

## Mandatory Personal Therapy as a Requirement for Counselors' Training and the Continuity after Graduation

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### ABSTRACT

Mandatory personal therapy has become a practice in many counseling programs across the world. It is aimed, among other rationales, for the trainees' personal development, professional development, and for the trainees to be in clients' seat. How do the counseling students view mandatory personal therapy? Will they voluntarily continue personal therapy after the mandatory experience? This study therefore attempted to answer these questions by investigating the perception of postgraduate counseling students about mandatory personal therapy and its continuity after mandatory experience or graduation. The target population was all the 635 postgraduate counseling students at the Nairobi University, Catholic University of Eastern Africa, Daystar University, and Tangaza University College. These universities were selected from the universities training clinical and counseling psychologists using stratified random sampling techniques. The sample size was 255 comprising of 245 counseling students, five professional counselors, and five counselor educators. The response rate to the online questionnaire was 66.6% while the response rate of the interviews was 100%. The Quantitative data was descriptively analyzed by frequencies and percentages while content, and thematic analysis were used to analyze the interviews. The findings showed that majority of the counseling students have positive perception of mandatory personal therapy as a requirement in their training and that they will continue to make use of personal therapy after the mandatory experience or graduation.

**Keywords:** Personal Therapy, Mandatory Personal Therapy, Continuity of Personal Therapy, Help-seeking Attitude

**A**n essential part of counselors' training is the mandatory personal therapy for counseling students. This is so true in many counseling programs across the world including Kenya. This is justifiable following the Latin adage, *Nemo dat quod non habet*, meaning, you cannot give what you do not have. There is also a proposition that one will be a better counselor having been in personal therapy to deal with personal issues and

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being in the client's seat. This will reflect an ancient Latin proverb, *medice, cura te ipsum*, (physician, heal thyself).

While the idea and the intention of mandatory personal therapy is plausible, mandatory personal therapy, as part of training requirement may not receive positive outlooks because it is mandatory. These may affect the continuity of such practice after the completion of the required sessions and especially, after graduation. This study, therefore, investigates the perception and continuity of mandatory personal therapy among postgraduate students of clinical and counseling psychology (Postgraduate counseling students) in the universities in Nairobi County, Kenya.

### **Background**

No one is immune from life challenges of a biopsychosociotechno-spiritual nature (Egunjobi, 2019a). Therapists who invest their time and wisdom in treating others, especially those who suffer from mental illness and challenges, are themselves not immune from suffering the same or similar mental illness and challenges. This idea was portrayed by Carl Jung's wounded healer; a term he derived from the legend of a Greek doctor, known as Asclepius, who in recognition of his own wounds, established a sanctuary at Epidaurus where others could be healed of their wounds (Jung, 1970). This makes mental health profession a challenging profession since the counselor is also prone to being infected by the client's psychological wounds or having his or her psychological wounds reopened (Luton, 2019; Egunjobi, 2019b). Of course, a wounded healer who is not aware of his or her wounds can be dangerous and become a 'wounded wounding' (Egunjobi, 2019b).

Counselors are therefore encouraged to seek personal therapy to deal with their own mental health issues which they may have been suffering before taking up counseling profession or which may surface due to offering counseling services. The counselor's unresolved issues can be triggered during counseling session in form of countertransference. Hence, Sigmund Freud (1937) cautioned other analysts to manage their feelings and issues within themselves or to seek therapy in order to deal with them. For the analysis of the analyst is materialized in personal therapy where the therapist is a client of another therapist.

As plausible as this may sound, making it mandatory can set another tone. The feeling of one's freedom being jeopardized can initiate a negative reaction. In other words, when a number of freedoms are threatened, there will be a lot of reactance (Brehm, 1989). Although, making personal therapy a mandatory requirement was not meant to violate the counseling students' freedom, the use of the term, mandatory, can make it sound so. Because the use of language can suggest that one's freedom has been violated. In fact, research has indicated that some linguistic features seem to evoke the perception that one's free behavior might be curtailed, provoking psychological reactance (Moss, 2016). Research showed that dogmatic language can promote reactance. For example, several studies have shown that dogmatic language, intended to curb alcohol use, provokes reactance (Bushman, 1998 as cited by Moss) if the receiver of the message conceive it as challenging.

In the United States of America, while personal therapy is neither required in the training of psychologists or counselors nor required to obtain licensure in mental health disciplines such as psychiatry, clinical psychology, etc., some specific training programs may require it, and a large number of programs recommend personal therapy for their trainees (Reidbord, 2019). The Council for Accreditation of Counseling and Related Educational Programs (CACREP)

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had no formal policy regarding personal counseling for students. CACREP accredited programs only require students to experience 10 hours of group counseling instead (CACREP, 2016a, Section 2, 6h). The American Psychological Association (APA, 2017) and the American Counseling Association (ACA, 2014) also do not require personal therapy as an important and necessary element of licensure or certification for psychologists and counselors. Notwithstanding, many therapists themselves do seek personal therapy. As Reidbord (2019) puts it, mandated, urged, or independent choice, many practicing psychotherapists do claim experience in "the other chair".

In the United Kingdom, the British Association for Counseling and Psychotherapy (BACP), the British Psychoanalytic Council (BPC) and the United Kingdom Council for Psychotherapy (UKCP), as part of the SCoPED collaboration, came up with requirements for accreditation which require no personal therapy for qualified counselor, but require personal development (a form of personal therapy) for accredited counselor (BACP, 2018).

While there are many universities and colleges of higher learning in different countries within African continent offering mental health related courses, it is not clear how many of them require personal therapy for trainees. Studies in this regard are not readily available. One thing that is evident in counselor education is that students are required to observe certain numbers of hours of practicum and on-site supervision. In Nigeria, for example, not all the universities offering psychological and counseling programs require personal therapy (Egunjobi, 2020). In Kenya, however, as Egunjobi noted, many psychological or counseling training programs at different levels: certificate, diploma, bachelor, master, or doctoral require personal therapy for trainees. Also, counselor's personal therapy (minimum 10 sessions) is listed as part of the professional development on the webpage of the Kenyan Counseling and Psychological Association (KCPA, n.d.).

Personal therapy for either counseling students or for professional counselors seems to gear towards certain outcomes such as attainment of psychological wellbeing, acquisition of counseling knowledge, techniques, and skills, and selfcare. Norcross (2010) opined that requiring therapy as part of counselor education, would teach counselors early in their careers to recognize and cope with difficult personal mental or emotional circumstances and by doing so, decrease the chances that such problems would go unintended for long periods.

*Although, for the Counseling students, personal therapy is a path to knowledge and skill acquisition by observing the therapist, there is the possibility of negative attitudes towards counseling for the very reason that made mandatory. Of course, it is assumed that every counselor should appreciate counseling and should employ the same service when facing personal life challenges. Personal therapy is one way of therapist's self-care. But when this is made mandatory, there is possibility of a therapist showing resistance or just undergoing the therapy for doing sake. For instance, Rizq and Target (2010) found one of the participants in the interview of 12 UK qualified counseling psychologists who had practiced between 3 and 7 years expressed that "I felt anger and resistance about the mandatory nature of the therapy. This disrupted my ability to engage fully with the therapist (keeping my guard up)" (p. 5).*

Attitude in psychological terms is a psychological construct, a mental and emotional entity that inheres in, or characterizes a person (Perloff, 2016). It describes the extent to which an individual has a positive or a negative appraisal toward a specific behavior. Social

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psychologists have revealed that attitude influences behavior and similarly behavior influences attitude.

Attitude toward seeking professional psychological help is complex as help seeking preferences are influenced by various attitudinal and socio-demographic factors that can often result in unmet needs, treatment gaps, and delays in help-seeking (Picco, et al., 2016). Help seeking refers to communication with others to obtain assistance in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience (Rickwood et al., 2012). Now, compelling someone to seek help can make it more complex. That is, making someone to engage in a certain behavior without the person having a choice but to do it may be confronted by a negative attitude.

Picco, et al. (2016) opined that there is an increasing interest in people's attitudes towards help seeking of psychological assistance. They noted that, while recent research has shown an increase in the number of people seeking help from psychological services, there exists a significant number of people who choose not to seek help for mental health problems due to stigma, reluctance to disclose a diagnosis, anticipated costs, choosing to handle the problem on one's own, and thinking the problem will go away, according to numerous research findings.

Considering counseling profession, it may be shocking to have postgraduate counseling students or psychologists having negative attitude towards personal therapy because this is what they are trained to promote. Personal therapy being made mandatory may make them feel so. And there can be attitudinal change. This was evident in the study carried out by Ivey and Waldeck (2014) where they explored the professional and personal impact of mandatory personal therapy on clinical psychologists in training through qualitative analysis of interviews with nine intern clinical psychologists. The research participants reported having initial resistance to mandatory personal therapy. They, however, later came to own and value their therapy as an indispensable professional resource. This made the participants to personally benefitted from personal therapy with further experience of mandatory nature of the therapy not compromising its positive effects.

Flowing from the outcome effectiveness of counseling, a positive outcome of one's personal therapy is expected to necessitate the continuance of therapy after the training program, end of training practicum, graduation, and professional licensure. Psychologists and psychotherapists may have to enter personal therapy for two reasons: personal reason and professional reason (Norcross & Connor, 2005). Some psychotherapists also approach personal therapy as remediation. This may be as a result of pressure from organizational or institutional ethics committee for impaired professional practices which include but not limited to charges of sexual misconduct with clients, alcohol and substance abuse, or some nonsexual boundary violations (Freudenberg, 1986; Gabbard, 1995 as cited by Norcross & Connor, 2005).

According to Sandra Rankin as quoted by Shallcross (2011), counselors do not need to be in problem before seeking professional help. They need to take care of themselves by practicing self-care. Psychotherapists who neglect their own mental, physical and spiritual self-care may eventually run out of 'oxygen'. Thereby become ineffective in helping their clients because all of their energy is going out to the clients and nothing is coming back in to replenish their energy. Shallcross noted that, although most counselors are familiar with self-

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care, and even encouraged clients to do so, they, themselves, many find it challenging to put the concept into practice in their own lives. According to wellness experts, as life gets busy, counselors may tend to assume that they can, or even should, handle problems and stress on their own. Counselors who ignore their own needs may find themselves going quickly downhill on the professional outlook and efficiency. Hence, the need for personal therapy to take care of themselves.

In a literature reviewed by Norcross and Connor (2005), Burton (1973) was quoted in sharing his experience in treating psychotherapists. He expressed that his psychotherapist clients "do not come for training purposes or for credentialing, although this may be a peripheral value to the experience. They were all hurting badly and needed to function in their customary way" (p. 94). Norcross and Connor found that this shared experience matched up with the results of available research which asked mental health professionals whether they sought psychotherapy for personal reasons, professional reasons or both. In all five research studies examined, the majority (50% to 67%) were motivated to enter personal therapy for personal reasons while 10% to 30% indicated that their personal therapy was largely for training reasons or professional purposes.

In the United States, it is evident that about half of the professional counselors returned to personal therapy following their formal training (Norcross & Guy, 2005). In a quantitative study carried out by Grunbaum (1983) to find out the therapists' choice of therapist, he interviewed experienced psychotherapists, and found that 55% of them responded that they had returned to personal therapy after their training. Later in 1988, Guy, et al. (1988), in their quantitative study of 318 psychologists using a survey, found that 62% sought personal therapy after their terminal degree program.

In the United Kingdom, Darongkamas, et al. (1994) conducted a study to investigate personal use of personal therapy by clinical psychologists working in the NHS in the United Kingdom. They employed a quantitative method using questionnaires as research instrument which they administered to about 494 clinical psychologists. The finding of the study revealed that 62% of the clinical psychologists had returned to personal therapy after their psychological or clinical training. This was in congruence with the study of Guy et al. (1988). Although, these studies provided relevant information to this current study, they can be said to be outdated and a new research study is necessary to investigate if modern psychotherapists and counselors voluntarily continue personal therapy after their personal therapy as a mandatory requirement.

In a study by Orlinsky et al. (2005), in response to the question: why do psychotherapists of both genders, all professional background, all career levels, and most theoretical orientation undertake personal therapy for themselves? The participant psychotherapists were from the United States, Germany, Switzerland, Norway, Denmark, Sweden, Portugal, Spain, Belgium, South Korea, New Zealand, Israel, and Russia. It was found that personal growth was the most commonly cited reason for partaking in personal therapy among 10 of the 14 countries, and as mentioned by, at least, half of the psychotherapists in 13 of the 14 countries.

Orlinsky and his colleagues however noted that the high rate of utilizing personal therapy may in part due to external circumstances rather than the desire of the psychotherapists to avail themselves of the benefits that psychotherapy offers. This is so, as some therapists are

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required or mandated for personal therapy as part of their training as found in the psychoanalytic institutes, or as a condition of licensure as found under the new law in Germany. Notwithstanding, some other psychotherapists of different theoretical orientation such as humanistic also recorded high rate of personal therapy.

Considering the fact that therapy is viewed by some theoretical orientations as a treatment for certain symptomatic conditions and as a corrective measure/treatment for limitation and distortions in personal development, it is also seen as means of personal growth (Orlinsky et al., 2005). In general, as Orlinsky and colleagues noted, psychotherapists who take a broader, more relational view of therapy are more likely to feel that personal therapy can be of a great value for both personal and professional growth depending on how much they benefited.

However, when this is made mandatory, it can result in negative attitudes which may affect the likelihood of a newly graduated students of clinical or counseling psychology not to approach personal therapy except it is required for professional membership or licensure. This is the case in most European countries, where a required number of hours of personal therapy is mandatory in order to become an accredited or licensed psychotherapist (Geller, et. Al., 2005). Also, in Kenya, 10 hours of personal therapy is required for membership development by the Kenya Counseling and Psychological Association (KCPA, n.d). This is, however, different in the United States where only analytic training institutes and a few graduate programs require a course of personal therapy (Geller, et. Al., 2005) and personal therapy is not a mandatory requirement to practice in other schools of psychotherapy, nor for licensure in mental health disciplines like psychiatry and clinical psychology (Reidbord, 2019).

The focus of this study, is therefore, to investigate the perception of postgraduate students of clinical psychology and counseling psychology about mandatory personal therapy as required in their training program. Also, to assess the possibility of continuing personal therapy after completing the mandatory requirement or after graduation.

### **METHODOLOGY**

This study adopted mixed methods concurrent design involving collection of both quantitative and qualitative data. The target population was all 635 postgraduate (Masters and Doctorate) clinical psychology and counseling psychology students from four universities and university constituent colleges in Nairobi County, Kenya which were selected through stratified simple random sampling. The sample size was 255 consisting of 245 postgraduate counseling students, five counselor educators and five professional counselors. The quantitative data was collected via questionnaire which was administered online to 245 postgraduate counseling students. The qualitative data was collected via interview with 10 students from the sampled students, five counselor educators, and five professional counselors.

One hundred and seventy five postgraduate counseling students responded to the online questionnaire but only 164 returned questionnaires met the criteria for inclusion in the study. Thus, there was 66.6% response rate which was good enough since according to Dessel (2013), for an online survey, a response rate of 20% is considered a good response rate and the response rate of 30% is very good. All the purposively interviewed participants freely and actively participated.

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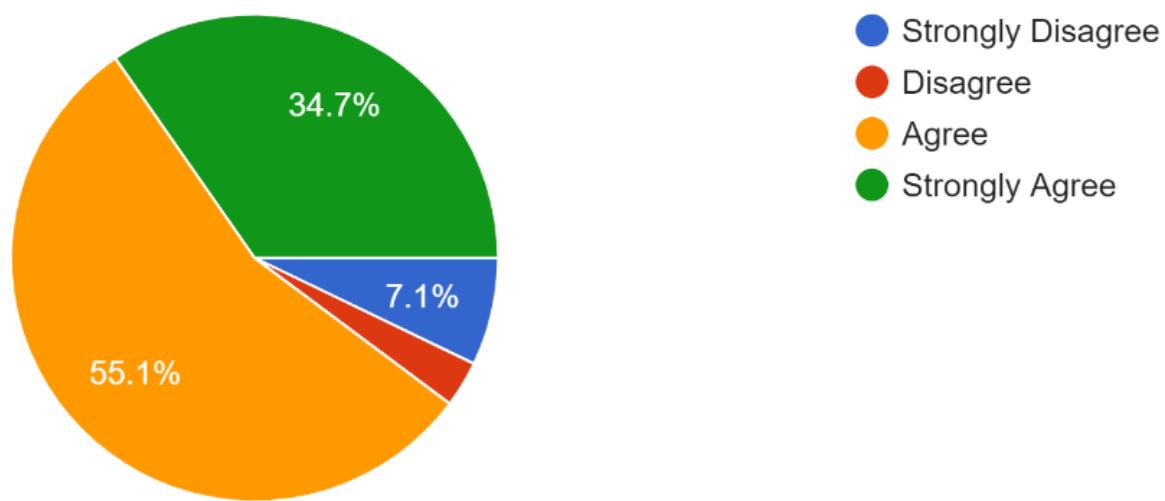
The quantitative data was descriptively analyzed by percentages through tables, pie chart and histogram. The qualitative data was analyzed using content and thematic analysis.

### **RESULTS**

#### *Perception of Mandatory Personal Therapy*

Figure 1 presents the responses of postgraduate counseling students on their perception of mandatory personal therapy as a requirement in their training program.

**Figure 1 Positive Perception of Personal Therapy as a Mandatory Requirement**



The finding in Figure 1 revealed that majority (89.8%) of the counseling students “agree” and “strongly agree” that they have positive perception of personal therapy as a mandatory requirement in their counselors’ training. A total of 10.2 “disagree” and “strongly disagree” to having positive perception of personal therapy as a mandatory requirement.

The perception of mandatory personal therapy was further expressed in their response to the questionnaire as shown in Table 1.

**Table 1 Perception of Personal Therapy as a Mandatory Requirement**

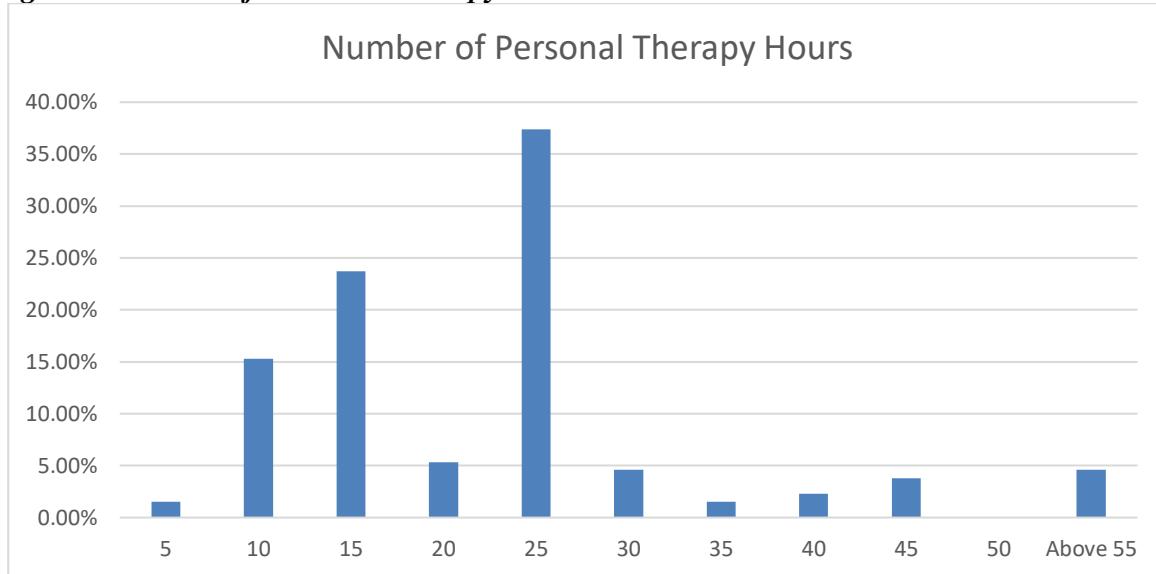
	Yes (%)	No (%)	Total (%)
Mandatory Personal Therapy is a part of course requirement in your University	90	10	100
Personal Therapy is a Mandatory Requirement ONLY during my Practicum Experience	37	63	100

Table 1 revealed that majority (90%) of the postgraduate counseling students saw mandatory personal therapy as part of the course requirement in their training with 37% indicating that it was also part of the practicum requirement. Meaning that it is more of a program requirement than a practicum requirement.

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The respondents were also asked about the number of hours of personal therapy that are mandatorily required in their training. The responses were summarized in Figure 2.

**Figure 2 Number of Personal Therapy Hours**



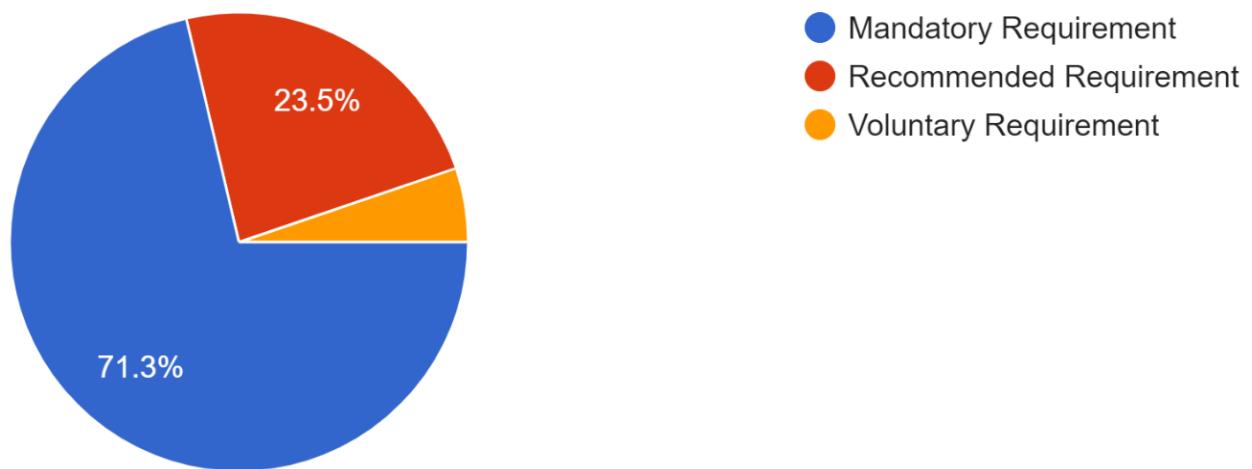
From Figure 2, 37% of postgraduate counseling students indicated that 25 hours of personal therapy was required of counseling students before the completion of the program. Another 24% stated that the number of hours required was 15. From the responses however, it was not clear which school had 25 hours and which school had 55 hours and above. The data also showed that there were inconsistencies in the number of hours from the participating universities as the different hours were reported by students from the same universities. In order to understand this discrepancy, the researcher investigated individual responses from the same university. In one university, the master students reported 15, 20, and 25 hours of required personal therapy. Among the PhD student respondents from another university, they reported 10, 15, 25.

Of course, for those who already engage in it, they know how many hours of personal therapy are required. Those who have not, however, are likely to be students who had their undergraduate studies in another area of studies (e.g education; sociology) and are just beginning their counseling training at either the master's or Ph.D. level. They may have had their undergraduate or master's degree in psychological related studies that do not require personal therapy like those who studied applied psychology or educational psychology. Student 7, a Ph.D. student of counseling psychology expressed in an interview, "before I went for counseling psychology course, my orientation was teaching. I am a teacher by profession" (November 25, 2020).

The counseling students were also asked about what they think personal therapy should be in counselors' training, Figure 2 represents their responses.

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**Figure 3 What Personal Therapy should be in Counselors' Training?**



As regard the postgraduate counseling students' opinion on what personal therapy should be in their training, majority (71%) of the students across the selected universities hold that personal therapy should continue to be a mandatory requirement for all counseling students. In support of the quantitative findings about the perception of counseling students about personal therapy and its being made mandatory requirement and why it should remain so, many of the interview participants expressed that mandatory personal therapy is an important aspect of their training and it should remain so. A Ph.D. student awaiting graduation expressed that personal therapy as a mandatory requirement

...is an important thing because different students will be experiencing different issues during their learning. This will be an opportunity to deal with those issues.... And again, ... they are also learning, so that it will be very important to them to learn from the same process. (Interview, November 30, 2020).

One of the professional counselors also hold that mandatory personal therapy is important to limit the abuse of the counseling profession which she had observed with “many psychologists who are complicated, unmanageable, emotionally immature and plain unaware of their emotions and attitudes” (Interview, November 26, 2020).

Although, more than a quarter (28.7% from Figure 3) of the counseling students hold that personal therapy should not be made mandatory, one of the students interviewed opined that while personal therapy may be recommended, it should not be made voluntary. This is because, as noted by a counselor, if it is made voluntary, “it may not, and it will not achieve the purpose for which we are training” (Interview, November 25, 2020).

If it is to remain mandatory, a counselor educator 2 noted, it should be accompanied with very good explanation for

...it is through proper information and explanation that people will be able to connect with the reason for being asked to experience personal therapy as a requirement.... If proper explanation can be given at the onset, before they engaged in those counseling sessions, counseling students will feel more comfortable.... (Interview, November 25, 2020).

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### ***Continuity of Personal Therapy after Graduation***

Theoretically, if personal therapy as a mandatory requirement yields positive outcomes in terms of personal and professional developments, it is expected that counseling students will continue with personal therapy after graduation. Table 2 showed the result of the investigation of the likelihood of counseling students continue personal therapy after the completion of the required one.

***Table 2 Continuity of Personal Therapy after Graduation from Counseling Program***

	<b>Strongly Disagree (%)</b>	<b>Disagree (%)</b>	<b>Agree (%)</b>	<b>Strongly Agree (%)</b>
I will always need counselling to deal with my personal issues	6	28	40	27
I will continue personal therapy after graduation	2	9	62	27
I can handle my problems by myself	17	53	17	3
Since I completed my personal therapy as a mandatory requirement, I have been to voluntary personal therapy	7	32	48	13

From the findings as shown in Table 2, 67% of the respondent agreed that they will always need counseling to deal with their personal issues which is in consonance with the 70% who disagreed that they could handle their own problems. Meaning that these counseling students see their own needs through self-awareness to also be vulnerable or prone to having personal and professional issues that require professional help. Although 89% indicated that they will continue personal therapy after graduation, only 61% indicated that they do so.

However, from the interviews conducted, there are those who frequent personal therapy and those who do not. For instance, a student (November 24, 2020) stated although she had completed her required hours of mandatory personal therapy, she went for personal therapy two weeks from the day of the interview because she sometimes gets overwhelmed, so, she had to go for therapy. Also, one counselor said he has personal therapy once every month because of workload and sometimes he could go twice. He continues to say,

This is for my own personal development because I will pass if I don't. I know the importance and I also go for spiritual direction. I have somebody who can ask thoroughly how I do my work, take care of my wife and children.... Even if I missed my personal therapy, this one I can't miss. I think what brought me to this level is my experience of personal therapy, although, not the mandatory personal therapy. (Interview, November 25, 2020).

Also reflecting the appreciation of personal therapy, another Ph.D. student said, My last personal therapy was on 3<sup>rd</sup> week of October. Now in the training that I am doing, I am required to do 30 sessions that I spread with the mind that I would do the last ones towards the end of my training – I knew that I would do the last three and I still have two that I spread on once a month.

However, a good number of the professional counselors and counselor educators reported either never had personal therapy since their personal therapy as a mandatory requirement or had one personal therapy two or more years ago. For example, a counselor educator and a

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professional counselor who had the last personal therapy in two years ago did so to gauge where they were in terms of self-awareness and if they were still growing. Another counselor explained the rationale for the continuity when she said,

I had my last personal therapy this year (2020), I think February. You know as a counselor now as a result of my training, I have got to appreciate that even as much as I did my personal therapy throughout the training, I still need it because you know I am still living, experiencing, and interacting with the people and I could be carrying one thing or the other. So, it is my own motivation now. Nobody need to tell me now go for therapy – No. I do it whenever I feel I need it myself. (Interview, November 24, 2020).

A counselor educator also stated,

I think since I graduated, I only went to therapy once. I graduated Ph.D. in 2018, that was 2019; maybe a year and two-three months after my graduation because of the need for personal therapy on an issue.... I think we only had 5 sessions – like for a month and one week. (Interview, November 24, 2020).

## **DISCUSSIONS**

The postgraduate counseling students and counseling students in general will have no problem with the whole practice of personal therapy for this is what they are being trained to engage with people. They are also aware of the fact that they are not immune to psychological suffering that may warrant them to also seek persona therapy. This present study supports such proposition and expectation in that the postgraduate counseling students in this study show appreciation of personal therapy as well as having positive perception of it being made mandatory in their training. Majority of them also would want personal therapy to remain mandatory in the training of future psychologists and psychotherapists. Which means that mandatory personal therapy is of great importance in their training.

That the postgraduate counseling students had positive perception of personal therapy, whether mandatory or not, and that they would want it to continue being made mandatory were consistent with previous studies. Elkings et al.'s (2017) study found that clients generally had positive perception about the use of therapy. The finding about perception was also in agreement with the studies of Strozier and Stacey's (2001), Bike et al. (2009), and Pope and Tabachnick (1994), who respectively found that counseling students significantly rated personal therapy as essential, very important, and should be required in their training.

This study also found that personal therapy influences their personal and professional development especially for postgraduate counseling students to resolving their unfinished business. This agrees with Malikiosi-Loizos's (2013) finding that psychologists, psychotherapists, or social workers see personal therapy as a way to their own introspection, enhancement of self-awareness, handling their personal issues, and dealing with difficulties encountered in their training. And that they, themselves, would approach personal therapy would be in line with the view of Jung (1970) about the wounded healer who in recognition of his own wounds, sought healing, while healing others.

Notably is the fact that this study somewhat rejects the proposition of Brehm (1989) that when a number of freedoms are threatened, there will be a lot of reactance. Also, that using the term 'mandatory', can suggest that one's freedom has been violated, and may evoke the perception that one's free behavior might be curtailed, provoking psychological reactance (Moss, 2016) is rejected. Although, there were some students who had negative perception

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of mandatory personal therapy because it was mandatory, these were of great minority. Even those who may prefer personal therapy to be recommended and not mandatory for counseling students discourage it being voluntary.

The inconsistencies in the number of mandatory personal therapy sessions required of counseling students call for a concern. Although, majority of the respondents and participants in this study indicated practicum hours between 15 and 25 hours of personal therapy, hearing some students from the same university and undergoing the same program indicating different hours of required sessions, points to the problem in the communication or information about the required personal therapy.

Yet, some Kenya universities clearly listed the number of personal therapy hours in their program curriculum or program requirement. For example, to qualify for the award of the Master of Arts degree in counseling psychology, at Kenyatta University, a candidate must have passed all required units, complete and pass the practicum and the research project, and must have completed 25 hours of personal therapy (half of which should be done before practicum experience (Kenyatta University, n.d.). At the United States International university Kenya (USIU, n.d), each master's student in counseling psychology must complete 25 hours of personal therapy prior to registering for practicum. So, is it that the program curriculum is not available to the students, the faculty do not give proper education about the program requirement, or that the students do not make effort to find out what is required of them?

It is not surprising that this the majority postgraduate counseling students indicated that they would continue personal therapy after graduation. This is so, because they have positive perception of the practice of mandatory personal therapy, and they regard it as an important aspect of their training. Although, the frequencies at which they approach personal therapy appear low, this is how it should be. That is, personal therapy is approached as needed. By the time of graduation these practitioners would no longer be under obligation or observing a mandatory requirement, rather, they would freely take advantage of the resources available to take care of their personal and professional needs.

This was consistent with Orlinsky, et al. (2005) who carried out a quantitative research to examine the international dimension to the research-based knowledge of personal therapy among psychotherapists and psychologists in some European countries and elsewhere. The countries were of the residence of the therapists consisting of 14 countries namely, Belgium, Demark, France, Germany, Israel, New Zealand, Norway, Portugal, South Korea, Spain, Sweden, Switzerland, Russia, and the United States. The results showed that overwhelming majorities of therapists everywhere reported having been in personal therapists at least one time since their graduation from their training. This present study showed that the situation with professional counselors and counselor educators in Kenya is not different.

## **CONCLUSION**

In conclusion, this study showed that the postgraduate counseling students had positive perception of mandatory personal therapy and would want it to remain so. And that they would continue with personal therapy after graduation for their personal growth and professional development as needed. However, the faculty needs to do more to educate the counseling students on the program requirements especially about the rationale, the importance, and the duration of personal therapy in their training.

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