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Should Personal Therapy Be Mandatory for Psychologist Trainees? Perspectives From Australian Practicing Psychologists

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There is a growing focus on the training needs of future psychologists and exploring methods to support their professional development and ensure long-term sustainability in their careers and practice within the field. Whether or not personal therapy could be relevant for trainee psychologists has been considered in the clinical literature; however, empirical research examining this topic within psychology as a distinct professional group is limited. Drawing upon a qualitative design, the present study conducted semi-structured interviews with a sample of 20 Australian practicing psychologists who had engaged in personal therapy. The aim was to explore their perspectives on personal therapy during training and, in addition, their views on mandatory personal therapy for trainees. Thematic analysis of the transcribed interviews resulted in several unique themes. First, therapy during training was perceived as an optimal and critical period for learning before entering the profession. Second, personal therapy was perceived as offering unique value to trainees in its capacity to reach beyond the scope of supervision. Psychologists also reported that personal therapy can facilitate unique learning/development opportunities in areas of self and professional development and in promoting self-care with a focus on future sustainability. Views on whether personal therapy should be mandated during training varied across psychologists; however, most supported the idea that educators and training institutions play an important role in normalizing and promoting personal therapy usage among trainee psychologists, particularly to reduce stigma around utilization. These findings are informative for future practice and training recommendations for psychologists.

Public Significance Statement


This study examines the perspectives of Australian psychologists on personal therapy for trainee psychologists, emphasizing its role in professional and personal development before entering the field. The findings suggest that therapy during training serves as a learning tool for promoting self-awareness, professional growth, and long-term sustainability in the profession, offering unique benefits beyond formal training and supervision, particularly in fostering self-care and ensuring career longevity, with many psychologists stressing the importance of reducing stigma and encouraging its integration into training, though opinions varied on whether it should be mandatory.

Keywords: personal therapy, mandatory, psychologist trainees, education and training, thematic analysis

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There is a growing body of evidence that demonstrates the beneficial impacts that personal therapy can have for mental health professionals across both professional and personal domains (Bike et al., 2009; Garfield & Bergin, 1971; Grimmer & Tribe, 2001; Macran & Shapiro, 1998; Murphy et al., 2018; Norcross, 2005; Orlinsky et al., 2022; Stevanovic & Rupert, 2004; Ziede & Norcross, 2020). Personal therapy, defined as a therapist's engagement as a client in their own therapy (Orlinsky et al., 2005), is a core component of training across many psychotherapist training institutes, particularly those that are psychodynamic/analytic in theoretical orientation (e.g., The Institute of Child and Adolescent Psychoanalytic Psychotherapy, 2024; The Tavistock and Portman NHS Foundation Trust, 2024; The William Alanson White Institute of Psychiatry, Psychoanalysis and Psychology, 2024). Additionally, British Psychological Society (2017, 2021) require participation in personal therapy as part of the training for trainee counseling psychologists. In the United States, psychology training programs can elect to require psychotherapy as part of their individualized curriculum at the institutional level, provided this requirement is explicitly stated in the course information, in accordance with the APA Code of Ethics (American Psychological Association, 2017), Standard 7.02. However, in contrast, personal therapy is not typically a required component of training for psychologist trainees in many programs and countries, and clinical psychologists are generally not obligated to undergo personal therapy as part of their training (Daw & Joseph, 2007; Malikiosi-Loizos, 2013; Orlinsky et al., 2022). The relevance of personal therapy for psychology trainees is a debated topic within the field (Moller et al., 2009), highlighting the need for further exploratory empirical research to provide insight into this matter within the profession.

The theoretical foundations of personal analysis and/or therapy in the context of clinical training have long been suggested. In his writings, Freud (1937) emphasized the necessity of analysts undergoing personal analysis to guard against unconscious countertransference reactions and other projections that could impede effective therapeutic work with patients. Freud proposed that "Every analyst ought periodically ... to enter analysis once more ... without any feeling of shame in doing so" (Freud, 1937, pp. 267–268), with the belief that without personal analysis, unresolved issues within the analyst could manifest in unhelpful ways in the clinical setting when working therapeutically with patients. Personal therapy, in this context, could help foster the necessary self-awareness and emotional attunement required in therapeutic and clinical work (Malikiosi-Loizos, 2013; Moe & Thimm, 2021; Orlinsky et al., 2022).

areas of professional interest focus on behavior therapy and the professional issues impacting psychologists in training and practice.

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Several empirical studies have reported professional benefits of personal therapy for therapists, including increased empathy, self-reflexivity, and therapeutic insight (Donati & Watts, 2005; Dryden & Thorne, 1991; Malikiosi-Loizos, 2013; Moe & Thimm, 2021). In the largest scale study by Orlinsky et al. (2011), over 10,000 mental health professionals from six countries were surveyed to explore the prevalence and impact of personal therapy. The study reported that up to 80% of practitioners, including psychotherapists, psychiatrists, psychologists, counselors, social workers, and other mental health practitioners, had undergone personal therapy at some point in their careers. Additionally, 56% of the sample believed personal therapy should be mandatory for mental health practitioners, while 86% felt it was essential for effective therapeutic practice. Echoing Freud's (1937) earlier views, Orlinsky et al. (2011) emphasized that personal therapy can provide unique professional and personal benefits for therapists. While Orlinsky's large-scale study provides solid evidence on the potential relevance and perceived value of personal therapy for mental health practitioners at large, psychologists as a distinct professional group were not uniquely examined as a primary aim of the study, and as a distinct discipline, psychologists remain relatively underrepresented in the broader body of the research literature on the topic (e.g., when compared to psychotherapists).

Recent U.S.-based data highlight the importance of personal therapy for psychologists, emphasizing their role as societal role models and the necessity of recognizing one's own positionality for conducting rigorous science (Victor et al., 2022). Additionally, the study highlights that effective clinical practice requires self-awareness and the maintenance of well-being, recommending that psychology programs should educate trainees on the significance of prioritizing their mental health, as it directly impacts their clinical responsibilities (Victor et al., 2022).

The empirical research specifically focused on psychologist trainees and personal therapy is relatively limited. However, noteworthy is the body of qualitative-based studies that are emerging in psychology (e.g., Ivey & Waldeck, 2014; McMahon, 2018; Moller et al., 2009; Rizq & Target, 2008). One notable study conducted by Ivey and Waldeck (2014) explored the experiences of trainee psychologists ($N = 9$) who underwent personal therapy as a requirement of their clinical psychology training program in South Africa. The researchers conducted a series of semistructured interviews and qualitative analysis of the transcripts which identified a number of common themes. Ivey and Waldeck (2014) found that trainee psychologists' experiences of mandatory personal therapy were

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mixed. Of benefit, the trainees reported that personal therapy had enhanced emotional resilience, empathy, and self-awareness, which contributed to professional growth. It allowed trainees to understand the therapeutic process from the client's perspective, enriching their clinical work. However, the mandatory aspect led to resistance for some trainees because it was not a "freely selected choice to attend therapy," particularly when strong therapeutic alliances were not formed with the therapist. While the sample size of this study was small and limits potential generalizability, the study potentially highlights the complex nature of mandatory personal therapy in clinical training. It also explores balancing its benefits with concerns about its mandatory nature, and the potential for negative experiences based on the quality of the therapeutic relationship.

While psychologists are trained to help clients with their mental health and well-being, they may not consistently apply the same care and expertise to their own self-care practices (Rupert & Dorociak, 2019; Ziede & Norcross, 2020). Researchers suggest that if personal therapy were to be emphasized as part of self-care, it should be supported by the broader profession and initiated during training (Ziede & Norcross, 2020). However, while personal therapy may offer psychologists an opportunity to enhance their own mental health and emotional well-being, controversies still exist on whether mandatory therapy during training is warranted (Ivey, 2014; Malikiosi-Loizos, 2013; McMahan, 2018; Moller et al., 2009). The associated ethical issues of mandatory therapy for psychologist trainees have been critically examined and discussed by Ivey (2014), with recommendations indicating that mandating personal therapy should only occur if its objectives, outcomes, and ethical considerations are justified and financially feasible alternatives are provided (Ivey, 2014). Further empirical research is necessary to help determine whether the integration of personal therapy into psychology training programs could enhance professional competencies and personal well-being without infringing on important ethical considerations and boundaries.

The Present Study

Based on the literature reviewed, further empirical research is warranted to help inform the potential relevancy of personal therapy during training for psychologists. The aim of the present study is to contribute to this topic using a qualitative design based on semistructured interviews among a sample of practicing psychologists with lived experience of personal therapy to explore their perspectives on personal therapy during training and further in the context of training requirements. This study also aimed to address the fact that no prior research has specifically explored this topic in an Australian context drawing upon a sample of Australian psychologist participants.

Research Questions

To explore the potential relevance of personal therapy and implications for training, the study will seek to answer the following questions.

1. What are psychologists with lived experience of personal therapy's views on trainee psychologists engaging in their own personal therapy?

2. Do psychologists with lived experience of personal therapy believe it should be mandated for trainee psychologists?

Method

Participants

Participants were eligible for this study if they were adults aged 18 and over, were proficient in English, held current registration as a psychologist with the Australian Health Practitioner Regulation Agency, were actively practicing in the profession, and have experience of personal therapy. Twenty Australian psychologists (12 clinical psychologists and eight psychologists with general registration) participated in semistructured interviews that were conducted via videoconferencing (using Zoom software). In Australia, all psychologists hold general registration and can practice in any area of psychology that is within their scope of practice. Additionally, psychologists with additional qualifications can hold endorsement in a particular area of practice (e.g., clinical psychology, forensic psychology). Seven participants identified as men (35%) and 13 as women (65%), and the age ranged between 26 and 62 years ($M = 38.8$). The participant sample had an average of 10 years of experience as a practicing psychologist and an average of between 2 and 3 years of personal therapy, with 80% of participants reporting engaging in personal therapy during training. Participants reported practicing across multiple theoretical orientations. These included cognitive behavioral therapy ($N = 16$), psychodynamic and psychoanalytic therapy ($N = 9$), acceptance and commitment therapy ($N = 10$), dialectical behavior therapy ($N = 6$), schema therapy ($N = 6$), eclectic therapy ($N = 5$), family systems therapy ($N = 4$), and existential-humanistic therapy ($N = 3$). As 20 participants were recruited, the sample size recommendations for thematic analysis were met, which recommends at least 10 participants for robust thematic analysis (Braun & Clarke, 2006). We acknowledge that the process of thematic analysis is inherently subjective, and meaning is constructed through interpretation. Consequently, our judgments about the adequacy of our data collection are situated within the context of our study and the specific goals we aimed to achieve (Braun & Clarke, 2021).

Procedure

Prior to the commencement of the study, ethics approval was attained from the Human Research Ethics Committee associated with ACAP University College [Approval Number 822100523]. The study utilized a snowball sampling approach to recruit psychologists who met the inclusion criteria. Research study advertisements were published on various professional social media sites for psychologists (e.g., LinkedIn), and those who were interested in the study contacted the researchers via email to participate. Participants who registered interest in participating in the study were then emailed a participant information sheet that described the details of the study, as well as an interview protocol, a written consent form, and a demographic questionnaire. Participants were required to provide written informed consent (through a scanned copy of the hand-signed form or an e-signature), as well as verbal consent before the interview took place. Interviews were conducted via Zoom videoconferencing and occurred between June 2023 and September 2023. The length of interviews ranged from 21 to 50 min ($M = 29$ min). Participants were

remunerated for their time with \$50 gift vouchers through email. Following transcription of the audio recordings, member checking of the written transcripts was conducted, with participants given the opportunity to check and verify to ensure the accuracy of the transcripts, as recommended by Creswell and Poth (2016). Transcripts were sent to participants and given 2 weeks to notify if they wished to make changes. Most of the participants responded wishing not to make any changes, while some passively did not respond before the 2-week deadline.

Materials-Interview Protocol

The semistructured interview protocol used in this study was collectively developed in consultation among the research team made up of four academics/practicing psychologists and three psychologist trainees. The interview questions consisted of open-ended questions designed to elicit in-depth, detailed information from respondents. The present study formed part of a larger project, and therefore, a section of the interview data was analyzed in line with the aims of this specific study. The interview questions for the present study were also informed by previously published literature on the topic (see Ivey, 2014; Ivey & Phillips, 2016; Ivey & Waldeck, 2014). Interview questions for the present study were:

1. What are your views on trainee psychologists engaging in their own personal therapy during their training?
2. What are your views on mandating personal therapy for trainee psychologists?

Data Analysis

Participant responses were analyzed according to the thematic analysis stages described by Braun and Clarke's thematic analysis for qualitative data (2006). The associated steps involved generating initial codes, developing themes, defining themes, and producing the report. As the purpose of this study was to explore participants' experiences, meanings, and reality, a critical realist approach was adopted, which aims to produce nuanced causal explanations of events, countering the mistaken assumption that qualitative research cannot produce causal knowledge (Fryer, 2022), to attain insight into the experiences of personal therapy for participants. Data were coded at the descriptive level, focusing on what participants stated in their responses rather than applying theoretical frameworks to interpret underlying meaning not indicated by participants (Vaismoradi & Snelgrove, 2019). A semantic approach was used during analysis whereby themes and codes were developed that closely resembled the data.

Coding of five participant interview transcripts (selected at random) was collaboratively completed by the research team to establish a mutual understanding and consensus on what constituted the initial codes. This collaborative approach ensured intercoder reliability and consistency in the coding process. Following this initial phase, the first researcher independently coded the remaining transcripts, adhering to the established coding framework. The codes were systematically analyzed and grouped based on emerging patterns and similarities. This process involved iterative refinement and constant comparison to ensure that the codes accurately represented the data. Themes were then developed through a process of categorization and synthesis. Themes were generated only if a

minimum of one third of the participants discussed content relevant to the theme. Throughout this final phase of the analysis, the first researcher engaged in weekly consultations with the research team, where patterns and categories were critically examined and refined within the group. This collaborative effort facilitated the development of robust and coherent themes, ensuring that the final thematic structure was both comprehensive and reflective of the participants' experiences.

Trustworthiness

As reflexivity is important to identify how the researchers' beliefs, views, and values influence research design (Darwin Holmes, 2020), it is important to acknowledge that the researcher's team consists of trainee psychologists, clinical and academic psychologists, and an educational and developmental psychologist. Some members of the research team have engaged in personal therapy, whereas other members have not. The researchers acknowledge their positionality influenced the study to some extent and have taken precautions to ensure the research follows specific criteria to ensure that the research is trustworthy.

Tracy's (2010) eight "big-tent" criteria for excellent qualitative research were used to demonstrate trustworthiness in the study. Three of the eight criteria were used, as they are consistent with other ways of demonstrating trustworthiness in thematic analysis, such as Roller and Lavrakas' (2015) total quality framework. Credibility refers to the plausibility of findings and the fit between the respondents' views and the researcher's representation of them (Tracy, 2010). Credibility was demonstrated in the research by immersive coding, in which the first researcher and the research team immersed themselves throughout the entire coding process, initial compilation and reading of written responses, and clustering of the responses into categories and themes. To demonstrate credibility, coding was triangulated among the research team through weekly team meetings to discuss the agreement of codes and themes throughout the analysis. Resonance refers to the ability to affect readers to draw meaning from the research (Tracy, 2010). Resonance was demonstrated by using thick descriptions of themes. The reader can further understand the information, transfer the findings, or determine the extent to which the observations transfer to them or other contexts. Sincerity, referring to the honesty and transparency of research, was demonstrated by reporting all aspects of the research process: interview questions and data analysis.

Transparency and Openness

This study adheres to the Transparency and Openness Promotion Guidelines at Level 1 disclosure (Nosek et al., 2015). The materials, methods, and data collection processes are clearly disclosed in the article to ensure transparency. Data from this study, which have been deidentified and coded, can be made available upon reasonable request, in accordance with the ethical approval granted for this research. Data sharing will follow the guidelines set by the approving ethics committee. Due to the sensitive nature of the data, which involve interviews with psychologists from Australia who require anonymity, any data sharing requests will be assessed on a case-by-case basis. No proprietary materials or analytic codes were used in this study that would require public sharing. This qualitative study was not preregistered, as preregistration is less commonly applied to exploratory, interview-based research. The study design

and methodology are thoroughly described to ensure transparency and support the reproducibility of findings within qualitative research frameworks.

Results

The participants in this study were asked to describe their views on trainee psychologists engaging in their own personal therapy during their training, as well as their views on mandatory therapy. Two sets of themes for the two research questions were analyzed. Analysis of the interview responses resulted in four primary themes for the first research question. An overview of these themes is provided in Table 1.

Timing During Training Is Important

Psychologists emphasized the significance of engaging in personal therapy during training, highlighting it as a unique and critical period for professional development. They noted that this phase offers a valuable opportunity for self-exploration and growth, one that might be overlooked once the demands of professional life take over. As Participant 8 commented: “People are more likely to get caught up in the busyness of their own professional lives and are less likely to then go back and do something like that [personal therapy] unless something severe came up.” Participant 14 reinforced this view, suggesting that “it would be important for them to have had that experience [personal therapy] as soon as they are talking with people,” highlighting the necessity of early engagement in personal therapy for effective practice.

Personal Therapy Has Scope to Go Beyond Supervision

Psychologists reported that personal therapy offers benefits for trainee psychologists that extend beyond the reach of supervision. While supervision primarily focuses on the client and their treatment, personal therapy centers on the trainee’s personal development and the impact on their work. As Participant 16 noted, “While supervision is good to name that stuff or think about it, you can’t actually really work through it unless you go to personal therapy, like that is the next step beyond it.” Participant 5 further elaborated on this distinction, stating, “I think it’s important to have a space to help to talk through and deal with those things coming up that may be beyond what a supervision process is there for.” This space allows trainees to connect their experiences to their personal histories, whereas supervision focuses on linking experiences to learning and professional actions.

Table 1

Themes Related to Views on Trainee Psychologists Engaging in Their Own Personal Therapy During Training

Theme
1. Timing during training is important
2. Personal therapy has scope to go beyond supervision
3. Personal therapy facilitates self-exploration and self-development
4. Personal therapy enhances therapeutic repertoire and future sustainability within the profession

Personal Therapy Facilitates Self-Exploration and Self-Development

Psychologists reported a perceived benefit of personal therapy is that the process can facilitate self-exploration and self-development for trainees, which in turn translates into their professional practice. Through personal therapy, psychologists reported developing a greater capacity for compassion and empathy toward their clients. Without the deeper levels of self-awareness and self-understanding achieved through personal therapy, psychologists noted that trainees might face increased limitations in their development and clinical work.

Participant 1 emphasized this point, stating,

if you try and help someone without the kind of understanding, without a level of self-awareness, without the understanding of how we all come, how we are shaped and how we are and how we develop both over time and in terms of our histories, I think that it becomes a very limited process.

Participant 7 echoed this sentiment, suggesting that “it would be good if there is assistance for training psychologists or provisional psychologists to be exposed to it so that they would be understanding of themselves whilst being a student.”

Personal Therapy Enhances Therapeutic Repertoire and Future Sustainability Within the Profession

Psychologists in this study communicated that personal therapy enhanced their therapeutic repertoire, which could be beneficial for trainee psychologists. Personal therapy helped inform their therapeutic style, identify triggers and unconscious biases, and develop an enhanced awareness of therapy process issues, for example, “what is yours and what is theirs.” Additionally, it serves as an effective self-care tool, aiding in stress and burnout management, which is important for sustaining a long-term career in the profession. Participant 2 highlighted the importance of early engagement in personal therapy, stating,

you learn how to manage stress effectively or manage high workload effectively because that will prepare you for your professional life ... it’s a great time to practice those therapeutic steps or stress management or self-care before you actually go out into the workplace.

Participant 3 added that the insights gained from personal therapy can help determine career longevity, noting, “The insights and the gains that can occur from personal therapy would just be so great ... to support the length of time within the field and reduce burnout.”

Furthermore, psychologists emphasized that personal therapy fosters greater empathy and understanding of clients’ positions, enriching future practice. As Participant 5 remarked, “I think it is really important that [training psychologists] go through [personal therapy] ... being able to experience the process helps to deeper empathize with clients by having an understanding of that side.”

Following the first question, participants were also asked to speak to their views on mandating personal therapy for trainee psychologists. Analysis of the interview responses resulted in three primary themes provided in Table 2.

Table 2
Themes Related to Views on Mandating Personal Therapy for Trainee Psychologists

Theme
1. Educators have a role in normalizing personal therapy for trainees
2. Cost and accessibility need to be considered
3. Mixed views on mandating personal therapy during training

Educators Have a Role in Normalizing Personal Therapy for Trainees

In discussing the potential mandate of personal therapy for trainee psychologists, psychologists in this sample emphasized the crucial role of educators and supervisors in normalizing personal therapy for trainee psychologists. By promoting therapy as a supportive resource and helping to reduce associated stigma, educators and supervisors can foster greater openness to personal therapy among trainees.

Participant 5 highlighted this responsibility, stating, “I think that supervisors play a massive role in trying to help encourage and normalize the process of therapy for them.” Participant 8 further elaborated on the educational context, suggesting,

it’s a really unique opportunity for that idea to be brought up ... there’s almost an ethical and professional responsibility of our lecturers at that stage to raise that as a possibility, you guys should consider doing that [personal therapy].

Cost and Accessibility Need to Be Considered

Psychologists reported that although personal therapy during training could be beneficial, there are challenges associated with making it a mandatory requirement. Key issues include the costs involved and the accessibility of therapy services, which could create barriers for trainees. Participant 13 emphasized the importance of accessibility, stating,

it needs to be made accessible for students to be able to actually participate because otherwise it would potentially be a barrier in people completing their studies and that is not necessarily fair that only people with money could be a psychologist.

Participant 5 echoed concerns about fairness, noting you would need “a way to offset the cost for [trainees].”

Mixed Views on Mandating Personal Therapy During Training

Psychologists in this study expressed varied opinions on whether personal therapy should be mandated during training, citing a range of reasons. Some raised concerns that mandating therapy might undermine its benefits by removing the element of choice. Participant 1 warned, “The risk that I can think of is that it could become a tick-box exercise. You go because you have to ... that can be problematic for some people.” Similarly, Participant 11 noted, “I don’t think therapy works when someone is forced to come ... it’s gotta have come from you to get into the door.”

While 25% of psychologists in our sample opposed mandatory personal therapy during training, the majority (60%) supported it, citing both professional and personal benefits. The remaining 15% expressed uncertainty about the appropriateness of mandating therapy

during training; however, some noted that if barriers such as affordability and accessibility were addressed, the “benefits outweighed the costs.” One psychologist noted that “mandating is a strong word,” expressing a preference for a “strong recommendation rather than mandating.” Participant 2 supported the idea of mandating personal therapy during training, noting that while it may present challenges, they nonetheless emphasized its significance:

I think it should be an essential part of, or a mandate of, training to be a psychologist. ... I personally found there was some stigma that I felt around engaging in therapy. As a psychologist, I almost felt a little bit embarrassed that because I’m a psychologist, I should be able to fix my own problems or know the tools and strategies to support myself. ... I feel that not having it mandated may also feed into some of that stigma.

Discussion

Thematic analysis of the transcribed interview responses from 20 Australian practicing psychologists with lived experience of personal therapy revealed four unique themes in response to interview Question 1 (i.e., What are your views on trainee psychologists engaging in their own personal therapy during their training?). The first theme that emerged was the significance of the timing of personal therapy, with psychologists suggesting that engaging in therapy during training is a uniquely sensitive and valuable period for personal and professional development. Many psychologists noted that training can be a highly stressful phase, and incorporating personal therapy early on could address challenges like imposter syndrome and boundary setting, and act as a protective measure against future burnout. They observed that training is when they learned the most and found it an ideal time to apply theoretical knowledge in practice. Although previous studies have not specifically examined the importance of timing in relation to personal therapy for psychologists, its integration during training in some pedagogical models suggests that engaging in therapy at this stage may be particularly impactful (Ivey & Waldeck, 2014). Future research could explore the effects of engaging in personal therapy during training compared to other stages of a psychologist’s career, examining its impact on both personal and professional development. The implications of this finding highlight the potential benefits of accessing personal therapy during training, such as enhanced professional identity and self-confidence. However, the cost of therapy can be a barrier for trainees with limited income. To support future psychologists, training institutions might consider financial solutions, like partnerships with therapists offering reduced rates or employing university-based psychologists to provide affordable therapy to trainees.

Another theme that emerged was the view that personal therapy offers unique benefits not typically available through supervision. While supervision focuses primarily on the client, personal therapy creates a reflective, supportive space centered on the psychologist’s own development and well-being. Although some psychologists felt that supervision alone was adequate, others observed that it tended to address only surface-level concerns, whereas therapy enabled deeper exploration of personal challenges beyond its scope. These findings align with Ivey and Waldeck (2014), who found that South African psychologist trainees valued personal therapy for its distinct role from supervision, which reduced expectations on supervisors to manage trainees’ personal reactions to clinical work. Similarly, Grimmer and Tribe (2001) observed that personal therapy provided

a confidential space where psychologists could discuss experiences without fear of impacting their professional evaluations.

The two final themes that arose in response to Question 1 spoke to the possible benefits of personal therapy for trainee psychologists. Specifically, psychologists communicated that personal therapy had facilitated their own self-development, increased their levels of self-awareness, enhanced their therapeutic repertoire, and promoted increased capacity for future sustainability in the profession. Further, without the lived experience of personal therapy, psychologists may be more limited in facilitating a deeper process of self-understanding and development for clients because they themselves have not had that type of experience. The current finding expands upon the work of Ivey and Waldeck (2014), who evaluated the impact of personal therapy on trainee psychologists (in South Africa) who collectively reported on the benefits in psychologists learning and development, such as increased self-understanding of their own behaviors and self-awareness of vulnerabilities that impacted their professional practice. This further aligns with other international findings of previous research, which collectively identified psychologists valued personal therapy as a vehicle for cognitive and emotional understanding of the therapeutic process (Grimmer & Tribe, 2001; Kumari, 2011; Moller et al., 2009; Rizq & Target, 2008). The implication of this finding is that personal therapy could provide trainee psychologists with an avenue to explore their own vulnerabilities impacting their professional practice. However, it is important to acknowledge that not all therapy experiences are equivalent; the effectiveness of therapy can vary significantly based on factors such as the therapeutic approach, the therapist–client relationship, and individual client needs (Wampold, 2015). Taken together, these findings highlight the potential value of personal therapy as a formative component of professional development during psychology training, but this should be considered in light of individual differences and the variability in therapy experiences.

The second aspect of the present study explored psychologists' views on mandating personal therapy during training. Analysis of interview responses revealed three distinct themes in response to the question, "What are your views on mandating personal therapy for trainee psychologists?" Participant perspectives varied: 25% opposed mandatory therapy, 60% supported it as potentially beneficial for trainees, and 15% were uncertain, but some suggested that if barriers such as cost and accessibility were addressed, the benefits would likely outweigh the challenges. These mixed perspectives reflect broader tensions within psychology about the role of personal therapy in training. At the same time, there is growing institutional recognition of the importance of self-care. For example, the 2023 APA Guidelines on the Equitable and Respectful Treatment of Students in Graduate Psychology Programs highlight the importance of supporting graduate student access to mental health care. Similarly, in other countries, such as Aotearoa, New Zealand, the New Zealand Psychologists Board (2024) has recently proposed a revised Code of Ethics, which explicitly recognizes self-care as an ethical responsibility, highlighting the profession's commitment to psychologist well-being as integral to competent and ethical practice.

Psychologists noted that issues such as cost and accessibility could make mandated therapy difficult for many trainees to access. Previous commentary on this topic has also noted these barriers to mandating personal therapy in training programs (Ivey, 2014). While mental health care systems differ across countries, both Australia and the United States present comparable challenges when it comes to accessing therapy during training. In Australia, initiatives

such as the Medicare Benefits Schedule provide subsidized access to time-limited therapy, easing some financial barriers for psychology trainees. However, this access is typically contingent on being assessed as eligible under a Mental Health Treatment Plan. Similarly, in the United States, insurance reimbursement often depends on a formal diagnosis based on the *International Classification of Diseases*, which not all trainees may meet, even when experiencing stress or emotional distress. As a result, trainees who do not meet diagnostic thresholds may face significant out-of-pocket expenses, raising concerns about the affordability and equity of mandated personal therapy. To address these practical challenges, governing bodies and universities could allocate funds for therapy or establish partnerships with psychologists willing to offer therapy at a reduced rate. A similar subsidized approach to therapy costs for psychologist trainees was successfully trialed in South Africa (Ivey & Waldeck, 2014). Another important consideration is ensuring that any mandate for personal therapy is time-limited and that treating psychologists are independent from the training institution and adhere to strict confidentiality standards in line with professional ethical guidelines, such as the (American Psychological Association, 2017) Code of Ethics, Standard 7.05.

Further challenges identified by psychologists in this study included concerns that mandating personal therapy could negatively impact the therapeutic experience, as it would remove the autonomy inherent in choosing to engage voluntarily. Psychologists emphasized that intrinsic motivation is key for personal therapy to be most effective and that mandatory therapy for those unwilling to engage might lead to reluctant participation and potentially negative outcomes. These findings align with previous research, which suggests that intrinsic motivation, rather than extrinsic pressure, is a stronger predictor of positive client outcomes in therapy (Hachtel et al., 2019). Furthermore, incorporating self-awareness programs, such as guided bibliotherapy (Monroy-Fraustro et al., 2021) and online growth courses (Hoang et al., 2025; Laine et al., 2019), along with a greater emphasis on self-care (Gergen et al., 2001), could provide alternative avenues for promoting professional development, self-awareness, and well-being among trainees.

A final theme highlighted the influential role of supervisors, educators, and training institutions in shaping attitudes toward personal therapy and in reducing its associated stigma among trainees. Educators and professional leadership bodies were seen as central to cultivating a culture in which engaging in personal therapy is normalized and encouraged. Prior research supports this view, suggesting that stigma remains a significant barrier. Grice et al. (2018) found that fear and self-stigma often prevent trainees from disclosing mental health issues or seeking help. Similarly, Ivey and Waldeck (2014) reported that trainees who participated in mandatory therapy valued it, as the requirement helped reduce stigma and overcome resistance to seeking therapy independently. These findings suggest that psychology programs, governing bodies, and supervisors can play a key role in normalizing personal therapy by providing education on its potential benefits. Incorporating destigmatization efforts into training through workshops and dedicated lectures or by embedding relevant content into course learning outcomes may further encourage trainees to engage with therapy as a valuable component of professional development.

Strengths, Limitations, and Future Research

The limitations of the present study must be considered when interpreting its findings. The majority of the participants, excluding

one, reported largely beneficial and/or positive experiences with personal therapy. Such experiences may not be representative of all psychologists' experiences of personal therapy and may limit the generalizability of the findings to those who experienced personal therapy positively as opposed to more negatively.

Furthermore, the use of snowball sampling may have led to a more homogenous sample and limited the diversity of perspectives represented. Future research could employ alternative recruitment strategies, such as purposive sampling, to enhance the diversity of viewpoints. We also had a higher proportion of participants who identified as women (65%) in the present study sample that may limit the generalizability of the research findings. Noteworthy, however, is that the higher proportion of females in the sample is consistent with and representative of the broader psychology profession concerning identified sex. For example, an Australian report identified that 76% of registered psychologists in Australia in 2021 were females (Statista, 2021). These limitations could be addressed by future research that involves a broader recruitment strategy and specifically targets participants with a range of experiences of personal therapy. Additionally, this study considers the lived experiences of participants through qualitative research. Future research could build on these findings by examining their applicability to a broader quantitative sample and replicating them with a larger qualitative sample. Moreover, while the study was conducted in Australia, the findings may offer valuable insights across similar contexts internationally. However, it is recognized that the study is limited by its Australian sample and recommends a broader international sample for future research. The study did not collect comprehensive data regarding participants' range of professional experience or personal histories related to their reasons for seeking personal therapy, factors that could potentially influence their perspectives. These limitations may affect the generalizability of the findings. Future research may increase generalizability and benefit from replicating or extending the present study. Including a sample of trainee psychologists could enhance the understanding of this population's perspectives, as well as conducting a study with participants who have engaged in personal therapy during their training.

Conclusion

The findings of this study highlight the potential benefits and challenges associated with personal therapy for trainee psychologists. Psychologists emphasized the value of engaging in personal therapy during training, noting its role in professional and personal development, self-awareness, and enhanced therapeutic practice. There were opinions on the potential mandate of personal therapy, with most psychologists seeing its benefits but raising concerns about cost, accessibility, and the importance of intrinsic motivation for successful engagement. Additionally, the role of educators and institutions in normalizing personal therapy and reducing stigma was identified as crucial. However, challenges such as the autonomy of therapy choices and financial barriers must be addressed to ensure equitable access. The implications suggest that integrating personal therapy into training programs could offer valuable support for trainee psychologists. This aligns with the growing focus on self care and promoting sustainability in the practice of future psychologists, as well as innovating new methods of learning to enhance professional development. Further research is needed to

examine the broader impact of personal therapy and its effectiveness across psychologist trainee populations.

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