying as a therapist, the difficulties of the experience remain in Marion's mind. Perhaps the fact that the therapists still remember the negative aspects of their own training highlights the need to assess whether trainees are being put under an intolerable amount of stress. It has been argued that making therapy a mandatory requirement can harm its effectiveness, and that the trainee could continue with therapy that is not suitable because it is part of the course requirement (Grimmer and Tribe, 2001).

> Alyssia: I felt that this was not what she'd be doing if she didn't have to...I could really sort of understand her perspective…

Again, Alyssia's mixed view about therapy as a training requirement is apparent here; her use of the words *"really"* and *"sort of"* illustrates her ambivalence towards it. Conceivably this is how she felt in her own personal therapy, which is suggested by Alyssia saying she can *"understand her perspective"*. She makes the assumption based on her feelings ("*I **felt** that this was not what she'd be doing…"*) that the trainees are only attending therapy because they *"have to"* as opposed to that being something

the trainees have articulated. Nevertheless she later discusses in her interview that she experiences the trainees as having changing feelings regarding mandatory therapy. It can be understood from her words that it moves from a chore to a choice for them.

### *Concessions: special treatment for the trainee client*

The therapists care about the trainees and felt both sympathetic and empathetic towards them. This can alter how they treat them as compared to non-therapist clients, i.e. more self disclosure, lower financial costs and allowing them to cancel when they had work due.

> Marion: With trainees I am more...confessional...I will bring in personal stuff to a greater degree... self-disclosing, yeah… Because part of my role as therapist is to you know, I am sort of the role model to a degree… I'm still careful, mindful of the boundaries… there's a closer identification and community of purpose really.

Marion's use of the word *"confessional"* portrays an image of someone who has sinned. Her increased self-disclosure is a decision she makes because she thinks she is a role model for the trainees. Geller (2005) pointed out that the issue of whether to self-disclose with a therapist patient is a subjective decision and should only be done in order to achieve a therapeutic goal.

This is relevant to Marion using self-disclosure in order to aid the trainees in their developments as therapists. Whilst she is still cautious about the therapeutic boundaries (*"I'm still careful, mindful of the boundaries")*, she will treat the trainees differently, due to her feelings of responsibility for and identification with the trainees (*"there's a closer identification and community of purpose really")*.

> Alyssia: Perhaps I'm a little bit too accommodating, but the three year doctorate is so demanding. I know myself, the pressures I was under.

Alyssia wants to be flexible according to trainees' needs/wants which is depicted by her use of the word *"accommodating"*. She tries to be responsive and open. Alyssia cares about the trainees and wants to support them; she remembers what her own training was like *("I know,myself the pressures I was under").* At the same time she is a little bit wary of being abused by trainees and them taking advantage of her softness. Her awareness of this is illustrated by her saying *"perhaps I'm a little bit* ***too*** *accommodating"*. Due to previous experiences with trainees, she is cautious about taking trainees given their particular and complex needs. For example, Alyssia mentioned that she will no longer give trainees an 'evening slot' which she has few of, as a result of her previous experience of losing money due to sessions being cancelled by trainees.

## Discussion – Relevance to practice and training

The financial implications of mandatory personal therapy were spoken about with considerable passion during the interviews. This finding was striking given the absence of discussion about the financial impact of attending a course that is self-funded.

It is worth nothing, however, that it is not just trainee therapists who can find the financial aspect of therapy difficult. Additionally unlike other commodities "money is a different currency within the context, within the setting, of a psychoanalytic treatment...the patient is paying for something but he can never know what the product will be" (Phillips, 2006, p.284). Consequently, people have to trust that they money they are paying will be useful for themselves, without a guarantee.

Nevertheless, for the trainees it appears that the mandatory aspect of the therapy, and the perceived lack of choice in having to finance it, causes a strong emotional reaction. Arguably this adds an extra element to the contentious issue of financing therapy that affects the general population. Whilst the trainees were initially wary about the worth of mandatory personal therapy the trainees feel (with the exception

of Claire) that despite the negative financial and emotional implications, the return of having personal therapy outweighs the costs.

For the therapists there are both positive and negative financial implications of seeing trainee-clients. Feeling empathic towards the trainees can have a negative impact on the therapists; for example, Alyssia speaks about lost earnings when trainees missed sessions due to coursework deadlines. Conversely, for others, having trainees as clients is an attractive prospect. As the therapy is a course requirement, Brain acknowledges that seeing trainees normally ensures a relatively long financial commitment.

Although it could be predicted that emotional effects of mandatory therapy would mainly be felt by the trainees, there are also significant emotional implications for the therapists. Therapist-participants reflect that memories of their own less than positive experiences of personal therapy are re-activated when they work with the trainees. There appears to be a strong desire for therapy to be a better experience for the trainees. The therapists occasionally feel guilty as they contemplate whether they are involved in something unethical: seeing trainees who are required to see them. For therapists seeing trainees there is the additional burden of being aware of the financial struggle faced by the trainees; indeed the therapists discuss their own financial stress when training.

Herron and Rouslin Welt (1992, p.112) discussed the issue of transference and counter-transference in the financial transaction between therapist and client. They highlighted that instead of being viewed as a negative issue it can instead by used as a way of defining boundaries e.g. that the therapist is not there in a social/friendship role but instead "what the fee purchases is a professional relationship". They further stated that "because patients' projections are the content of most psychotherapies, it is easy to see why consumers get confused, and that increases the need for therapists to be clear and explicit about their professional roles" (1992, p.113). Perhaps in the case of the relationship between trainee psychologists and their therapists the fees are of even greater importance in defining the therapeutic boundaries which have been both highlighted in this research and that of other studies.

This research has emphasised that is essential to make the aims of personal therapy and the commitment that is involved explicit to trainees prior to starting the course. This could occur at the time of interview and again at the start of the course. By outlining the financial and emotional commitment that is involved for trainees entering therapy, courses would allow candidates to consider fully whether they can afford it, as opposed to potentially just agreeing out of their desire to be accepted onto the course. If potential trainees have personal reasons for not wanting to go to therapy it will also allow them to consider if it is the right course for them.

It was interesting that Claire evaluated potential therapists on the prices that they charged trainees. It appears that when she picks a therapist, it is not just due to the matter of whether she can afford the price the therapist charges, but what the price suggests about the therapist as a practitioner. Therapists therefore should take into account when setting their prices the fact that they might be being judged on how ethical they are as therapists. This may differ from the wider population as Herron and Rouslin (1992) suggested that patients who are offered lower prices from therapists are often more suspicious about the 'quality' of therapy they will be receiving. They suggest that clients receiving 'cheaper' therapy "may well devalue it unless they can be convinced that the therapists involved are sufficiently knowledgeable" (p.9). This is in contrast to Claire who believes a therapist setting a lower price is in fact a more ethical practitioner. I suggest that a stronger rationale is provided for the required 40 hours of mandatory therapy by the BPS, given the further financial stress that therapy puts trainees under.

The trainees discuss being under a huge amount of stress during the DPsych course both emotionally and financially. Perhaps in the first year of training trainees could have 'mentors' i.e. trainees who are in the year above them on the course. Trainees discussed the idea of introducing a peer discussion group. Although many courses offer 'tutorials' often course facilitators are present. Arguably, having trainee groups would allow trainees more freedom in their conversation, i.e. less fear of judgement in which to discuss their therapy or indeed any other matters. Personal development groups can provide chances for consideration on interactions and other significant learning of counsellor abilities and processes (Payne, 2004).

# Evaluation of project

One may only be aware of one's preconceptions once the interpretation is already occurring (Smith, 2007). I was surprised by some of the participants' responses, especially in regards to one participant who appeared furious about mandatory therapy. One of my own preconceived thoughts, that I had not realised I possessed, was that by choosing to attend a counselling psychology course, one had made a choice to have therapy. This encounter made me realise that for some people it had not seemed a choice, but rather a condition. "Researchers must wage a continuous, iterative struggle to become aware of, and then manage, pre-understandings and habitualities that inevitably linger" (Finlay, 2008a, p.29). Accordingly, whilst I was not always aware of all of my pre-conceptions I feel that when I did become aware of them I managed to use them as a way of generating deeper insights.

## Strengths and limitations of the research

This research (and the wider study it has evolved out of) has sought to shed light on the relationship between counselling psychology trainees and their therapists. I would argue that this study has the potential to deepen understanding of the complexities involved in training and practice. Furthermore, this research has illuminated the range and complexity of participants' responses in response to the subject of mandatory personal therapy. I suggest that a particular contribution of the research is that it suggests an onus on course directors to address the financial and emotional implications of mandatory personal therapy.

There are also limitations to this study. Firstly, by using two groups of participants I almost have two research projects. Despite this, I feel that researching the experiences of both the trainees and qualified psychologists has given my research an added dimension and relevance to counselling psychology. After all, there are two people in a therapeutic relationship and I think that trying to access the experiences of both makes the research more interesting and informative. There has been one other study that has attempted to do so, and that was over two decades ago (see Kaslow and Friedman, 1984).

Secondly, one key methodological limitation is the sample size, which is relatively small and also self-selecting. Perhaps the participants who volunteered to participate have particularly strong ideas about mandatory personal therapy, whereas there may have been other people who did not feel passionately about it, hence why they did not choose to participate. For example, Claire was particularly angry at the BPS about funding in particular, and the disparities between the way she perceived the treatment of counselling and clinical psychologists, which might imply a bias to the way she viewed mandatory personal therapy.

The participants were also all from London universities. The themes and analysis produced from this study may have been entirely different if I had interviewed trainee counselling psychologists and their therapists from different university courses all over the country. Nonetheless, my research sample consisted of participants from a range of cultures and I hope that added to the depth of the study. It is also important to note that IPA differs from methods such as grounded theory in that it does not aim to produce theoretical claims from the interviews, and instead "is concerned with the microanalysis of individual experience, with the texture and nuance arising from the detailed exploration and presentation of actual slices of human life" (Smith *et al*., 2009, p.202).

# Conclusion

This research has shown that the financial and emotional implications of mandatory personal therapy are far-reaching, both for the trainees and the therapists. Nevertheless both groups of participants highlight that the benefits outweigh the costs. The trainees stress that the payback of mandatory therapy

outweigh the stress of combining work load, therapy and financial costs. The therapists, whilst reflecting on their experiences of mandatory therapy suggest they have a similar viewpoints. They emphathise with the trainee-clients and accommodate to their needs, sometimes at their own cost.

This study suggests that therapists, trainees and course directors may all have to own some responsibility with regard to the inclusion of mandatory therapy:

Firstly, trainees have a responsibility for evaluating, before committing to a counselling psychology training programme, whether they can commit financially and emotionally to a course which requires mandatory personal therapy. Trainees also have to cope with additional pressures when it comes to the mandatory nature of therapy given the emotional intensity demanded and the financial burden involved.

Secondly, it is significant that therapists both identify with and sympathise with the trainees, which can results in special considerations being made. The fact that qualified therapists perceive a disparity when working with trainee counselling psychologists, in contrast to other client groups, is significant and should be acknowledged. The therapists' lack of acknowledgment during therapy of the demands involved from both trainee and therapist can result in not always keeping to Roger's (1961) core conditions in the counselling relationship. It is hoped that therapists reading this research will reflect on the importance of acknowledging early on in the relationship the 'elephant in the room'. Furthermore, as trainees respect boundaries from the therapists, it is important for therapists to maintain their roles as therapists as opposed to peers and/or supervisors and also for them to handle any concerns about being judged by the trainees.

Finally, there is an onus on course directors to be more explicit, both pre-interview (in the course information) and during the interview, about the rationale and potential impact of mandatory personal therapy.

Despite reported negative and challenging aspects of the experience, both trainees and qualified therapists feel that mandatory personal therapy should remain a key feature of the course.

# References

Atkinson, P. (2006) Personal therapy in the training of therapists. *European Journal of Psychotherapy and Counselling, 8*, 407-410.

Avis, T. (2010) 'The Elephant in the Room': a study exploring how trainee counselling psychologists experience mandatory personal therapy and how counselling psychologists experience having trainee counselling psychologists as clients. DPsych Counselling Psychology dissertation: City University, London.

Bachelor, A., and Horvath, A.O. (1999) The therapeutic relationship. In M. Hubble, B.Duncan and S. Miller (Eds.), *The heart and soul of change: What works in therapy* (pp.133-178). Washington: American Psychological Association.

Beck, J.S., and Butler, A.C. (2005) Treating Psychotherapists with Cognitive Therapy. In J.D., Geller, J.C., Norcross, and D.E. Orlinsky, D.E. (Eds.), *The psychotherapist's own psychotherapy* (pp.254-264). Oxford: University Press.

Bor, R., Watts, M., and Parker, J. (1997) Financial and Practical Implications of Counselling Psychology Training: A Student Survey. *Counselling Psychology Quarterly, 10* (1), 69-75

British Psychological Society (BPS) (2000) Ethical Principles for Conducting Research with

Human Participants. Retrieved 1 September 2007 from http://www.bps.org.uk/docu- ment-download-area/document-download$.cfm?file_uuid=F1C8E142-E935-EC00-75FD-519F1FDDEA5Dandext=pdf.

British Psychological Society (BPS) (2002) *Regulations and Syllabus for the Diploma in Counselling Psychology.* Leicester: British Psychological Society.

Dearing, R.L., Maddox., J.E. and Tangney, J.P. (2005) Predictors of Psychological Help Seeking in Clinical and Counselling Psychology Graduate Students. *Professional Psychology: Research and Practise, 36*, 323-329.

Geller, J.D. (2005) Boundaries and Internalisation in the psychotherapy of psychotherapists. In J.D., Geller, J.C., Norcross, and D.E. Orlinsky, D.E. (Eds.) *The psychotherapist's own psychotherapy* (pp.379-404). New York: Oxford University Press.

Geller, J.D., Norcross, J.C. and Orlinsky, D.E. (Eds.). (2005) *The psychotherapist's own psychotherapy*. New York: Oxford University Press.

Grimmer, A., and Tribe, R. (2001) Counselling psychologists' perceptions of the impact of mandatory personal therapy. *Counselling Psychology Quarterly*, *14*, 287-301.

Grimmer, A. (2005) Mandatory Personal Therapy for Therapists. In R. Tribe, and J. Morrissey, (Eds.), *Handbook of Professional and Ethical Practise for Psychologists, Counsellors and Psychotherapists* (pp.277-289). Hove: Brunner-Routledge.

Heery, M., and Bugental, J.F.T. (2005) In J.D., Geller, J.C., Norcross, and D.E. Orlinsky, (Eds.), *The psychotherapist's own psychotherapy* (pp.282-296). Oxford: University Press

Herron, W.G., and Rouslin Welt, S. (1992) *Money matters: The Fee in Psychotherapy and Psychoanalysis.* New York: Guildford Press.

Kaslow, N.J., and Friedman, D. (1984) The interface of personal treatment and clinical training for psychotherapist trainees. In F.W. Kaslow (Ed.), *Psychotherapy with Psychotherapists.* (pp. 33-58). New York: The Haworth Press.

Payne, H. (2004) Becoming a client, becoming a practitioner: student narratives of a dance movement therapy group. *British Journal of Guidance and Counselling, 32* (4), 511-532.

Phillips, A. (2006) *Side Effects.* London: Penguin.

Macaskill, N.D. and Macaskill, A. (1992) Psychotherapists-in-training evaluate their personal therapy: results of a UK survey. *British Journal of Psychotherapy*, *9* (2), 133-138.

Macaskill, A. (1999) Personal therapy as a training requirement. In C.Feltham (Ed.), *Controversies in Psychotherapy and Counselling.* (pp.142-155). London: Sage Publications

Martin, D. J., Garske, J. P., and Davis, K. M. (2000) Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, *68*, 438-450.

Mearns, D. (1997. Personal Development during Training. In D. Mearns (Ed.), *Person-Centred Counselling training* (pp.95-108). London: Sage.

Mearns, D. (Ed.). (1997) *Person-Centred Counselling training*. London: Sage.

Norcross, J.C. (2005) The Psychotherapist's Own Psychotherapy: Educating and Developing Psychologists. *American Psychologist, 60*, 840-849.

Norcross, J.C. and Halgin, R.P. (2005) Training in psychotherapy integration. In J.C. Norcross and M.R.

Goldfried (Eds.), *Handbook of psychotherapy integration* (2nd ed., pp.439–458). New York: Oxford University Press.

Norcross, J.C., Strausser-Kirtland, D., and Missar, C.D. (1988) The processes and outcomes of psychotherapists' personal treatment experiences. *Psychotherapy, 25,* 36-43.

Norcross, J.C., Geller, J.D., and Kurzawa, E.K. (2000) Conducting psychotherapy with psychotherapists: I. Prevalence, patients and problems. *Psychotherapy, 37,* 199-205.

Norcross, J.C., Geller, J.D., and Kurzawa, E.K. (2001) Conducting psychotherapy with psychotherapists: II. Clinical practises and collegial advice. *Journal of Psychotherapy Practise and Research, 10,* 37-45.

Smith, J.A and Osborn, M. (2008) Interpretative Phenomenological Analysis. In J.A. Smith, (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods,* (2nd ed., pp.53-80). London: Sage Publications.

Smith, J.A., Flowers, P., and Larkin, L. (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research.* London: Sage.

Thorne, B., and Dryden, W. (1991) Key issues in the training of counsellors. In W. Dryden and B.Thorne (Eds.), *Training and Supervision for Counselling in Action* (pp.1-14) London: Sage.

Williams, F., Coyle., C., and Lyons, E. (1999) How counselling psychologists view their personal therapy. *British Journal of Medical Psychology, 72,* 545-555.

Willig, C. (2001) *Introducing Qualitative Research in Psychology.* Maidenhead: Open University Press.

Willig, C. (2008) *Introducing Qualitative Research in Psychology* (2nd ed.). Berkshire: Open University Press.

Woolfe, R. (1996) 'The nature of counselling psychology'. In R.Woolfe and W.Dryden (Eds.) *Handbook of Counselling Psychology* (pp.3-20). London: Sage.

Woolfe, R., and Dryden, W. (Eds.) (1996) *Handbook of Counselling Psychology.* London: Sage.

Wosket, V. (1999) *The Therapeutic Use of Self: Counselling Practise, Research and Practise.* London: Routledge.