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The Attitudes of Postgraduate Counseling Students to Mandatory Personal Therapy in Selected Universities in Nairobi County, Kenya

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Abstract

Personal Therapy is an important aspect of most counselors' training worldwide. Being made mandatory can generate negative attitudes among postgraduate counseling students. This study thus investigated the attitudes of postgraduate counseling students to mandatory personal therapy in selected universities in Nairobi County, Kenya. A mixed methods concurrent design was adopted in the collection of both quantitative and qualitative data using online questionnaire and interview guides respectively. 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. The sample size was 255 consisting of 245 postgraduate students of clinical and counseling psychology, 5 counselor educators, and 5 professional counselors. Quantitative data was analyzed descriptively using frequencies and percentages while qualitative data was analyzed using content and thematic analysis. Findings of the study showed that majority (90%) of postgraduate counseling students had a positive attitude towards mandatory personal therapy; there was initial negative attitude of reluctance and resistance by 52% of the postgraduate counseling students; the postgraduate counseling students owe their change of negative attitudes to psychoeducation from their lecturers and therapists as well as therapeutic alliance formed with their therapists. It is, however, worrisome to find some postgraduate counseling students engage in unethical practice of disingenuousness such as obtaining a fake letter of personal therapy. It is more worrisome to find some professional therapists cooperating in such unethical practice. This needs to be critically and ethically addressed by the counseling training universities.

Keywords: Personal therapy, mandatory personal therapy, attitude, disingenuousness, attitudinal change, therapeutic alliance, psychoeducation, therapy letter.

Introduction and Background

Personal Therapy is an important aspect of most counselors' training worldwide. There are, however, different ways in which this is implemented from country to country, and university to university. Depending on the training modalities in place, personal therapy can be voluntarily practiced by postgraduate counseling students, recommended for some postgraduate counseling students, and can be made mandatory for postgraduate counseling students in some training programs. In Kenya, personal therapy is a mandatory requirement for graduation in counseling programs at certificate, diploma, bachelor's, master's and doctorate levels. One can only wonder what kind of attitude the postgraduate counseling students would have towards mandatory personal therapy considering having been to personal therapy, at least, in their undergraduate counseling education. This is what this study sought to investigate.

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 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). 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 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.

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. Yet, there can be an 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 benefit from personal therapy despite the mandatory nature of the therapy.

Theoretically, people value certain states of life involving freedom of choice and autonomy. When these states of freedom and autonomy are threatened, reactance is the result. This is the basis of reactance or psychological resistance according to the American psychologist, Jack W. Brehm (1966). For Brehm, reactance is a psychological state in which people respond in ways that attempt to restore the valued states. The degree of reactance experienced by a person depends on how important the freedom is to that person, the number of freedoms lost or threatened, and the strength of the threat (Brehm, 1966; Brehm & Brehm, 1981). This reaction is especially common when individuals feel obliged to adopt an opinion or engage in a behavior (Moss, 2016). Reactance encourages individuals to embrace an opinion that opposes the belief or attitude they were encouraged, or even coerced, to adopt. Consequently, it augments resistance to persuasion (Brehm & Brehm, 1981).

When freedom to do something is refrained, it can generate an attitude that may constitute stress and anxiety and as such jeopardize the positive outcome of what is to be done (Brehm, 1966). Counseling outcomes in terms of personal and professional developments are at their best when one freely approaches counseling as it is needed. It cannot be assumed that making personal therapy a mandatory requirement in counselors' training will bring about the opportunity for the students to undergo personal and professional development. This can be better understood when applying the ABC Model by Ellis (1957) who explains the connection between activating event (A), our beliefs/attitudes (B), and our emotional and behavioral responses/outcomes (C).

The outcome of an action is not predicted by the action alone, rather, also by the associated attitude. In other words, the attitude of postgraduate counseling students towards mandatory personal therapy will be important to understand some of the factors that may be responsible for the outcomes of personal therapy in training. If a student perceives personal therapy as a burden, for example, there is likelihood that the whole process of personal therapy may not yield intended outcomes. However, if the student has a positive attitude, there is likelihood that the objectives of the program requiring personal therapy of counselor students will be achieved. The student will appreciate it and will most likely continue to utilize personal therapy as means of ones personal and professional development after training.

According to Theory of Reasoned Action (TRA), there exists a relationship between attitude and behaviors (the A-B relationship) (Fishbein & Ajzen, 1967). The TRA was aimed at understanding an individual's voluntary behavior by examining the underlying basic motivation to perform a certain action (Doswell et al., 2011). TRA suggests that a person's behavior is determined by their intention to perform certain behavior. This intention informs their attitude toward the behavior and subjective norms (Fishbein & Ajzen, 1975 as cited by Barry et al., 2016). As Barry et al. noted, the best predictor of behavior is intention or what they called instrumentality which is the belief that a certain behavior will lead to the intended outcome. Instrumentality is established by three factors: the attitude towards the specific behavior, their subjective norms, and the perceived behavioral control. Hence, the more positive the attitude and subjective norms, the greater the perceived control and the stronger the person’s intention to perform the behavior. The attitudes of postgraduate counseling students towards mandatory personal therapy, therefore, will determine if it is beneficial or unnecessary waste of time and resources.

From this background to the study, it is clear that there are a good number of studies investigating the perception of psychologists, psychotherapists, and those in training about personal therapy required either in training or in licensure. Many of the available literature are old. Also, many of these studies focused on help-seeking attitudes toward mental health. Not many studies have focused on the attitude of postgraduate counseling students towards mandatory personal therapy as required in the counselors’ training program. This study hopes to bridge these gaps

Methodology

This study adopted mixed methods concurrent design involving collection of both quantitative and qualitative data, integrating them, and using distinct designs that may involve philosophical assumptions and theoretical frameworks (Creswell, 2018). This design will combine both descriptive statistics and content analysis. The target population for this study was all 635 postgraduate (Masters and Doctorate) clinical psychology and counseling psychology students from four universities and university constituent colleges in Nairobi County, Kenya. These universities were selected through stratified simple random sampling from the universities and university constituent colleges in Nairobi. The sample size of 245 clinical psychology and counseling psychology students was obtained using Yamane's (1967) formula for the quantitative data collection. This was proportionally distributed per university as shown in Table 1.

Table 1
Sample Size of Postgraduate Counseling Students in the Selected Universities

	Target Population	Sample Size	Percentage (Approx.)
University of Nairobi	102	39	16
Daystar University	326	125	51
Catholic University of Eastern Africa	107	42	17
Tangaza University College	100	39	16
Total	635	245	100

For the interview, 20 participants were purposively sampled, consisting of 10 postgraduate counseling students from the 245 quantitative sample, 5 counselor educators, and 5 professional counselors. Purposive sampling was used to ascertain that the participants were studying or had studied in any of the universities in Nairobi County. The total sample size was, thus, 255. Table 2 shows the demographic information of the interview participants.

Table 2
Demographic Information of Interview Participants and Date of Interview

Participants' Code	Gender	Education level	Profession	Academic Year/ Years in Practice	Interview Date
Student 1	F	BA Counseling Psychology	MA Student/ Counselor	2	24/11/2020
Student 2	M	BA Counseling Psychology	MA Student	2	1/12/2020
Student 3	F	BA Counseling Psychology	MA Student	2	2/12/2020
Student 4	M	BA Counseling Psychology	MA Student/ Counseling	1	3/12/2020
Student 5	M	BA Counseling Psychology	MA Student	2	2/12/2020
Student 6	F	MA Counseling Psychology	Ph.D. Student/ Counselor	9	30/11/2020
Student 7	F	MA Counseling Psychology	Pd.D. Student	2	30/11/2020
Student 8	M	MA Counseling Psychology	Ph.D. Student	1	1/12/2020
Student 9	F	MA Counseling Psychology	Ph.D. Student	1	3/12/2020
Student 10	M	MA Psycho-Spiritual Therapy	Ph. D Student	2	29/11/2020
Educator 1	M	Ph.D. Clinical Psychology	Counselor Educator	4	24/11/2020
Educator 2	M	Ph.D. Counseling Psychology	Counselor Educator	5	25/11/2020
Educator 3	F	Ph.D. Clinical Psychology	Counselor Educator	21	25/11/2020
Educator 4	M	Ph.D. Counseling Psychology	Counselor Educator	5	30/11/2020
Educator 5	F	Ph.D. Counseling Psychology	Counselor Educator	8	27/11/2020
Counselor 1	F	MA Counseling Psychology	Counselor	12	24/11/2020
Counselor 2	M	MA Counseling	Counselor/ Counselor Educator/Ph. D. Student	20	25/11/2020
Counselor 3	F	MA Counseling Psychology	Counselor	7	26/11/2020
Counselor 4	F	MA Counseling Psychology	Counselor	7	27/11/2020
Counselor 5	M	MA Counseling Psychology	Counselor	14	27/11/2020

As shown in Table 2, there were 10 student participants who were balanced in terms of gender, four were master's students, while the remaining six were doctorate students. These were interviewed between November 24, 2020 and December 3, 2020. Five counselor educators represented different universities. Three were male and two were female. Two were clinical psychologists and three were counseling psychologists. The period of working in an education

system ranged between 4 and 21 years. There were also five counselors, three females and two males, with work experience of between 7 and 20 years. They were interviewed between November 24 and 27, 2020. The demography of interviewed participants shows that they were knowledgeable enough to respond adequately to the interviews.

Quantitative data was collected from the counseling students at master's and doctorate levels using questionnaires. The qualitative data was collected using interview guides. Quantitative data was descriptively analyzed using frequencies and percentages while qualitative data was analyzed using content and thematic analysis.

Results

Attitude of Postgraduate Counseling Students towards Mandatory Personal Therapy

The attitudes of postgraduate counseling students were considered necessary to be investigated because it was conceptualized by the researchers that the counseling outcomes of the personal therapy as a mandatory requirement depended on it. The finding was presented in Table 3.

Table 3
Postgraduate Counseling Students' Attitudes towards Personal Therapy as a Mandatory Requirement

	Strongly Disagree (Approx. %)	**Disagree (Approx. %)**	**Agree (Approx. %)**	**Strongly Agree (Approx. %)**
I was willing to share my secrets with my therapist	4	11	56	29
I can't wait to complete my required hours of personal therapy	9	28	45	18
I wouldn't mind having two counselling sessions in a week	8	14	43	35
Personal Therapy is an extra burden (financial, time, stress) in my counselling education	29	48	16	7
I initially had a negative attitude towards personal therapy being mandatory	16	32	46	6
I changed my negative attitude towards personal therapy being mandatory in the course of the personal therapy	16	24	43	17
I have positive attitude towards personal therapy as a mandatory requirement	7	3	55	35

It was found that 90% of the respondents 'agree' and 'strongly agree' to have positive attitude to personal therapy as a mandatory requirement. Majority (85%) of the respondents 'agree' or 'strongly agree' that they had no problem sharing their secrets with their therapists. It was also found that 52% of the clinical psychology and counseling psychology students initially had negative attitude to mandatory personal therapy with 23% indicating that personal therapy was an extra burden in their counseling education in terms of finances, time, and stress. From the study, 63% of clinical psychology and counseling psychology students "agree" or "strongly agree" that they can't wait to complete their required hours of personal therapy with 78% indicating that they would not mind having two sessions of mandatory personal therapy in a week. However, 60% of the students indicated that they changed their negative attitudes towards mandatory personal therapy in the course of their personal therapy.

Positive Attitude to Personal Therapy as a Mandatory Requirement

Study findings from the majority of the interviewees supported the majority (90%) of the respondents who indicated having a positive attitude towards mandatory personal therapy (Table 3). Factors responsible for this positive attitude, as presented from the interviews, can be thematically put as: prior experience of personal therapy before postgraduate counseling training; onset psychoeducation; and curiosity.

i. **Prior Experience of Personal Therapy before Postgraduate Counselors' Training**
Prior experience of personal therapy during counselors' training at certificate, diploma, or bachelor's level enhanced the appreciation and positive attitude to mandatory personal therapy. Some postgraduate counseling students stated that they had been to personal therapy before joining the post graduate counseling program. For example, Student 1 said, "before I started counseling training, I had issues, that's why I was used to going for counseling…. So, it (mandatory personal therapy) was not a big deal for me" (Interview, November 24, 2020). Some also pointed to the fact that their prior experience of mandatory personal therapy at a certificate, diploma and/or bachelor's counseling program helped them to develop positive attitude to personal therapy. Counselor 1 also said, "Yes, yes, yes. I remember very well… this was at diploma level and this was repeated at my first degree and the authority then made sure that we all went through this process" (Interview, November 24, 2020).

ii. **Onset Psychoeducation**
Positive attitude was also enhanced by psychoeducation from the responsible faculty member on the need for postgraduate counseling students to undergo personal therapy in the counseling training. According to Counselor 5, the benefit, and modalities of personal therapy as a mandatory requirement was communicated right from the beginning. This

was supported by Educator 5 who stated that it was the Head of Department who explained what personal therapy was and why it was mandatory.

iii. **Positive Curiosity**

Curiosity was another reason for some students to have positive attitude towards personal therapy. Student 6, a PhD. student explained this when she said,

"The first time, I was so excited because I needed to see how it was done; I needed to see how the theories work in practice. I actually longed for each day I went for the therapy…. I needed to see the skills…" (Interview, November 30, 2020).

In general, positive attitude is a contributor to the reason why postgraduate counseling students experienced positive outcomes such as achieving personal and professional developments.

Negative Attitude to Personal Therapy as a Mandatory Requirement

It was also revealed in this study that a good number of postgraduate counseling students initially had negative attitude to personal therapy and especially for being made a mandatory requirement in their program. The negative attitudes were thematized from the interview findings as: resistance, reluctance (unwillingness), denial, time wasting, and negative curiosity.

i. **Resistance**

Some students showed resistance towards the mandatory personal therapy especially when they did not know what to expect or its importance in their training. This was buttressed by Educator 4 when he said, "Students express resistance… asking, why are you asking me to go for counseling when I don't have any issue? Because they believe they have to go when they have issues, and that tends to bring some resistance…. (November 30, 2020).

ii. **Reluctance (Unwillingness)**

Reluctance is another form of negative attitude displayed by some postgraduate counseling students to mandatory personal therapy. Educator 4 again said, "I find a lot of reluctance; the students are not willing. Because when we tell students that one of the things you must do is personal therapy…. They don't see it as beneficial" (Interview, November 30, 2020).

iii. **Denial**

Another form of negative attitude was denial. Some students expressed that they were in denial that they had to go for personal therapy. Therapy was supposed to be meant for clients, not counselors. Educator 2 remembered when he was a student. He stated, "First, I was in denial…. I thought I was supposed to be the one to listen to the clients…. But since… one may be considered as not fulfilling the program requirement…, I was coaxed to undertake personal therapy (Interview, November 25, 2020).

iv. **Negative Curiosity**

There was a form of curious attitude by some students. There was a kind of 'Ok let's wait and see' attitude especially when the students didn't know what to discuss or had no issues to present.

v. **Waste of Time and Money**

Mandatory personal therapy was also considered a waste of time and money. The time and financial demands of personal therapy generated negative attitude. A waste of time considering the academic demands and other important engagements like work after

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> school, and a waste of money for someone who thinks there are no issues that warrant personal therapy. According to Student 7 "I found that (mandatory) personal therapy can be very demanding. And when it comes to a student who does not have enough money… I found it a bit [pause] may be [pause] I wish something could be done in some of the universities where it could be free. On the other hand, these sessions, I found that they are too many….. (Interview, November 30, 2020).

Attitudinal Change

Although the finding in Table 2 showed that more than half (52%) of the respondents reported initial negative attitude towards personal therapy, 60% of them reported changing this attitude. Student 7 and Student 9, for example, expressed that before they engaged in personal therapy as a mandatory requirement, their attitude was negative as they did not feel the need coupled with the number of required sessions which they considered too many and unnecessary. Student 8 added that, "in fact, I used to crest issues but later I came to appreciate the sessions and I was able to be helped" (Interview, November 30, 2020). Attitudinal change was facilitated by some factors. Figure 1 presents some of the people that facilitated change of the initial negative attitudes of postgraduate counseling students.

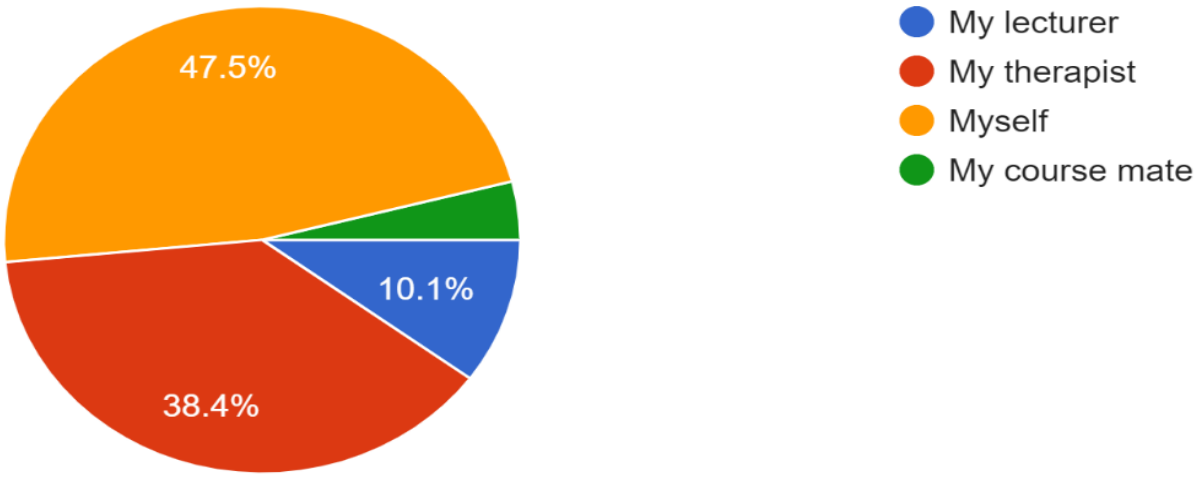

Figure 1: Persons Instrumental to my Attitude Change

Figure 1 shows the responses of postgraduate counseling students concerning the influence of their lecturers, therapists, and course mates on their change of attitude towards personal therapy as a mandatory requirement. It was found that 47.5% indicated that their change in attitude was self-motivated, 38.4% stated that it was their therapist who helped change their attitude, 10.1%

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was attributed to the lecturer, and 4% pointed to the influence of their course-mates. This means that, self-motivation was very important in the attitudinal change. However, among the other human factors (therapist, lecturer, and course-mates) that facilitated this change in attitude to personal therapy as a mandatory requirement, therapist was rated as most influential to attitude change. This was more evident in Figure 2 which showed the influence of psychoeducation used by the therapist in the change of attitude.

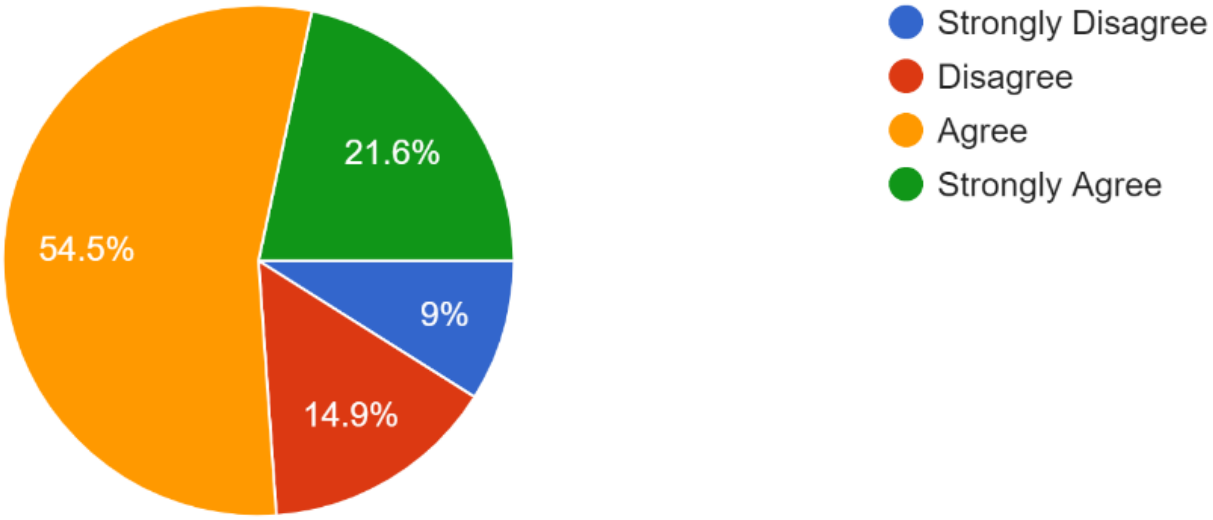

Figure 1: Psychoeducation by Therapists in the Attitudinal Change

Figure 2 showed that 76.1% of the postgraduate counseling students 'agree' or 'strongly agree' that their therapist offered psychoeducation about personal therapy as a mandatory requirement, leading to the change in attitude, apart from their self-motivation. Therefore, it can be said that the personal experience of personal therapists helped in the attitudinal change. According to Student 4,

> Before undergoing personal therapy, it was hard, quite uncomfortable and preoccupied with self since I did not know the therapist and what happens in counselling. I had never had such an experience before. Initially, I had some resistance, and this disrupted my ability to engage fully with the therapist. I also experienced the start of therapy as explosive with expressing or disclosing some things for the first time. Sometimes I was stressed because of confronting my own psychic ´woundedness´.
>
> However, as time went on the personal therapy as a mandatory requirement impacted on the potential to develop a relationship with the therapist and I started feeling more comfortable. Attending mandatory therapy changed my attitude to mandatory requirement…. I became more convinced of the need for it. In the beginning I saw the

> therapist as the expert but as therapy continued, I perceived it as a mutual process of walking alongside one another. By the end of the process, I experienced transformative change. The time period made me feel like we had only just opened up the issues and then we had to pack them away again.
>
> What motivated me was that I experienced the therapist as reliable and safe-always there for me. I felt personal therapy was a safe place to take difficult feelings and personal issues. Having an experience of therapists who had willingness to listen carefully, form and maintain a strong therapeutic relationship, show care, empathizes, persistent and work with me on mutually agreed upon goals were essential qualities that motivated me.
>
> Having someone take the time to fully listen, (added) value to my experiences and emotions. It was a great feeling that someone was spending that time just listening to me, making me feel that my feelings matter and that I matter. This had an obvious knock-on effect on my sense of self-esteem and my ability to accept and deal with the challenges of life as they arise. (Interview, December 2, 2020).

From the therapist's perspective, Counselor 2 stated,

> …counseling students come in reluctant for the first and second sessions but as they explore themselves and know that there is something they need to talk about, by the end of it, majority, I am not saying all, majority leave feeling ok and some want to continue. That has been my experience. (Interview, November 25, 2020).

From these experiences on attitudinal change therefore, it is clear that self-motivation and the approach of the therapist stand out in the factors influencing change from the initial negative attitude to the positive attitude towards personal therapy as a mandatory requirement. In the overall, Student 4 who was also a counselor seemed to summarize the attitude of postgraduate counseling students to mandatory personal therapy when she stated,

> According to my experience, the mandatory personal therapy can be both positive and negative. I have had student-clients who came as they were and freely shared their issues from the first encounter. At the end, their personal therapy becomes a transformative process. However, sometimes it has not been easy for some student-clients to undergo mandatory personal therapy. I have seen a few of them struggling to come for personal therapy and out of their sharing I could sense that they were stressed because it was mandatory. Some of them came for counselling and said they had nothing to share. Sometimes they may share but very little. Some frankly said that they have been sent for counselling and it was not their choice. But some changed their attitude as time goes on after experiencing what counselling is and the impact of it. (Interview, December 2, 2020).

Ethical Issues due to Negative Attitude to Mandatory Personal Therapy

Findings from the interviews revealed that there was an ethical issue which arose from the negative attitude to mandatory personal therapy. This was a form of disingenuousness**,** that is, the issue of dishonesty in the manner of reporting and showing the proof of undergoing personal therapy. Student 1 alluded to this when she said,

> I underwent personal therapy, and it was mandatory. Basically, many people didn't like it because it was mandatory…. I remember … some people would fake that they had personal therapy; I don't know whether it was because it was costly, and people didn't have money to pay for it so they would fake it. They would bring the letter. [Who gave them the letter?] They would consult some counselors… a practicing counselor and collect the letter that they have done these numbers of sessions. You can imagine being asked to pay KSH 1500 per session and you have to do about 30 sessions. You may not even have money to pay for transportation. That is why some people fake it. Also, the number of sessions is too much. Sometimes, you are stuck because you don't have something to say. Sometimes, you just create or fake a story for the counselor so as to have something to discuss. (Interview, November 24, 2020).

Educator 1 confirmed this when he shared his experience as a therapist,

> I think I have some Ph.D. students now, having their personal therapy with me. And the same negotiation. Ok. They asked for 50 hours of personal therapy that would go for almost a year. Ok. They requested that instead of having one hour a week, they asked, what if we are having two or three hours in a week, or two to three hours per session, so that within two or three months they would complete the required sessions. If I asked about what they think about issues to discuss, some of them will say, well, they ask us to come for personal therapy, maybe when we are discussing we will discover – so it is not really coming from them.
>
> It was just in the requirement…. like I said, students will always be students, hardly will you find anyone who would sincerely go through the fifty hours; normally you have one hour a week, that means almost a whole year of going for therapy. At the end of the day, it becomes so boring, it becomes so…, you know, you do a lot of repetitions. You know, counseling somebody who is not even presenting any complaints and will only come (and say) I need therapy – on what? For the therapist and the client, two of them, it will get to a point where it becomes too boring and then they don't know what else to do again or say. That is where fake result comes from and the client says just write something for me. How much is your money; take your money and write something for me. (Interview, November 24, 2020).

Disingenuousness here stems from different factors: Personal therapy being made mandatory; the length of time to complete the required hours of personal therapy; No issues to present; during personal therapy; Boring sessions of many sessions of personal therapy; Personal therapy was costly".

Discussion

Counseling students' own personal therapy has become a very essential part in training counselors in most parts of the world. It is what Irvin Yalom in *The Gift of Therapy* (Cited by Norcross, 2010) calls a tuning of the therapist's most valuable instrument, the therapist's own self. As important as personal therapy is, making it mandatory can trigger a negative attitude. This is because when a person feels coerced to do something, there is likelihood of an unfavorable impact on long-term outcomes (Theodoridou et al., 2012). While mandated therapy can provide external motivation to attend therapy, voluntary clients are believed to be intrinsically more motivated (Hachtel et al., 2019).

Surprisingly, as against what may be the possible attitude of counseling students towards mandatory personal therapy, this study revealed that majority of postgraduate counseling students had positive attitude towards mandatory personal therapy. For this reason, the postgraduate counseling students found it easy sharing their innermost stories with their therapists. The positive attitude by the postgraduate counseling students also relates to Motau's (2015) study where students were found to have positive attitude towards psychological help. Although, it is unlikely that the psychological help in question was mandatory. This negated Moss (2016) proposition that reactance can evoke a series of reactions such as promoting unfavorable attitudes towards the behavior or proposal that has been imposed, such as mandatory personal therapy or provoking adverse attitudes towards the source of any restriction.

To have the postgraduate counseling students express such positive attitudes toward mandatory personal therapy was, however, not without some prior knowledge and experiences of personal therapy. This could also be influenced by personal therapy as a mandatory requirement in their previous counseling related studies. In other words, some of the students had experienced personal therapy to deal with their life issues at certificate, diploma, and/or bachelor's levels of counseling training before entering postgraduate counseling program. Although, it cannot be said that all who had prior experience of personal therapy before their postgraduate counselors' education had positive attitudes, it is likely that majority gained appreciation of their prior experience which necessitated their positive attitude.

There are a few of the postgraduate students who expressed having negative attitude towards mandatory personal therapy. The negative attitude was unlikely to be geared towards personal therapy per se because this is what they were being trained to offer those who may need it. In other words, the negative attitude was due to other factors such as it being made mandatory, the amount of time to undergo personal therapy, no issues to present, and the financial burden it may constitute. That it is mandatory is enough to bring up negative attitude of resistance or reluctance. It is worth noting that coercive measures are thought to have a negative influence on the therapeutic relationship (Gilburt et al., 2008). People who feel capable of handling their own issues of emotional nature may consider mandatory personal therapy as a waste of time as previously found by Pope and Tabachnick (1994). Another thing is the financial burden mandatory personal therapy may impose on the students who already are struggling to pay for their tuition. Kumari (2017) expressed how financial constraint can make one angry about the whole process of personal therapy which one has no choice but to undertake.

From the ABC Model of Ellis (1957), it can be thought that mandatory personal therapy can generate an attitude that is based on irrational belief leading to unethical practices. This study found that personal therapy being made mandatory without considering some other factors like time availability and financial demands led to disingenuousness**,** that is, faking the therapist letter as proof of attending personal therapy. It is also worrisome to find that some professional psychotherapists can cooperate with a counseling student by issuing a letter of completion of therapy sessions that were never attended.

Negative attitude to mandatory personal therapy can change as Kumari (2017) noted, and this study showed the same. Most students with negative attitude to mandatory personal therapy changed this attitude when they found that it was beneficial after all as well as being psycho-educated by their therapists and members of the faculty. Psychoeducation is important not only in the attitudinal changes but also in attitude formation. This was consistent with Matthew et al. (2015) who found that psychoeducation was effective in improving knowledge, attitude, and reducing burden. Faculty members, therefore, need to intensify their efforts to offer psychoeducation to students at the beginning of their counselors' education. This can be done for the group of new counseling students irrespective of the level of education for group psychoeducation can improve group attitudes towards personal therapy (Rahmani et al., 2015).

Conclusion

In conclusion, it is clear that postgraduate counseling students can have both positive and negative attitudes to mandatory personal therapy in counselors' training with majority of students having positive attitude. Although, there were only a few students who expressed negative attitude, most students expressed initial negative attitude which later changed through psychoeducation from faculty and personal therapists, and therapeutic alliance with these therapists during the process of counseling. The negative effect of negative attitude in terms of disingenuousness constitutes a serious ethical issue which needs to be addressed by the faculty members and other stakeholders. Mandatory personal therapy is a good practice which should be presented in an attractive manner. It should be embraced as a support system and not a burden or a waste of time.

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