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The therapist's personal therapy: What influence does it have on their clinical practice?

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Abstract: Many studies of therapists' experience of personal therapy and its influence on clinical practice are relatively old and focus on a particular population of therapists, namely psychoanalysts. This study explores the impact of therapists' therapy on their clinical practice across two different modalities. Semi-structured qualitative interviews were carried out with 19 therapists, all of whom had had at least one experience of personal therapy. Analysis was carried out using the descriptive phenomenological method developed by Giorgi & Sousa (2010). Eight essential themes emerged: Integrating a role model; Personal therapy: necessary work when becoming a therapist; Discovering personal and professional identity; Feeling free to be who you are; Self-awareness as a good resource; The therapeutic relationship: Presence, trust, safety, and acceptance; The importance of being a truly human person; and Becoming better therapists – more passionate, more mature, more efficient, more capable and more self-critical. While many of these themes are discussed in the existing literature, the final one (Becoming better therapists) represents a significant addition to the literature. The article concludes with some suggestions for future research.

Keywords: Therapist's therapy; clinical practice; lived experience; descriptive phenomenological method

Much has changed in the way we look at psychotherapy since its origins in psychoanalysis. Freud's idea that personal therapy was the best training a therapist could obtain remains valid for many therapists, especially those with an analytical orientation (Geller et al., 2005; Macran & Shapiro, 1998; Macran et al., 1999). However, the discussion needs to be brought up to date, and to be extended beyond psychoanalysis to different therapeutic approaches. Some basic questions require a response. Is the view that personal therapy is critical to therapists' training as clinicians simply a matter of common sense? Should personal therapy become mandatory in clinical training across all modalities? And what influence does it actually have on therapists' clinical practice?

Research on personal therapy for mental health professionals suggests that there are essentially two reasons for a therapist to embark on personal therapy: firstly, their own desire to live a happier and fuller life, and secondly, a professional motivation related to the widely supported view that experiencing personal therapy should be a requirement for clinical work (Norcross & Connor, 2005).

Throughout the history of psychotherapy, debate has focussed on whether personal therapy should or should not be integrated into psychotherapy training. Associations responsible for the training and accreditation of psychotherapists have adopted different positions on this issue (Von Haenisch, 2011). For example, in the United

Kingdom, it used to be the case that the British Association for Counselling and Psychotherapy (BACP) and the British Psychological Society (BPS) required trainee therapists to undertake a certain minimum number of hours of personal therapy to complete their training. More recently, however, the BACP has begun to consider personal therapy as something that cannot be imposed and therefore as non-mandatory for training purposes (BACP's Ethical Framework, 2018). And since 2015, the BPS, while retaining personal therapy as mandatory for its trainees, no longer specifies the minimum number of hours they need to complete (Kumari, 2017).

Several studies (Atkinson, 2006; Avis, 2011, Macaskill, 1988; Malikiosi-Loizos, 2013) have highlighted the emotional stress caused by personal therapy in the early stages of therapist training and how this can have adverse effects on a therapist's subsequent professional development. The financial implications of engaging in personal therapy have been identified as a further source of stress for trainees.

In general, however, research over the recent few decades has supported the view that since psychotherapists benefit from having had at least one personal therapy experience, it should remain an essential part of their training (Norcross et al., 1988; Norcross & Guy, 2005; Orlinsky, Rønnestad, Willutki, et al., 2005; Grimmer & Tribe, 2010).

Some research has underlined the ways in which personal therapy can help therapists make their practice more effective (Macran et al., 1999; Orlinsky & Rønnestad, 2005; Norcross et al., 2005). In a review of the literature, Macaskill (1999) suggests a link between personal therapy and better clinical outcomes. Four reasons are cited for this. Firstly, by reducing stress and negative symptoms, therapy encourages the emotional stability essential to clinical practice. Secondly, by allowing greater awareness of self and inner conflicts, personal therapy helps prevent such problems from interfering with therapeutic work with clients. Thirdly, through the experience of being a client, therapists can develop their capacity for empathy and therefore become more available to their own clients. Finally, the process of observing another therapist at work and undergoing the clinical experience in the first person can help therapists with the internalization of specific techniques and tools fundamental to clinical practice.

These positive outcomes for therapists are emphasised in much of the existing literature (Orlinsky & Rønnestad, 2005). It seems that engaging in personal therapy helps therapists develop awareness and empathy, as well as respect for, and sensitivity towards, their clients (Macaskill, 1992; Norcross et al., 1988).

However, existing research has less to say about the extent to which personal therapy has an impact on professional practice. There is no consensus, or indeed clear answers, regarding the influence of such therapy on the therapeutic outcomes of practitioners' work with clients (Macran et al., 1999; Orlinsky et al., 2005; VanderWal, 2015). There is insufficient evidence to support the hypothesis that therapists' own experience of therapy promotes the clinical progress of their patients (Macran & Shapiro, 1998), with some findings here contradictory or even counterintuitive (Katz et al., 1958; McNair et al., 1964; Garfield & Bergin, 1971; Greenberg & Staller, 1981; Greenspan & Kulish, 1985; Clark, 1986). In essence, it seems impossible to affirm that therapists who have already undergone a personal therapy experience achieve better therapeutic results than therapists who have not. In addition, methodological problems relating to sample, method, and design are evident in many of the studies that seek to associate these two variables (Mackey & Mackey, 1993; Macran et al., 1999; Rake & Paley, 2009; Norcross & VandenBos, 2018)

Rather than trying to establish whether the therapist's own therapy experience contributes to better outcomes for clients, a number of qualitative studies have explored how therapists' personal therapy affects their professional practice (Macran & Shapiro, 1998). Findings suggest that such therapy contributes to the development of professional and personal identity; to knowing how it feels to be a client; to enhancing therapists' self-awareness; and to gaining a better understanding of the therapeutic process (Macran et al., 1999; Wiseman & Shefler, 2001; Bellows, 2007; Rake & Paley, 2009; Grimmer & Tribe, 2010; Kumari, 2011; McClure, 2014; Kocaayan & Koçyiğit, 2018).

However, studies that explore therapists' actual personal therapy experiences remain few and far between, and many of them tend to be somewhat dated. In general, they rely on a small sample of participants and, in some cases, are focused on a particular population of therapists, making it difficult for therapists working within other theoretical frameworks to share their experiences. Investigating the experience of therapists working within different modalities may yield additional insights (Clark, 1986; Macran & Shapiro, 1998).

This study sought to evaluate the impact of therapists' therapy on clinical practice by exploring the subjective experiences of therapists working within two different modalities: psychodynamic/psychoanalytic and humanist/existential/gestalt.

Method

This study was conducted within a qualitative framework geared to accessing the subjective meanings of participants. The aim was to provide an in-depth understanding of the meaning of an experience as the subject understands it, using what is known as a descriptive phenomenological approach (Giorgi & Sousa, 2010; Coolican, 2017). This method seeks to describe what all participants in a given research project have in common in terms of their experience of a particular phenomenon. The aim is to understand the psychological essence of that phenomenon through *eidetic analysis*: that is, the identification of invariant, common aspects of participants' experiences (Giorgi & Sousa, 2010; Creswell, 2016). For this approach, it is crucial to distinguish a subjective account of the experience from an account of subjective experience (Gallagher & Zahavi, 2020).

Since phenomenology seeks to explore subjectivity rather than attempt to erase it, the emphasis is on how objects are manifested to subjects' intentional consciousness. The data analysis process involves specific steps, which often require some degree of aptitude, training, and conscientious self-criticism (Spiegelberg, 2013). In the case of this study, data was collected through semi-structured interviews comprising a series of open-ended questions. Using interviews instead of questionnaires allowed the researcher to establish an empathic and active listening relationship with participants, which yielded deeper and richer data.

Participants

Inclusion criteria for participants were: to be active psychotherapists; to have had at least one experience of personal therapy within the theoretical model they followed; and to be members of a professional association that regards personal therapy as an integral and mandatory part of psychotherapy training.

Participants were recruited either by word of mouth or by direct contact (via email) through the website of the psychotherapy society to which they belonged. This recruitment method, known as purposive sampling, allows the researcher to select the participants likely to best serve the objectives of the study, saving time and increasing the probability of achieving more relevant and accurate results (Etikan et al., 2016).

Nineteen therapists were recruited, of whom seven were men and twelve women. Thirteen participants were of Portuguese nationality; four were Brazilian; one was Chilean; and one was Italian. All the interviews were conducted in Portuguese. Further characteristics of the participants are set out in Table 1.

Orientation	Age		Amount of Personal Therapy (years)		Amount of Clinical Experience (years)	
	Mean	Range	Mean	Range	Mean	Range
psychodynamic, psychoanalytic and/or relational (n = 9)	42.4	40-63	8.88	3-14	16.33	7-28
Existential, humanist, gestalt (n = 10)	45.10	29-69	6.8	5-15	17	2-46
Totals (n = 19)	44.16	29-69	7.79	3-15	16.68	2-46

Table 1: Distribution of sample by age, amount of personal therapy, and amount of clinical experience by theoretical orientation

Ethics

Prior to the start of research, ethical approval was sought and obtained from ISPA-IU (University Institute of Psychological, Social and Life Sciences), Lisbon.

Before each interview, participants were informed of the aims of the study and the method that would be used. They were then sent a consent form which they were asked to read and sign. Given the intimacy of the research, with its focus on personal therapy, participants were informed that they were free to make clear what they felt comfortable about disclosing and that they could withdraw from the study at any time without providing any justification. All participants were assured that any personal details would remain confidential, and that all audio-tape-recorded interviews would be permanently destroyed following transcription.

Participants were informed that they could clarify their doubts at any time by contacting the researcher. They were also told about their right to request the interview recording. At the end of each interview, participants were invited to share their reactions and comment on their experience.

Interviews

Nineteen interviews were conducted following a semi-structured approach consisting of open-ended questions. Participants who had engaged in more than one personal therapy process were invited to talk about the one they considered most significant.

All interviews lasted about one hour. All participants were asked the same questions, with additional questions posed where necessary to clarify the experience a participant was describing. Questions sought to explore and understand how participants felt about therapy and its impact on their clinical practice. The main topics were:

- The experience of personal therapy: How does the therapist describe their experience of the process? What were the most helpful, challenging, and painful moments or events? Were there particular moments when the therapist experienced anger or rupture?
- The impact of personal therapy on clinical practice: the therapist is invited to reflect on both positive and negative outcomes.
- The importance of personal therapy at both a personal and a professional level.

Because the study was carried out during the Covid-19 pandemic, interviews were conducted by video call, and were recorded with the consent of each participant.

Data Analysis

Data analysis was conducted via a sequence of four steps, a key feature of the descriptive phenomenological method (Sousa, 2014). The steps are designed to help the researcher adopt an attitude of phenomenological reduction so that the essence of the experience can emerge without contamination by the researcher's own attitudes and presuppositions.

In step one, the researcher reads the entire transcribed text, trying not to put forward interpretative hypotheses so as to absorb the general meaning of the experience. The second step involves initial attempts to divide the whole into smaller parts (units of meaning). Once this is done, analysis moves on to the third step, where units of meaning are transformed into expressions of a psychological nature. Here the researcher attempts to replace the common-sense language of the participants with terms that are intended to explain the psychological meaning of participants' descriptions. Step four involves an attempt to elaborate the essential constituents towards revealing the general structure of psychological meanings.

Findings

In terms of a general structure of psychological meanings, all 19 participants agreed that the personal therapy they had undergone was of fundamental importance to their work as therapists. They described a series of gains they considered helpful for their subsequent clinical practice:

1. The opportunity to **integrate a model,** as presented by their personal therapist
2. Understanding the importance of **being a person,** of being true to oneself when practising therapy.
3. Learning about the **professional and personal identity** of their personal therapist.

The essential constituents of this general structure of psychological meanings are presented in Table 2, below:

• Integrating a role model
• The importance of being a truly human person
• Personal therapy: necessary work
• Discovering personal and professional identity
• Feeling free to be who you are
• Self-awareness as a good resource
• The therapeutic relationship: presence, trust, safety, and acceptance
• Becoming better therapists – more passionate, more mature, more efficient, more capable, and more critical about themselves

Table 2: Essential constituents of psychological meanings

Each constituent will now be explored in detail, illustrated by extracts from interview transcripts (in italics). Each participant is identified by the letter P followed by a number (1-19).

Integrating a Role Model

All participants told of how they had integrated their personal therapist's model, and had learnt from the therapist's expressions, tone of voice, and techniques:

In the early stages of analysis and perhaps during the time of analysis, unconsciously I was reproducing attitudes, sometimes I even heard myself in his tone of voice, things that I had internalized from him and that were reflected in my clinic, in my clinical attitude (P1).

I saw myself doing their tics and using the same expressions as them, and so, yes, they were without a doubt a considerable influence (P2).

I found myself speaking in a more copied way as if I followed the model, saying certain things as they were told by the therapist (P19).

Participants also spoke of observing their therapist's way of being in session, and then reproducing this in their own practice:

My analyst's attitude is something I recognize in myself today (P5).

The way I addressed people, the layout of the office, how I received clients, taking care to ensure that people did not cross each other's path when coming to psychotherapy: a series of things that I later changed but which at the beginning gave me security: "If he does it that way, it is because it does that way."(P6)

I think even as regards posture, the way of reaching the client, of receiving the client – the way in which I was received when I was in the room waiting (P10).

Some participants spoke of learning how theoretical principles should be applied in practice:

Yes, that day was important because then I started to feel safe to use this technique. I had never actually used it before… After it had been used on me, I started to use it with clients for whom I'd already thought it would make sense. Still, I hadn't dared to use it because I had not gone through the experience. It was remarkable that I could now take these techniques to the processes I knew were important (P9).

The fact that we have done our therapy allows us to learn how all the theory we learned during the course and our training is actually applied in practice (P14).

The Importance of Being a Truly Human Person

Participants described how their personal therapy encouraged them to reveal themselves as they are, as real people with doubts and limitations who sometimes make mistakes. As a result of their own therapy, they permitted themselves be affected by the client rather than adopt the stance of an expert who knows everything and who must abide by whatever theory states to be the case:

Patients do not necessarily have to see us as infallible, untouchable, emotionally stable always. On the contrary, if they see our fragility, it might help them feel more

"normal", more human, and closer to us. This undoubtedly brought me closer to my therapist (P2).

Many illusions about what it is to be a therapist have been stripped away. They have been dissolved. In the beginning, we try to maintain a professional persona, that of someone who knows, who studies for this, who will always make the best interventions, but then we realize that this alone does not support our profession (P17).

Today, I feel much more comfortable, much more at ease than 15 years ago. Nowadays, if something happens in the session in the context of the relationship that I do not understand, maybe 15 years ago I was perturbed, nowadays I think, "Okay, I did not understand today, but I will go back and understand it in the next week or the next month". Everything is easier today; I have no anguish (P3).

And so, the great transformation I feel I have had is that I am no longer constantly looking for a narrative, a myth, a justification for things. I am more able to tolerate doubt and accept that there is a lot that I will not know, do not know. I can be a little calmer and less anxious about it (P13).

For participants, the fact that they felt their therapist was a human being who was attentive to their needs and did not try to interpret them according to any theory made them feel more "accompanied." It encouraged them to integrate this way of being within themselves:

I remember a moment when I was crying unstoppably and there were no tissues, and I was super confused because I was already trying to clean my hands… we went looking for things I could use to clean myself up. That was a super significant moment, like "let's stop here and let's help this confused person". It was a practical gesture: "What do you need?" "I just need tissues". "So let's go looking for tissues". And we went looking for tissues in the office – he looked in his things, and I looked in mine -- and these were very significant moments for me (P7).

The moment I had my first child and had to bring him to the session, my analyst put things aside to help me -- with holding the baby, rocking the baby, sending the maid to buy me lunch, helping me put the milk in the bottle. This was a significant moment, the moment when I realized that the analyst is not there simply to make interpretations or even out of theoretical interest. He is there as a person and connected to me, and if I need to eat, that matters too (P15).

Participants found that being able to share with their therapist certain aspects of their personal lives promoted the therapeutic encounter:

> One of the moments that stirred me most was when my psychotherapist shared things from his personal life with me. I felt that our human relationship was something beyond a purely technical relationship (P6).

> Yes, there was a phase of idealization, and there was a session where I talked about it, and there was a personal sharing. It was the only time that the session was more me listening than the other way around. There was disclosure and an adjustment of the idealization, which was essential for the relationship. From then on, it was more organic, more natural (P19).

Personal Therapy: Necessary Work

Some participants described how essential their experience of personal therapy has been for their work with clients – and even for their ability to practise in the first place:

> I do not think I would be a therapist [without this experience]. Working with him is fundamental. We can do things that can be useful, listen… Maybe I am wrong, perhaps I'll change my ideas later, but from what I have seen, no, I wouldn't have become a therapist (P4).

> I do not think there would have been any clients… You cannot be a therapist if you have not been a client (P10).

> I cannot imagine a person who would think of becoming -- I won't even say a psychotherapist, it could be a psychologist – without having undergone a psychotherapeutic process. We are our own working instrument (P11).

Participants highlighted their need to be emotionally healthy and stable, given that their work brought them into contact with potentially traumatic experiences:

> Our profession has traumatic dimensions; people who come to us usually have very traumatic, very complex life stories that demand a lot from us, and if you are involved in the therapeutic relationship, if you are living that, your mind must be organized because it has a traumatizing potential for psychotherapists themselves. This is another containment support space that you learn in your therapy (P6).

They also found that personal therapy helped them know what it was like to be in the client's shoes and to understand what a psychotherapeutic process is before playing the role of therapist:

> In a hurry, I would describe myself as always in a hurry, therefore also more anxious, less aware, less lucid, yes more ignorant in a way, more ignorant because I do not know what it is like to be on the other side. And that was very important to me -- knowing what it is to be on the other side is fundamental (P8).

> Because, as I wanted to highlight today, the person of the therapist is wholly involved in the process in this relationship, so I cannot take care of the other if I do not take care of myself (P17).

> Understanding the therapeutic process of a client: I can only do that if I myself go through a therapeutic process, I will only see if I have the experience of what therapy is, of being face to face with someone, of what it is building a relationship that is so intimate because it is looking at yourself in the presence of the other (P10).

Discovering Personal and Professional Identity

Participants described how personal therapy enabled them to find both their personal and their professional identity. They saw this as vital for their construction as a psychotherapist:

> The therapy allowed me to think about my choices and decisions. This changed my course. You are suddenly asking yourself: 'Am I the person who identifies with this?' You must discover things. You have to discover sadder places, more neglected places, crazier places. Therapy helps with that. You can recognize that and own it, without it meaning that you are the worst person in the world and that you'll never have a healthy relationship because you have never had one (P18).

> It was an essential process. It was vital for my definition as a person and a professional (P17).

> Along the way, I discovered myself, my difficulties, and my needs. I remember, for example, how psychotherapy began with my psychotherapist asking me how my childhood had been. My first answer was, "My childhood was great, it was happy". But after a few sessions, I was already crying about my childhood. I started to dig, remembering things to understand my experiences, and this was an incredible discovery (P1).

Feeling Fee to be Who You Are

Participants described how the therapeutic process made it possible for them to be themselves, to be authentic in both a personal and a professional sense. On that basis, they were able to create a unique style that respected who they were and was in tune with their own characteristics:

> There's something I think has a lot to do with my therapy as well, and that I have learned over the years, which is being authentic. I believe authenticity is fundamental. In the beginning, I was not very authentic. I think now I am a little more, and that is how I see myself in the future, as an authentic being, available to receive people who come to me (P16).

> I feel now that I can be much more me, with my silly metaphors, with my ways of thinking. I do not have to be something else that I am not … [there's] maybe a much greater acceptance of myself and greater ease of being (P7).

> I did not feel it was a model that I rigidly followed. I found a way to do things my way, as things made sense to me (P6).

Self-awareness as a Good resource

All 19 participants described how their personal therapy allowed them to explore their inner world and understand their limits, barriers, and prejudices. This prepared them to face any experience shared by their clients: to be fully available:

> When I had to work on the issue of my father's death, I suffered a lot. But later, in my clinical practice, I was able to help people work with this suffering, with painful events, which if are not looked at, you cannot move forward (P12).

> Another one was being able to work through my pain and grief for the two children I lost and the risk I went through with other pregnancies. Doing this work meant that this did not remain an unfinished situation, and I could work on these issues with my clients (P11).

> But difficulty also has to do with what concerns us. For me, therapy helps because it opens the way. I remove things that block me from reaching the patient because the patient often awakens stuff in us, feelings of blockage, confusion, and getting bored - "What is happening to me?" (P4).

Personal therapy also enabled participants, on the basis of greater self-knowledge, to be able to distinguish between what was theirs and what belonged to the Other, the client:

> Without personal analysis, I would not have the self-knowledge that I have, I would not be able to do this screening, what is mine and what belongs to the other … even the understanding of the other (P13).

> I think the individual psychotherapeutic process is critical for my ability to know what is mine and what belongs to the other. Still, I need to know first, above all, what is mine because there are things that others will say and that will impact me, and if I do not understand where that is touching me, I may be doing something very wrong (P7).

The Therapeutic Relationship: Presence, Trust, Safety, and Acceptance

> Participants described how personal therapy helped them grasp the importance of the therapeutic relationship and the role of the therapist in promoting this relationship:
> I think the great lesson from my first experience of gestalt therapy was very much the way the therapeutic relationship is built and how important this is for the development of the process (P9).

> It was learning to be liked, I think that is it, learning to be appreciated, cared for, precisely for what I am, nothing less, with my difficult moments, with my bad decisions, with my good moments, with my skills, with everything… and I think that is what helped me understand how therapeutic relationships are established with others (P18).

Participants also spoke of how their process allowed them to understand the importance of the therapist in promoting a safe and accepting environment. Even in the presence of the client's setbacks, the therapist remains present and available. This is something that enhances the quality of the therapeutic relationship and, consequently, the progress of the client:

> But I think this dimension of the analysis in which we realize that the analyst cares about us, beyond being an analysand, that he cares, that there is a relationship between people, that I do not disappear within him at the moment my session ends, I think this is essential for analysis to work (P15).

> The fact that I know that that person is genuinely interested in us, I think that is the biggest gain of any

personal therapy (…) even when a client tells us, as I did, that they want to give up and leave, the fact that the therapist embraces that and indeed is there to help because he has a genuine interest in that person, that is very beautiful. It is difficult, but it has enormous transforming potential (P16).

Becoming Better Therapists – More Passionate, More Mature, More Efficient, More Capable, and More Critical about Themselves

Participants described how their own therapeutic process enabled them to travel more deeply when working with their clients. It allowed them to develop a greater interest and pleasure in being a psychotherapist, enhanced their professional competence, and helped them take on more clients and cope with longer processes. It generated the idea that personal work is dynamic, with the therapist having to look inside himself critically. All of this created a feeling of greater maturity and of being prepared to be a therapist:

Perhaps a significant change that I identify in myself, and one that has had a tremendous impact on my work as a psychotherapist, was the discovery of being in a relationship with my deepest self. Even when sometimes I don't like what I find. Being in relationship with myself, the discovery of the inner world. At the beginning of my therapeutic activity my awareness of that was minimal and therefore what I could give to the Other was very limited. But that expanded. It was one of the most significant transformations (P1).

It was something that helped me to be sure of what I wanted. When I had this experience, I felt immensely helped, welcomed and then I realized that I would also like to be in the professional place she was (P9).

In this, I see myself as entirely different. [What I gained through therapy] is also reflected in my clinical practice… in my schedule, in the way I'm sought out by people, in the duration of my therapies. My therapies started to be longer, with fewer dropouts, and therefore, yes, I think there is a massive difference between a personal pre-therapy and a personal post-therapy. I feel more capable now (P8).

What I feel is that my analysis continues almost daily. Despite it being many years since I finished my assisted analysis, I continue to do my analysis, and from time to time I have insights. So I think everything that was not worked through [during personal therapy] ends up being worked on by myself today with the tools I acquired from

my analyst. It is a process that starts and never ends. It is a continuous process of personal identification, of knowledge (P3).

Discussion

In the discussion which follows, the eight essential constituents set out and illustrated in the preceding section will be reappraised in the context of the existing literature. To what extent are the findings of this study reflected in prior research? What new insights have been revealed by the current study?

For participants, their personal therapy gave them the opportunity to integrate aspects of their therapist's approach and modelled behaviour into their own practice. **Integrating a role model** provided participants with a means to cast free of a more strictly academic and theoretical approach to therapy work and helped them acquire a new perspective on what it is to be a therapist. Macran and Shapiro (1998), in their literature review, corroborate this theme when they point out that therapists with personal experience of observing another therapist in their practice were able to incorporate that model within their own practice. Rake and Paley (2009) point to the fact that therapists who have experienced their own personal therapy appear to integrate their therapist's model in one way or another, whether through tone of voice, expressions and/or posture. Ciclitira et al. (2012) and Oteiza (2010) reinforce this point, noting that the experience of personal therapy, namely being able to be with a therapist and absorb his/her model, allowed them to understand how to put into practice the theoretical principles learned during the course.

During personal therapy, participants became aware of **the importance of being a truly human person** when practicing therapy. They learned that a therapist was a fallible human rather than an expert with an all-knowing stance, given to hiding behind a theoretical framework. This truly human therapist had no problem sharing their own emotions or relating a story from their personal life *if that would help the client*. The literature gives us important feedback on this theme.

Research by Macran et al. (1999) on how therapists' personal therapy affected their clinical practice found that the experience of personal therapy encouraged some therapists to develop a more sensitive attitude towards clients, one less focused on theoretical formulations or on what should or shouldn´t be done in a session from a strictly theoretical point of view. This in turn had an impact on clients, who regarded it

as a real asset; they sensed they were working with someone who was a real person, rather than a know-it-all expert.

In her study of how psychotherapists described the ways in which their personal therapy influenced their clinical practice, Bellows (2007) found that therapists were able to incorporate within themselves a number of beneficial traits, including acceptance of human imperfection; knowing how to accept mistakes; and being seen as a human being. These gains enabled therapists to feel better prepared to deal with the human condition of the Other in their clinical practice.

The therapists participating in research by Oteiza (2010) likewise described their personal therapy experience as helping them understand that therapists, too, are human, with problems of their own. This enabled them to feel more comfortable in their own practice, and to put aside any effort to adopt the posture of an expert technician.

All participants considered personal therapy to be of fundamental importance for those wishing to be therapists. They spoke of this as **necessary work,** as work that significantly enhanced their mental health, promoted stability and balance, and prepared them for encounters with potentially traumatic and painful problems. Personal therapy also allowed them to experience what it is like to be in the client's shoes, thereby developing their capacity for empathy.

There is some discussion of this aspect in the existing literature. Studies by Macran and Shapiro (1998) and Macran et al. (1999) found that therapists regarded their personal therapy as playing a fundamental role in their practice, enabling them to maintain their mental health and be emotionally able to conduct a process effectively.

Rake and Paley (2009) and Kumari (2011) conclude that a therapist's personal therapy is an important tool for learning what it means to be empathetic: that is, for learning about how to put oneself in the other's shoes and the importance this has for therapeutic success.

Discovering personal and professional identity was another theme to emerge from the participants' interviews. Personal therapy brought participants into contact with places and experiences anchored in their inner world, allowing them to broaden their perspective on themselves and the world. It made it possible for them to know themselves. Participants also spoke of undergoing a personal transformation in which they acquired a professional identity different from the one they had known before. By opening the door to their inner world, personal therapy helped them discover themselves as clinicians, with important implications for their clinical practice.

This finding is also mirrored in the existing literature. For example, Bellows (2007) reports that therapists' personal therapy enabled them to discover their professional identity and brought about an improvement in their interpersonal relationships. Therapists participating in research by Daw and Joseph (2007) told of how personal therapy enabled them to encounter their inner world, strengthening their sense of personal identity.

Research by Åstrand and Sandell (2019) also suggests that personal therapy is responsible for connecting therapists' personal identity with their professional identity, and by that means strengthening their self-knowledge and ability to develop their professional identity.

Through therapy, participants in the current study spoke of **feeling free to be who you are,** to be truly authentic, and liberated from the need to respond to others' expectations. This sense of freedom and authenticity permeates their clinical practice, enabling them to be truly authentic with clients. In addition, feeling comfortable with who they are, encouraged participants to adapt and modify what they have learned from their therapist, rather than simply reproduce the therapist's integrated model within their own practice.

In their research, Wiseman and Shefler (2001) found that their therapist participants claimed that personal therapy had enabled a process of self-discovery. This allowed them to incorporate the feeling that it is possible to be authentic and to put aside previously integrated therapist models. Rizq and Target (2008) also found that therapists who received personal therapy experience felt a greater possibility of being authentic and faithful to themselves, and they carried this over into their clinical practice. This view finds further support in the findings of Kocaayan and Koçyiğit (2018).

A further element highlighted by participants was the importance of the **self-awareness** they had gained through their personal therapy. Participants in the current study described how their greater self-awareness helped them be more available to clients and to be more comfortable in the presence of the Other without feeling the need to move (for example if client work happened to touch on some personal issue). Participants also found themselves better able to distinguish what was theirs from what belonged to the other, thereby reducing the danger of identity confusion.

This aspect has been discussed in previous research. For example, Macran et al. (1999) found that therapists, through their personal therapy experience, were able to look at their inner world, recognize their greatest problems, and difficulties and as a result be more effective and capable in their clinical practice. Grimmer and Tribe (2010) also pointed out that therapists' personal therapy was extremely relevant to their

ability to distinguish between their own problem areas and those of their clients.

Kumari (2011), too, found that the experience of personal therapy promotes in the therapist a feeling of security, robustness, and, above all, understanding. For Åstrand and Sandell (2019), insufficient self-knowledge on the part of the therapist can greatly limit the success of the therapeutic process, with personal therapy playing a crucial role in the promotion of self-knowledge.

Previous research has shed light on a further theme highlighted by participants in the current study: **the therapeutic relationship as embodying presence, trust, safety, and acceptance.** Rizq and Target (2008) found that an in-session environment which promoted safety, trust and unconditional acceptance of the other helped strengthen the therapeutic relationship and made it possible for therapists to be authentic and available.

Kumari (2011) found that therapists' personal therapy experience allowed them to better appreciate the importance of the therapeutic relationship for therapeutic success.

For Ciclitira et al. (2012), the therapeutic relationship emerged as one of the most common themes in their research, with many therapist participants highlighting it as the factor with the greatest potential to influence the outcome of therapy. A relationship of security and trust, together with a sense of presence on the part of the therapist, were found to be the surest indicators that the therapeutic process was progressing.

Those participating in the current study described how personal therapy had helped them understand the actual value of the therapeutic relationship and the role it plays in successful therapy. They valued their personal therapist's attitude of unconditional acceptance and openness, which created a space of security and trust. Even at difficult moments, with the possibility of rupture, the therapist would remain calm, present, and available. This was experienced as potentially transformative, at both a personal and a professional level.

One finding from the current study stands out for the fact that it is present in the literature in a dispersed way, rather than aggregated as a single theme as it is in here. This is the view shared by all that their personal therapy had helped them **become better therapists – more passionate, more mature, more efficient, more capable, and more self-critical.** Participants expressed this idea in a variety of ways. Some described how their own therapy experience had helped them travel more deeply with their clients. For others, their personal experience of therapy had reassured them that this was

precisely the professional path they wanted to follow. Others felt their personal process had made them better prepared as therapists, improving the quality of their work and encouraging them to take on more clients. Participants also spoke of realizing, on the basis of their own therapy, that the personal process is something that never ends. Taken together, these facets gave participants a sense of greater maturity and inner solidity.

While a search of the available literature using the key phrase "Becoming better therapists" did not yield any results, this theme does gain some recognition in published research (for example: Macran et al., 1999; Wiseman & Shefler, 2001; Rake & Paley, 2009; Oteiza, 2010).

Critical Reflections

Qualitative methodology depends on, and derives its effectiveness from, the degree of "calibration" achieved by its human instrument. The researcher is invariably an active and fundamental part of constructing the results achieved (Banister et al., 1994).

The primary motivation for carrying out this study was my desire, based on my own personal therapy experience, to understand how such an experience might or might not be helpful in clinical practice. This wish to learn more about personal therapy and its benefits made me feel present in the here and now during interviews with participants. This may have contributed to building a more authentic and trusting relationship with interviewees, resulting in richer and more detailed data.

However, the fact that I was still involved in personal therapy when carried out this study and that this was the first piece of research undertaken by me may have combined to make me less aware of my personal biases and prejudices. This may have restricted the coding and data analysis process.

It should also be noted that the objective of this qualitative study was not to validate or corroborate a hypothesis but rather to understand in a profound way the lived experience of a group of individuals. For this reason, the results presented here should not be generalized to the entire population of therapists who experience personal therapy. These results are intrinsically linked to the experience of those who participated in this study. Although the sample is relatively large for qualitative research, and there are many individual differences between the participants, it is not possible to say that, if the sample were composed of a different group of people, the results would be the same.

The general absence of any negative experiences of therapy in participants' accounts may reflect the fact that the sample comprised only therapists who volunteered to participate in the study. Such therapists may have been motivated by various factors to share their positive experiences, including a desire to justify the investment they had made in their personal process, both emotionally and financially.

When I started thinking about the construction of the article, one of my goals was to have a sample with therapists working within a range of different theoretical models. The objective would then be to analyze each group separately and, in the end, to understand which themes converged and diverged and to try to understand the impact of the theoretical model on the therapist's personal therapy experience.

However, for logistical reasons, this was not possible. Therefore, for the sake of sample control, the study was carried out with therapists from only two different theoretical orientations, both of which require that therapists undertake personal therapy during their training. Qualitative analysis was done for the group as a whole, rather than carried out separately, according to the therapists' theoretical model. As a result, it was not possible to gauge whether the theoretical model used in the therapist's personal therapy had any influence on his/her clinical practice. It was also not possible to judge whether there were any significant differences between therapists with analytical training and those with existential/humanist training.

As already noted, all participants subscribed to theoretical orientations where personal therapy is mandatory for training. Would the same results have emerged from a sample that included therapists who were not obliged to undertake personal therapy in order to qualify in their particular theoretical field?

Looking Ahead

For future research, it might be helpful to explore potential differences between therapists pursuing a variety of theoretical models regarding the impact they feel their therapy has had on their practice. Such research might shed light on the extent to which different theoretical models may influence therapists' lived experience of personal therapy. Another potentially fruitful area of research would be to explore the impact of supervision on therapists' clinical practice, including the extent to which supervision exerts the same influence as personal therapy.

Conclusion

The findings of this study confirm the view, already documented in some of the existing literature, that therapists' experience of personal therapy has an important impact on their clinical practice, contributing to their growth both personally and professionally.

Participants described how therapy helped them discover and explore their inner world, enabling more significant contact with themselves and opening the way to greater self-knowledge. Through their direct, first-person experience of the therapeutic process, they gained the opportunity to learn from and integrate their therapist's model, both as a way of being and as a guide to practice. This was seen as helpful in constructing their therapeutic relationship identity.

Of all findings, there is one theme that stands out for its ability to draw together all the other themes and in that sense offer a comprehensive concluding statement. This is the final theme "Becoming better therapists", with its emphasis on the view, expressed by participants, that personal therapy enabled them to be better professionals. But in what way?

One hypothesis is that what allowed my participants to become better therapists was the fact that their personal therapy was based on the premise of looking inwards: looking at pain, repairing traumas, and reliving experiences, both good and bad. Deep down, what would make them better professionals was their personal development, their self-knowledge and the way they dealt with their internal issues. But might it be the self-knowledge acquired through personal therapy that truly prepares us and allows us to be better therapists?

Some basic questions still await a response. Is personal therapy the most efficient method for developing the skills and qualities required for effective therapeutic practice? And should it be a mandatory feature of psychotherapy training courses?

Meta-research cited earlier in this article (Edwards, 2018; Murphy et al., 2018) concluded that this obligation, still upheld by the majority of professional bodies, ought to be approached with care given the, sometimes adverse, impact of personal therapy on trainees' personal life and its ability to result in emotional and professional destabilization.

Given the centrality of human beings to our profession and the fact that everything about humans is so complex, unpredictable, and unique, personal therapy – its benefits, its possible adverse effects, and its compulsory status within training — will undoubtedly continue to promote debate for years to come.

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