This article will describe and reflect on a research study that was carried out in 2008 and published in Counselling Psychology Quarterly in 2011. The study was entitled ‘Personal Therapy as a Mandatory Requirement for Counselling Psychologists in Training: A Qualitative Study of the Impact of Therapy on Trainees’ Personal and Professional Development’. The aim of the study was to explore trainee counselling psychologists’ experiences of mandatory personal therapy, and the impact it had on their personal and professional development (Kumari, 2011). This article will use an autoethnographic approach to reflect on the research that was carried out in 2008.

What is Autoethnography?

Autoethnography is a research method which allows authors to define, explain and methodically evaluate their own experiences of being part of a particular culture, over a prolonged period of time. According to autoethnographic researchers, traditional academic research is limited because the methods, as well as the
descriptions and interpretations that are used to explain the findings of such studies, are an insufficient way of describing people’s experiences. The approach combines elements of autobiography and ethnography to produce autoethnography (Ellis, Adams, & Bochner, 2011).

Autoethnographic researchers attempt to take away the usual, widely accepted standards of academic research which encourage the use of theories and language that can be difficult to understand. Instead, they prefer to put peoples’ stories and actual real life events at the centre of their research studies by writing in ways which are accessible to a wider audience. As such, autoethnography allows for an idiosyncratic voice to evolve which includes the author’s idiomatic expressions, as well as their feelings and thoughts about relationships that have developed throughout the research process. It is argued that the reader is more likely to relate to this unique self-expression, due to the fact that the writer expresses any difficulties they have had in understanding and carrying out their research (Ellis, Adams, & Bochner, 2011).

What Areas of Autoethnography Are You Using for This Article and Why?

The present article uses the dialogue approach, which allows studies to be presented as an interview or a conversation that has taken place between a number of people (Ellis & Bochner, 2000). I chose this approach as it enabled me to write about the research study, whilst at the same time, reflect on the decisions that I had made at the time of writing it.

The article also focuses on three areas of autothenography: sincerity, contribution and rich insight, each of which will be described in turn. The three aspects of autoethnography allowed me to describe why I chose this area of study and how I carried out the research. They also allowed me to look at what other authors have said about my work and to reflect on this and respond to it. Also, I wrote a reflective journal throughout the research process in which I documented my thoughts and reflective comments as the study progressed. Writing this article has allowed me to use the reflective journal to remind myself about some of the challenges that I faced throughout the research process. Firstly, the criterion of sincerity refers to how much a research study is characterised by authenticity, openness and clarity. It includes the notions of confirmability and dependability and is particularly applicable to ethnographic research, as it is interested in what drives the author and what their objectives are (O’Riordan, 2014). Sincerity also refers to the ways in which a study is designed, carried out, and how it is presented. It is applicable in autoethnographic research, as it is reliant on the actual findings of the researcher whom has been engaged with a particular culture over a long period of time.

A common criticism of autoethnography is that researchers make references to their personal memory as if it were a reliable data source. It is therefore, essential that readers can make judgements about the length of time and the depth to which the researcher was engaged in their area of study, and to understand if this was adequate enough for the research. Accordingly, the method has to be thoroughly detailed enough for readers to evaluate this (Ellis, Adams, & Bochner, 2011).

Secondly, contribution, one of the fundamental concepts in autoethnographic research is around the significance of participants’ stories and the ways in which those stories of experience are treated, interpreted and reacted to, rather than the credibility of the actual research studies themselves (O’Riordan, 2014).
standard of any research study has to be judged on the extent to which the work has furthered knowledge and understanding of a particular subject area. For researchers using the autoethnographic approach, the aim of their work is to further knowledge around social and cultural aspects of life (Ellis et al., 2011; Richardson, 2000, as cited in O’Riordan, 2014).

Thirdly, according to the criterion of rich insight, appraisals about ethnographic research are based on the depth of understanding about the area of interest. This involves an idiosyncratic process of self-reflection in order for the researcher to gain this insight (O’Riordan, 2014).

According to O’Riordan (2014), ethnographic research methods are suitable to allow a thorough observation of people, in order to develop an in-depth understanding of their frame of reference and their culture. Therefore, ethnographic research is evaluated on the valuable awareness it gives into the area of interest. An essential part of autoethnography is reflexivity, a method of self-reflective study which forms the foundation of such insights. During the study, the author has to take note of their behaviour and thoughts as they occur during the process of observing participants in their study. As the author writes up their research, they need to include themselves into the research. This can be difficult as one of the fundamental concepts of autoethnography is that the self has many facets and layers and is constantly changing, rather than being something that is permanent and inflexible. It is challenging to write about oneself whilst also trying to gain some distance from oneself. Autoethnographers are not as focused on providing information about themselves, instead they are focused on finding a distinctive way to express and share the findings of their work, in ways which exceed the constraints associated with academic writing.

Why Did You Decide to Look at This Area?

At the time of writing the 2008 study, the British Psychological Society’s Division of Counselling Psychology required trainees who undertook professional training in counselling psychology, to complete 40 hours of personal therapy, in order to achieve chartered status (British Psychological Society Board of Examiners in Counselling Psychology, 2006). Also, most of the United Kingdom Council for Psychotherapy (UKCP) member associations specify that trainees engage in a minimum number of hours of the same type of personal therapy that they will offer to their clients after qualification. The requirements in the UK are similar to those in other European countries that also require trainee psychotherapists to engage in a certain number of hours of personal therapy (Rizq, 2011).

One of the main reasons that I chose to focus on this area for my study, was due to my own experiences of completing 40 hours of personal therapy, as part of the same counselling psychology course as the participants that I interviewed. I was interested in learning more about others’ experiences of personal therapy, partly because I was aware of a change in my attitude throughout the process. I had not completely understood at the beginning of the course that personal therapy was a mandatory training requirement. I assumed that it was an aspect which each student had a choice about, rather than it being an essential component of the course. Initially, I had a negative attitude towards mandatory personal therapy but the more I engaged in the process, the more I developed an awareness of its potential value.

I felt angry about the cost of therapy, particularly as I was already paying a lot of money to attend the course and because I was barely able to manage financially. I also felt, at that time, that there was no need for me to
see a therapist, as I had no particular issues that I wanted to work on. I was functioning well, despite the fact that I was juggling working full-time with engaging in such a demanding course. As a result of these issues, I felt forced into attending therapy, knowing that if I did not do so, I would not pass the course and therefore I did not actively participate, at least, for the initial fifteen sessions. However, I did find that this changed over time as I learned to trust my therapist; I was then much more interested and willing to engage in the process, but I also had the attitude that I should make the most out of it as I was paying so much money for it.

I started thinking about doing the research whilst I was engaging in personal therapy during the second year of the course and it was during this time that I submitted my research proposal. I started the research in the third year of the course so by this time I had spent two and half years on the same course as the participants. The research study took about twelve months to complete including the time taken to write the proposal, complete and write up the literature search, conduct and transcribe the interviews, analyse the data and write up the results and the discussion.

**How Did You Collect the Data?**

I carried out eight semi-structured interviews using a series of open-ended questions. I wanted to obtain qualitative data regarding participants' perceptions and experiences of personal therapy during their counselling psychology training course. Seven females and one male participated in the study. Seven of them described their ethnic origin as White British and one described themselves to be of Indian origin. The main criteria for inclusion into the study required that respondents had to have completed the mandatory 40 hours of personal therapy.

**Ethics**

Prior to beginning the study, I submitted a research proposal which was approved by The University of Teesside School of Social Sciences and Law Research Ethics Committee. This included the interview questions and the method of data collection. Before each interview, I ensured that the participants were fully informed about the research aims and methods to be used in the study by giving them a formal letter and consent form, which I asked them to read and sign.

I assured the participants that all of their personal details would remain strictly confidential and that I would destroy any tape-recorded data once I had completed the project. At the end of each interview, I gave the participants a debrief form, which included my contact details if they required further information about the study. I also informed the participants that they had the right to listen to their individual tape recordings.

**Procedure**

I sent an electronic message to second and third year trainees, which included further information about the study and my contact details. The participants contacted me via electronic mail and we arranged a mutually convenient time for the interviews to take place. I carried out all of the interviews at The University of Teesside Psychological Therapies Clinic and each of them lasted approximately one hour. I transcribed the interviews and I then sent each individual transcript to the interviewees by electronic mail. I asked all of the participants to read the transcripts to decide whether they were an accurate reflection of their interviews. I also asked them to make any additional comments or changes if they thought this was necessary.
Data Analysis

I analysed the qualitative data using Interpretative Phenomenological Analysis, (IPA) as described by Smith and Eatough (2007). One of the purposes of the approach is to explore an individual's experiences, and in doing so, learn more about how they create an understanding of their personal and social world. The emphasis is on the person's own beliefs and judgements and their descriptions of particular experiences, rather than an attempt to create an objective account of any actual events. According to Daw and Joseph (2007), the production of qualitative data allows the researcher to obtain themes which are applicable to the research question. Analysis of the data produced four major themes which incorporated the participants' experiences of personal therapy.

Why Did You Decide to Use the IPA Approach?

The IPA approach suited my aims for the study as it is about generating themes from the data, rather than having specific hypotheses beforehand (Daw & Joseph, 2007). I was keen to get as true a picture as possible of participants' experiences, without my own views or biases influencing theirs. This was something I was very aware of beforehand because, although, initially I held strong views against the mandatory requirement to engage in personal therapy, my views changed the more I engaged in the therapeutic process. To guard against any biases, I made it clear when I gave the interviewees further written information about the study, that I was interested in exploring their opinions and experiences of personal therapy as part of the training requirements of the counselling psychology course. I also ensured that I did not discuss my own experience of engaging in personal therapy, as the interviews took place.

I was interested in gaining an in-depth understanding of participants' own experiences of personal therapy and what it meant for them to engage in it, both personally and professionally. The research into this area suggested that personal therapy for therapists was beneficial for numerous reasons; however, I wanted to know whether my fellow trainee therapists had had any negative experiences of it and how those experiences compared with the existing research literature at the time. I also wanted to gain a more balanced perspective and understand more about how it had been possible for other trainees to afford the cost of personal therapy and make the time to engage in it. I wanted to explore what that meant for them with regards to any impact on them personally, for example, did it mean they spent less time with their family and friends and what impact did the financial cost of it have on them.

My own experience was that I struggled financially to afford to pay for personal therapy, despite the fact that my therapist charged me a discounted rate of £35 per session because I was a trainee therapist. The total cost for me to complete the required 40 hours of personal therapy was £1,400 which I thought was a significant amount to have to pay, as well as having to pay the course fees and to travel to attend university. I also wanted to understand more about whether my colleagues thought personal therapy should be a mandatory requirement for trainee counselling psychologists or whether they believed there should be a choice about engaging in it.
What Have Other People Thought About Your Work?

There are a number of articles that discuss the findings of my study, specifically, about the benefits of engaging in personal therapy, both for qualified and trainee psychological therapists. For example, it has been argued that personal therapy enhances trainees’ clinical skills and knowledge, (Glover, Gray, & Tsapanidou, 2014; Koch, 2015; Malikiosi-Loizos, 2013; McClure, 2014) improves their understanding of the therapeutic process, (Foley, 2013; Glover, Gray, & Tsapanidou, 2014; Malikiosi-Loizos, 2013) and that it allows trainee therapists to develop self-awareness, (Malikiosi-Loizos, 2013; McClure, 2014). It has also been stated in the literature that personal therapy improves therapists’ self-esteem, reduces social isolation and improves symptoms of mental health problems (Malikiosi-Loizos, 2013).

Some of the articles also highlighted other benefits of personal therapy for therapists, for example, that it provides them with a good foundation in understanding what the work they will do entails (Malikiosi-Loizos, 2013). The same author also highlighted findings that therapists who engage in personal therapy also learn more about personal relationships between themselves and their clients as they are able to develop an understanding of transference and counter-transference reactions within the therapeutic relationship.

Other issues that were raised in the articles that I read were that personal therapy allows the therapist to develop core skills such as “warmth, empathy, genuineness, patience and tolerance” (Malikiosi-Loizos, 2013, p. 41). Therapists who engage in personal therapy also develop a greater awareness of personal relationships, gain first-hand experience of clinical techniques, and improve their ability to work with clients, as well as improve their clinical skills. Personal therapy also allows therapists to develop a greater understanding of what it feels like to be the client, (Devau-Brock, 2013; McClure, 2014; University of Alberta, n.d.) and a greater self-awareness about issues from their own past and current life, which may impact on their work (Devau-Brock, 2013).

Although it is good to see that other studies have used the research findings to highlight the benefits that psychological therapists can gain in engaging in personal therapy, it is also somewhat disappointing as there is very little focus on the negative impact that personal therapy can have on trainee therapists’ personal and professional development. Therefore, in some ways, I do get a feeling of déja vu when I read the studies that have cited my work. I remember thinking at the beginning of the original study, how little research there was about any negative aspects of mandatory personal therapy and how frustrated I was by that and that, although the potential benefits are highlighted in numerous studies, there was very little written that provided a more critical, balanced view of personal therapy for therapists.

The research to date into this area has been carried out by either trainee or qualified psychological therapists, who may be unaware of their own biased views and opinions about the effectiveness of psychological therapy or who perhaps like to think that it must be helpful to their clients as they are practicing therapists. It is possible that there is a vested interest amongst some therapists to find evidence that seemingly provides support for the work they do. Perhaps emphasising any negative aspects of personal therapy for therapists indicates that the work that they do is actually not as helpful to either trainee therapists or to clients as therapists would like to think it is.

Having said that, some of the studies that cited my work do highlight the disadvantages for therapists when they engage in personal therapy but for some, such as Hewitt (2014) and The University of Alberta (n.d.) it is...
merely an acknowledgement that therapists found the experience of personal therapy stressful. However, there was no discussion about why this was so, which again, was disappointing as there are a number of reasons why this was the case. In my opinion, these are all reasons that had a direct impact on trainees and limited the benefits they could gain from their experience of personal therapy. Considering the financial cost and the time that it takes to engage in 40 hours of personal therapy, the gains trainees make should justify the potential losses of time, effort and money. This is particularly relevant for courses that require students to complete academic requirements, clinical work and supervision, as well as balancing real life responsibilities which include paid work to live, as well as to engage in such courses.

Other researchers such as McClure (2014) do acknowledge that therapists in the Kumari (2011) study found therapy to be stressful; they stated that it was the financial cost of it that led to the stress. However, the cost of therapy was not the only issue that led to the additional stress. Trainees also stated that they found balancing the demands of engaging in 40 hours of therapy with attending university, as well as completing the clinical work and supervision, stressful (Devau-Brock, 2013; Edwards, 2013; Koch, 2015).

One study by Foley (2013) that cited my study, summarised the findings of it really well, particularly how the mandatory element of personal therapy had a negative impact on the relationship trainees had with their therapists, but also that it limited the potential benefits trainees could gain from their experience of personal therapy. The aim of Foley's study was to explore therapists' experiences of providing mandatory personal therapy to trainee psychotherapists which, as far as I understand, is a somewhat under-researched area. Research into this area seems to be more focused on trainee therapists' experiences of engaging in personal therapy, rather than the experiences of therapists in providing therapy. The study found that there was a negative impact upon the relationship that trainees had with their therapists, particularly in relation to establishing trust. It also found that trainees tended to avoid talking about any difficult life experiences or any negative emotions as a way of dealing with the problems associated with having to complete therapy.

**What Made the Paper so Significant?**

On reflection, I remember having so much enthusiasm for this particular subject because of my own experiences and the challenges of having to complete 40 hours of personal therapy. That in itself was the driving force behind my motivation to explore my colleagues' experiences of therapy in a more formal way. I remember having had numerous informal discussions with them about their experiences of therapy and these discussions also led me to want to find out more about what was written in the research literature on the subject. The experience of engaging in therapy really brought about strong feelings in me since I could find no clear justification, neither from the course tutors, the British Psychological Society, nor within the literature that I read as to why trainees were required to have such a significant amount of personal therapy.

I also think the article was well written, although this was following a number of drafts which I completed over a long period of time. I think I was also able to critically analyse the research into this area and I was aware of the limitations, particularly the fact that I used a small sample to complete the study. Also, I was lucky enough to receive support and guidance from my university supervisor Alan Winthrop and a friend and colleague Dr Pamela Lynch, which helped me with the critical analysis of the literature and to summarise the findings of my study in a meaningful way. At the time of writing the paper, there was not a vast amount of literature into this
subject area, but from what I can see, the interest in the subject seems to have grown and it still remains a really debatable subject.

**What Are the Ingredients for a Successful Paper?**

I think curiosity and a genuine interest in understanding a particular subject in greater depth are two of the key elements that are necessary to write a successful paper, given the length of time and effort that is required to carry out such a study. If curiosity and genuine interest are not there at the beginning of a study, then sustaining the effort and momentum that is required for such a project is likely to be really difficult to maintain. Ideally, I also think it is important for the researcher to be aware of their own biases and motives and the ways in which they may influence their work. The authors should think, either before beginning their research, or as they work on it, about how they can limit the effects of any biases on their work.

I think it is also important to be realistic about the time that the study is likely to take, given all of the elements that are required, and to have excellent organisational and time management skills. It is also crucial to develop a plan prior to starting this type of research, which includes expected dates by which the various stages of the study should be completed. However, having some degree of flexibility within that plan is essential, as things are unlikely to run 100% smoothly. For example, my experience of carrying out the interviews was that some of the trainees had to re-arrange their interview dates and times with me due to unforeseen personal circumstances.

I also think it is important to identify the gaps that exist within a particular area of research and the ways in which a study can make a contribution by filling those gaps. What does the researcher want to cover, for example, that has not already been covered by existing research and what will be different about their study, what sort of a contribution will it make and to what area? I also think that researchers should identify supervisors and mentors as early as they possibly can so that they can ask for support when they need it.

**What Should Other Researchers Focus on?**

I think there should be more research on the negative aspects of therapy so that the findings can be used to highlight the need for changes to current requirements for mandatory personal therapy. I strongly believe that this area needs further exploration as there is still so little written about it. However, as I was writing this article, I was curious to know whether the British Psychological Society Division of Counselling Psychology had made any changes to their requirements since I completed the course. I emailed them in November 2015 to ask them whether trainee counselling psychologists are still required to have 40 hours of personal therapy as a mandatory requirement of their training. I explained that this was the case when I completed the MSc in Counselling Psychology. They stated that:

“The Society’s standards for accrediting Counselling Psychology training still stipulate a requirement that trainees engage in personal therapy. The standards no longer specify a number of hours of therapy, but do require that trainees, by the end of their training, understand the experience of therapy through active and systematic engagement in personal therapy which will enable them to:
a. Demonstrate an understanding and experience of therapy from the perspective of the client which will be utilised to guide their own practice,

b. Demonstrate an understanding through therapy of their own life experience and understand the impact of that experience upon practice,

c. Demonstrate an ability for critical self-reflection on the use of the self in therapeutic process”.

They also stated that:

“It is for individual programmes to operationalize the requirement for ‘active and systematic engagement’ in personal therapy and to specify any minimum number of hours that they consider is appropriate to demonstrate fulfillment of this requirement” (British Psychological Society, personal communication, November 20, 2015).

I also asked the British Psychological Society two further questions: firstly, when did they decide to change the requirements so that they no longer specified a minimum of 40 hours of therapy, and secondly, on what grounds did they base these changes on. Interestingly, I did not get a response to my questions which suggests to me that the changes have been made without being guided by any evidence and again, without any clear justification.

From the literature that I reviewed, there are six reasons that are commonly cited about why personal therapy is beneficial for therapists. That it enhances their understanding of their profession through personal experience and it allows them to explore any previously repressed issues which would be impossible to access, unless they engaged in therapy (Buckley, Karasu, & Charles, 1981). Trainees can also gain first-hand experience of clinical techniques (Grimmer & Tribe, 2001), as well as a greater awareness of what it feels like to be the client. This in turn leads to a more empathic understanding of their client’s difficulties (Norcross, 2005).

It is also argued that the trainee will gain a better understanding of interpersonal dynamics which, in turn, will increase their understanding of the aims of therapy and reduce the likelihood of transference reactions occurring (Geller, Norcross, & Orlinsky, 2005). It has also been suggested that personal therapy improves the therapist’s emotional and intellectual functioning which results in positive changes for the clients (Wiseman & Shefler, 2001).

However, a burning question for me, both at the time that I was carrying out the original study, and now is, where is the evidence that engaging in personal therapy is beneficial to the point that it improves a therapist’s clinical work? In my opinion, if there was some clear evidence that suggested this was the case, then that would be enough justification for the British Psychological Society to continue to stipulate mandatory personal therapy as part of the requirements for counselling psychology trainees.

Most of the research around psychotherapists’ experiences of personal therapy has looked at their perceptions of how therapy has influenced their clinical work, rather than any objective measurement of their client's outcomes or narrative feedback about their experiences of therapy. For example, Macaskill’s (1988) review of three studies in which therapists completed questionnaires and surveys about their experiences of therapy found that only 14% of respondents believed that therapy made a significant impact on their professional practice. On the other hand, 45% said that therapy had very little impact on their clinical practice whilst 32% stated the impact of therapy upon their clinical practice was nil. Also, Clark’s (1986) review of the literature
concluded that there was no evidence that supported the view that psychotherapists’ engagement in personal therapy led to better clinical outcomes.

Looking back at the findings of my 2008 study, one of the major themes that emerged was that mandatory personal therapy led to additional stress for the trainees that I interviewed. They also stated that personal therapy actually disrupted their clinical work as they became preoccupied with issues that arose during their own therapy. They described how they were unable to give their clients their full attention and how therapy had led to a detrimental impact on their own functioning.

I would argue that future research into this area needs to take more of a combined approach to answer the question of whether personal therapy for therapists actually improves clinical outcomes. This should include quantitative and qualitative methods to allow clients’ clinical outcomes to be measured. As an example, there could be two groups of practicing therapists: one group that engages in personal therapy and another one that does not, (the control group). Both groups give their clients measures at every session to ascertain the severity of their symptoms throughout therapy and both groups also ask clients for their feedback about their experiences of therapy once they have completed the process. This combined approach would provide quantitative data about any changes in clients’ symptoms, and qualitative data about their experiences of therapy.

Are There Any Other Concluding Remarks You Would Like to Make About the Paper or Your Experiences of Writing it?

Writing about my research from an autoethnographic perspective has been a new experience for me. I found the process challenging as although my original study was written in a formal, academic style, this article has used the autoethnographic approach, which uses a less formal style, as it needs to be more accessible to a wider audience. For me, it feels as though I have had to unlearn what I learnt whilst I was completing my Masters degree about writing at Postgraduate level. At the same time, I feel as though I have learnt something new about a research method that I had never used before. I found the process slow, frustrating and, at times, deskilling as I had to learn about the autoethnographic method by starting from the very basics of the approach. Although I read numerous articles and books that have been written about autoethnography, I could not understand how to write using this style.

One of the problems I encountered was that there is very little literature about writing in an autoethnographic style, something which I searched for after feeling like I was completely ‘in the dark’ during the initial stages of writing this article. However, this makes sense after reading O’Riordan’s (2014) explanation about autoethnographers’ reluctance to start developing guidelines about how to write in an autoethnographic style. He argued that this is likely to have the opposite effect of the very thing that the approach is trying to encourage, which is the researchers’ freedom to express themselves. Personally, I have found the approach liberating, less restrictive and a great method which allows free expression, something which I have really enjoyed.

Another challenge I have faced whilst writing this paper has been the fact that I completed the original study as part of the MSc in Counselling Psychology in 2008. I revised it as part of my submission to the Counselling Psychology Quarterly journal in 2011 and have not read many articles about the subject since this time. It has
been a really enjoyable experience to reacquaint myself with this subject again and I have found my passion for
the subject reignited once again as I have written this article. This has been a great opportunity to learn
something new about a subject I felt very strongly about, both during the time that I engaged in therapy, and
now.

To conclude this paper, I have focused on three areas of autoethnography to reflect on a research study I
carried out in 2008 entitled ‘Personal therapy as a mandatory requirement for Counselling Psychologists in
Training: A Qualitative Study of the Impact of Therapy on Trainees’ Personal and Professional Development’
(Kumari, 2011).

Firstly, sincerity allowed me to reflect on the reasons why I chose this area for my research. I was also able to
provide a detailed description of my objectives for the study and how it was designed and carried out, including
the data analysis. The second area, contribution, allowed me to read a number of articles that cited my work
and reflect on and respond to what other authors have said about it. This was a really interesting but frustrating
process for me as I could see that there has been so much more research into this area since I wrote my
original article but yet none of the findings seem to be incorporated into changes that the British Psychological
Society have made for counselling psychology training courses. Thirdly, rich insight allowed me to reflect on my
previous work in an in-depth way. I was able to incorporate my thoughts and behaviours which I noted in a
reflective journal during the original study in 2008.

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