Personal Therapy in Psychology Training: Perspectives from the Practising Field

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Briar Mills

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Declaration

I, Briar Mills, declare that this thesis is my own work and does not contain material from published sources or that has been accepted for the award of any other higher degree. I also declare that a file containing all the data collected for this thesis and files with all analyses that are referred to in this thesis have been provided to my Primary Supervisors and are available upon request.

Name: Briar Mills

Signature:

Date: 06/11/2025

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Inā kei te mohio koe ko wai koe, I anga mai koe i hea, kei te mohio koe. Kei te anga atu ki hea. E tohe e taa te purihi. Kia hōhonu ai te puna kupu. Na te whakarongo me te titiro ka puta mai te korero. Ehara taku toa i te toa takitahi engari he toa takitini. Mauria te pono. Tihei mauri ora!

If you know who you are and where you are from, then you will know where you are going. Persistence has its rewards, let the pool of words be deep. Through looking and listening we gain wisdom. It is not my strength alone, but the strength of many that contribute to my success. Believe in yourself.

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Abstract

The potential relevance of personal therapy for psychologists in training has long been discussed, yet few empirical studies have explored how it is perceived by psychologists themselves. This study investigated the views of 219 Australian psychologists who had engaged in personal therapy, drawing on their written qualitative responses to a larger online survey distributed across Australia. Thematic analysis was used to explore participants' perspectives on personal therapy during training. Seven key themes were identified, reflecting diverse views on whether therapy should be required, the challenges and barriers that can affect access, and how stigma or normalisation influence uptake. Participants described how personal therapy during training was viewed as contributing to professional and personal development, enhancing self-awareness, emotional insight, and relational capacities, as well as offering support that extended beyond the limits of supervision. Some also highlighted the protective and sustaining role of therapy and its alignment with professional values. Views on whether therapy should be mandated varied, but many supported increased encouragement and visibility within training contexts. These findings offer timely insight into how psychologists with lived experience of personal therapy reflect on its role during training, highlighting considerations for professional development, trainee wellbeing, and the broader training environment.

Keywords: psychologist trainees, personal therapy, reflexive thematic analysis, clinical education, professional training

Personal Therapy in Psychology Training: Perspectives from the Practising Field

Introduction

There is a growing focus on the training needs of future psychologists, emphasizing strategies to support their professional growth and ensure long-term career sustainability (Grimmer & Tribe, 2001; Ivey & Waldeck, 2014; Norcross, 2005; Orlinsky et al., 2022; Rizq & Target, 2008; Wilson et al., 2015). One strategy increasingly considered within the context of training psychologists is the potential relevance of personal therapy (Daw & Joseph, 2007; Orlinsky et al., 2022; McMahon, 2018). The most significant empirical study examining personal therapy was conducted by Orlinsky et al. (2022), who surveyed 11,340 mental health professionals and found that 90% of those who had engaged in personal therapy reported a positive impact on their professional development. Many experienced practitioners also returned to therapy later in their careers. The study further linked positive therapy experiences to greater life satisfaction across age groups. However, psychologists were not examined as a distinct subgroup, and research focusing specifically on this population remains limited compared to other mental health professionals (e.g., psychotherapists). This highlights the need for further research on personal therapy's possible role in psychology training and practice, particularly for trainee psychologists (Ivey, 2014).

While the potential relevance of personal therapy for trainee psychologists has been explored in the clinical literature, perspectives within the profession are varied. Some suggest that personal therapy is valuable for fostering self-development and professional competence, others question its necessity, emphasizing alternative methods of professional development (Malikiosi-Loizos, 2013; Moller et al., 2009; Orlinsky et al., 2011 Ziede & Norcross, 2020). Despite differing viewpoints on the topic of personal therapy and its potential relevance to training, empirical research specifically examining the role of personal therapy within

training for psychologists remains relatively limited. Personal therapy is defined as a therapist's engagement as a client in their own therapy (Orlinsky et al., 2005).

Theory

The theoretical foundation for personal therapy in clinical training dates back to Freud (1912), who argued that personal analysis was necessary for psychoanalysts to undergo in order to manage their unconscious biases and unresolved personal conflicts that could interfere with their work with patients. Carl Rogers' (1957) humanistic framework further supports personal therapy as a tool for developing empathy, authenticity, and unconditional positive regard – qualities that are fundamental to effective therapeutic practice. Bandura's (1977) social learning theory provides a relevant theoretical perspective for understanding how personal therapy might contribute to therapist development, suggesting that observing and experiencing effective therapeutic practice can support the internalisation of key clinical skills and attitudes. Additionally, Schön's (1992) concept of reflective practice reinforces the value of personal therapy in helping trainees critically assess their experiences, refine their therapeutic approach, and integrate new insights into their professional identity. Schön (1992) describes his concept of reflection-in-action as a critical skill for professionals working in complex environments, whereby an individual can think critically and adapt their approaches during practice. Personal therapy for trainee psychologists provides a parallel opportunity for experiential learning in which experiences of therapy and the emotional responses to it can be reflected upon and inform their own therapeutic work with clients.

Personal therapy can be conceptually situated within Norcross and VandenBos's (2018) self-care framework, which advocates for proactive, intentional strategies to support psychologists' well-being and professional functioning. This framework emphasises the ethical and practical necessity of self-care in managing occupational stress and sustaining long-term effectiveness in clinical roles. From this perspective, personal therapy represents a

key self-directed strategy to help mitigate the occupational hazards commonly encountered in psychological practice (Malikiosi-Loizos, 2013). The empirical literature identifies that psychologists are exposed to several inherent risks in their work, including compassion fatigue, burnout, and vicarious trauma (Pope & Tabachnick, 1994). Burnout is associated with chronic occupational stress that has not been effectively managed (Ziede & Norcross, 2020), and manifests as emotional exhaustion, physical depletion, irritability, impatience, and inflexibility (Freudenberger, 1982). Compassion fatigue reflects emotional depletion from prolonged exposure to distress, undermining practitioners' capacity for empathy and responsiveness (Figley, 2002; Turgoose & Maddox, 2017). Psychologists are also at risk of vicarious traumatisation through repeated exposure to clients' traumatic material (Bearse et al., 2013). In Rupert and Morgan's (2005) study, 44% of respondents reported high levels of burnout, with more recent estimates ranging from 21% to 67% (Morse et al., 2012; O'Connor et al., 2018), and similar concerns have been identified in Aotearoa New Zealand (Kercher & Gossage, 2022). Within this context, personal therapy may serve as a protective factor and a form of preventative care that supports emotional resilience and ethical clinical practice. Notably, in Aotearoa New Zealand, the forthcoming revision of the Code of Ethics (New Zealand Psychologists Board, 2024) is expected to formally recognise self-care not merely as a recommended practice but as an ethical responsibility, further reinforcing its relevance for psychologists at all career stages.

The Role of Personal Therapy in Psychology Training: Divergence Within the Field

The potential role and relevance of personal therapy for psychology trainees remains a topic of debate within the field (Ivey & Waldeck, 2014; McMahon, 2018; Moller et al., 2009; Murphy, 2005). Some clinical scholars argue that for personal therapy to be fully recognized in the professional development of psychologists, it should be integrated and supported throughout their careers, beginning in training (Ziede & Norcross, 2020). However, this

perspective is not widely reflected in professional standards and training for clinical psychologists. For example, in Aotearoa New Zealand and Australia, personal therapy is not a documented recommendation by governing bodies, professional organisations, or ethical guidelines as an evidence-based self-care practice for psychologists and it is not integrated as a requirement for training (New Zealand Psychologists Board, n.d.; New Zealand Psychologists Board, 2002; Psychology Board of Australia, n.d.). In the United States, psychology training programs have the option to include psychotherapy as a requirement within their curriculum, as long as this requirement is clearly outlined in the course information and aligns with the APA Code of Ethics (American Psychological Association, 2016). This is in contrast to the training requirements of counselling psychologists in the United Kingdom who are required to undergo a minimum of 40 hours of personal therapy as a component of obtaining their qualification, whilst post-graduate trainee psychologists in Greece are expected to have 40 hours of personal development work and 20 hours of group counselling as part of their training (British Psychological Society, 2006; Malikiosi-Loizos, 2013). The variation in training requirements across countries highlights the lack of consensus on the role of personal therapy in psychology education and debates persist regarding the appropriateness of making personal therapy mandatory during training (Ivey, 2014; Malikiosi-Loizos, 2013; McMahon, 2018; Moller et al., 2009).

Mandating Personal Therapy: Ethical Considerations and Professional Implications

The ethical implications of mandatory personal therapy for psychology trainees have been critically examined, with concerns centred on autonomy, confidentiality, emotional distress, and the perception that therapy may be unnecessary (Ivey & Waldeck, 2014; McMahon, 2018; Wilson et al., 2015). Ivey (2014) notes that the requirement of personal psychotherapy should only be implemented if the objectives, outcomes, and ethical considerations are clearly justified, with financially viable alternatives provided. Ivey

analysed the ethics of mandatory personal psychotherapy through three ethical frameworks: principle-based ethics, virtue ethics, and care ethics. Through the lens of principle-based ethics, Ivey (2014) discusses the balance between the importance of autonomy for trainee psychotherapists and the ethical obligations of avoiding harm to clients. In terms of virtue ethics, Ivey notes that psychotherapist trainees should be supported within their professional development qualities such as empathy, emotional resilience, and personal insight, in which Ivey argues personal psychotherapy is effective in developing such qualities. Care ethics is concerned with the fostering of caring interdependent relationships within the therapeutic setting, as well as the practices involved in understanding and meeting the needs of clients. Ivey argues that if one has not been the recipient of therapeutic caring and resists the client role, it could hinder their ability to foster caring relationships with their own clients and inhibit their ability to establish trust.

The mandatory nature of personal therapy does not come without ethical problems however, Ivey argues that it is not inherently unethical. The justification of personal therapy for trainees relies on the implementation of protective systems and when this is achieved, mandatory personal therapy can serve as a valuable tool for enhancing the overall care of clients, as well as trainee development. A core ethical concern is whether requiring or mandating personal psychotherapy for trainees is an infringement on their personal autonomy. Whilst ethical frameworks uphold an individual's right to decline therapy, conversely; Ivey (2014) notes that the benefits derived from personal psychotherapy – particularly improved client care, avoidance of harm, and therapist competence – may outweigh concerns about trainee's personal autonomy and that refusal to engage seems less defensible. Ivey argues that personal psychotherapy acts as a preventative factor of countertransference within the therapeutic context. Other key concerns include the financial burden of personal therapy, role confusion, and psychological stress.

Despite these concerns, research highlights various professional and personal benefits of personal therapy, including increased empathy, improved therapeutic skills, better patient outcomes, greater self-awareness, and enhanced interpersonal relationships (Ivey, 2014; McMahon, 2018; Wilson et al., 2015). Additionally, studies suggest that the majority of trainees who have undergone mandatory personal therapy report it as beneficial for both their personal and professional development (Ivey & Waldeck, 2014; Rizq & Target, 2008). To ensure ethical implementation, trainees must be fully informed of the benefits, risks, boundaries, and emotional challenges of personal therapy before beginning training (Ivey, 2014; Ivey & Waldeck, 2014). Protective measures should be in place such as reduced therapy costs and sensitivity from training providers regarding potential adverse reactions (Ivey, 2014). Furthermore, institutions must ensure that mandatory therapy is financially accessible and supported by clear guidelines to prevent undue stress.

However, Ivey (2014) raises concerns about the adequacy of qualitative research on this topic, emphasizing the need for further empirical investigation. If personal therapy was to be a requirement within psychology training, it must be evidence based, ethically justified, accessible, and balanced with well-defined intentions and support systems to uphold both trainee well-being and professional development (Ivey & Waldeck, 2014).

Research on Personal Therapy During Training

Empirical research specifically examining the role and impact of personal therapy for psychology trainees remains limited, but the field is emerging. A growing body of qualitative research is beginning to explore this area within psychology (e.g., Ivey & Waldeck, 2014; McMahon, 2018; Moller et al., 2009; Rizq & Target, 2008), including studies focused on the experiences of trainee psychologists who underwent mandatory personal therapy as part of their training (Grimmer & Tribe, 2001; Ivey & Waldeck, 2014; Rizq & Target, 2008). Across this body of emerging research, key themes point to personal and professional benefits

attributed to therapy during training, including enhanced emotional resilience, self-awareness, and empathy—often developed through working through personal issues and occupying the client role (Grimmer & Tribe, 2001; Ivey & Waldeck, 2014; Rizq & Target, 2008; Wilson et al., 2015). The following section discusses and critically analyses the empirical studies that have examined personal therapy during training, representing much of the current research in this emerging field and highlighting both reported benefits and associated challenges. Several qualitative studies have explored the lived experiences of trainee psychologists who engaged in mandatory therapy. Rizq and Target (2008) conducted a qualitative study using semi-structured interviews to explore the meaning and significance of personal therapy in psychology training in the United Kingdom (UK). The study captured the experiences of nine trainee counselling psychologists who underwent mandatory therapy as part of their training. The analysis revealed mixed views on mandatory therapy. While most participants supported its inclusion, they were hesitant for the process to become a targeted domain for assessment and measurable outcomes. They expressed concerns that trainees might treat it as a box-ticking exercise rather than a genuine self-exploratory process. Other key themes included the role of personal therapy in fostering professional learning, resilience, and emotional growth. Participants reported that these experiences enhanced their ability to connect authentically with clients, reinforcing the value of self-awareness and reflective practice in therapeutic work.

Further emphasising the personal and professional impact of mandatory personal therapy, another study based in South Africa was conducted by Ivey and Waldeck (2014). Through qualitative interviews, the researchers explored the experiences of nine intern clinical psychologists who underwent personal psychotherapy for the duration of their postgraduate training. The analysis identified key themes such as the evolving attitudes towards mandatory therapy, its interpersonal impact, the relationship between training and

therapy, and the way it provided a space distinct from supervision for personal reflection. All participants reported that mandatory personal therapy was impactful to their personal growth and self-insight, although the mandatory aspect of therapy was met with resistance among some of the trainee psychologists initially. Participants also noted additional challenges such as not having adequate time to consider mandatory therapy or being provided with an informed rationale for requiring it, as well as juggling the emotional demands of training and personal therapy with the expectation they remain composed when with their own clients. In addition, the negative psychological impacts of personal therapy whilst needing to be functioning well psychologically to meet the demands of professional training. This highlights the ongoing tension between the benefits of personal therapy and the psychological burden it may pose during periods of professional development.

The complex interplay between the benefits and challenges of personal therapy was similarly explored in Wilson et al.'s (2015) study of ten clinical psychologists from the UK who utilised therapy whilst training. Participants noted that engaging in personal therapy during training strengthened their own client outcomes, and emphasised the importance of being aware of one's own personal weaknesses and vulnerabilities to avoid bringing these into the room with their own clients. Though participants concluded that experiencing therapy for themselves made them better therapists overall, some also reported challenges associated with personal therapy. These included feelings of stigma and fear of judgement due to the misconception around mental health professionals consistently having it all together and not needing therapy, the financial burden of personal therapy if it is not funded or the provided budget is not utilised, as well as various negative aspects such as sleep and mood disturbances from revisiting personal issues. These findings echo those of Ivey and Waldeck (2014), illustrating how personal therapy can simultaneously enrich therapeutic competence and challenge emotional resilience.

Grimmer and Tribe's (2001) UK study of seven newly qualified counselling psychologists and seven counselling psychologists in training found that their personal therapy complemented their professional development through developing reflexivity from being placed in the role of a client. Participants appreciated having access to emotional support in times of need and found that personal therapy validated and normalised their experiences, developed their awareness of the impacts certain therapeutic techniques have through the modeling of good and bad practice, and developed their ability to differentiate between personal issues and those of the client.

Moller et al., (2009) further expanded on this theme through a qualitative study of mental health professional trainees in the UK. The participants consisted of 11 trainee clinical psychologists, 13 Doctorate in Counselling trainee psychologists, and 13 counselling Diploma trainees. The aim of the study was to explore how trainees perceived personal therapy during training, at the outset of their training. The thematic analysis identified several themes. The first theme comprised of various aspects regarding the ways in which therapy can create better practitioners such as experiential learning, personal development and growth, protecting clients and trainees in therapy, and protecting and supporting trainees and their learning. Other themes identified were the financial cost of personal therapy and the ways in which it can impact trainees emotionally, and mixed views surrounding personal therapy during training. Participants noted increased empathy from being in the position of a client, an increase of self-awareness and knowledge about oneself, and appreciated that therapy encouraged them to explore their own biases, judgements or personal issues to protect themselves and their clients. Majority of participants from the counselling psychology groups noted the financial burden of personal therapy as their expected 60 hours was self-funded, whereas the clinical group had access to 10 free sessions and appreciated it however, expressed concerns for potentially having to cover more sessions. Psychological challenges

of personal therapy such as anxiety, how it may interfere with course participation through distraction, fear and imposter syndrome were also reported.

Adding a broader perspective, McMahon (2018) conducted a study of 170 clinical psychologists and 88 counselling psychologists in Ireland. The aim of the study was to investigate views and experiences regarding mandatory personal therapy during training, and involved a questionnaire with fixed choice questions regarding length and recency of attendance of personal therapy, as well as experiences and opinions regarding mandatory personal therapy during training. Participants were also invited to share reasons for their opinions on mandatory therapy. The statistical analysis revealed that 59% agreed with mandatory therapy during training, 41% did not agree (of which 31% strongly recommended it, 5% neither strongly recommended or agreed with mandating), and 4% were unsure. 57% of participants shared their reasoning for their opinions, which were analysed via thematic analysis. The analysis revealed five key themes; the importance of therapy for ethical and effective practice, enhanced self-awareness, protection of trainees' rights, the value of being a client, and the importance of individual differences. The study highlighted some key differences between the counselling and clinical psychologists, in that the majority of counselling psychologists had experienced mandated therapy and reported higher levels of lifetime attendance, and nearly all (92%) agreed with the mandate. Less than half of the clinical psychologists (42%) agreed with the mandate however, 44% strongly recommended it. 90% of psychologists overall who had experienced mandatory personal therapy endorsed it. These results underscore the continued debate around whether personal therapy should be compulsory, and reflect the diverse perspectives already observed in qualitative research.

Similarly exploring attitudes toward personal therapy in training, McEwan and Duncan (1993) conducted a study of 185 psychologists in British Columbia. Their questionnaire investigated beliefs about the importance of trainee psychologists having

therapy experience, along with perceived benefits and risks. Those who had received personal therapy during clinical training then answered a further section of the study which involved 18 questions surrounding the mandatory aspect, informed consent, and choice of therapy. Among the 41% of respondents who had engaged in personal therapy as part of their clinical training, half stated it was mandatory. A minority of students whose therapy was optional mentioned that they felt slightly coerced as it was not mentioned that it was optional, the benefits and risks were not explained, and students were labelled as having issues if they did not wish to participate. Majority of respondents did not have the option of choosing a therapist and received personal therapy from faculty. 66% of participants rated having the experience of being a client in therapy as essential or quite important, with those who had received personal therapy during training rating its importance higher than others. Benefits noted were increased empathy and understanding the perspective of clients, experiential learning through having a role model and acquiring practical understanding of therapy, and personal growth. Risks identified by respondents involved ethical issues such as dual relationships, safety of the client in terms of confidentiality, and other general risks such as having a poor therapist, the appropriacy of the therapy, and harm to students due to stress or poor role modeling.

While these studies offer valuable insights and advance our knowledge of personal therapy during training, they also collectively highlight the ethical challenges associated with mandating therapy, particularly around ethical implementation, financial accessibility, psychological risks, and ambiguity regarding informed choice. These same concerns are echoed in Ivey's (2014) ethical critique, which highlights the importance of clearly articulating the purpose of mandatory therapy, ensuring informed consent, and addressing issues of access and potential psychological impact. The current literature remains limited in other aspects, specifically most studies rely on small, self-selecting samples within single-

country contexts, which restricts the generalisability of findings. For example, there is a notable absence of research drawing on Australia or Aotearoa New Zealand. There remains a need for larger-scale empirical research that captures a wider range of perspectives of a more diverse and representative sample of psychologists. Such research could help to provide clearer insights into the potential role and significance of personal therapy in training.

The Present Study

Building on existing literature, further empirical research is needed to inform understandings of the potential role and relevance of personal therapy during psychology training, particularly given the ongoing controversy surrounding the topic and the absence of empirical data from both Australia and Aotearoa New Zealand. Hence, this study aims to explore the views of practicing psychologists, with lived experience of personal therapy, on the topic of personal therapy for psychologists in training. In doing so, the study seeks to capture a range of insights across different career stages and begin addressing the current gap in research within the Australasian context.

Method

Research Aim and Design

This study adopted a qualitative, exploratory design to examine psychologists' perspectives on the topic of personal therapy for trainee psychologists, drawing upon a sample of psychologists with lived experience of engaging in personal therapy. Participants responded in writing to an open-ended online survey question. The study followed an inductive, data-driven approach using thematic analysis, which allowed for a broad range of views to emerge without the use of predefined theoretical frameworks. No prior hypotheses were formed, consistent with the exploratory aims of the research.

Methodological Framework

This study employed thematic analysis following Braun and Clarke's (2006) six-phase framework, which involves a systematic process of familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. This was done within the context of a critical realist epistemology, which involves understanding the experienced or observed phenomena in individuals (Haigh et al., 2019).

Participants

In order to be eligible for the current study, participants needed to be adults aged over 18, hold current registration as a psychologist with the Australian Health Practitioner Regulation Agency (AHPRA), be proficient in English, actively work with clients, and have participated in personal therapy before. 297 psychologists who had experienced personal therapy took part in the survey however, due to missing data, the final sample for this study and qualitative analysis was 219 participants. Of the 219 participants, 83.6% were female, 16% were male, and 0.5% were non-binary. Participants ages ranged from 22 to 72 years, with a mean age of 37 years. The most common age within the data was 26 years. The majority (94.5%) of participants had completed their training within Australia. 5.5% of

participants had completed their training or part of their training in other countries such as New Zealand, South Africa, United Kingdom, Netherlands, and Singapore. Participants were located in various states of Australia including New South Wales (n = 117), Victoria (n = 49), Queensland (n = 17), West Australia (n = 14), South Australia (n = 6), Australian Capital Territory (n = 5), Northern Territory (n = 5), and Tasmania (n = 3). 8.2% (n =18) of psychologists were listed as 'other' in Table 1 but included forensic psychologists, neuropsychologists, health psychologists, coaching psychologists, and organisational psychologists. Further information on the demographic characteristics can be found in Table 1.

Table 1

Demographic Characteristics of the Participants

Demographic characteristics	*n*	%
Level of training		
Currently in training	68	31.1%
Recent graduate in last 6 months	9	4.1%
Early career (five years or less)	50	22.8%
Mid-career (up to ten years)	39	17.8%
Later career (more than ten years)	53	24.2%
Psychologist type		
Provisional psychologist	65	29.7%
General psychologist	58	26.5%
Clinical psychologist	78	35.6%
Other	18	8.2%

62.1% of the psychologists were not current board-approved supervisors, 14.2% were supervisors to provisional psychologists in training, in a registrar program, and to fully registered psychologists. 7.3% were supervisors to fully registered psychologists, and 10% were supervisors to provisional psychologists in training. The most common primary

therapeutic orientation used in practice by psychologists in this study was Cognitive Behavioural Therapy, at 34.7% (*n* = 76), with other orientations listed in Table 2.

Overall, majority of the participants in this study accessed personal therapy for multiple reasons. 17.4% of psychologists accessed personal therapy for both support for personal matters and for mental health and well-being, 15.1% accessed it for personal development, support for personal matters and mental health and well-being, 11.9% accessed it for professional development, personal development, and support in both categories, 6.4% accessed it for all categories as well as it being recommended by a lecturer or supervisor, 4.6% accessed it for personal and professional development, and support for personal matters, and 3.7% accessed personal therapy for personal development and support for personal matters, making a total of 59.1% as evident in Table 2, displaying the singular statistics. Further characteristics can be found in Table 2.

Table 2

Therapy Practices and Personal Therapy Insights of the Participants

Therapy Characteristics	*n*	%
Primary therapeutic orientation used in practice		
Acceptance and commitment therapy	11	5%
Cognitive behavioural therapy	76	34.7%
Dialectical behavioural therapy	5	2.3%
Eclectic	40	18.3%
Existential/humanistic	1	0.5%
Family systems	1	0.5%
Psychodynamic/psychoanalytic	40	18.3%
Schema	20	9.1%
Other	25	11.4%
Reasons for seeking personal therapy		
Professional development	-	-
Personal development	9	4.1%
Support for personal matters	21	9.6%
Support with mental health & wellbeing	11	5%
Recommended during training by supervisor or lecturer	1	0.5%
Other	2	0.9%
More than one reason/multiple reasons	129	59.1%
Number of courses of personal therapy taken		
1 course	71	32.4%
2 courses	74	33.8%
3 courses	40	18.3%
4 courses	18	8.2%
5 courses	7	3.2%
6 courses	1	0.5%
7 courses	3	1.4%
8 courses	2	0.9%
More than 8 courses	1	0.5%

Procedure

Ethics approval for the current study, which formed part of a larger research project on personal therapy for psychologists, was obtained prior to commencement by Dr Simone Mohi from the Australian College of Applied Professions (ACAP) Human Research Ethics Committee (Approval Number: 822100523). The data used in this study had already been collected as part of the larger project. This approval included permission for future postgraduate students to access and analyse the de-identified survey data for research purposes, under the supervision of the project's principal investigator, Dr Simone Mohi.

The original online survey was administered online using the Qualtrics platform. Recruitment was conducted through a snowball sampling method, with the survey distributed via email to various professional psychology networks and organisations, including professional psychology training programs throughout universities in Australia. In addition, the study was advertised across multiple professional and psychology-related social media platforms, such as LinkedIn and pages affiliated with the Australian Psychological Society. This approach aimed to maximise reach and ensure participation from a broad cross-section of psychologists across different regions and career stages. Participants self-selected into the study by clicking on the survey link or scanning a QR code included in the advertisement posts. Upon accessing the survey, participants were presented with an information sheet outlining the study's purpose, procedures, and ethical considerations, followed by a consent form. Informed consent was required before they could proceed to the survey. The survey took approximately 5 to 15 minutes to complete. Participation was voluntary, and individuals could exit the survey at any time without penalty. At the end of the survey, participants had the option to either submit their responses or withhold them.

Materials

The current study formed part of a larger research project investigating psychologists' views and experiences related to personal therapy, namely the Australian Psychologists' Personal Therapy Survey (APPTS), which was led by the academic supervisor of this project. Data were drawn from an online survey comprising both closed- and open-ended items. For the purposes of the present study, analysis focused on demographic and professional background questions (e.g., years of experience, training pathway), along with a key open-ended item designed to elicit written reflections on the topic of personal therapy for psychologists in training i.e. *What are your thoughts on the topic of personal therapy for psychologists in training?* (Please type written response).

Data Analysis

Qualitative written responses varied in length, ranging from brief comments to more detailed reflections (2–250 words; $M = 46.7$; $Mdn = 35$). This variability reflects the open-ended nature of the item and the self-paced online survey format.

Participant responses were analysed using Braun and Clarke's (2006) approach to thematic analysis. The analytic process began with familiarisation with the data by reading and re-reading the survey responses, recognising patterns, and making preliminary notes. An inductive approach was used to generate initial codes and identify specific categories that were grounded in the data, allowing meaning to emerge without applying pre-existing theoretical concepts (Braun et al., 2019; Patton, 2014).

Thematic analysis was conducted using a primarily latent approach, incorporating both semantic (descriptive) and latent (interpretative) coding to capture explicit content as well as underlying meanings and assumptions (Braun & Clarke, 2006). Initial codes were cross-checked by the research supervisor and grouped into broader patterns that informed the development of candidate themes. Coding was carried out at both descriptive and

interpretative levels, with attention given not only to what participants said but also to the underlying ideas embedded in their responses (Vaismoradi & Snelgrove, 2019).

Codes were created by identifying key words or phrases and grouping them into relevant categories. For example, responses that included terms such as “cost,” “expensive,” “financially struggling,” or “time is a barrier” were placed under the category *Barriers to Accessing Therapy*, as these reflected obstacles trainee psychologists faced in accessing personal therapy. Another example included responses with phrases like “should be required before practising,” “should be mandatory,” “fundamental,” “strongly in favour,” and “highly recommended,” which were grouped into a category reflecting support for personal therapy as a required component of training.

Following initial coding and categorisation, the researcher and supervisor met weekly to discuss, review, and refine themes drawn from the categorisation process, ensuring they accurately reflected the data and supported the development of themes and sub-themes. Points of difference in the coding, categorisation, and theme development process were managed through open discussion and reflexive dialogue between the researcher and supervisor, with decisions reached through consensus.

Themes were then defined, named, and organised to reflect the range of views represented in the data. This process enabled a structured and meaningful interpretation of participants’ perspectives and informed the development of the thesis findings.

Reflexivity and Ensuring Trustworthiness

Reflexivity is a critical aspect of qualitative research, requiring researchers to consider how their own positioning, assumptions, and experiences may shape the research process and interpretation of findings (Berger, 2015; Dodgson, 2019). Prior to beginning formal analysis and at the start of the research project, the researcher reflected on their position in relation to the topic, including the fact that they had not engaged in personal therapy during training and

are not currently undertaking training as a psychologist. While this outsider position presented certain limitations, it also offered unique opportunities. Specifically, while this outsider position allowed for a degree of analytical distance and a neutral stance, it also necessitated ongoing reflection on how possible assumptions might influence their interpretation of participant accounts. For example, not having lived experience of personal therapy or experience practising as a psychologist may have limited the researcher's ability to fully anticipate, appreciate or intuitively connect with certain aspects of participants' written reflections. At the same time, this distance prompted the researcher to remain attentive to participants' language and meaning, and to approach the data with openness and curiosity, rather than with assumptions.

Reflexive practice continued throughout the research process and was supported through weekly supervisory discussions, which provided space to critically examine emerging interpretations, analytic decisions, and potential biases. The researcher also engaged in reflective conversations with another higher degree research student working on a related topic, which further supported critical engagement with the data and the researcher's interpretive role. These processes contributed to an ongoing commitment to reflexive awareness and supported a more transparent and ethically grounded interpretation of the findings.

With regard to ensuring trustworthiness, criteria such as credibility, transferability, and resonance are demonstrated (Korstjens & Moser, 2018; Lincoln & Guba, 1985; Tracy, 2010). Credibility refers to the trustworthiness and plausibility of the findings, as well as the degree to which the participant's views have been accurately interpreted and represented through showing rather than telling, allowing readers to come to their own conclusions (Korstjens & Moser, 2018; Tracy, 2010). Credibility was demonstrated in the research process by becoming familiar with the data and through immersive coding, in which the

researcher immersed themselves throughout the initial reading of written responses, entire coding process, and the compilation of responses into categories and themes. To strengthen the credibility of the research, triangulation was utilised through the cross-checking of the codes and themes by the research supervisor, as well as working collaboratively on a weekly basis to ensure accurate representation. Resonance refers to the ability to affect readers to draw meaning from the research or evoke emotion, and can emerge through the study's potential to be valuable or transferable to other contexts (Korstjens & Moser, 2018; Tracy, 2010). Transferability was demonstrated within the current study through providing rich and descriptive details throughout the research process.

Results

Psychologists ($N = 219$) in this study were asked to describe their thoughts on the topic of personal therapy for psychologists in training. Analysis of their responses revealed seven primary themes, which are outlined in Table 3.

Table 3

Themes Related to Psychologists' Thoughts on Personal Therapy for Psychologists in Training

Themes
1. Diverse views on requiring personal therapy
2. Challenges and barriers to accessing personal therapy
3. Stigma and the normalisation of personal therapy
4. Enhancing professional practice through personal therapy
- Personal therapy provides learning opportunity beyond the limits of supervision
- Personal therapy provides experiential learning opportunity
- Personal therapy enhances professional development
5. Attending to the personal in practice
6. Protective and sustaining role of personal therapy
7. Personal therapy as a marker of professional alignment

Theme 1: Diverse Views on Requiring Personal Therapy

A key theme that emerged from the data was the wide range of views psychologists held about whether personal therapy should be a required part of training. Of the total sample, 83% ($n = 182$) addressed this topic, offering diverse perspectives on the role and value of personal therapy during training.

Just over half of all participants (50.6%; *n* = 111) supported personal therapy for trainee psychologists, though the strength of their support varied. Some participants strongly advocated for mandated personal therapy, suggesting it should be required for registration or undertaken before trainees begin practice. Others expressed moderate support, recommending that personal therapy be encouraged or offered within training programmes, but not as an enforced requirement. Participant 136 commented: “I think it’s a must, personal therapy is a form of training as well, gaining insight into the self is a must before attempting to understand others.” Participant 208 stated: “As a supervisor and lecturer in professional psychology for some time, I typically recommend personal therapy to my intern psychologists whom I supervise and oversee to complement the traditional academic education they receive.” Participant 45 noted: “Invaluable and should be a mandatory component of training and ongoing professional development.”

A smaller group (9%; *n* = 19) expressed neutral views. These participants typically emphasised the potential benefits of personal therapy while voicing concern about requiring it. Some raised ethical concerns about mandating therapy but still acknowledged its experiential and supportive value. Participant 59 commented: “It should not be mandatory nor discouraged. An open stance would be most helpful.” Participant 153 noted: “Generally, I don’t believe that mandates are a healthy approach to therapy. But I would strongly recommend it. At the bare minimum to develop an experiential awareness of "sitting in the other chair.”

Another 13% (*n* = 29) of participants did not support mandated personal therapy for trainees. They emphasised that mandatory requirements could undermine the therapeutic process and diminish motivation or readiness to engage meaningfully. Participant 103 wrote: “The possibility of benefit will also be very dependent on how willingly a person engages in

therapy – I don't believe mandatory personal therapy would be effective in promoting engagement in the process." Participant 29 shared:

> While I think it is important for psychologists to seek personal therapy, I do not think it should be mandatory as it would detract from the therapeutic experience and readiness to address difficulties that all people face when entering therapy.

Participant 57 stated: "I don't think it should be mandatory, as then it's less about the therapy and more about ticking the boxes to get through the internship."

Some participants (6.4%; *n* = 14) felt that personal therapy should remain an individual choice. These respondents highlighted the importance of consent, autonomy, and personal readiness, asserting that therapy is most beneficial when voluntarily undertaken. Participant 44 commented: "I feel that for some individuals to truly benefit from therapy it needs to be a choice and conducted when they are personally ready." Participant 96 added: "Everyone comes to therapy in their own timing and in their own way." Participant 65 noted: "Being involved in therapy should always be in control of the client regardless of being a student."

A further 4% (*n* = 9) suggested that personal therapy should be based on individual need. These participants acknowledged that therapy can be valuable but saw it as necessary only for those who felt they needed support. Participant 124 stated: "I think if they need it; they should get it, but if they don't need it, they can still be just as an effective psychologist as one who does." Participant 152 commented: "Only necessary for people who feel they need therapeutic support. It shouldn't be necessary for psychologists training or working, who feel they are psychologically well."

Theme 2: Challenges and Barriers to Accessing Personal Therapy

Psychologists reported several barriers to accessing personal therapy, particularly during training. Key challenges included the financial cost of therapy, lack of time, concerns about privacy and confidentiality, and issues related to access and availability. Some

participants questioned how therapy could be made affordable for trainees, especially if it were to become a mandatory requirement. There were also concerns about how to maintain confidentiality when therapy might occur within or near the training environment. In addition, participants raised questions about the availability of therapists and whether the profession had the infrastructure to support widespread access without creating ethical or logistical issues. Participant 121 commented:

> Personal therapy is expensive. Becoming a trainee psychologist is expensive already. If they are required to have a personal psychologist, will this cost be subsidised? We already have an education system that is prioritising privilege, do we want to exacerbate that? But if it is subsidised/covered, how can we do this so that it still allows for privacy and confidentiality? How do we ensure the therapists are paid appropriately for their time? Do we have the resources to give every trainee a psychologist without conflict of interest. Currently, waitlists to see psychologists are long for the general public. Where will we get these psychologists to give trainees therapy? Do we need to train therapists specifically to specialise in working with trainee psychologists/other psychologists? Again, I like the idea of personal psychologists for trainee (and registered/clinical/other) psychologists, but I feel like there are barriers to address.

Participant 69 commented: "Only concerns I would have is cost and privacy considerations. Personal therapists should be unrelated to place of training in my opinion and students are pretty poor already."

Participants also spoke about the practical pressures of training itself. Some felt that the workload, time constraints, and emotional demands of training left little space to engage meaningfully in personal therapy, even if its value was acknowledged. Participant 103 commented: "While it's a great idea with obvious benefits, I think the current training

requirements are already very extensive and it's difficult to envisage how this could be added from a practical perspective, especially time and cost wise."

Theme 3: Stigma and the Normalisation of Personal Therapy

Just over 17% of psychologists in this study (n = 38) spoke about the issue of stigma within the psychology profession and the influence it has on accessing personal therapy. Several participants described an underlying fear that seeking therapy could be perceived as a sign of incompetence or personal weakness, particularly during training. Some participants felt this stigma was reinforced by academic and clinical staff, discouraging students to access it altogether. Conversely, some participants noted that lecturers disclosing their own personal therapy experiences provided the confidence for students to seek it themselves. Engaging in personal therapy early was seen as a way to reduce shame, challenge stigma, and normalise help-seeking within the profession. Some commented that the topic was not openly discussed, describing a persistent "us" and "them" mentality that contributed to the silence. Others reflected on a broader cultural pressure to appear as though one is in "perfect" mental health, which they felt discouraged students and psychologists from seeking support. Together, these views highlight a perceived stigma around therapy that may prevent psychologists in training from accessing the support they need. Participant 173 commented:

> I think it is an unspoken taboo at present. Trainees/university students and provisional psychologists "fear" seeking therapy for their own issues due to stigma and fear of being shamed as being incompetent within their own helping profession. Personal therapy should count towards hours of experience or CPD. Kudos to the psychologists who seek out their own personal therapy. Please let AHPRA and PBA know that there is an unhealthy culture within psychology that prevents professionals from seeking their own personal therapy.

Participant 84 commented: “We need to normalise that psychologists need support too.” Participant 138 commented: “I wish I had of been more encouraged to undertake personal therapy and that it was more normalised within the profession.” Participant 181 commented: “I know that lecturers disclosing themselves attending therapy during my initial training gave me confidence many years ago to seek this out myself when needed.” Participant 146 commented: “Where I completed my training, accessing personal therapy was highly stigmatised and discouraged by academic and clinical staff.”

Theme 4: Enhancing Professional Practice Through Personal Therapy

A second overarching theme focused on the ways psychologists viewed personal therapy as deepening and enhancing professional practice during training. Thirty-four percent of psychologists in this study (n = 75) described how engaging in personal therapy supported their development as psychologists. They spoke about the unique opportunities therapy provided, such as space to work through personal issues, experience the client role, and observe therapeutic processes firsthand. These reflections were expressed across three interrelated sub-themes: (1) personal therapy provides the opportunity to delve deeper than supervision allows, (2) personal therapy facilitates an environment of experiential learning, and (3) personal therapy enhances professional development.

Subtheme 1: Personal Therapy Provides Learning Opportunity Beyond the Limits of Supervision

Some psychologists in this study described the limitations of supervision in addressing personal dynamics that can influence clinical work with clients. While acknowledging the value of supervision, participants noted that its focus is typically on the client and case-related issues, rather than on the internal experiences or psychological processes of the psychologist. Personal therapy was viewed as a complementary process that enables deeper self-exploration, including work on blind spots, unresolved issues,

vulnerabilities and emotional responses that might otherwise go unexamined and can significantly influence work with clients. In this way, personal therapy was positioned as offering a depth of personal insight and support not usually accessible through supervision alone. Participant 12 commented:

> If these things [blind spots, biases and areas outside of our conscious awareness that can negatively impact our responses and behaviour in a clinical setting] are not identified and worked through to a good enough level it can be an issue for practice, as supervision does not typically address and work with these areas to a large extent (because the focus is more on clients), perhaps personal therapy can be helpful in bridging this gap.

Participant 211 commented:

> Supervision is not sufficient enough, I believe to help with this, as the primary focus is more on the client and their processes in relation to the psychologist as opposed to the other way around. For these reasons in principle, I support personal therapy for psychologists in training.

Subtheme 2: Personal Therapy Provides Experiential Learning Opportunity

Several psychologists in this study described personal therapy as a unique and valuable form of experiential learning that complemented academic training. By participating in therapy themselves, they were able to gain first-hand experience and understanding of what it means to be a client. This included insight into the emotional vulnerability of the client role, the importance of rapport and trust, and the nuanced, relational aspects of therapeutic work that are often difficult to teach in formal instruction. Some participants also reflected on how their therapists' clinical approaches offered opportunities for learning through modelling, helping them consider how they might apply or adapt similar techniques in their own practice. Personal therapy was thus described as enabling a kind of embodied,

reflective learning that extended beyond what supervision or classroom learning could provide. Participant 119 commented:

> I think personal therapy is an opportunity for psychologists to not only experience what it is like to receive therapy but also get the sense of what it is like to be a client. It also allows us to practice and learn skills that we introduce to clients with more accountability. I think the awareness of our own biases, thoughts and feelings can be helpful to understand why they come up and how to address them.

Participant 114 commented:

> It could help psychologists appreciate the benefit of therapeutic work that doesn't necessarily follow a manualised treatment plan, which is a common complaint in the clinical psychology training programs. From a client's perspective, good psychological therapy relies on the rapport and trust built, the clinical knowledge and skills brought to the relationship, but also the artistry of practice.

Participant 145 commented: "Given the nature of our work, it is important to experience what we hope others will do and get from therapy. That we are not just textbooks delivering interventions, we are people helping our fellow humans thrive."

Subtheme 3: Personal Therapy Enhances Professional Development

Psychologists noted that personal therapy enhanced their professional skills and development. Psychologists reported that through personal therapy they learned helpful therapeutic techniques, increased their reflexivity skills, empathy and self-understanding. Personal therapy helped them to become more proficient in identifying both transference and countertransference. Psychologists felt supported in working through challenges, experienced an increase of confidence in the therapeutic setting and felt that having engaged in their own personal therapy set the foundation for longevity within the psychology profession. Participant 33 commented: "It makes you a better clinician from a skills perspective to see

how therapy is actually done and what the client experience is – but it also contributes to you being a more insightful, reflective, and mentally well-adjusted person." Participant 38 commented: "Personal therapy can translate into helping the psychologists in their skills and capacity to better identify, reflect upon and ultimately understand the processes of transference and countertransference in their work with clients in therapy."

Participant 44 commented:

> I personally have found that having gone through personal therapy myself before and during training as a psychologist has significantly supported my growth as a clinician. I think it provides a deeper level of self-understanding that makes more space to then empathise with a client, and to be more present in your understanding and reflective capacity.

Participant 216 commented: "I think it is an essential part of professional development."

Theme 5: Attending to the Personal in Practice

Thirteen percent of psychologists in this study (n = 29) reflected on how their experiences with personal therapy contributed to their self-awareness, personal development, and preparedness for practice. These participants described therapy as a space that deepened their insight, supported their mental wellbeing, and helped them navigate personal challenges. In some cases, therapy was also seen to support the development of reflective capacity and inform their emerging identity as practitioners. Participant 32 commented:

> My experience of having personal therapy has been life changing in terms of broadening my awareness. Insight doesn't necessarily translate into skills but lays the foundation for reflective practice and therefore being able to identify any gaps and take action.

Participant 66 commented:

> I have found immense value in my experience of personal therapy. I engaged with CBT practitioners throughout my adolescence and more recently have engaged with a psychodynamic clinician. All of these encounters have been therapeutic and provided me with valuable insight into who I am and what I want from the world. These experiences shape the practitioner I want to be and have stabilised my mental health, allowing me to meet the demands of being a psychologist.

Others described therapy as supportive but also challenging, contributing to personal and professional growth. For example, Participant 82 noted:

> Personal therapy has helped increase my self-awareness, reflective capacity, and personal and professional development. I found it to be enormously supportive, challenging at times, character building and life affirming. It's made me an enthusiastic supporter and advocate for anyone entering therapy for whatever reason and journey they are on. Therefore, I would encourage any psychologist in training to begin or continue with their own therapy throughout at least their training, internship and beyond.

A number of psychologists also spoke about the role of therapy in maintaining their mental health and addressing unresolved personal issues. Some participants felt that working through one's own difficulties was important to practice ethically and safely with clients. Participant 111 commented: "Personal therapy can help with your own issues and is important for you to understand your own bias and own trauma from childhood etc." Participant 117 commented: "There are a lot of people attracted to psychology because it's an effective place to hide their own (often unconscious) Axis 1 and 2 issues. Therapy can assist in addressing the latter."

Theme 6: Protective and Sustaining Role of Personal Therapy

Personal therapy was endorsed by participants as a protective and sustaining factor against the occupational hazards of psychological practice. Participants acknowledged its value in managing the immediate emotional demands of training. Personal therapy was seen as a proactive investment in resilience, offering a structured space to process the impact of client distress, recognise early signs of burnout or vicarious trauma, and build the psychological resources necessary for ongoing practice. It was described as helpful in enabling early-career psychologists to develop and maintain the emotional insight, self-regulation, and boundary-setting skills needed to navigate the cumulative toll of clinical work. Participant 164 commented:

> I think personal therapy is an equally important process for psychologists in training as well as supervision, particularly to mitigate the impact and negative effects of vicarious traumatisation and to promote their well-being and sustainable longevity working in the profession.

Participant 217 commented: “To circumvent burnout at early stages in our careers I feel as though additional support in the form of qualified mental health support would be invaluable.” Participant 101 commented: “Particularly helpful to reduce risks of burnout and or compassion fatigue but to also support good boundaries.” Participant 39 commented: “If psychologists did attend therapy, they may be in a better place to support their clients in the long run. Participant 216 commented: “Having done a course of personal therapy during my training, I have personal experience of the value it can provide, particularly in managing the stress of a Master’s program.”

Theme 7: Personal Therapy as a Marker of Professional Alignment

Nearly 10% of psychologists in this study reported observable differences between psychologists who had experienced therapy and those who had not. Those who had “done the

work" on themselves through therapy were viewed as more self-aware and authentic in their practice. While not a dominant view across the sample, some participants went further to express a lack of trust in colleagues who were not open to personal therapy or had not engaged in it themselves, suggesting they may be less well equipped or positioned to hold space for others if they have not experienced being supported in that way. Participant 72 commented: "It is a bit like being trained as a baker and never tasting your own bread – how can you sit with the content of someone else's mind if you haven't sat with the content of your own mind." Participant 178 commented: "We often go into the helping profession due to our own experiences and empathy, which suggests we could benefit from therapy. Compared to my colleagues, I see a significant level of difference in my openness and confidence." Participant 201 commented: "Honestly, I don't think anyone should be sitting down with a client if they have never been one. Why should a client trust a therapist who has never seen the need for therapy?" Participant 132 commented: "I see the draw to this career often being related to our own experiences, and it seems to lack a degree of self-awareness to not have looked into how those experiences brought us to the profession." Participant 17 commented: "I would find it strange if they hadn't [had therapy] as I would assume they didn't really believe in the merits of therapy." Participant 218 commented: "I find it hard to trust any of my peers who have no interest in starting their own personal therapy."

Discussion

The current qualitative study explored the views of practicing psychologists, with lived experience of personal therapy, on the topic of personal therapy during training. Thematic analysis of the written qualitative responses from 219 Australian psychologists revealed seven unique themes. The most prominent and widely discussed theme across psychologists was whether personal therapy should be required during psychology training. With 83% of participants commenting on this topic, it is clear that this remains a significant and current issue in the field. Rather than a unified stance, what emerged was a spectrum of perspectives shaped by professional values, training experiences, and attitudes toward personal therapy and its potential relevance to training. Just over half of participants supported the inclusion of personal therapy during training, though most distinguished between valuing personal therapy in principle and supporting it as a formal requirement. Accordingly, views varied as to whether personal therapy should be encouraged, recommended, or mandated. These differing positions may reflect broader debates in the profession about the ethics, effectiveness, and feasibility of requiring personal therapy for psychologists in training. This diversity of views aligns with findings from McMahon (2018), who reported a divide between clinical and counselling psychologists in Ireland. Counselling psychologists tended to support a mandate, citing ethical and professional benefits, while clinical psychologists more often questioned its necessity and emphasised trainee autonomy. McMahon also found greater support for required therapy among those who had previously engaged in it, those whose training included mandatory therapy, and more recent graduates.

Some participants in the current study expressed concern that making therapy compulsory could undermine engagement, particularly for trainees who did not perceive a personal need or who prioritised autonomy. These concerns are echoed in Moller et al. (2009), where mandated therapy was seen by some as ineffective or ethically problematic. In

response, several participants advocated a more flexible approach: that personal therapy should be actively encouraged and its benefits made clear, but that engagement should ultimately be left to individual choice. This reflects a broader effort to balance the value of personal therapy with respect for personal agency.

Another theme that emerged concerned the barriers that can make accessing personal therapy difficult during training. Participants identified a range of structural and emotional constraints, including limited time, financial pressures, long waitlists, difficulty finding a suitable therapist, and concerns about privacy and confidentiality, particularly in smaller professional communities. Some psychologists also spoke to the emotional burden of undertaking therapy alongside the demands of an intensive academic workload. These challenges are consistent with existing literature (Dearing et al., 2005; Ivey & Waldeck, 2014; Moller et al., 2009) and highlight the need for practical supports if therapy is to be meaningfully encouraged or required.

Closely related was a theme regarding the perceived stigma associated with accessing personal therapy, and the influence of mentors, supervisors, and psychologist educators have in shaping these perceptions. Nearly 18% of psychologists commented on this issue, describing fears that seeking therapy could be seen as a sign of personal weakness or professional inadequacy, particularly during training. Some felt this stigma was either reinforced by clinical educators and supervisors or, conversely, reduced by mentors who openly discussed personal therapy or shared their own experiences of engaging in it. A few also reflected on a broader professional culture that values emotional self-sufficiency, which they believed contributed to silence around therapy engagement during training. Together, these accounts point to the importance of how personal therapy is positioned and spoken about within training environments.

The current findings reflect broader professional debates about whether personal therapy should be required for psychology trainees. Ivey (2014) supports the integration of personal therapy into psychologist's training but stresses the need for ethical justification and safeguards. Drawing on principle-based, virtue, and care ethics, Ivey highlights the value of developing therapist capacities such as empathy, emotional resilience, and self-awareness, while also recognising the tensions that can arise when therapy is mandated. He argues that required therapy can benefit both trainees and clients if supported by transparent intentions, financial accessibility, and clear implementation guidelines (Ivey, 2014; Ivey & Waldeck, 2014). Taken together, these findings reinforce the complexity of how personal therapy is positioned within psychology training. While many psychologists view it as a valuable developmental tool, there remains no consensus on whether it should be required. The range of perspectives highlights the need for ongoing empirical and ethical inquiry into how personal therapy could be embedded in training in ways that are supportive, equitable, and sustainable (Ivey, 2014; McMahon, 2018; Moller et al., 2009; Wilson et al., 2015).

These findings also have practical implications for training programmes. For education providers seeking to promote or require personal therapy, there is a need to address both accessibility and stigma. Socioeconomic differences among students must be considered, and barriers such as cost, time, and therapist availability proactively addressed (McMahon, 2018). Offering subsidised or funded therapy is one potential strategy. For example, a South African programme enabled community psychotherapists to offer low-fee sessions to trainees, enhancing accessibility while contributing to professional development (Ivey, 2014; Ivey & Waldeck, 2014). In parallel, how personal therapy is culturally framed within training contexts matters greatly. When therapy is positioned as remedial or associated with personal inadequacy, stigma is more likely to persist. Conversely, when supervisors and educators model openness and frame therapy as part of ethical and sustainable practice,

trainees may feel safer and more supported in seeking it (Wilson et al., 2015). Supervisor development could include guidance on how to speak about therapy in affirming, non-stigmatising ways, and curriculum content might more explicitly address the role of personal therapy in reflective practice. If left unaddressed, stigma and structural barriers may continue to discourage personal therapy engagement, with potential implications for trainee wellbeing and long-term professional sustainability. Future research could examine how institutional practices influence engagement with therapy, how stigma is experienced across different social and cultural identities, and what strategies best promote equitable, supportive access to personal therapy within training environments.

Following on from the earlier focus on whether personal therapy should be required during training, a second set of themes in this study highlighted the value psychologists placed on personal therapy once it was accessed and the associated benefits of personal therapy for trainees. Psychologists in this study highlighted the value of personal therapy for both professional development and personal growth. Personal therapy was seen as distinct from supervision, offering a space to explore personal experiences and internal processes that could influence clinical work. This helped foster greater self-reflection, insight into transference, and emotional awareness – factors viewed as important for effective and ethical practice. Many participants also emphasised the experiential learning gained through being in the client role. Engaging in personal therapy allowed them to observe therapeutic techniques, understand the client experience, and learn how therapists manage complex dynamics. These insights align with Bandura's (1977) social learning theory, which suggests that individuals learn through observing others and interacting with their environments. Some psychologists within the current study also learned from their negative experiences of therapy and what not to do when working with clients, much like Grimmer and Tribe's (2001) study. Beyond clinical skill development, psychologists reflected on the personal benefits of therapy. It was

described as supportive, character-building, and at times transformative. Participants reported increased self-awareness, better recognition of personal triggers and biases, and stronger emotional regulation. Many emphasised the importance of trainees engaging in personal therapy to support their self-development and address their own mental health before working with clients. This reflects Freud's (1912) foundational view that personal analysis is essential for uncovering unconscious processes that might otherwise interfere with therapeutic work.

Beyond its developmental value, personal therapy also functioned as a marker of professional alignment for a smaller group of participants. Some participants expressed distrust toward psychologists who were resistant to engaging in personal therapy, particularly those unwilling to consider it in the future, questioning their insight, readiness to practise, and ability to manage personal material in clinical work. It was seen by several as unsafe to practise without firsthand therapeutic experience, with observable differences noted in confidence and self-awareness between those who had and had not engaged in therapy. A few participants also speculated that avoiding therapy might reflect a reluctance to confront personal difficulties or unaddressed mental health concerns. While this was a less frequently reported theme, it nonetheless highlights a strong normative stance held by some within the profession. This view echoes professional norms in some psychotherapy training programmes, where personal therapy is regarded as a core component of developing therapeutic capacity and self-awareness (European Association for Psychotherapy, n.d.). Ivey and Phillips (2016) identified comparable views among clients, who perceived therapists with personal therapy experience as more trustworthy, self-aware, and emotionally attuned.

A subsequent theme revealed psychologists' views of personal therapy as a protective factor for trainee psychologists against the future occupational hazards of psychological practice. Participants acknowledged the unique emotional demands of the profession and described personal therapy as a meaningful strategy to sustain psychological wellbeing and

mitigate stress, burnout, and vicarious trauma. It was also seen as a way of safeguarding clients by being better positioned in maintaining healthy boundaries and increasing awareness of personal vulnerabilities. These findings are consistent with Moller et al. (2009), whose participants highlighted how personal therapy could protect both clients and practitioners—by addressing personal triggers and providing a space to manage personal issues. This theme can be conceptually situated within Norcross and VandenBos's (2018) self-care framework, which promotes intentional strategies to support psychologists' wellbeing and professional functioning. While this model is often discussed in broad terms, participants in the current study positioned personal therapy as a specific and proactive form of self-care that helped them manage the emotional toll of clinical work. It was described not only as a means of personal restoration but also as a buffer against burnout, compassion fatigue, and vicarious trauma—risks that are well-documented in the literature (e.g., Bearse et al., 2013; Figley, 2002; Ziede & Norcross, 2020). The emphasis on maintaining boundaries, recognising personal vulnerabilities, and sustaining empathy reflects the dual role of self-care as both a personal and ethical imperative. In this light, personal therapy may be considered a preventative strategy that aligns with the increasing professional emphasis on self-care—particularly as the forthcoming revision of the Code of Ethics (New Zealand Psychologists Board, 2024) is expected to formally recognise self-care as an ethical responsibility.

The findings from this second set of themes have implications for how personal therapy is understood and supported within psychology training and the profession more broadly. While participants held varied views, many described personal therapy as a valuable means of strengthening reflective capacity, supporting emotional resilience, and sustaining long-term engagement in clinical work. These perspectives suggest that personal therapy may serve not only as a developmental tool, but also as a form of preventative care—relevant throughout a psychologist's professional lifespan.

For training programmes, this highlights the potential benefit of offering personal therapy as a supported and clearly framed option, rather than as a mandated requirement. When appropriately timed and accessible, personal therapy may help trainees deepen self-awareness, process emotional challenges, and gain experiential insight into the therapeutic process. These outcomes may be particularly important in preparing trainees to navigate the relational and emotional demands of client work. Institutions might also consider how reflective and emotionally engaged learning opportunities, such as journaling, self-directed process work, or emotional intelligence training, can complement and enhance the benefits of therapy.

At a systemic level, the findings reinforce the relevance of personal therapy within professional self-care frameworks. As psychological practice increasingly recognises the importance of practitioner wellbeing, personal therapy could be more clearly acknowledged as one component of sustaining ethical and effective practice. The anticipated revision of the New Zealand Code of Ethics (New Zealand Psychologists Board, 2024), which is expected to formally recognise self-care as an ethical obligation, reflects a broader shift that may prompt similar developments internationally.

In this context, there is a need for professional bodies, educators, and employers to consider how personal therapy is situated within wider models of professional development and sustainability. Supporting psychologists to access therapy across their careers—without stigma or undue burden—may help protect both practitioner wellbeing and client care.

Limitations

It is important to note the limitations of the current study. The psychologists within the sample had experienced personal therapy. It is likely that findings would differ to those who have not engaged in personal therapy before. While the study focused on psychologists' views of personal therapy during training, participants had engaged in personal therapy at

different time points across their careers. Their reflections may therefore be shaped by experiences beyond the training context, which could influence how they interpreted its relevance for trainees. A higher proportion of participants identified as female (83.6%) which could limit the generalisability of the research findings. However, this is proportionate to current statistics within the profession. As of 2025, 80.4% of registered psychologists in Australia were female, whilst 19.5% were male (Psychology Board of Australia, 2025). There is also the potential for self-selection bias, as psychologists with more favourable views or experiences of personal therapy may have been more inclined to participate. However, the diversity of perspectives represented in the data suggests that this bias may not have significantly limited the range of views captured. As all participants were based in Australia, the findings may not be fully transferable to psychologists practising in other national or cultural contexts.

Future Research Directions

Building on the current findings, future research could expand the evidence base by recruiting more diverse and representative samples, including psychologists who have not engaged in personal therapy. Exploring the views of those without lived experience would offer valuable contrast, helping to identify potential barriers to engagement and factors that influence resistance or ambivalence.

It would also be beneficial to examine how timing, modality, and context (e.g., voluntary vs. mandated, individual vs. group therapy) shape perceptions of personal therapy during training. The role of theoretical orientation, such as differences between psychodynamic and cognitive-behavioural frameworks, may also influence attitudes and is worthy of further investigation.

Longitudinal studies could track the influence of personal therapy on professional development across different career stages, offering insight into its long-term relevance.

Cross-cultural research, including studies based in Aotearoa New Zealand, could explore how training structures and cultural values shape engagement with and attitudes toward personal therapy. Similarly, investigating the perspectives of supervisors, educators, and institutions may reveal how therapy is framed and supported, or discouraged, within training environments, and how this shapes stigma, access, and uptake.

Finally, mixed-methods research could help clarify the prevalence, perceived value, and outcomes associated with personal therapy during training. Quantitative studies may complement existing qualitative work and help establish associations between therapy use and key outcomes such as professional competence, wellbeing, or client care. Future work could also explore how personal therapy interacts with other reflective practices, such as supervision, journaling, and peer consultation, in supporting the development of core competencies among trainee psychologists.

Conclusion

This study contributes to the growing literature on the role of personal therapy in the development of psychologists, offering insight into how it is perceived by those with lived experience of engaging in therapy during training. The findings highlight a range of professional, personal, and ethical functions that personal therapy may serve – enhancing self-awareness, emotional insight, clinical understanding, and sustainable practice. While participants held differing views on whether personal therapy should be mandated, many expressed support for its inclusion as a valued and voluntary component of training. These findings add to ongoing conversations about how best to support trainee wellbeing and professional competence in psychology. As the profession continues to evolve, further research is needed to examine how training environments can meaningfully integrate opportunities for reflective, emotionally attuned, and ethically grounded practice, and how personal therapy may contribute to this aim across diverse contexts. Future research should

also explore the perspectives of those who have not engaged in personal therapy during training, and examine potential links between personal therapy and client outcomes. Given that very limited research has been conducted in Aotearoa New Zealand on this topic, local studies could offer valuable insight into how cultural and contextual factors shape views on personal therapy in psychology training.

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