A systematic review and meta-synthesis of the qualitative research into mandatory personal psychotherapy during training.

Abstract

Background: This study addresses the thorny issue of mandatory personal psychotherapy within counselling and psychotherapy training. It is expensive, emotionally demanding and time consuming. Nevertheless, proponents argue that it is essential in: protecting the public and keeping clients safe; to ensure psychotherapists develop high levels of self-awareness, and gain knowledge of interpersonal dynamics; and that it enhances therapist effectiveness. Existing evidence about these potential benefits is equivocal and is largely reliant on small scale qualitative studies. *Method:* We carried out a systematic review of literature searched within five major databases. The search identified 16 published qualitative research studies on the topic of mandatory personal psychotherapy that matched the inclusion criteria. All studies were rated for quality. The findings from individual studies were thematically analysed through a process of meta-synthesis. *Results:* Meta-synthesis showed studies on mandatory psychotherapy had reported both positive and hindering factors in almost equal number. Six main themes were identified; three positive and three negative. Positive findings were related to personal and professional development, experiential learning and, therapeutic benefits. Negative findings related to ethical imperatives do no harm, justice and integrity. *Conclusion:* When mandatory personal psychotherapy is used within a training programme, courses must consider carefully and put ethical issues at the forefront of decision making. Additionally, the requirement of mandatory psychotherapy should be positioned and identified as an experiential pedagogical device rather than fulfilling a curative function. Recommendations for further research are made.

Keywords: Mandatory personal therapy, counselling, psychotherapy, training, meta-synthesis

Introduction

What should or should not be involved in providing a comprehensive and effective training for counsellors and psychotherapists is open to debate, and remains an issue of central importance for everyone involved in the education, regulation and governance of the profession (the terms counselling and psychotherapy and counsellor and psychotherapist are referred to as synonymous throughout this paper[1]). Although most training courses will involve, to varying degrees, a combination of theory, skills and personal development within the training curriculum, the particular features and ways of achieving their objectives, often varies. One significant issue, concerns the best way to develop the therapist's personality to ensure a safe and ethical practitioner, which is often but not exclusively thought to be best achieved through personal psychotherapy. However, whether counsellors and psychotherapists should engage in 'mandatory personal psychotherapy' during training is a highly contentious issue for the profession. Whilst many training courses often mandate their trainees to undergo personal psychotherapy (UKCP, 2017), relatively little research has looked at the effects. The impact of undergoing psychotherapy can be both psychologically and emotionally demanding and it is an expensive aspect of the training process. In a time when psychotherapy training within Higher Education is under threat (Murphy, 2011), any requirement that places significant additional financial demand must be fully justified. Additionally, access to the profession is already considered exclusive of people from lower socio-economic backgrounds (Liu & Colbow, 2017). Therefore, it is imperative for the professional and regulatory bodies,

[1] The authors recognise that there is difference of opinion over the precise activities carried out under the titles 'counselling' and 'psychotherapy'. However, it is not the intention within this paper to attempt to discern any differences that may or may not exist. Such differences in the meaning of the terms may be attributed to the theoretical approach, the level of training, the length of the therapeutic work, or the professional body a practitioner may associate themselves with. Hence, throughout this paper the terms will be used interchangeably.

Higher Education Institutions and private training organisations, to base requirements for training on research evidence over tradition. This study aims to develop the evidence base pertaining to *mandatory* personal psychotherapy during training and, to guide future policy for mandating personal psychotherapy for trainees.

There are many reasons for mandating personal therapy during training. The three main justifications given are based broadly on a combination of tradition, pedagogical ideology and the tyranny of outcomes. The first justification is due to the profession's responsibility to protect the public; Fromm-Reichmann (1950) argued that, psychotherapy is so 'fraught with danger' to practice would be '…unacceptable, where not preceded by the future psychiatrist's personal analysis' (p. 42). The principal argument being, that a personal training through psychotherapy can satisfactorily cure the trainee, or at least limit the likelihood of acting out their intrinsic destructiveness upon clients.

The claim that training psychotherapy can ensure the psychotherapist does not act out harmfully on their clients is not entirely unreasonable. A study that surveyed 464 psychologists in the USA, who had attended psychotherapy as part of their training, found the most harmful factor of training psychotherapy was the actual or attempted sexual acts of their psychotherapist toward the trainee (Pope & Tabachnick, 1994). In this survey, of the psychologists mandated to attend psychotherapy during training (N = 62), 62% believed that mandating psychotherapy was good when professional standards were violated. Yet 50% of respondents were not sure this action would have any benefit in changing the unethical behaviour (Pope & Tabachnick, 1994, p. 254).

The second justification is that, because psychotherapy is a complex process, we need to be aware of interpersonal dynamics (Atkinson, 2006). This justification can be linked to the first; one reason psychotherapists harm clients is due to the complex interpersonal dynamics within therapeutic relationships. This claim seems justifiable as psychotherapy is indeed a complex interpersonal process, and psychotherapist self-

awareness is quite likely to be an important factor in navigating difficult relational processes. Atkinson (2006), however, has claimed that developing a high level of self-awareness during training does not require *mandating* personal psychotherapy. He argues other methods not involving the same emotional and financial demands can be equally effective. Atkinson (2011) suggests that personal development groups are an alternative to the expensive and, time intensive, mandatory personal psychotherapy. Additionally, mandating personal psychotherapy might send a signal to trainees that this is all that is required to develop as a self-aware practitioner. Orlinsky, Schofield, Schroder and Kazantzis (2011) warned against 'once trained always competent'; a viewpoint resulting in complacency in development (p. 840). Consequently, mandating personal psychotherapy could be interpreted by the trainee that, once the required personal psychotherapy is completed, the development of self-awareness is complete.

The third justification is based on improving clinical effectiveness, in that psychotherapy effectiveness varies significantly across individual psychotherapists. Mandating psychotherapy during training is an opportunity to enhance the effectiveness of psychotherapists. Macran and Shaprio (1998) conducted a comprehensive review incorporating the results of three previous reviews (Makaskill, 1988; Clark, 1986; Greenberg & Staller, 1981) and concluded there is little to no evidence to support the claim that engaging in personal therapy, or the length of personal therapy, is related to improved client outcome across a range of measures. Norcross' (2005) report, on the variation in effectiveness of individual psychotherapists, stopped short of advocating mandatory personal psychotherapy due to two factors: i) a lack of empirical evidence that personal psychotherapy directly improves clinical effectiveness and, ii) an evolving integrative ideology of matching clients and therapists would be impossible to maintain as a single approach to psychotherapy is usually advocated within training courses that require mandatory psychotherapy. Norcross' findings were taken from studies (Norcross, Dryden

& DeMichele, 1992; Norcross, Strausser-Kirtland, & Missar, 1988; Prochaska & Norcross, 1983) that largely, but not exclusively, reported on surveys conducted with experienced and qualified psychologists and not necessarily those engaged in *mandatory* therapy during training, so should be accepted with caution.

This study systematically reviewed the literature for qualitative studies reporting on *mandatory personal psychotherapy* as a requirement of training. After identifying a body of qualitative research, we subjected the findings to meta-synthesis to highlight significant issues in the process of mandating personal therapy in training.

Method

Design

Meta-synthesis is a qualitative method for analysing multiple qualitative studies identified through systematic review. The approach can be conducted on multiple studies by a single author on a specific topic or, the findings from studies by different researchers in a specific field (Sandelowski et al., 1997). The current study analysed the findings of published qualitative research carried out by multiple researchers on the topic of psychotherapy as a *mandatory* element of psychotherapy training.

Selection of studies

We conducted a systematic search of five major database listings in the social and behavioural sciences: Elsevier, PsycINFO, Springer, Web of Science and Wiley. The search terms were identified through a preliminary review of five studies and their references lists. Search terms were then entered into each database using the '*' truncation symbol to identify studies of either psychotherapy or psychology training: 'mandatory personal psychotherapy', 'psych* therapy training and personal psych* therapy', 'personal development counsel* psycho* training' and were set to be detected in either the title or abstract. The search was set to include studies from the 'earliest' records in each database

to 2016. There were 592 studies identified in the initial search. These were distributed equally across the research team to check the titles and abstracts to identify any studies that were clearly not relevant or didn't meet the inclusion criteria. This resulted in a total of 153 studies, for which full text reviews were conducted. Each paper was reviewed by two researchers to ensure no studies were excluded that met the inclusion criteria.

The inclusion criteria were: i) qualitative studies focused explicitly on mandatory personal psychotherapy in training, ii) empirical qualitative research papers published in English language peer review journals, iii) studies focused on counsellor, psychotherapist, or psychologist education. Studies were excluded if they: i) reported on voluntary personal psychotherapy during training, ii) quantitative studies, literature reviews, theoretical or position papers and iii) studies reporting on social worker, nurse or other professional education undergoing mandatory psychotherapy. After all inclusion and exclusion criteria were applied, a total of N=16 (see Table 1) qualitative research studies remained in the sample. Finally, the research team searched the references lists of each included study, but this did not add any further studies to the data set. Figure 1 shows the number of studies identified at each stage and when studies were excluded.

< Insert Figure 1 approximately here >

Methodological quality rating

Studies using a range of qualitative methods were included. Interpretative Phenomenological Analysis (IPA) was the most frequently used approach (n= 8), followed by thematic analysis (n = 4), grounded theory (n = 3), and finally a single study used a form of auto-ethnography. Twelve studies reported data were gathered through interviews, one had analysed written accounts of mandatory psychotherapy, one drew from personal experiences and reflections and, two analysed open ended questionnaire data.

As this study is the first meta-synthesis of qualitative research into mandatory psychotherapy during training, we used an established framework (Spencer, Ritchie, Lewis, & Dillon, 2003) for assessing the quality of the studies identified. The framework is designed for assessing quality in qualitative evidence and specifically for the evaluation of evidence that informs policy. As it is the 'policy' of psychotherapy training institutions to mandate personal therapy (UKCP, 2017), the framework offered a good fit for the purpose of our analyses. Each study was assessed using the framework's 18 separate elements that consist of: findings (five component quality indicators), design (one component quality indicator), sample (two component quality indicators), data collection (one component quality indicator), analysis (four component quality indicators), reporting (two component quality indicators), ethics (one component quality indicator), and reflexivity and neutrality (one component quality indicator) and auditability (one component quality indicator). Each study was evaluated and scored according to the extent that the study met the micro descriptors. Studies were rated using a three-point system as *not satisfactory* = 1, *satisfactory* = 2, or *highly satisfactory* = 3 (giving study scores a potential range from 18 to 54). Each study was independently rated by all five members of the research team. The mean average of the total score for overall quality was generated.

Data analysis

All study findings were analysed and synthesised into themes. Two researchers reviewed eight papers and two different researchers reviewed the second set of eight papers. Each research pairing reviewed their allocated set of papers and independently extracted the major findings from each study as they were reported by the original researchers. The findings within each pair were collated within a spreadsheet. Each researcher then crosschecked their findings with those of the other member of their pairing. Findings that both researchers identified in the first round were accepted immediately. Findings identified by only one member of the research pairing thereby presented a potential

disagreement. These findings were subjected to a further round of within-pairing checking by returning to the original research paper for review by each member of the pairing until an agreement was reached between both researchers within the pairing. This process was repeated until all findings had been checked and accepted.

Once all findings reported in the original studies were identified each pairing came together to pool their findings. All findings were then subjected to a process of theme construction; five researchers worked together processing each finding, individually considering and connecting to other related findings. Themes were developed by iteratively adding a finding to an existing theme or creating a new theme if the finding could not be added to an existing theme.

Results

Descriptive findings

The meta-synthesis included reports from a total sample of *N* = 139 psychologists, counsellors or psychotherapists in training. The samples are taken from across *k* = 16 separate, published, qualitative studies that were identified and met the inclusion criteria. The studies reported on 12 independent samples. Two studies by Rizq (2011a; 2011b) were drawn from the same sample and four further studies by Rizq and Target (2008a; 2008b; 2010a; 2010b) were drawn from a single sample. Overall, sample sizes were small; this might be expected for a synthesis of qualitative research. The mean average sample size was *N* = 11.6 and ranged from 1 to 37. Study quality was rated with a mean average score of 36.62 (range from 29 to 45).

<insert Table 1 here approximately>

Theoretical orientation

There are two aspects to theoretical orientation; first is the theoretical orientation of the courses that required trainees to undergo mandatory personal therapy and second, the

theoretical orientation of the mandatory personal therapy in which trainees engaged. There were a range of theoretical orientations of psychotherapy training programmes included in the sample that mandated trainees to engage in psychotherapy, including gestalt, person-centred, humanistic-existential, and humanistic-experiential courses. In these courses, trainees typically received a form of humanistic psychotherapy that matched their course; however, one study reported that students engaged in humanistic psychotherapy plus either psychodynamic, psychosynthesis, or transpersonal psychotherapy. Reflecting the integrative stance adopted within counselling psychology, studies of counselling psychologists reported mandatory personal psychotherapy from a wide range of approaches including humanistic-integrative, person-centred, gestalt, existential, transactional analysis, psychosynthesis, psychoanalytic/ dynamic, Jungian or eclectic. Music psychotherapy trainees received music psychotherapy. Of the three studies that included reports on clinical psychologists, one was exclusively focused on psychodynamic psychotherapy. One study reported on psychologists aspiring to be psychotherapists who received psychodrama. Two studies did not report data on the theoretical orientation of the mandatory psychotherapy.

Timing and length of therapy

The length of mandatory personal psychotherapy varied. With one exception, studies reported that participants received at least 40 hours of mandatory psychotherapy. The exception was for music psychotherapy that had only 22 sessions. The length of these group sessions was not stated. Some studies reported that participants had been in psychotherapy prior to starting their mandatory personal therapy as part of the training course. A number of studies reported that participants decided to continue beyond the minimum number of psychotherapy sessions mandated by their course requirement.

Meta-synthesis

A meta-synthesis of individual study findings led to the development of six major themes; *personal and professional development, experiential learning, therapeutic gains*, *do no harm*, *justice* and, *integrity*.

< Insert Table 2 approximately here >

Theme 1: Personal and professional development

Personal development, increased insight/self-awareness: This theme was identified consistently throughout the findings. Personal development was reported as helping trainees learn to distinguish different feelings, beliefs, values, moral principles and reactions to situations (Ciclitira et al., 2012; Grimmer & Tribe, 2001).

Mandatory personal psychotherapy was helpful for trainees to increase self-awareness and learn to separate personal issues from those of their clients (Murphy, 2005). Rizq and Target (2008a) said higher self-awareness ensured distressed clients did not overwhelm trainee therapists and helped maintain self-other boundaries. Kumari's (2011) study of trainee counselling psychologists suggested that mandatory psychotherapy contributed to the development of a professional identity.

Emotional development: Reflection upon the self, and development of enhanced emotional resilience, were reported a consequence of mandatory psychotherapy (Rizq & Target, 2008b, 2010a). In Von Haenisch (2011), trainees reported developing emotional resilience by facing feeling challenged and experiencing painful emotions. Emotional development was also identified through feeling validated and gaining a sense of emotional freedom.

Confidence in skills: Trainees considered their psychotherapists as professional role models, often studying, imitating and internalising aspects of their abilities, which helped develop greater confidence in their skills (Ivey & Waldeck, 2013, p. 92). Psychotherapist behaviours and qualities were imported into trainees' practice through 'professional modelling' in 'interpersonal style' and 'ways of being' (Rizq & Target, 2010a, p. 468).

Grimmer and Tribe (2001) suggested confidence was gained ‘through a process of normalization’ in that ‘the person of the developing psychotherapist is validated as fit for the role’ (Grimmer & Tribe, 2001, p. 295).

Feeling challenged was reported again as first being difficult to tolerate, but increasing ‘confidence in their ability to challenge their own clients’ (Kumari, 2011, p. 220). Therapy gave an opportunity for confirmation of the self as an acceptable tool for practice (Murphy, 2005), and ‘a greater sense of mastery and curiosity’ (Simms, 2008, p. 73).

Managing boundaries: Grimmer and Tribe (2001) claimed that participants developed an increased ability for managing professional boundaries and in not over identifying with clients. Rizq and Target (2008a & 2008b) reported that mandatory psychotherapy showed the importance of a psychological boundary between the client and psychotherapist, supporting separation of personal issues from those of clients.

Theme 2: Experiential Learning

Validation of interventions: Benefits of mandatory psychotherapy were reported as understanding therapeutic interventions that validated the effectiveness of the approach and techniques (Kumari, 2011; Moller, Timms & Alilovic, 2009; Murphy, 2005; Von Haenisch, 2011). Trainees reported adopting different styles and behaviours from their psychotherapist (Rizq & Target, 2008a, 2010a). Grimmer and Tribe (2001) called this a socialisation experience that occurs; through the use of psychotherapy as a means to evaluate the effectiveness of a certain approach, and validating beliefs with regards to underlying ‘mechanisms for psychological change’ (p. 293).

Validation was also reported by Murphy (2005), Ivey and Waldeck (2013) whilst Grimmer and Tribe (2001) reported mandatory psychotherapy helped develop the ‘confidence to challenge theory’ as a result of experiencing the theory in practice (p. 294). Rizq and Target (2008a) suggested that seeing theory applied to practice meant ‘learning

at both a technical and emotional level' (p. 37). Rizq and Target (2010a) found trainees selectively assimilated their psychotherapist's qualities and behaviours into their clinical practice.

Experiential learning about transference and countertransference: Developing experience of working with transference and countertransference was reported as beneficial for trainees in psychodynamic and integrative approaches (Grimmer & Tribe, 2001; Ivey & Waldeck, 2013; Kumari, 2011; Moller, Timms & Alivlovic, 2009). By gaining insight into the transference relationship, trainees reported becoming more aware about past events (Von Haenisch, 2011). This enabled them to work on feelings of identification and attachment with clients; allowing them to tolerate and stay with their clients in times of difficulty and distress (Rizq & Target, 2010a, 2010b).

Experiential learning of empathy: Experiential learning about the personal relationship that develops between psychotherapists and clients was frequently reported (Ciclitira et al., 2012; Kumari, 2011). Trainees claimed the mandatory psychotherapy relationship helped to increase empathy (Murphy, 2005; Simms, 2008), and the experience '…was able to help me connect with myself...with that, I was able to be much more empathic with other people' (Murphy, 2005, p. 30).

Experience of being a client: Grimmer and Tribe (2001) identified that reflection on the experience of being client helped trainees understand the experience of their own clients. Murphy (2005) suggested that participants found an opportunity to learn through experience of what they may or may not integrate into their own practice (e.g. skills and techniques) and how interventions were received when being a client.

Psychotherapy as informal supervision - learning to distinguish between the two: One study claimed mandatory psychotherapy provided a means of informal supervision (Grimmer & Tribe, 2001). Separating psychotherapy from supervision was enabled when psychotherapists reflected back to the trainee their disclosures and discussions of client

work and the trainees' feelings about this were explored (Ivey & Waldeck, 2013). Rizq and Target's (2008b) study suggested that mandatory psychotherapy in training enabled participants to distinguish between 'self and client issues' (Rizq & Target, 2008b, p. 138), subsequently enabling them to use supervision effectively.

Reflexivity: Reflexivity was developed through experiential learning (Ivey & Waldeck, 2013; Murphy, 2005; Simms, 2008), and specifically when 'the realisation by the trainee that self-material, whether from before or since commencing training, can affect counselling practice' (Murphy, 2005, p. 29).

For participants reluctant to enter mandatory personal psychotherapy, a greater sense of reflexivity about the 'process and content of therapy' was developed (Grimmer & Tribe, 2001, p. 295). Trainees received the opportunity to 'develop their ability to practice reflexivity' and to use psychotherapy to honestly and critically reflect on themselves and the dynamics of the therapeutic relationship (Moller, Timms & Alilovic, 2009, p. 377). As trainees became more aware of a 'reflective element' in themselves, they began to think 'critically and make sense of difficulties, issues and early life experiences and relationships' (Rizq & Target, 2008b, p.141).

Theme 3: Therapeutic gains

Stress management/support: Psychotherapy training can be psychologically challenging and anxiety provoking. Mandatory psychotherapy provided 'independent support' or a 'safety net' where trainees could explore difficulties associated with training (Moller, Timms & Alilovic, 2009, p. 378). Psychotherapy also provided a vital 'supportive function' that helped trainees deal with the 'emotional turbulence and unravelledness induced by the pressures and emotional demands of their training' (Ivey & Waldeck, 2013, p. 93). Trainees referred to mandatory psychotherapy as being an 'explicit form of stress management', and a 'privileged time away from the pressures often encountered in undertaking demanding professional training' (Grimmer & Tribe, 2001, p. 293).

Working through: Several studies pointed to the importance of working through personal issues (Ciclitira et al., 2012; Kumari, 2011; Moller et al., 2009; Murphy, 2005; Rizq, 2011; Rizq & Target, 2008b). Ivey and Waldeck (2013) claimed participants benefitted from mandatory psychotherapy by working through issues from their past; 'sometimes you have things happen when you grow up…but never really work through them…having had the chance to do that has helped me to know my issues, to know myself more and to grow as a person' (p. 93). Positive effects included an improved social life, fewer symptoms, as well as improvement in work function; all of which indicated an improved self-esteem in trainee psychotherapists (Grimmer & Tribe, 2001).

A therapeutic benefit was reported as becoming the 'authentic self' and experiencing more positive self-regard and self-acceptance (Dima & Bucuta, 2012; Ivey & Waldeck, 2013; Rizq & Target, 2010a, 2008a & 2008b; Von Haenisch, 2011). Von Haenisch (2011) reported trainees in their study felt more able to accept their personal strengths and weaknesses and gained a better knowledge of who they truly were. Rizq and Target (2010a, 2008a, 2008b) reported trainees were more capable of engaging with themselves as the wounded or fragile client, offering themselves unconditional acceptance and a sense of emotional authenticity.

Relationship, trust and ambivalence: A benefit came through a close therapeutic relationship. Rizq and Target (2010b) found trainees were able to explore their attachment relationships and how these affected their trust, closeness and intimacy in the therapeutic relationship. Grimmer and Tribe (2001) claimed that because of the overlap between personal and professional development in mandatory psychotherapy, participants learned how to tolerate ambivalence in a relationship and felt a sense of empowerment when they were able to separate personal and professional issues during psychotherapy.

Theme 4: Do no harm

Emotional pain, disturbance and difficulty: A theme relating to trainees' experience of difficulty, emotional pain and disturbance as a result of psychotherapy was identified. Counselling psychologists, clinical psychologists and volunteer counsellors perceived psychotherapy as 'overwhelming, challenging, stressful and demanding' (Ivey & Waldeck, 2013, p. 95) or, according to Ciclitira et al (2012), as causing 'intense pain and agony' (p. 142). Kumari's (2011, p. 222) study reported psychotherapy as 'an additional source of stress' for trainees due to financial cost (Kumari, 2011; Moller et al, 2009) and the 'feelings of vulnerability about being in the other chair' (Kumari, 2011, p. 220). Concerns were also expressed about lack of flexibility in meeting mandatory psychotherapy requirements, creating additional strain (Kumari's, 2011).

Moller et al (2009) found personal psychotherapy could 'obstruct training …by leaving a trainee 'raw' or 'vulnerable' in class' (p. 379). In some approaches to psychotherapy the training intends to bring about personality change in trainees. However, this can have consequences for the trainee's family or friends and 'personal therapy impacted on their relationships with significant others, precipitating crisis in romantic relationship, temporarily alienating partners' (Ivey & Waldeck, 2013, p. 94).

Impact on client work: Ivey and Waldeck (2013) reported that the degree of 'emotional exposure that comes with having therapy' (p. 95) could make it difficult for trainees to cope with the other requirements of a training programme and how such destabilising effects meant trainees' personal issues often connected with the issues of their clients (Ivey & Waldeck, 2013); others described feeling so overwhelmed by their feelings that they failed to provide their client the necessary attention to carry out therapy effectively (Kumari, 2011).

Disappointment, anger and experiences of power: While reports of experiencing frustration and anger towards the psychotherapist are natural, some participants felt disappointment at their psychotherapist's perceived lack of skills and failure to deal with situations

appropriately. For example, ‘Anna recalled an experience where her therapist left her feeling disillusioned and upset by what she felt was her therapist’s lack of sensitivity’ (Rizq & Target, 2010a: p. 471). Further, insecurely attached trainees more frequently reported an ambivalent attitude towards personal psychotherapy, with feelings ranging from ‘submission, anger, fear and anxiety’ (Rizq & Target, 2010b, p. 358). One participant reported feeling pushed; ‘I was like, ‘we’re not going down that route; there’s nothing to say about that’ (Rizq & Target, 2010a, p. 472).

Rizq and Target (2010b) showed how participants who experienced the imbalance of power had difficulty addressing this during sessions; those classified as insecurely attached ‘recalled this difficulty within their therapy as most preoccupying, problematic and significant’ (Rizq & Target, 2010b, p. 357). In a separate study, Ivey and Waldeck (2013) reported participants experienced their psychotherapists’ power being evinced through competence; ‘when I watched my therapist in action I would feel absolutely inadequate in my own therapy with my patients. I would feel completely inexperienced, not having said the right thing at the right time; so it sort of made me feel less competent compared with his absolute competence’ (p. 92).

Theme 5: Justice

Feeling assessed: Ivey and Waldeck (2013) suggested trainees feared their psychotherapy was used as an evaluation measure by their training institution and saw this as an unfair process for assessing readiness for practice during training; holding trainees back from fully engaging in the therapeutic process.

Bearing the burden – financial and time: Financial burden and constraint were reported by Ciclitira et al. (2012) in their study on female intern trainee counsellors. In Moller et al. (2009), participants who funded their own therapy, described the process as ‘a worry, stressful, a burden and a nightmare’ (p. 378). Von Haenisch (2011) found personal therapy put ‘pressure on finances and time management’ (p. 151) for trainees. Yet another study

reported ‘many participants noted that MPT (mandatory personal therapy) contributed to financial hardship’ (Ivey & Waldeck p. 95). Another suggested; ‘…the money, it was a huge thing……I think money was a stress’ that resulted in ‘feelings of guilt’ (Kumari, 2011, p. 222). The difficulties of ‘squeezing’ (Ciclitira et al., 2012, p. 141) in therapy hours on top of the participants' already busy daily schedules were reported in Von Haenisch (2011), who described therapy putting ‘pressure on finances and time management’ (p. 151).

Removing autonomy: Personal psychotherapy prior to starting training was often not recognised, and this caused trainees to feel they had to go back over things previously covered (Von Haenisch, 2011, p. 151). Accessing mandatory psychotherapy was often perceived as lacking student input about the process, and given insufficient space for discussion between faculty and students (Ivey & Waldeck, 2013, p. 90). Similarly, autonomy might have been compromised because ‘while consenting to the course requirement of personal psychotherapy, participants felt that the status of their consent was not properly informed given perceived insufficient information and opportunity for discussion’ (Ivey & Waldeck, 2013, p. 90).

Theme 6: Integrity

Psychotherapist as a negative role model: Several participants in Ciclitira et al.'s (2012) study experienced difficulty getting along with their psychotherapist, with some deeming their psychotherapist ‘unprofessional’ (p. 141). Due to the mandatory nature of psychotherapy, participants found it difficult to change therapist; this was attributed to concern about meeting the number of therapy hours that would be recognised by their course. Not only did participants find their therapist difficult, unprofessional and as though they could not leave, but ‘respondents also talked about techniques that their therapist had used which they experienced as really uncomfortable…’ (Kumari, 2011, p. 220).

In addition, some participants felt that role modelling was unsuccessful, with the psychotherapist unable to provide the required level of expertise; ‘I wanted to learn more

about psychodynamic theory and the whole area…I don't think it was the real type of psychodynamic therapy that you read about and hear about, not at all' (Rizq & Target, 2010a, p. 469).

Feeling resentment at being coerced into therapy: Rizq and Target (2010b) found a number of participants resented and felt coerced into psychotherapy by the way it was presented to them as a mandatory course requirement. They felt that it mirrored 'an overt display of power by tutors and staff' (p. 352).

Von Haenisch's (2011) study participants reported feeling 'pressured' and 'coerced' (p. 151) into doing what they would have done on their own initiative. The respondents in Kumari's (2011, p. 224) study all talked about initial feelings of anger and frustration at feeling they had 'been forced' into attending psychotherapy, suggesting that it was not the psychotherapy per se that was damaging but their lack of autonomy in decision making about entering therapy.

Suspicion, lack of trust, difficulty to be open: Rizq and Target (2010b) looked at ways that attachment patterns influenced personal psychotherapy, and reported; 'for some participants at least, psychotherapists were seen as potentially 'in bed' with training institutions, and thus not able to provide a truly impartial or protected space' (p. 358). In addition, even participants keen to undergo mandatory psychotherapy found their psychotherapists difficult to trust and in some cases simply not skilled enough (Rizq & Target, 2010b).

Participants with insecure attachment 'felt unable to voice feelings of anger and frustration in therapy' (Rizq, 2008a, p. 198). Rizq and Target (2010b) suggest that some participants' resentment towards being mandated to undergo psychotherapy stopped them being authentic, stating that:

> ... bearing in mind that again the motivation was I had to be there for the University, so I remember it being on a very superficial level and holding things back and determined I wasn't going to let her into personal sort of stuff, and this was just going to be an exercise I went through (p. 352).

Kumari's (2011) study suggested that 'some of the participants also believed that the mandatory element of personal psychotherapy influenced the relationship they had with their therapists, and limited the impact of the whole experience' (p. 219). Rizq and Target (2008a) reported that 'participants were aware of the propensity for trainees simply to 'go through the hoops' of such a requirement rather than undertake the considerable emotional work and risks involved in a more authentic engagement with the process' (p. 40).

Discussion

This is the first systematic review and meta-synthesis of qualitative research findings in the field of mandatory personal psychotherapy during professional training. The findings have raised important questions about the use of mandatory personal psychotherapy in professional training of psychotherapists. Qualitative research that reported on the lived experiences of trainees has pointed to both benefits and hindering effects in mandating psychotherapy. Positive effects were related to the personal and professional development of the psychotherapist, opportunities for intense real-world experiential learning, and gaining genuine therapeutic benefit by working on personal issues. Hindering effects highlighted significant ethical challenges in mandating personal psychotherapy related to potential for harm to the trainee; issues of justice in regard to removing trainees' autonomy, and the integrity of the process regarding whether trainees actually fully engage authentically in the therapeutic process. These findings present serious considerations for both training course providers and accrediting and regulating professional associations that mandate psychotherapy for training purposes.

The findings from this meta-synthesis potentially impact significantly on the rationale for mandatory personal psychotherapy in training. First, do the findings support the view that mandatory therapy during training protect the public, second, develop self-awareness to help manage the therapeutic relationship and, third, increase clinical effectiveness? Whilst a study such this is not able to claim causality; the findings can point towards issues that require further investigation. The findings lend support for the second and third of these questions raised above. Trainees reported gaining insight to their inner world and this helped develop a sense of competence and confidence in their own abilities and validated the model of therapy as effective for change. This finding warrants further quantitative investigation to determine whether mandating therapy during training does lead to greater competency. Therapeutic gains leading to a greater sense of authenticity and self-acceptance were reported. Therapeutic skills were developed through the experience of being a client as was the opportunity to the lived experience of the therapeutic process from the client's perspective. From these findings, trainees perceived themselves as better therapists. It was not possible to conclude that this leads to greater public safety. What these findings suggest most strongly is that mandatory psychotherapy offers a source of deep and productive experiential learning rather than being used as a tool for replenishing deficiency within the personality of the trainee.

Despite these benefits, some important concerning factors pointed to potential significant ethical issues. Trainees were exposed to qualified psychotherapists acting unprofessionally and providing poor standards of role modelling and whilst the pedagogical outcomes were more clearly supported in the findings, there are evidently some risks. Low-quality role modelling can seriously undermine trainees' learning within their course leading to a poor understanding of the approach in practice. Trainees might also come to harm through the low-quality, mandatory personal psychotherapy. Perhaps most concerning is the effect of mandating therapy on a trainee in regard to their willingness to

engage in the therapeutic process. This raises issues for course recruitment, and ensuring applicants are fully informed and committed to the processes involved if they are required to participate in mandatory personal therapy.

Within the literature search we identified five quantitative studies. Four of these were surveys of experiences of mandatory personal therapy within training (Macaskill & Macaskill, 1992; McEwan & Duncan, 1993; Trijsburg, 1996; Williams, Coyle & Lyons) and one was on the effects of taking part in group therapy whilst undergoing training as a school counsellor (Bonney & Gazda, 1966). Findings from the quantitative surveys identified also showed both positive and negative consequences of mandatory personal therapy that fit with our findings from qualitative studies; such as developing self-awareness, competence, skills in empathy and, similarly with those negative findings of increased stress, impact on personal relationships, the costs and time involved in mandatory therapy.

Further research

Further research is needed on this important topic with the view to generating best practice guidelines and develop protocols for mandatory personal psychotherapy. Such protocols should provide information for potential trainees and requirements for course providers and training institutions. We envisage that programmes that attend to the points raised in this study will provide the best learning opportunities, compared with courses that do not regularly critically reflect upon, assess and evaluate mandatory psychotherapy within the course.

There is a need for further research into the role of professional associations charged with regulating training courses. Professional associations that mandate personal psychotherapy in training (e.g. UKCP; BPS), or accredit programmes that require trainees to engage in mandatory therapy (e.g. BACP), have an ethical duty to invest in further research into the basis to their requirements and sanctions.

Finally, having suggested that mandatory psychotherapy is best positioned as a pedagogical device, further research is needed to investigate pedagogical benefits and consider these alongside other aspects of counselling and psychotherapy pedagogies. For example, research that investigates whether mandatory psychotherapy is more or less effective in achieving the educational objectives of a training programme than other pedagogical approaches will help confirm whether this is the most effective pedagogical approach for achieving the aims of a specific course.

Limitations

There are some limitations to the study. First, we restricted the review to qualitative studies and due to space could not include a review of the five quantitative studies that were excluded. Second, the sample sizes included in each study were small, and a small number of studies drew from the same sample of trainees. This will be resolved as more research is carried out into this important field of enquiry. Third, as with all qualitative research, interpretation of the findings is somewhat subjective; however, we are confident that we have reported the findings as close as possible to how they were originally presented.

Conclusion

The challenge now is for the regulatory and training institutions, acting as governors and gatekeepers to the profession, to consider the issues raised more seriously than has previously been done. Below we have presented a number of conclusions for the profession to address:

1) In the light of the qualitative research evidence, mandatory personal therapy should be positioned as a pedagogical device, an intensive form of experiential learning that can sit alongside the lecture, the workshop, the personal development

group, the skills practice session within a training programme. If psychotherapy is mandated, this must be justified within the programme learning objectives.

2) Mandatory personal therapy in training should not be positioned as a course requirement to ‘fix’ deficiencies within individual trainees prior to commencing practice. Applicants not currently suitable to undertake the training need to be identified at the stage of recruitment and courses must set aside economic pressures to recruit.

3) Trainees should be free and able to enter mandatory personal therapy at any time within their training when they are ready, and make decisions about the frequency, length and intensity of the therapy for themselves. The implications of these decisions should be made clear to trainees prior to their taking decisions about when and how much therapy they undertake.

4) Trainees should be given the opportunity to explore alternative methods for personal development to replace and/or supplement personal therapy requirements, depending on the modality and theoretical approach to therapy the trainee will practise on qualification.

5) The risks of undertaking mandatory personal therapy must be clearly communicated to applicants within the recruitment process and minimised by training course providers and institutions.

6) Rigorous checking of an applicants’ readiness to undergo personal therapy prior to entry to training must be completed in line with a duty of care to a trainee within a programme.

7) Training institutions must maintain and regulate a list of recommended therapists, institute regular reviews of the lists, take actions to minimise the chances of harm to trainees and, ensure positive role modelling of the approach is available.

8) Professional associations (UKCP, BACP, BPS) must present clear rationale, that is evidence based, to provide reasonable justification for the requirement of mandatory personal therapy.

This study has provided the first comprehensive systematic review and meta-synthesis of the qualitative literature on mandatory personal psychotherapy during training. We have concluded there are both positive and hindering effects associated with mandating personal psychotherapy. Hindering factors raise serious ethical considerations concerning the mandatory element of trainees entering psychotherapy. However, it is possible that these ethical issues can be addressed. Going on the current available evidence, support for mandating personal psychotherapy is based on an equivocal empirical foundation.

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