2019

Mental Health Counselors' Experiences in Personal Counseling

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The Office of the Provost

Walden University
2019

Abstract

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MS, Eastern Washington University, 2013

BA, Central Washington University, 2011

Dissertation Submitted in Partial Fulfillment

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Doctor of Philosophy

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Abstract

In various aspects of the counseling profession, instructors, supervisors, and colleagues often recommended that their fellow counselors engage in personal counseling for professional development and personal wellness. However, the existing literature has yet to explore the lived experiences of mental health counselors in personal counseling. The purpose of this transcendental phenomenological study was to explore the lived experiences of mental health counselors in personal counseling. Purposeful sampling was used to select 7 licensed mental health counselors in a Northwestern state. Data collection methods included semistructured interviews in person and via Zoom, an online video conferencing format. Interpretive phenomenological analysis was used to code data and analyze data. The result was five themes (therapist approach, personal growth, essential wellness, the client chair, and continuing education) and two sub-themes under the therapist approach (positive approach and negative). This study's findings provided insight into how mental health counselors experience personal counseling personally and professionally, which could influence future mental health counselors' decision to enter into personal counseling. With increased knowledge and awareness of how other mental health counselors experience personal counseling, more mental health counselors may choose to engage in personal counseling. As more counselors engage in personal counseling, there is a likelihood of increased health and wellness in mental health counselors.

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Dedication

I dedicate this dissertation to my parents, Jim and Vikki Gilden, who always believed I could do anything I put my mind and heart to, who encouraged and supported me on every step of this journey, and who never stopped believing in me.

Acknowledgments

I first want to thank my committee members for all of their help in getting me through this process. To my chair, Dr. Gray, your support and encouragement kept me sane through this process. For your very thorough editing which has enabled me to produce the greatest writing achievement of my life. To Dr. Linton, Dr. Fahr, and Dr. Saurez for helping me smoothly advance through this process. I am very thankful and grateful for you all.

To my sisters, Tiffanie and Taylen, for all of your love and encouragement. Taylen, for your selfless help with anything that helped make my life easier during this process, be that babysitting or help around the house. I love you both deeply.

To all of my participants who provided rich and in-depth information regarding their personal experiences. Thank you for sharing your stories. I am humbled and honored by your willingness to share with me.

To my community partners, Children's Home Society of Washington, Catholic Charities, Columbia Valley Community Health, and Confluence Health for your willingness to let me recruit participants from your agencies.

To all of the friends I have neglected over the last four-and-a-half years. Thank you for your understanding, love, and patience with me through this process.

And to the new friends I have made along this journey. Your support, encouragement, and guidance have been invaluable over the last four-and-a-half years. I could not have done this without you all. Thank you.

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Chapter 1: Introduction to the Study

Introduction

Counseling professionals are prone to experiencing psychological and emotional distress when working with individuals suffering from mental illness (Kastberg, Kiweewa, & Clingerman, 2014; Wolf, Thompson, & Smith-Adcock, 2012). Oftentimes, mental health counselors are recommended to engage in personal counseling for personal wellness, by instructors, supervisors, and colleagues (Wolf et al., 2012). The goal of personal counseling is not to achieve perfect wellness, for that does not exist, but to assist the counselor in processing personal and professional stressors that may impact their ability to be an effective counselor (Wolf et al., 2012).

While research addresses the different purposes for recommending personal counseling to mental health counselors, it had yet to explore the lived experiences of mental health counselors in personal counseling. Therefore, mental health counselors are being recommended to engage in personal counseling as a wellness activity without knowing how mental health counselors experience personal counseling. Thus, this study sought to increase understanding about mental health counselors' experiences in personal counseling to better inform supervisors and counselor educators in recommending personal counseling as a wellness and professional development activity.

Background

There are many reasons why a mental health counselor might enter into personal counseling. Byrne and Shufelt (2014) used a survey to explore the use of personal counseling

among counseling trainees through a survey methods study. According to the results, approximately 61% of participants had received personal counseling at some point in their lives; 71% sought counseling for personal reasons, while the other 29% reported a combination of personal and professional reasons. Students with no previous history of personal counseling reported a positive perception of the importance of counseling for personal and professional development. While this study explored students who have and have not sought counseling at some point, the students' experiences or outcomes were not addressed.

Kastberg et al. (2014) found three themes that emerged from their study on the impact of personal counseling on professional development: empathy for the client role, skill development, and personal growth (Kastberg et al., 2014). Wigg, Cushway, and Neal (2011) discussed the benefits to clinical practice of counselors engaging in personal counseling. Other themes in the literature included personal, professional, extended, and meta-reflections. Personal reflections included improved boundaries, increased insight, personal reflexivity, and self-acceptance. Professional reflections included greater empathy, greater self-awareness within sessions, and the development of additional skills. Extended reflections were less common but included the benefits of on-going counseling to address life's changes. Meta-reflections included a combination of these several benefits (Wigg et al., 2011). More research is needed to explore extended and meta-reflections to better inform applications to training programs and ongoing professional development.

Bellows (2007) took a different approach and explored the relationship between therapists and their own therapists, and the perceived impact of that relationship on the

therapists' clinical practice. Results indicated a positive correlation between therapists' positive relationships with their therapist and the importance of addressing problems in the therapeutic relationship with their clients. Counselor wellness was another common theme in the recent literature (Neswald-Potter, Blackburn, & Noel, 2013; Wolf et al., 2012). Wellness is essential in maintaining the counseling profession and it is the personal responsibility of each counselor to promote his or her individual wellness (Venart, Vassos, & Pitcher-Heft, 2007). Venart et al. (2007) stated that a counselor's wellness is the foundation of his or her work with clients and can impact the effectiveness with which she or he counsels. Therefore, this study was needed to examine the various experiences of mental health counselors in personal counseling in order to ascertain important experiences that could influence counselor wellness, professional development, and client care.

Problem Statement

Gaining a better understanding of the benefits of personal counseling for mental health counselors is an area of interest to counselor educators as they look to promote wellness in counselor trainees (Prosek, Holm, & Daly, 2013). The Council for Accreditation of Counseling and Related Educational Programs (2016) noted the importance of promoting counselor wellness and teaching wellness strategies to counselor trainees. Roach and Smith (2007) and Wolf, Thompson, Thompson, and Smith-Adcock (2014) found that counselors in training experience an increase in psychological stress during clinical training and experienced decreased personal wellness upon entering academia. There is a continual conversation within the counseling field as to the benefits of personal counseling as a wellness activity (Byrne & Shufelt, 2014; Kastberg,

Kiweewa, & Clingerman, 2014; Meany-Walen, Davis-Gage, & Lindo, 2015). Freud (1937) originally suggested that therapists engage in personal counseling throughout their careers to develop insight into blind spots and potential countertransference, which would have benefits for both professional development and client care.

While there is conflicting evidence as to the benefits of personal counseling, most professionals recommend personal counseling for both personal and professional development (Byrne & Shufelt, 2014; Kastberg et al., 2014; Luke & Kiweewa, 2010). Byrne and Shufelt (2014) found that 61% of the trainees had engaged in personal counseling at some point, while the other 39% reported using other ways of coping. Kastberg et al. (2014) found that 90% of the participants in their qualitative study had engaged in personal counseling at some point, while the other 10% had varying reason for having not engaged in personal counseling. Luke and Kiweewa (2010) examined their participants' experiences in group counseling and found that about half of the participants had previous experience in group counseling.

More than other counseling professionals, mental health counselors are likely to work with trauma and traumatic events, and thus increase the likelihood of compassion fatigue and burnout (Williams, Helm & Clemens, 2012; Thompson, Amatae, & Thompson, 2014). Counselors who suffer from compassion fatigue and burnout are professionally less effective and show a decrease in client care (Williams et al., 2012; Thompson et al., 2014). There is an abundance of literature on the benefits and recommendations of counselors engaging in wellness activities and self-care to cope with compassion fatigue and burnout (Meany-Walen, Davis-Gage, & Lindo, 2016; Roach & Young, 2007). One such wellness activity is for mental health

counselors to engage in personal counseling (Meany-Walen et al., 2016; Roach & Young, 2007). However, the existing literature has yet to explore the lived experiences of mental health counselors in personal counseling. Therefore, mental health counselors are being recommended to engage in personal counseling as a wellness activity without knowing how mental health counselors experience personal counseling. Thus, this study sought to increase understanding of mental health counselors' experiences in personal counseling to better inform supervisors and counselor educators in recommending of personal counseling as a wellness and professional development activity.

Purpose Statement

While there is conflicting evidence as to the benefits of personal counseling, most counseling professionals recommend personal counseling to mental health counselors for both personal and professional development (Byrne & Shufelt, 2014; Kastberg et al., 2014; Luke & Kiweewa, 2010). These recommendations are made on a very limited understanding of counselors' experiences in personal counseling (Kastberg et al., 2014). The purpose of this transcendental phenomenological study was to explore the lived experiences of mental health counselors in personal counseling. This study explored how counselors experience counseling, including reasons for entering counseling, frequency and duration, outcomes, perceptions of wellness, and perceptions of professional development. The findings will address the appropriateness of personal counseling recommendations as a wellness and professional development activity. The findings are expected to add to the current body of literature on the importance of personal counseling in counselor education.

Research Questions

One primary question and two subquestions guided this study:

1.   RQ1: What are the lived experiences of mental health counselors in personal

counseling?

      a. SQ1: How have mental health counselors experienced personal counseling as a

          wellness activity?

      b. SQ2: How have mental health counselors experienced personal counseling as a

          professional development activity?

Conceptual Framework

In this study, I employed a transcendental phenomenological framework. Primarily,

Edmund Husserl founded transcendental phenomenology in the early 20th century (Welton,

1999). Husserl proposed that through language and logic, philosophical methodology could

derive true meaning from subjective experiences, thus developing the foundation for

phenomenological methodology (Welton, 1999). In his anthology of Husserl's complete works,

Welton (1999) observed that Husserl was constantly reworking and reimagining his theory,

which allowed him to move from the basic foundations of phenomenology to transcendental

phenomenology in just over a decade. Transcendental phenomenology seeks a deeper

understanding of human experience by putting aside all preconceived ideas and looking through

an unclouded lens to allow true meaning to emerge (Moustakas, 1994).

Phenomenology can be both a research method and a framework (Ravitch & Carl, 2016).

Phenomenology will serve as both the research design and framework for this study.

Phenomenology focuses on the lived experiences of participants in relation to a topic (Moustaka, 1994; Patton, 2015; Ravitch & Carl, 2016). The goal of phenomenology is to derive a deeper meaning or understanding of everyday, lived experiences (Moustakas, 1994; Patton, 2015; Ravitch & Carl, 2016). The application of phenomenology is widespread as it is limited only to the first-hand experiences of the participants (Patton, 2015). For example, the studied phenomenon may be an emotion, such as anger or loneliness (Patton, 2015; Ravitch & Carl, 2016); It may be an event, such as having a baby, having a car accident, or running a marathon (Patton, 2015; Ravitch & Carl, 2016); It may also be an experience, say, being married, getting a divorce, or getting a job (Patton, 2015; Ravitch & Carl, 2016).

Nature of Study

Based on this study's exploration of mental health counselors' experiences receiving personal counseling, and the search for a deeper understanding of those experiences, a transcendental phenomenological study was the most appropriate research method choice. This research proposal was appropriate for a qualitative research design due to its lack of attention on cause and effect (Creswell, 2013; Ravitch & Carl, 2016). Qualitative research designs focus on exploring general topics, from the perspectives of the participants (Creswell, 2013). Phenomenology is a strategy that focuses on the lived experiences of the participants and understanding a phenomenon from their perspective based on their experiences (Creswell, 2013). This was an appropriate strategy for my study because I sought to understand the perspective of the counselors about the benefit that receiving personal counseling had on their clients based on their experiences.

Assumptions

Since I was the researcher and have experienced personal counseling as a mental health counselor, I bring to this research assumptions regarding mental health counselors experiences in personal counseling. To maintain integrity, I utilized bracketing when examining the interview responses. I also assumed that the participants would answer the interview questions thoroughly and honestly. Assuming honesty was necessary in building rapport, so the participants felt comfortable in answering the personal nature of the interview questions. I also assumed that there would be both positive and negative experiences in personal counseling. This assumption helped me remain open to whatever the participants' experiences may have been in personal counseling.

Delimitations

This study examined only the experiences of licensed mental health counselors. It did not include counselors with an associate's license, counseling students, or those with related counseling licenses. Licensed mental health counselors were chosen for this study because they have a minimum of 2 years of experience as counselors. My interested was also in looking at the mental health counseling field, thus related counseling professionals (i.e. marriage and family therapy) were not included, although would be considered for future research. Due to limiting the study to only mental health counselors, the research results cannot be applied to associate counselors, counseling students, or related counseling professionals.

Limitations

There are some limitations to this study. One such limitation is the narrow geographical location of the participants. I conducted this study in a Northwestern state, thus, limiting the generalizability of the results (Creswell, 2013). Another limitation was the interview questions. Because I created them, I could unintentionally have led the participants to my desired answers (Patton, 2015; Ravitch & Carl, 2016). Therefore, had several people review them to get feedback regarding bias and potential leading (Creswell, 2013; Ravitch & Carl, 2016). No bias or leading was found. Strategic sequencing and member checking techniques were additional techniques I used to ensure quality (Creswell, 2013; Ravitch & Carl, 2016).

Significance

The contributions of this study could be significant in several areas, including decision-making, professional development, counselor education and supervision. The results of this study could contribute to mental health counselors' decision to engage in personal counseling (Byrne & Shufelt, 2014). Understanding how other counselors have perceived personal counseling impacting their professional development and client care may influence future decision-making regarding professional development. Additionally, increased knowledge about the perceived impact of personal counseling on professional development and client care could contribute to counselor education and training (Byrne & Shufelt, 2014; Kastberg et al., 2014). Lastly, this study's results could contribute to counselor education and supervision (Kastberg et al., 2014). With this study's results, supervisors might be able to better recommend strategies to improve counselors' skills and development. Therefore, this study's results are important to mental health counselors, counselor educators, and counseling supervisors.

Summary

This transcendental phenomenological study sought to understand the lived experiences of mental health counselors in personal counseling through face-to-face, semistructured interviews. This study included the exploration of personal counseling as a wellness and professional development activity. The purpose of this exploration was to further the discussion about the importance of personal counseling as a wellness and professional development activity and about the appropriateness of recommending personal counseling despite the conflicting evidence in the literature.

The following four chapters will address provide a review of the literature, the detailed methodology, the results, and a discussion of the findings. Chapter 2 explores current literature on the counseling profession, including a brief history of the counseling profession, reasons mental health counselors may enter into personal counseling, the benefits of personal counseling, and gaps in the literature. Chapter 3 addresses the research process, diving into the appropriateness of transcendental phenomenology as the research method and the steps that occurred to establish the foundation of this study. Chapter 4 provides a description of the study's findings and Chapter 5 dives deeper into the meaning of the results, linking results with current and future research.

Chapter 2. Literature Review

Introduction

Counseling professionals often bear a heavy psychological and emotional weight in working with individuals suffering from mental illness. Counselors are often advised to seek counseling to cope with this stress (Bellows, 2007; Lawson & Myers, 2011). While the literature acknowledges various reasons for recommending personal counseling (Bellows, 2007; Lawson & Myers, 2011), the literature has yet to explore the lived experiences of mental health counselors in personal counseling. Thus, this study sought to understand mental health counselors' experiences in personal counseling to better inform supervisors and counselor educators in recommending personal counseling as a wellness and professional development activity.

This chapter will explore the literature on recommending personal counseling for mental health counselors: (a) a general understanding of the counseling profession, (b) personal counseling as it relates to the field of counselor education, (c) counseling as a wellness activity, and (d) mental health counselors experiencing the role of the client. This chapter will also discuss the gaps in current literature and where this study is attempting to close a gap, as well as the research questions that this study seeks to answer.

Research Strategy

When conducting the search for relevant literature, I used the following databases: EBSCOhost, ProQuest, PsychINFO, PsychARTICLES, and Google Scholar. The following keywords were used: *transcendental phenomenology, mental health counselors, personal*

counseling, wellness, self-care, professional development, vicarious trauma, compassion fatigue, counseling history, recommending counseling, counselor education, supervision, personal centered, waves of counseling, counselors experiencing counseling, and *the client chair.* Each article was reviewed and selected for relevance. I also used limited book resources and the following informational websites: American Counseling Association, Council for Accreditation of Counseling and Related Educational Programs, and the Washington State Department of Health.

The Counseling Profession

Historical Overview

The counseling profession is fairly and owes most of its beginnings to Sigmund Freud and psychodynamic theory in the first wave of the counseling profession (Fulmer, 2014; Ivey, D'Andrea, & Ivey, 2012). There are three main waves of the counseling profession; psychoanalysis was the first (Fulmer, 2014; Ivey et al., 2012). Psychoanalysis, developed by Freud, has three main concepts: (a) that change occurs through questioning and diving deeper into the source of an issue, (b) observing and monitoring transference is a powerful tool for understanding core issues and relationships, and (c) greater insight is gained through observing and noting subtle, recurring symbolism in thoughts and behaviors (Spitz, 2018). While many counselors still align with psychoanalytic assumptions, the theory has often been criticized for being too detached and critical, and including unconventional assumptions (Ivey et al., 2012).

The second wave of counseling was the age of behaviorism and the work of B.F. Skinner (Fulmer, 2014; Ivey et al., 2012). Behaviorism included such therapies as Cognitive Behavioral

Therapy (CBT) and Rational Emotive Behavioral Therapy (REBT) (Fulmer, 2014; Ivey et al.,

2012). Behavioral therapy assumes that all behavior can be changed through a process called

conditioning (Ivey et al., 2012). CBT and REBT built on conditioning by adding in thought

processes and emotional components to the consequence equation (Ivey et al., 2012).

Researchers continue to support the effectiveness of behavioral therapies which are still

commonly used by mental health counselors (Ivey et al., 2012).

     The third wave of counseling is known as the humanistic wave. Carl Rogers largely

influenced the humanistic wave and focused on the therapeutic relationship (Rogers, 1957).

Rogers stated that counseling required three main ingredients: empathy, congruence, and

unconditional positive regard (Rogers, 1957; Rogers, 1959; Rogers, 1961). Rogers believed that

change most occurred when there was a positive therapeutic alliance (Rogers, 1959). Some

critics claim that humanism lacks direction in addressing issues and leaves too much power in

the clients' hands, although research continues to support the effectiveness of humanism (Ivey et

al., 2012). Research has shown that Rogers' Person-Centered Therapy is most effective when

used in conjuncture with other more directive approaches (Ivey et al., 2012). The main

contributing factor in client outcomes, regardless of the theoretical approach, is the client's

perception of their counseling experience (Sackett & Lawson, 2014).

     Research has only recently begun to examine the client's experience in counseling,

including what clients have experienced to be helpful in the counseling approach (Sackett &

Lawson, 2014). It is well-known that clients are diverse and come with diverse issues, resulting

in a need for a wide variety of counseling approaches (De Stefano, Mann-Feder, & Gazzola,

2010; Sackett & Lawson, 2014). Although clients have different needs from counseling, clients have indicated a successful counseling experience when the counselor was competent in knowledge and developing a strong relationship (De Stefano et al., 2010; Oliveira, Sousa, & Pazo Pira, 2012).

Counseling Subsets

The various aspects of the overall field of counseling are very diverse. The American Counseling Association (n.d.) outlines the various subsections of counseling profession, including: addiction counseling, career counseling, clinical mental health or community agency counseling, marriage, couple and family counseling, school counseling, student affairs and college counseling, gerontological counseling, or counselor education & supervision. Each of these areas of the profession have a unique purpose and target population to best provide services to clients with diverse needs (ACA, n.d.). Of these varying disciplines, approximately 90% of counselors have engaged in personal counseling at some point in their lives (Probst, 2015). It is, therefore, important to discuss the reasons behind entering into counseling and how it was beneficial (Probst, 2015).

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Reasons for Entering Counseling

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Mental health counselors may enter into personal counseling for several reasons. Before exploring those reasons, it is important to consider whether counseling was sought prior to becoming a mental health counselor or after. Prior to becoming a mental health counselor, counselors may enter into counseling for a wide range of reasons for whom any other client would seek counseling, including, but not limited to, relationship troubles, depression, anxiety,

stage of life issues (Probst, 2015). The reasons for entering into counseling after becoming a

mental health counselor are narrower. Approximately 75% of mental health counselor who seek

personal counseling do so for professional reasons (Probst, 2015). Byrne and Shufelt (2014)

explored use of personal counseling among counseling trainees through a survey methods study.

Results indicate that approximately 61% of participants had received personal counseling at

some point in their life. Seventy-one percent of counselor trainees stated that they sought

counseling for personal reasons, while the other 29% reported a combination of personal and

professional reasons. Byrne and Shufelt (2014) discovered that even students who had never

sought counseling reported a positive perception regarding the importance of counseling for

personal and professional development. The students reported that while they recognize the

importance of counseling, they had not had yet had a reason to seek counseling themselves

(Byrne & Shufelt, 2014). Counseling as a form of personal and professional development is vital

to avoid doing harm to clients (ACA, 2014; Watkins, 1983)

      Counselors are not immune to making mistakes or acting out in session (Watkins, 1983).

Watkins (1983) conducted an exploratory analysis of literature regarding counselors acting out in

session. While this is an older study, there has been little follow up on this subject and it

addresses an important aspect of the benefits of counseling. Watkins (1983) found five categories

of behaviors in which counselors act out: (a) attentional failures, (b) empathetic failures, (c)

aggression, (d) sexual and seductive behaviors, and (e) logistical failures. Attentional failures

often communicated boredom or disinterest (Watkins, 1983). Empathetic failures often left the

client feeling like the counselor did not understand them or their situation (Watkins, 1983).

Clients reacted in a variety of ways when counselors displayed aggressive behaviors including, leaving the session, attacking the counselor, self-deprecation, depression, and intensity of symptoms (Watkins, 1983). While the ACA code of ethics is very clear on maintaining personal and sexual boundaries with clients, sexual misconduct still occurs between counselor and client and can be detrimental to the client's wellbeing (Watkins, 1983). Logistical failures can occur by accident, but sometimes are a subtle way for counselors to act out (Watkins, 1983). Logistical failures include being late for appointments, failure to keep accurate records, and premature termination of both sessions and the counseling relationship (Cummins, Massey, & Jones, 2007; Watkins, 1983). These types of harmful behaviors are often caused by burnout, vicarious trauma, and compassion fatigue (Vilegarda et al., 2011; Watkins, 1983; Williams, Helm, & Clemens, 2012). Watkins (1983) stated that personal therapy for the counselor can increase counselor resiliency in avoiding these harmful behaviors.

Benefits

One of the benefits from engaging in personal counseling as a mental health counselor is that of personal growth (Kastberg et al., 2014). It is also important for counselors to advocate for the de-stigmatization of counseling for professionals (Kastberg et al., 2014). Many believe that individuals must be mentally ill to seek counseling. Mental health counselors are in a unique position to model the benefits of counseling without a mental health diagnosis (Kastberg et al., 2014). Admitting the need for personal counseling is seen as a sign of health and self-awareness in the counseling profession and reflects commitment to the counseling field (Wolf et al., 2012).

Wigg, Cushway, and Neal (2011) discussed the benefits of counselors engaging in personal counseling on clinical practice in a review of recent literature. Emerging themes in the literature included personal, professional, extended, and meta-reflections. Personal reflections included improved boundaries, increased insight, personal reflexivity, and self-acceptance. Professional reflections included greater empathy, greater self-awareness within sessions, and development of additional skills. Extended reflections were less common but included the benefits of ongoing counseling to address life's changes. Meta-reflections included a combination of the above-named benefits.

Counseling as a Wellness Activity

The Merriam-Webster dictionary defines wellness as "the quality or state of being in good health especially as an actively sought goal" (Wellness, 2018). This definition implies that wellness is not innate but achieved through purposeful engagement. Wellness is essential in maintaining the counseling profession and it is the personal responsibility of each counselor to promote their individual wellness (Venart, Vassos, & Pitcher-Heft, 2007). Venart et al. (2007) stated that a counselor's wellness is the foundation of his/her work with clients and can impact the effectiveness in which he/she counsels. According to Venart et al. (2007), personal wellness includes four domains: physical, emotional, cognitive, and interpersonal. Physical wellness included such activities as calming the body, nutrition, grounding senses, and healing through movement and music (Neswald-Potter, Blackburn, & Noel, 2013; Venart et al., 2007). Emotional wellness includes activities such as emotional awareness, self-reflection, self-awareness, and healthy expression of emotion (Venart et al., 2007). Cognitive wellness includes such activities

as improving and challenging cognitive health, trusting clients' ability and not taking it on

themselves, celebrating personal accomplishments, and maintaining involvement in a greater

cause (Venart et al., 2007). Interpersonal wellness includes engaging in personal therapy,

maintaining personal relationships, colleague consultation and peer support, and effective

supervision (Neswald-Potter et al., 2013; Venart et al., 2007). Newald-Potter et al. (2013)

combined physical, emotional, and cognitive under the single category of "health" (p.183) and

also included the category "fun" (p.183). The fun category included engaging in activities that

the participants found enjoyable such as hobbies, outside interests, and laughter (Neswald-Potter

et al., 2013). Individual wellness for counselors has been an area of focus in counselor education

programs and recent literature (Neswald-Potter et al., 2013; Wolf et al., 2012). Counseling as a

wellness activity is one of the most researched areas related to personal counseling for mental

health counselors. Participant focus has been on counseling students, practicing counselors, and

counselor educators (Newald-Potter et al., 2013).

Lawson & Myers (2011) conducted a study of licensed counselors to explore factors that

contribute healthy professional and personal success. Three themes emerged from the study:

professional quality of life, career-sustaining behaviors, and wellness (Lawson & Myers, 2011).

Wellness factors specifically focused on positive work environments (Lawson & Myers, 2011).

Lawson and Myers (2011) found that caseload variables had a large impact on professional

quality of life. Caseloads with a high percentage of trauma survivors had a higher risk for

burnout, and those with higher-risk clients (homeless, addiction, etc.) were also at a greater risk

for burnout and less job satisfaction (Lawson & Myers, 2011). Counselors in this study reported

engaging in specific career-sustaining behaviors that promoted wellness and professional success, including: spending time with family, maintaining a sense of humor, maintaining personal/professional life balance, positive self-talk, regular vacations, maintaining self-awareness, reflecting on positive experiences, engaging in quiet leisure time, maintaining objective about clients, and maintaining professional identity (Lawson & Myers, 2011). Neswald-Potter et al. (2013) also found balance as a primary theme for maintaining wellness.

Hartwig Moorhead, Gill, Barrio, and Myers (2012) studied personality factors that contribution to personal wellness among counselor trainees with an emphasis on forgiveness and controlling for personality. Hartwig Moorhead et al. (2012) referred to "wounded healers" (p.81) to describe counselors who have yet to heal from their own trauma and life experiences and use their own wounds to help heal others. Hartwig Moorhead et al. (2012) stated that counselors must aware of their own pain and healing process so as not to harm their wounded clients. Part of the healing process is forgiveness. Results from this study indicate that forgiveness had an impact on level of wellness (Hartwig Moorhead et al., 2012). Participants who were more inclined toward forgiveness demonstrated higher levels of wellness in multiple areas and showed high coping skills (Hartwig Moorhead et al., 2012).

Oftentimes, mental health counselors are recommended to engage in personal counseling for self-care, or personal wellness, by instructors, supervisors, and colleagues (Wolf et al., 2012). The goal of personal counseling is not to achieve perfect wellness, for that does not exist (Wolf et al., 2012). The goal is to assist the counselor in processing personal and professional stressors that may impact their ability to be an effective counselor (Wolf et al., 2012). Processing personal

and professional stressors allows the counselor to discard emotional and mental discord in a safe and healing environment that does not affect their clients (Wolf et al., 2012).

One of the main forces behind the push for counselor wellness is the American Counseling Association (2014) code of ethics. According to the ACA code of ethics, counselors must stop practicing counseling if they are in any way impaired mentally, emotionally, or physically so as to not cause harm to the clients (ACA, 2014). The code of ethics suggests seeking professional help if needed (ACA, 2014). Counselors main rule is to do no harm. Likewise, the Council for the Accreditation of Counseling and Related Educational Programs (CACREP, 2016) stated that it is the responsibility of counselor educators to teach counseling students wellness strategies for evaluating and maintaining personal wellness. The importance of wellness training during counselor education has been well researched (Roach & Young, 2007; Wolf et al., 2012). Meany-Walen, Davis-Gage, and Lindo (2015) found that wellness focused supervision improved wellness practices among practicum students. In this study, practicum students received supervision that directly focused and emphasized intentional wellness and wellness strategies (Meany-Walen et al., 2015). Part of teaching personal wellness strategies is also modelling wellness activities (CACREP, 2016; Wolf et al., 2012; Yager & Tovar-Blank, 2007).

It has been well researched that the qualities that make an effective counselor can also lead to burnout (Cummins et al., 2007; Foreman, 2018; Roach & Young, 2007; Saliba & Barden, 2017; Thompson, Amatea, & Thompson, 2014). Burnout was first recognized in healthcare and social service providers in the 1970s and has since been the subject of research many times

(Pines & Maslach, 1978; Thompson et al., 2014). Burnout has since been defined as "exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration" (Burnout, 2018). Burnout can lead to impaired counselors (Lawson & Myers, 2011; Roach & Young, 2007). Impaired counselors are more likely to cause harm to their clients (Lawson & Myers, 2011; Roach & Young, 2007). Burnout is an all-too common problem amongst counselors (Roach & Young, 2007; Thompson et al., 2014). Thompson et al. (2014) stated that understanding sources of burnout can help counselors prevent burnout symptoms. Sources of burnout are many and can be hard to identify (Thompson et al., 2014). Some sources of burnout include: nature and severity of client problems (Craig & Sprang, 2010; Foreman, 2018), workplace environment and level of support (Ducharme, Knudsen, & Roman, 2008; Saliba & Barden, 2017), and mindfulness attitudes and practices (Vilegarda, et al., 2011). Thompson et al. (2014) found that counselors' wellness attitudes and practices significantly reduce the impact of burnout on their careers. Implications of this study include seeking professional help as a wellness activity to both prevent and manage burnout symptoms (Thompson et al., 2014).

Research has shown that a main source of burnout is vicarious trauma (Craig & Sprang, 2010; Foreman, 2018; Williams et al., 2012). Vicarious trauma occurs when a counselor adopts clients' traumatic experiences resulting in a transformation in counselors' view of themselves, others, and the world (Foreman, 2018: Williams et al., 2012). Vicarious trauma leads to impaired counselors and is potentially harmful to the clients (Foreman, 2018; Williams et al., 2012). Wellness practices are an important factor in avoiding and diminishing vicarious trauma

(Foreman, 2018; Williams et al., 2012). Foreman (2018) found that counselors with high levels of wellness practices had decreased levels of vicarious trauma. A personal history of childhood trauma has also been found to make counselors more susceptible to vicarious trauma, while maintaining wellness practices had a positive effect on reducing vicarious trauma (Cummins et al., 2007; Williams et al., 2012). It is imperative that counselors maintain awareness of their vulnerability to vicarious trauma and impairment stressors (Cummins et al., 2007; Williams et al., 2012). Williams et al. (2012) recommended personal counseling as a part of wellness to help reduce impact of childhood trauma on vicarious trauma and compassion fatigue.

Counselor Education

Research has found that counseling students experience a greater degree of stress while in training, which can heighten emotional and mental concerns (Neswald-Potter et al., 2013; Prosek et al., 2013). Roach and Young (2007) claimed that well counselors produce well clients, and this process begins with counselor education (Blount & Mullen, 2015). There has been an increased emphasis on counselor wellness in counselor education programs (CACREP, 2016; Wolf, Thompson, Thompson, & Smith-Adcock, 2014). In an emphasis for the importance of integrating wellness into counselor education, Blount and Mullen (2015) discussed an integrative wellness model for clinical supervision in counseling training programs. This model was created to offer a wellness focused supervision model that is easily implemented and maintained (Blount & Mullen, 2015). Blount and Mullen (2007) stated that, due to the importance of wellness in creating and maintaining effective counselors, the emphasis must be on the clinical supervision received in counselor training programs. The main components of the integrated wellness model

include a strong supervisory relationship, use of a developmental model, allocation of supervision needs, and the assessment and matching of wellness interventions (Blount & Mullen, 2015). The goals of this model are to increase counseling student wellness and gain necessary effective counseling skills based on developmental stages (Blount & Mullen, 2015).

Wolf et al. (2014) introduced a pilot wellness program for counselor education focusing on mind, body, and spirit. Wellness is a holistic approach and a balance between mind, body, and spirit. Thus, wellness requires self-awareness and self-exploration in an attempt to gain awareness of the balance, or lack thereof. Wolf et al. used the Invisible Self Wellness Model as a theoretical foundation for the pilot study. The study included a series of activities and workshops focused on increased awareness to spirituality, creativity, social connections, and other areas that make up the holistic wellbeing of an individual. The goal of this program was to foster increased wellness in counseling students, which it accomplished. Many participants reported an increase in wellness and those that did not, reported an increase in awareness for the need for wellness and engaging in wellness activities.

Recommending Personal Counseling

Research has suggested that counselor education programs require personal counseling as a part of the program (Lambie et al., 2009; Prosek et al., 2013; Roach & Young, 2007). However, there is limited research as to the effectiveness of required counseling in graduate school (Prosek et al., 2013; Roach & Young, 2007). When counseling is not a required part of a graduate counseling program, counselor educators often recommend that counseling students engage in personal counseling for wellness purposes (Blount & Mullen, 2015).

Despite an abundance of research supporting counselor educators' recommendations of personal counseling for wellness to counseling students, Roach and Young (2007) found no statistical difference in wellness in a group of 204 Master's level counseling students where approximately half were required to attend personal counseling during their program and half was not. Counseling students required to engage in personal counseling did show high rates on the social self-scale. The social self-scale measured social support through connection. Roach and Young (2007) discussed that the increase in wellness in both groups was a result of the emphasis on wellness in the counseling program as a whole. Leech (2007) found increased perceived social support and decreased distress in counseling students as benefits of required counseling.

Modeling Wellness

Counselor educators often engage in personal counseling for wellness (Wolf et al., 2012). In addition to addressing counselor educators' own wellness, engaging in personal counseling models to counselor trainees and new professional counselors the importance of actively participating in wellness (Wolf et al., 2012). Counselor educators are in a position to model both positive and negative wellness practices (Yager & Tovar-Blank, 2007). With the high demands of a faculty position, many counselor educators find it difficult to find time to model what they are teaching their students regarding wellness. This can unintentionally model to counselor trainees that practicing wellness may not be as important as the counselor educator teaches. It is, therefore, vital that counselor educators make wellness a priority in their schedules to model appropriate wellness. Wolf et al. (2012) suggested that, as a way of modeling, counselor

educators allow students to carve out time in their training for wellness or incorporate it into the curriculum. As gatekeepers, it is vital that counselor educators provide adequate training regarding self-care and wellness for counselor trainees (Roach & Young, 2007; Yager & Tovar-Blink, 2007). Failure to do so may result in introducing impaired counselors into the profession (Roach & Young, 2007; Tovar-Blink, 2007).

Client Experience

One other reason found amongst the literature for mental health counselors engaging in personal counseling is to experience the role of the client (Kastberg, Jordan, Kiweewa, & Clingerman, 2014; Probst, 2015). Many counselors and counselor educators believe that a counselor cannot have true empathy for a client until they have themselves experienced what it is like to be a client (Kastberg et al., 2014; Probst, 2015). Probst (2015) found 6 main themes that counselors experienced as clients that were translated into their own practice, including: (a) non-verbal communication and "ways of being" (p.54), (b) when and where to share control, (c) being client-centered, (d) the importance of office environment, (e) issues of countertransference, and (f) valuing the experience of the client. Following the counseling experience, the counselors either emulated or rejected their own counselor's techniques based on their perceived effectiveness as the client (Probst, 2015).

Kastberg et al. (2014) conducted a survey studying the perceived impact that personal counseling had on mental health counselors. Of the 90% that stated that they had engaged in personal counseling at some point in their lives, sixty five percent reported that their experience as a client greatly impacted them as a counselor in a positive manner, nineteen percent reported a

moderate impact, and 8% reported only a small impact. Participants reported that the greatest benefit from receiving their own counseling was experiencing a greater understanding of what it means to be a client, creating more empathy for their own clients. The second major benefit from experiencing the client role was experiencing their counselor in order to model effective techniques and to reject ineffective techniques (Kastberg et al., 2014).

Both Probst (2015) and Kastberg et al. (2014) found two major themes as to the importance of counselors experiencing the role of the client: increased empathy and role modeling. Experiencing the role of the client has shown to increase empathy for clients' hesitancy, distrust, and anxiety in approaching the counseling relationship and process (Kastberg et al., 2014; Probst, 2015). Another major theme as to the importance of counselors experiencing the client role is that of role modeling (Kastberg et al., 2014; Probst, 2015). Counselors learn from their own counseling experiences in order to better serve their clients (Kastberg et al., 2014; Probst, 2015).

In role modeling, Bellows (2007) explored the relationship between counselors and their own counselors, and the perceived impact of that relationship on their clinical practice. Results indicated a positive correlation between therapists' positive relationships with their therapist and the importance of addressing problems in the therapeutic relationship with their clients. This study indicates that the counselors who are providing counseling services for counselors have a degree of influence on their client's clients. Thus, counselors who are in their personal counseling must be conscious in how their own counseling affects their clients.

Group counseling is a unique experience that clients may experience at some point in their counseling endeavor (Luke & Kiweewa, 2010). Similarly, to counselors experiencing what it is like to be in the client role in individual counseling, it is important for counselors to experience being in a group. CACREP (2016) standards state that counseling students must receive "direct experiences in which students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term" (p.13). In a study conducted by Luke and Kiweewa (2010), counseling trainees reflected on their experience in a counseling group. Counseling trainees discussed the importance of the systematic connectedness in fostering a sense of group cohesion and connection (Luke & Kiweewa, 2010). There is a vulnerability required to share and learn in a group setting that is important for counseling students to experience first-hand in order to better empathize with client reservations (Luke & Kiweewa, 2010). Group counseling also offers an opportunity for personal growth and awareness, which is an integral part of the counselor identity (CACREP, 2016; Luke & Kiweewa, 2010)

Gaps in the Literature

Kastberg, Kiweewa, and Clingerman (2014) explored personal experiences of a single graduate program's alumni regarding perceptions of personal counseling and its impact on professional development. Three themes emerged as empathy for client role, skill development, and personal growth. Bellows (2007) examined transference from therapist's therapist to therapists' clients but did not address personal counseling as a wellness activity, or other areas of professional development. Wolf et al. (2012) suggested strategies to promote counselor wellness

including faculty role models, curriculum integration, self-care strategies, and peer support. More research is needed to determine what activities should be included as part of encouraging counselor wellness in counselor education programs.

Byrne and Shufelt (2014) explored students who have, and have not, sought counseling at some point, the students' experiences or outcomes were not addressed. Participants from Kastberg et al. (2014) study came from a single graduate program that emphasized the importance of personal counseling, therefore does not include a wide range of experiences from counselors who were not encouraged to engage in personal counseling. The intention of this study was to add to these 29 voices to the discussion on the importance of personal counseling and encourage further research in this area.

Understanding the Benefits of Personal Counseling

Gaining a better understanding of the benefits of personal counseling for mental health counselors is an area of interest to counselor educators as they look to promote wellness in counselor trainees (Prosek, Holm, & Daly, 2013). The Council for Accreditation of Counseling and Related Educational Programs (2016) noted the importance of promoting counselor wellness and teaching wellness strategies to counselor trainees. Roach and Smith (2007) and Wolf, Thompson, Thompson, and Smith-Adcock (2014) found that counselors in training experience an increase in psychological stress during clinical training and decreased personal wellness than they experienced prior to engaging in academia. There is a continual conversation within the counseling field as to the benefits of personal counseling as a wellness activity (Byrne & Shufelt, 2014; Kastberg, Kiweewa, & Clingerman, 2014; Meany-Walen, Davis-Gage, & Lindo, 2015).

Freud (1937) originally suggested that therapists engage in personal counseling throughout their careers to develop insight into blind spots and potential countertransference, indicating benefits to both professional development and client care.

While there is conflicting evidence as to the benefits of personal counseling, most professionals recommend personal counseling for both personal and professional development (Byrne & Shufelt, 2014; Kastberg et al., 2014; Luke & Kiweewa, 2010). Byrne and Shufelt (2014) found that 61% of the trainees had engaged in personal counseling at some point, while the other 39% had reported using other ways of coping. Kastberg et al. (2014) found that 90% of the participants in their qualitative study had engaged in personal counseling at some point, while the other 10% had varying reason for having not engaged in personal counseling. Luke and Kiweewa (2010) examined participants' experiences in group counseling and found that about half of the participants had previous experience in group processing.

More than other counseling professionals, mental health counselors are likely to work with trauma and traumatic events, thus increasing the likelihood of compassion fatigue and burnout (Williams, Helm & Clemens, 2012; Thompson, Amatae, & Thompson, 2014). Counselors who suffer from compassion fatigue and burnout are professionally less effective and show a decrease in client care (Williams et al., 2012; Thompson et al., 2014). There is an abundance of literature regarding the benefits and recommendations of counselors engaging in wellness activities and self-care to cope with compassion fatigue and burnout (Meany-Walen, Davis-Gage, & Lindo, 2016; Roach & Young, 2007). One such wellness activity is for mental health counselors to engage in personal counseling (Meany-Walen et al., 2016; Roach & Young,

2007). However, the existing literature has yet to explore the lived experiences of mental health counselors in personal counseling. Therefore, mental health counselors are being recommended to engage in personal counseling as a wellness activity without knowing how mental health counselors experience personal counseling. Thus, this study seeks to increase understanding regarding mental health counselors' experiences in personal counseling to better inform supervisors and counselor educators in their recommendation of personal counseling as a wellness and professional development activity.

While there is conflicting evidence as to the benefits of personal counseling, most professionals recommend personal counseling for both personal and professional development (Byrne & Shufelt, 2014; Kastberg et al., 2014; Luke & Kiweewa, 2010). These recommendations are made on a very limited understanding of counselors' experiences in personal counseling (Kastberg et al., 2014). The purpose of this transcendental phenomenological study is to explore the lived experiences of mental health counselors in personal counseling. This study will explore how counselors experience counseling including reasons for entering counseling, frequency and duration, outcomes, perceptions on wellness, and perceptions on professional development. The findings will address the appropriateness of personal counseling recommendations as a wellness and professional development activity. The findings will also add to the current body of literature on the importance of personal counseling in counselor education.

Summary

The future of the counseling profession rests with the counseling professionals (ACA, n.d.). Counselors have an obligation to maintain wellness so that they may best serve their clients

(ACA, 2014). Counselor wellness is a popular source of research in recent literature. It is vital that counselors maintain wellness to avoid impairment (ACA, 2014). Not maintaining proper wellness practices can lead counselors to vicarious trauma and burnout. Counselors who continue to practice when experiencing vicarious trauma and burnout risk doing harm to their clients (ACA, 2014). Research suggests a variety of activities to maintain counselor wellness, including but not limited to: maintaining balance, engaging in fun activities, maintaining healthy relationships, and maintaining physical, emotional, and cognitive health. One of the most recommended wellness activities is personal counseling. Despite a lack of existing research exploring how counselors experience personal counseling, counselor educators and supervisors commonly recommend personal counseling for wellness and professional development. The next chapter will outline the research process.

Chapter 3. Research Process

Introduction

While there is conflicting evidence as to the benefits of personal counseling, most helping professionals recommend personal counseling for both personal and professional development (Byrne & Shufelt, 2014; Kastberg, Jordan, Kiweewa, & Clingerman, 2014; Luke & Kiweewa, 2010). These recommendations are made on a very limited understanding of counselors' experiences in personal counseling (Kastberg et al., 2014). The purpose of this transcendental phenomenological study was to explore the lived experiences of mental health counselors in personal counseling, including reasons for entering counseling, frequency and duration, outcomes, perceptions on wellness, and perceptions on professional development. The findings were expected to add to the current body of literature on the importance of personal counseling in counselor education.

Research Design and Rationale

This study employed a phenomenological research design. This research was appropriate for a qualitative design due to its lack of attention on causality (Creswell, 2013; Ravitch & Carl, 2016). Qualitative research designs focus on exploring general topics from the perspectives of the participants (Creswell, 2013). Phenomenology is a strategy that focuses on the lived experiences of the participants and understanding a phenomenon from their perspective based on their experiences (Creswell, 2013). This was an appropriate strategy for this study because the goal was to gain an in-depth understanding of counselors' perspectives on the benefit that their personal experiences of counseling had on their work with clients in counseling.

Central Concepts

  Short review of literature. The future of the counseling profession rests with counseling professionals (ACA, 2014). Counselors have an obligation to maintain wellness so that they may best serve their clients (ACA, 2014). Counselor wellness is a popular source of research in recent literature. It is vital that counselors maintain wellness to avoid impairment (ACA, 2014). Not maintaining proper wellness practices can lead counselors to vicarious trauma, compassion fatigue, and burnout. Those who continue to practice while experiencing vicarious trauma, compassion fatigue, and burnout risk doing harm to their clients (ACA, 2014). Research suggests a variety of activities to maintain counselor wellness, including, but not limited to: maintaining balance, engaging in fun activities, maintaining healthy relationships, and maintaining physical, emotional, and cognitive health. One of the most recommended wellness activities is personal counseling. Despite a lack of research on how counselors experience personal counseling, counselor educators and supervisors commonly recommend personal counseling for wellness and professional development.

  Contributes to the field. The contributions to the counseling field are significant in several areas. First, the results of this study were expected to contribute to mental health counselors' decision to engage in personal counseling. Knowing how other counselors have perceived personal counseling impacting their professional development and client care could influence future decision-making on professional development. Another contribution is to counselor education. Increased knowledge regarding the perceived impact of personal counseling on professional development and client care could contribute to counselor education and

training. Lastly, this study's results contribute to counselor supervision. With this study's results, supervisors may better recommend strategies to improve counselor skill and development. Therefore, this study's results are important to mental health counselors, counselor educators, and counseling supervisors.

This study's results could impact the counseling field in that the implications may impact how counselors are trained and maintain professional development. Counselors who engage in wellness activities and avoid compassion fatigue are more effective in client care (Williams, Helm, & Clemens, 2012; Thompson, Amatea, & Thompson, 2014). Effective counselors are better able to work with challenging clients and challenging issues, such as trauma (Williams et al., 2012; Thompson et al., 2014). Increased effectiveness in counselors may increase the overall wellbeing of their clients, thus creating more effective individuals in the communities.

Phenomenology. This study employed a phenomenological research design. This research was appropriate for a qualitative research design due to its lack of attention on cause and effect (Creswell, 2013; Ravitch & Carl, 2016). Qualitative research designs focus on exploring general topics from the perspectives of the participants (Creswell, 2013). Phenomenology served as both the research design and framework for this study, with the employ of transcendental phenomenology. Phenomenology focuses on the lived experiences of participants in relation to the desired topic (Moustaka, 1994; Patton, 2015; Ravitch & Carl, 2016). The goal of phenomenology is to derive a deeper meaning or understanding of every day, lived experiences (Moustakas, 1994; Patton, 2015; Ravitch & Carl, 2016). The application of phenomenology is widespread as it is only limited to the first-hand experiences of the

participants (Patton, 2015). For example, the studied phenomenon may be an emotion, like anger or loneliness (Patton, 2015; Ravitch & Carl, 2016). It may be an event such as having a baby, a car accident, or running a marathon (Patton, 2015; Ravitch & Carl, 2016). It may also be an experience of being married, getting a divorce, or getting a job (Patton, 2015; Ravitch & Carl, 2016). This was an appropriate strategy for my study because I sought to understand the perspective of the counselors about the benefit that their personal counseling has had on their clients based on their experiences.

Descriptive phenomenology. Descriptive phenomenology is the study of participant experiences (Creswell, 2013). Descriptive phenomenology contains four main ideas: intuiting, bracketing, analyzing, and describing (Creswell, 2013). In phenomenology, the researcher is not deducing facts from data, but rather intuiting the essence of participants' reported experiences (Creswell, 2013). Intuiting is used to interpret meaning from what is reported in relation to what is already known about the given phenomenon (Creswell, 2013).

Analyzing phenomenological data is a unique process that can include the analysis of multiple sources of data including interviews, notes, recordings, and transcripts (Creswell, 2013). The researcher searches through all of the data sources looking for themes and similarities that can be grouped together throughout a process called coding (Creswell, 2013). The researcher continues this process until the data can no longer be broken down, resulting in the essence of the phenomenon (Creswell, 2013).

The last key component of descriptive phenomenology is describing. Phenomenological research is made powerful through participants' experiences (Creswell, 2013). Describing is

when the researcher describes individual participant's experiences to enhance and emphasize major themes in the data (Creswell, 2013). These descriptions can be summations or direct quotes from the participants (Creswell, 2013).

  Transcendental. In this study, I employed a transcendental phenomenological framework. Edmund Husserl largely founded transcendental phenomenology in the early 20th century (Welton, 1999). Husserl proposed that through language and logic, philosophical methodology could derive true meaning from subjective experiences, thus developing the foundation for phenomenological methodology (Welton, 1999). In his anthology of Husserl's complete works, Welton (1999) observed that Husserl was constantly reworking and reimagining his theory, which allowed him to move from the basic foundations of phenomenology to transcendental phenomenology in just over a decade. Transcendental phenomenology seeks a deeper understanding of human experience by putting aside all preconceived ideas and looking through an unclouded lens to allow the true meaning to emerge (Moustakas, 1994). Husserl's goal was to examine how individuals describe phenomena, and how they experience those phenomena through their senses (Moustakas, 1994; Patton, 2015; Ravitch & Carl, 2016). Husserl's main assumption is that individual can only know what they experience first-hand through perceptions and meanings that awaken their consciousness (Patton, 2015; Ravitch & Carl, 2016). The individual's understanding initially comes from their senses, and is then described, clarified, and interpreted for deeper meaning and understanding (Patton, 2015). The deeper meaning and understanding are then applied to the individual's understanding of the world, thus, developing his/her worldview (Patton, 2015).

The other aspect of phenomenology that is applicable to qualitative research, is the assumption that there is an essence, or essences, to shared experiences (Patton, 2015). Meaning that there is a generally accepted core meaning of a shared phenomenon (Patton, 2015). To reach the essence of the shared experience, the researcher must put aside his or her own experiences and knowledge of the studied phenomenon to reduce bias (Patton, 2015; Ravitch & Carl, 2016). It is the assumptions of possibility and awakening the consciousness of the individuals that makes this type of phenomenology transcendental (Thomasson, 2007).

Phenomenological research often employs interviews as the primary data collection tool, although is not limited to interviews (Patton, 2015; Ravitch & Carl, 2016). Other data collection methods include research observations, or record reviews of documentaries or poems (Ravitch & Carl, 2016). Phenomenological frameworks have been applied to a wide range of qualitative research. Ellis (2016) utilized phenomenological interviews to explore the experiences of dream changes in individuals with Post Traumatic Stress Disorder recurring nightmares, who have undergone focus-orienting dreamwork. Horn and Wong (2015) utilized phenomenological interviews to explore the experiences of heterosexual fathers in parenting gay sons. McCleod, Shepherd, & Thompson (2016) utilized phenomenological interviews to explore the experiences of women who experienced distress and PTSD from burn scars. These articles provide excellent examples of the appropriate application phenomenology in qualitative research.

Transcendental phenomenology was an appropriate framework for the current study due to the exploration of the lived experiences of mental health counselors with personal counseling, and the perceived impacts that personal counseling has had on their professional develop and

client care. Additionally, the goal in deriving deeper meaning from the experience, and discovering the essence of the shared experiences, made the transcendental approach appropriate (Patton, 2015; Ravitch & Carl, 2016). Transcendental phenomenology enabled me to view and derive meaning from the participants' experiences without my own experiences interfering (Patton, 2015; Ravitch & Carl, 2016).

Role of the Researcher

A qualitative researcher has a unique role in the research process (Creswell, 2013; Patton, 2015; Ravitch & Carl, 2016). The researcher is responsible for creating and implementing an ethical and valid study, as well as serving as the data collection tool (Creswell, 2009; Patton, 2015; Ravitch & Carl, 2016). In this study, I was the primary researcher and was responsible for the entirety of the study. My role was to provide all background for the study, recruit appropriate participants, engage in data collection through qualitative interviewing, conduct data analysis, and provide interpretive results understandable to consumers (Creswell, 2009; Patton, 2015; Ravitch & Carl, 2016). As a transcendental researcher, it was my role to derive the essence of participants' experiences in personal counseling without bias.

As a mental health counselor, I had insight into some of the language that participants used, increasing my understanding of meaning. Although, this could have also increased my bias in that my understanding may be incorrect. Thus, checking for meaning clarification was important. I also have experience in personal counseling, both positive and negative. A negative experience in counseling motivated me to pursue counseling as a career. The counselor struggled with counter-transference. I have also had positive experiences where I have experienced

unconditional positive regard, empathy, and congruence. Having experienced positive and negative experiences reduced my bias as to the experiences of other mental health counselors.

Research Questions

This study explored one central research question and two sub-questions. The main research question was: what are the lived experiences of mental health counselors in personal counseling? The two sub-questions were: (a) how have mental health counselors experienced personal counseling as a wellness activity, and (b) how have mental health counselors experienced personal counseling as a professional development activity?

Methodology

Sample Size

Unlike quantitative research, there are no set rules for the ideal or correct sample size in qualitative research (Patton, 2015). Qualitative research often utilizes small sample sizes, with less representativeness than quantitative research (Maxwell, 2013; Miles, Huberman, & Saldana, 2014). Qualitative researchers focus on gathering in-depth information on a specific phenomenon (Miles et al., 2014). The goal of sample size in qualitative research is to reach saturation of data (Ravitch & Carl, 2016). Saturation occurs when information from various participants begins to repeat itself, and no new information is provided (Ravitch & Carl, 2016). An appropriate sample size in qualitative research is dependent upon the qualitative approach (Creswell, 2013; Patton, 2015). For example, narrative research may only require one or two participants, whereas a phenomenological approach may require 6 to 10 participants (Creswell, 2013). Patton (2015) stated that the appropriate sample size "depends on what you want to find out, why you want to

find it out, how the findings will be used, and what resources (including time) you have for the study" (p. 311). Again, the goal is to reach saturation, and to utilize as many or as little participants as it takes to reach saturation (Ravitch & Carl, 2016). Creswell (2013) suggested looking at similar research to your study to determine a general sample size goal.

I reviewed qualitative articles that utilized a phenomenological approach to studying counselors' experiences to determine an appropriate sample size for my study. One study consisted of a sample size of 16 participants (Sackett & Lawson, 2014), one study had a sample size of 19 (Tarrasch, 2014), and one only had six participants (Reed, 2013). Based on the phenomenological nature of this study, my goal was to recruit 10 to 15 participants to reach saturation. I gathered more than the recommended 6 to 10 participants to account for potential participant drop out, or other unforeseen issues that would have prevented the interview. If saturation had not been reached after 15 participants, I would have continued gathering additional participants as needed (Ravitch & Carl, 2016). Eleven total participants were recruited, with a final sample size of seven.

I employed purposeful sampling for this study (Creswell, 2013; Patton, 2015; Ravitch & Carl, 2016). Purposeful sampling is the specific selection of participants based on specific qualifications based on the core constructs of the study (Patton, 2015; Ravitch & Carl, 2016). To recruit participants, I contacted the clinical supervisors of local mental health agencies via telephone call. I explained the nature of my study and the participant qualifications. I then sent them this information via email to distribute to their mental health counselors. The email included my contact information for additional questions. I also asked the supervisor if I could

attend a staff meeting to discuss my study in person, answer any immediate questions, and receive contact information of any counselors interested in participating. I contacted participants via telephone within one week to schedule an interview session.

Participants had to meet two main qualifications. First, participants must have held an active license in mental health counseling in the state of Washington. This was easily discernable through the Washington State Department of Health (n.d.) website provider credential search. Second participants must have engaged in counseling at some point in their adult life (over age 18). The goal was to explore how personal counseling has had a perceived impact on the counselors' professional development and client care, thus disqualifying childhood counseling. Although, exploring the impact of childhood counseling may be a good subject for future research.

Data Collection

Data was collected via semi-structured and open-ended interviews (Creswell, 2013; Patton, 2015; Ravitch & Carl, 2016). The semi-structured interview questions included a pre-established series of questions and included specific follow up questions to probe deeper into the constructs (Ravitch & Carl, 2016). The aim was to gain a comprehensive account of the participants' experiences with personal counseling (Moustakas, 1994; Patton, 2015). Interviews were conducted individually, and audio recorded for transcription purposes (Patton, 2015; Ravitch & Carl, 2016).

Recruitment of participants began by contacting supervisors at local mental health agencies to discuss the study and inquiring if I may come to a staff meeting to recruit from their

mental health counselors. A flyer (see appendix C) was distributed to each person in the meeting, along with a form for each person to fill out with an option to check "yes, I am interested" or "no, I am not interested" in participating in the study and space to include their contact information. I collected all forms so as to protect the privacy of those who wished to participate. I made follow up calls to each interested individual and did a pre-screening questionnaire to determine eligibility for the study. Once eligibility was determined I scheduled with the participant to conduct the interview. Interviews were conducted individually, and audio recorded for storage and transcription purposes (Patton, 2015; Ravitch & Carl, 2016). Patton (2015) reported that interviewing is not always simple and straightforward, and dangerous situations and locations can arise. I provided the participant with two setting options. The participants chose from an online format (Zoom) or a secure and private location of their choosing for a face-to-face interview.

Informed consent was provided in written form and signed prior to beginning the interview (ACA, 2014). I also reviewed the informed consent with the participants to answer any potential questions or concerns. Following the completion of the interview, I engaged in member checking to clarify the accuracy in which I recorded their responses. Member checking was done verbally throughout the interview, followed by a summary at the end of the interview. This gave the participant the opportunity to clarify any misunderstood information (Patton, 2015). I also provided the participants with a copy of the transcribed interview once completed and ask for confirmation that it was recorded accurately. Once participants agreed to the accuracy of the

transcription, I moved forward to coding. If participants identified inaccuracies, I collected the corrected information before moving forward with coding (Patton, 2015).

Each interview was stored in a secure file on a password-protected computer under a pseudonym for privacy and confidentiality. I was the only person with access to this file. Data will be stored for one year following the completion of the study and then destroyed via permanent deletion of all content from the computer. Each file was labeled with the first of the participant to further ensure anonymity (Miles et al., 2014; Patton, 2015). Following the completion of each interview, I transcribed the interviews. I then pre-coded the data in transcript in order to become more familiar with it and any potential themes (Miles et al., 2014; Patton, 2015). Once all interviews were completed, transcribed, and pre-coded, I began data analysis using interpretive phenomenological analysis techniques (Smith & Osborn, 2015).

Interviewing was an appropriate choice for this project, because it allowed for detailed information regarding the lived experiences of mental health counselors with personal counseling (Creswell, 2013; Miles et al., 2014; Patton, 2015). By utilizing a standardized approach to qualitative interviews, the questions were prepared in advance and ensured that all participants answer the same questions (see appendix B), which increased comparability (Patton, 2015). Standardized, open-ended interviews also allowed for effective use of time in order to gather as much information as possible in a limited amount of time (Patton, 2015). In addition, standardized, open-ended questions allowed for some flexibility in probing and follow-up questions to gather additional, in-depth information based on the interviewee's initial responses (Maxwell, 2013; Patton, 2015; Ravitch & Carl, 2016).

Data Analysis

For this study, I used coding as the data analysis tool. Coding is the most common qualitative data analysis for interview method studies (Miles et al., 2014; Saldana, 2016). Coding is the process of assigning meaning to data; these meanings are directly related to the research questions (Onwuegbuzie, Dickenson, Leech, & Zoran, 2009; Ravitc & Carl, 2016; Rubin & Rubin, 2012). Codes can be a word or a phrase that describes or explains what is occurring in the interview (Ravitch & Carl, 2016). These codes are often developed from common threads throughout the interview process. Interpretive phenomenological analysis is the process of applying both deeper meaning and interpretation to gain greater insight into participant experience in the coding process (Smith & Osborn, 2015).

Prior to beginning coding, I relistened to the interviews to fully immerse myself in the data. I also engaged in bracketing prior to beginning coding. Bracketing is the process of reducing the negative effects of researcher preconceptions that may unintentionally influence research outcomes (Tufford & Newman, 2012). Bracketing increases the rigor of the research by eliminating bias from the process (Tufford & Newman, 2012). The process of bracketing developed due to the close relationship between the researcher and the research resulting in the researcher unintentionally influencing the outcomes of the study (Tufford & Newman, 2012). Bracketing occurs throughout the research process as the researcher continues a journey of emotional and cognitive self-discovery to bring forward anything that may influence the research outcomes (Tufford & Newman, 2012). I then transcribed the interviews. Once the transcriptions

were complete, I reread the transcriptions to get a general understanding of the themes and developed meaning units.

Once codes were developed, I then moved to creating categories based on similar codes (Ravitch & Carl, 2016). There are two different types of categories: descriptive categories and theoretical categories (Onwuegbuzie et al., 2009; Ravitch & Carl, 2016). Descriptive categories are often similar to the original wording or text, while theoretical categories tend to place the codes in a more abstract manner (Ravitch & Carl, 2016). In addition, theoretical categories place the data directly into the researcher's theoretical framework (Ravitch & Carl, 2016). For this project, I utilized descriptive categories due to the phenomenological nature of the study (Saldana, 2016).

Trustworthiness

Trustworthiness is an important aspect of research (Patton, 2015). In phenomenological research, trustworthiness includes the following concepts: credibility, dependability, transferability, and confirmability (Patton, 2015).

Credibility

Credibility is the accurate portrayal of the reported participant experience (Collier-Reed, Ingerman, & Berglund, 2009). For this study, this meant that I accurately interpreted and reported the experiences of mental health counselors in personal counseling. To ensure accurate reporting, I conducted follow up calls to discuss my interpretations and coding so that participants were given a chance to confirm my interpretation and reporting of their experiences.

Transferability

Transferability is the extent to which this study can be applied to a wider population (Collier-Reed et al., 2009). For example, transferability in this study meant that the results could be applied to other mental health counselors, not just the ones interviewed for this study. To ensure transferability, I made sure that I had reached saturation before discontinuing the interviews. Saturation indicated that I had conducted enough interviews to where I received no new information (Patton, 2015).

Dependability

Dependability is the concept that if this study were conducted in the exact same manner a second time the results would be similar. Collier-Reed et al. (2009) discussed dependability as following blueprints or a map. If someone were to use the same blueprints or map, they would reach the same destination each time. To ensure dependability, I followed my research plan exactly and accurately recorded the process.

Confirmability

Confirmability is the degree to which the results are unbiased (Collier-Reed et al., 2009). In other words, that the results accurately portray what the participants reported, and not the researchers biased interpretation. In order to maintain confirmability in this study I employed bracketing. Bracketing is the identification and removal of my own biases from my interpretation of participant experiences (Patton, 2015).

<div align="center">

Ethical Procedures

</div>

Providing informed consent is a vital step to ensuring ethical practice (ACA, 2014). Informed consent was emailed to each participant prior to their interview session with

instructions to sign the form and bring it with them to their interview session, along with any

questions or concerns. The informed consent document included: a detailed description of study

procedures, identification of the original creation of the interview questions, an explanation of

any potential benefits or risks, an offer to answer all participant questions, a description of any

limits to confidentiality, a description of the intended audience for results and to whom the

results may be disseminated, and a statement to ensure understanding that the participants may

withdrawal at any time free of consequence (ACA, 2014). Another ethical consideration was

maintaining the participants' confidentiality (ACA, 2014). Identifying information was not

linked to data or storage in order to protect participants' confidentiality. Another ethical

consideration was accurately reporting the results regardless of outcome (ACA, 2014). It is

important for researchers to report the results accurately, even if the results are not as expected,

or do not support their own ideas, to ensure trustworthiness and credibility (ACA, 2014).

Limitations

There were some potential limitations to this study. One such limitation was the narrow

geographical location of the participants. I conducted this study in a single town in a

Northwestern state thus, limiting the generalizability of the results (Creswell, 2013). To increase

generalizability, I would have needed to select participants from a wide range of geographical

locations; however, the was not feasible for this study, therefore, I worked within the limits of a

narrow geographical participant pool. Another potential limitation was the interview questions.

As I created the interview questions, there was a possibility that I could have unintentionally led

the participants to my desired answers (Patton, 2015; Ravitch & Carl, 2016). I had several people

review the interview questions prior to conducting the interviews to get feedback regarding bias and potential leading (Creswell, 2013; Ravitch & Carl, 2016). Strategic sequencing and member checking techniques were addition techniques I employed to ensure quality (Creswell, 2013; Ravitch & Carl, 2016).

Summary

This study employed a transcendental phenomenological research design. One main research question and two sub-questions were used to explore the lived experiences of mental health counselors in personal counseling and its perceived influence on their personal and professional development. Purposeful sampling was used to collect data from seven licensed mental health counselors in a Northwestern state. Interpretive phenomenological analysis was used to code the transcribed interviews to explore deeper meanings behind the mental health counselors' experiences. Chapter 4 will explore the analyzed results.

Chapter 4: Results

Introduction

The purpose of this transcendental phenomenological study was to explore the lived experiences of mental health counselors in personal counseling. In this study, I explore counselors' experiences in counseling including reasons for entering counseling, frequency and duration, outcomes, perceptions on wellness, and perceptions on professional development. The guiding research question for this study was: What are the lived experiences of mental health counselors in their own personal counseling? The resulting data from the main guiding research question and the sub questions revealed five overall themes and two subthemes, indicating that involvement in personal counseling influences mental health counselors' personal growth and development. During the interview, participants described their experiences in personal counseling, and specifically any positive and negative experiences, how personal counseling has influenced their wellness, how personal counseling has influenced their client care, and how personal counseling has influenced their professional development. This chapter will explore the results of the semi-structured opened interviews via data analysis, including setting, demographics, data collection, data analysis, trustworthiness, and results.

Setting

As discussed in the previous chapter, I provided the participants a choice between engaging in an in-person interview at a location of their choosing and a video interview via Zoom. Online conferencing allows participants an alternative to in-person interviews for comfortability and convenience (Woodyatt, Finneran, & Stephenson, 2017). Five participants

chose to participate in in-person interviews in their private office at their place of employment. One participant chose to do an in-person interview at the researcher's place of employment. The seventh participant chose to do a video conference interview via Zoom. Zoom is compliant with HIPAA regulations to ensure participant's privacy (Zoom, 2018). Participants received a follow up call two days after receiving their transcribed interview. These phone calls were made from the researcher's office.

Demographics

Participant recruitment for this study included contacting local agencies via phone and email. The initial participant interest list for this study was 11 professionals. Of these, three declined due to ineligibility and one declined due to discontinuing the conversation during the scheduling process. The final number of participants for this study was seven licensed mental health counselors in Washington State. The demographic characteristics are presented in Table 1.

All participants in this study were White females between the ages of 26 and 64. Six participants had a Master's in counseling and one had a Master's in psychology. Six participants were licensed within the last three years, with the seventh participant having been licensed for 26 years. Years of practice ranged from two to 26 years. Counseling episodes varied with 71% ($n = 5$) having 3 or less episodes, 14% ($n = 1$) having between four and six episodes, and 14% ($n = 1$) having more than six personal counseling episodes (see Table 1).

Table 1

Demographic Information

Classification	Number of Participants	Percentage
Gender		
Male	0	00.00
Female	7	100.00
Race		
Caucasian	7	100.00
Other	0	00.00
Age Bracket		
21-30	3	42.86
31-40	1	14.29
41-50	1	14.29
>50	2	28.57
Master's Degrees		
Counseling	6	85.71
Psychology	1	14.29
Initial License Year		
1991-2000	1	14.29
2001-2010	0	00.00
2011-2019	6	85.71
Years of Practice		
1-5	4	57.14
6-10	2	28.57
>10	1	14.29
Number of counseling Episodes		
1-3	5	71.43
4-6	1	14.29
>6	1	14.29

Data Collection

I began data collection with the completion, submission, and approval from the Walden University Institutional Review Board (IRB). Prior to submission, I obtained letters of approval from four local agencies granting permission to actively recruit from their agencies. This approval included flyer distribution and, for two of the agencies, permission to attend a staff meeting to discuss my study. Once I obtained IRB approval (No. 06-27-19-0595437), I contacted

the agencies to request that they distribute the flyers and requested a date to attend a staff

meeting. Of the four agencies, I was only able to attend one agency's staff meeting due to

scheduling conflicts.

The recruitment flyers included both a phone number and email address for potential

participants to reach out if interested in participating. I returned each phone call and email within

24 hours and discussed participant requirements and answered any questions they had about the

study. Of those eleven professionals, seven scheduled and participated in an interview. At the

staff meeting for the one agency, I also distributed a form for each person to fill out with an

option to check "yes, I am interested" or "no, I am not interested" in participating in the study

and space to include their contact information. I then collected all forms so as to protect the

privacy of those who wished to participate. Eleven professionals reached out with interest in

participating, three via the form distributed at the staff meeting, three by phone and five via

email.

I emailed a demographic form and informed consent to each participant prior to the

scheduled interview asking participants to complete both forms and bring them to the interview,

along with any questions they still have. All participants returned the forms with the exception of

the participant whose interview was via Zoom. This participant emailed me her documents prior

to the beginning of the interview. Scheduling the interview appointments occurred via phone call

with each participant for a mutually agreed upon data and time.

Prior to conducting the interviews, I utilized reflexive journaling to help bracket my

preconceived ideas and biases. As described in the previous chapter, bracketing is the process of

reducing the negative effects of the researcher's preconceptions and biases that may

unintentionally influence outcomes (Tufford & Newman, 2012). Reflexive journaling provided

me a means of self-reflection so as not to influence the data and the lens in which I viewed the

data. Reflexive journaling is a strategy for a process called bracketing (Chan, Fung, & Chien,

2013; Moustakas, 1994). Bracketing is the process of removing biases and preconceived ideas to

not influence study outcomes (Chan et al., 2013; Moustakas, 1994).

     I facilitated the open ended semi-structured interviews conducted in various locations, as

described in the previous section, and lasted between 25 and 55 minutes. At the start of each

interview, I collected the demographic form and informed consent, and asked the participant if

he or she had any questions about anything they read in the consent or about the study in general.

Once any questions were answered, I facilitated the interview. I audio recorded each interview

for transcription purposes. I asked each participant pre-selected standard questions, as well as

additional clarifying questions specific to the participant to allow for additional clarifying

questions to get deeper information regarding the participants experiences.

     Once I completed the interviews, I informed participants that they would receive a copy

of their transcribed interview within the next few days to review and a follow up call was

scheduled. This was an opportunity for them to verify that I accurately captured what they were

saying, to make any adjustments, or add anything to the interview. This strategy, called member

checking, is to help the researcher ensure that the data is accurate and complete (Creswell, 2013;

Ravich & Carl, 2016).

Follow up calls lasted five to 10 minutes. Six of the seven participants stated that their transcriptions were accurate and had no new information to add. One participant commented on some errors in the transcriptions, such as spelling and grammar errors, and had no new information to add. I corrected the spelling and grammar errors in the transcription and resent via email for verification of accuracy. No further corrections or changes were needed. Once all transcriptions were confirmed accurate, data analysis began.

Data Analysis

Phenomenological Reflections

I utilized qualitative interviews for data collection to lead to discussions from which themes would emerge from participants experiences (Patton, 2015). As stated in the previous section, reflexive journaling and bracketing were used prior to data collection and prior to data analysis to avoid preconceptions and biases unintentionally influencing the study outcomes (Tufford & Newman, 2012). I recorded the following reflections in the reflexive journal, included:

1. While I have experienced personal counseling as a mental health counselor, this study is not about me and my experiences.

2. Extensive literature reviews on the benefits and draw backs of personal counseling for mental health counselors is not an indicator of what I will find in this study.

3. Because I have experienced personal counseling as a mental health counselor, this may influence how I interpret the participant's experiences, how I think they have

experienced personal counseling, and how that has influenced them as a mental health counselor.

Data Analysis

I used interpretive phenomenological analysis approach to open coding as the data analysis tool in this study. Coding is the most common qualitative data analysis for interview method studies (Miles et al., 2014; Saldana, 2016). Patton (2015), discusses the process of listening to each interview prior to transcribing in order to assure that the recording was clear, audible, and transcribable. Coding is the process of assigning meaning to data, these meanings are directly related to the research questions (Onwuegbuzie, Dickenson, Leech, & Zoran, 2009; Ravitch & Carl, 2016; Rubin & Rubin, 2012). These codes are often developed from common threads throughout the interview process and merged into themes. Interpretive phenomenological analysis is the process of applying both deeper meaning and interpretation to gain greater insight into participant experience in the coding process (Smith & Osborn, 2015).

Once the data was gathered from the interviews, I transcribed the audio recordings into word documents. Each transcription was saved on a password protected document under a pseudonym for confidentiality. Each participant was randomly assigned a letter of the alphabet and then a name starting with that letter of the alphabet was assigned to the participant. Member checking was used to ensure accuracy of the transcriptions. The goal in qualitative research is to reach saturation of data, which occurs when information from participants begins to repeat itself, and no new information is provided (Ravitch & Carl, 2016). Saturation was reached in this study with seven participants.

Once participants confirmed the accuracy of their transcriptions, I used an interpretive phenomenological analysis approach to analyze the data (Smith & Osborn, 2015). In step one, I read each transcription several times to immerse myself in the data and gain additional clarity and understanding into the deeper experiences of the participants. In step two, I combed through the transcriptions for codes. These codes included common words, phrases, and concepts. I placed codes in columns corresponding to the research questions. In step three, I organized the codes into common clusters. For example, all of the participants named characteristics of the therapist such as authentic, caring, genuine, understanding, etc. I put these codes into a cluster called "therapist characteristics." In step four, I examined the clusters for deeper meaning and placed clusters with common meanings into emerging themes.

Five themes and two subthemes emerged from the data analysis process: (a) therapist approach, (b) personal growth, (c) essential wellness, (d) the client chair, and (e) continuing education. The two subthemes that emerged from the first theme included the positive approach and negative approach. While all five themes appear in the existing literature as related to personal counseling, this study revealed deeper insight into each phenomenon.

Evidence of Trustworthiness

Credibility

Ensuring trustworthiness in qualitative research includes the following components: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability. Credibility is the accurate portrayal of the reported participant experience (Collier-Reed, Ingerman, & Berglund, 2009). For this study, I accurately interpreted and reported the experiences of mental health

counselors in personal counseling. To ensure accurate reporting, I conducted follow up calls to ensure the accuracy of my transcriptions and that I was accurately capturing what they intended to say in their interview. I also ensured credibility by using multiple sources of data collection, such as reflexive journaling, interviews, and audio recording (Collier-Reed et al., 2009).

Transferability

Transferability is the extent to which this study can be applied to a wider population (Collier-Reed et al., 2009). Transferability in this study means that the results could be applied to other mental health counselors, not just the ones interviewed for this study. To ensure transferability, I continued to collected data until I had reached saturation before discontinuing the interviews. I established saturation of data by facilitating enough interviews to where I was receiving no new information (Patton, 2015). Thick description of the research process also contributed to the transferability of this study. Thick description of the process allows other researchers to repeat my study with other populations.

Dependability

Dependability is the process of ensuring that if the study were conducted in the exact same manner a second time the results would be similar. Collier-Reed et al. (2009) discussed dependability as following blueprints or a map. If someone were to use the same blueprints or map, they would reach the same destination each time. This provides stability to the research and its findings. To ensure dependability, I followed my research plan exactly and accurately recorded the process.

Confirmability

Confirmability is the degree to which the results are unbiased (Collier-Reed et al., 2009). In other words, the results are accurately portraying what the participants reported, and not the researchers biased interpretation. In order to maintain confirmability in this study I employed bracketing. Bracketing is the identification and removal of my own biases from my interpretation of participant experiences (Patton, 2015). I also engaged in member checking to confirm the accuracy of my transcriptions with participants. Member checking helps the researcher ensure that the data is accurate and complete (Creswell, 2013; Ravich & Carl, 2016).

Results

The main research question for this study was: what are the lived experiences of mental health counselors in personal counseling? In this study, mental health counselors' experiences in personal counseling were explored through semi-structured transcendental phenomenological interviews. The interviews consisted of eight questions that guided the participants to explore their experiences in personal counseling. Five themes regarding the participants experiences in personal counseling emerged from the interviews, including: (a) therapist approach, (b) personal growth, (c) essential wellness, (d) the client chair, and (e) continuing education (See Table 2).

Table 2

Themes with Supporting Participants

Themes	Supporting Participants ($N = 7$)
Therapist Approach	7
Personal Growth	6
Essential Wellness	6
The Client Chair	7
Continuing Education	6

Theme 1: Therapist Approach

During the interviews, all seven participants discussed various aspects of the therapists' approach that influenced their experiences. The participants reported both positive and negative experiences with the therapist approach. The therapist approach included personality and relational skills, and technique effectiveness.

Subtheme. Positive approach. Six of the seven participants reported having had positive experiences in personal counseling. The most dominant factor reported for a positive experience was the therapist's personality and relational skills. Some of the main qualities noted were caring, present, nonjudgmental/unbias, emotionally safe, validating, and the creation of a safe space. For example, Participant A stated, "I think I found the most value in the ones where I felt very safe with emotionally and I didn't feel judged and feel coerced or pressured in anything. I just felt validated and accepted." Participant C stated, "Developing that therapeutic rapport is definitely really important and feeling safe with them so even just like, you know, being with someone and just feeling safe, and being able to talk to them." Participant E stated, "She was a really good kind of support and validating and kind of helped me come to terms with it being ok." Participant S stated, "Just having that unbias third-party person to share their thoughts on what was going on." Participants agreed that positive experiences were influenced by the therapists' approach.

Another factor that contributed to positive experiences in personal counseling was the technique or modality effectiveness used by the therapist. These techniques and modalities included active listening, gentle confrontation, Jungian, Psychoanalysis, Eye Movement

Desensitization and Reprocessing (EMDR), mindfulness, psychoeducation, Life Span

Integration, and creative approaches. For example, Participant R stated,

> I think the naming of the relationship that I had was abusive. I knew something was
>
> wrong, but I didn't understand. I thought so much of it was me not doing the right thing,
>
> or not the right approach or not saying the right thing, or if I only did this. So, to
>
> externalize some of the problem and then learn how to be assertive and put boundaries
>
> and things like that I think are just essential. And we're still together. 24 years.

Participant T discussed her own positive experiences in personal counseling with regards

to skilled counselors. She stated,

> The second [experience], it was my first really positive experience with somebody who
>
> was really excellent. She was just an incredibly skilled and loving individual… The third,
>
> again, was incredibly skilled. And it's really good to have such a different kind of model
>
> that is being used of therapy. It helps not only personally but I think it helps
>
> professionally trained in different models not just in different techniques, but actually
>
> different models. So that was a very positive thing.

Participant C talked about her experience with her counselor who would research and use

techniques or approaches that were interesting to her. She reported,

> if I kind of have an interest we'll talk about it. And if it's, even if it's something that he's
>
> not really aware of, we kind of talked about it, and we'll, he'll kind of use the modality on
>
> me. So, for example, um, I was really into chakra balancing for a while, and he busted out

a space rock and like, balanced my chakras and was like, oh, something's going on in this area of your body. And then like, a few weeks later, I was diagnosed with endometriosis.

Subtheme. Negative approach. All seven participants talked about negative experiences from personal counseling. Negative experiences included the same two categories as positive experiences: personality and relational skills, and technique effectiveness. Participant H discussed her only experience in counseling as negative and when asked if there were any other negative experience she would like to share she stated, "No, I mean, no. Another, besides being judged, disrespected and told that I'm a problem. How does it get worse than that? Not sure it does… I think what I encountered was abusive. And I don't know that it had any redeeming qualities at all." Participant A discussed her experience with a counselor who had poor boundaries stating,

> I remember the first counselor I had just walking out feeling way worse. I mean, that sticks out to me where I it was a session where he talked mostly about himself and shared a lot of inappropriate information about his life…I remember walking out of there feeling way worse. At the time I was having like problems with like energy. And I just actually remember like leaving and like, then like finding a place to sit just because I felt like I couldn't even like walk back to my car because I was just so I don't know, depleted. And then I'm like, this is a person who's supposed to be present, and here to help. And it was about him. And he's getting paid for that too. You know, so just remember feeling really defeated.

Participant T discussed her first experience in counseling as being negative due to the counselor's lack of knowledge on her specific situation. Participant T shared,

It was the first experience I had after the death of my sister and I was going through a major depressive episode. So, it was complicated because my sister's death was traumatic. She committed suicide. So, what this therapist did not understand was grief. Did not understand what traumatic grief was, and that showed up in a myriad of ways…. Her emphasis and focus in the questions or whatever, was really not even about the grief. It was mostly about depression. She probably came from much more cognitive behavioral background in terms of training. And that's what it wasn't necessarily about…. So that's what made it not a good therapy.

Theme 2: Personal Growth

Six of the seven participants discussed the personal and professional growth they experienced from their experiences in personal counseling. The participants discussed experiences of being challenged to grow on a personal level, they were given hope, provided clarity, engaged in self-exploration, given options they did not know they had, developed healthy boundaries and communication skills, and given the opportunity to work through their own traumas and mental and emotion struggles. Participant R discussed her experience with personal growth stating,

Understanding more about myself and more about relationships, more about my options, I think. And so, because I grew up in a home that was fairly emotionally deprived and neglectful there was so many things I didn't know but was experiencing and just to not

have language for it, and I just didn't know what to do with it all. And so, the framing and

the relationship and, and whatnot was just there…. I think to be seen, is a big piece of

counseling. I think people go unseen, oftentimes to themselves and by others. And so, to

be seen in a moment, I think helps. Helps us be like, Oh, this is me. Okay. And then out

of that, where do I want to go with that? Does it just need to be? And is this what it is for

the moment? Or is there something this is leading me towards? So just making space for

that kind of exploration.

Participant E discussed her experiences with personal growth. She discussed working

through her own trauma and mental health issues in order to avoid counter-transference with her

clients, but also to improve herself on a personal level in her various roles. She stated, "I think it

also helps me know, what is the word like, decreases my likelihood of counter transference with

clients, I think it improves my ability to be a better friend, and a better partner, a better daughter,

a better sister. Because it does give me that space to process openly about those things."

Participant T also discussed the personal growth she experienced in personal counseling

and the importance of experiencing counseling on a personal level. She stated,

I don't think you can do this work without doing personal counseling. Especially when it

comes to the losses that a person has had. If you have not worked through your losses,

you shouldn't be doing this kind of work. If you ask me. When I say if you haven't

worked through losses, I don't mean that they're resolved because grief is never resolved.

Grief is always there, loss is always there. But you have to have a degree of

consciousness around your own stuff. And if you don't, it will definitely come out in counter transference.

Participant C discussed that she originally started personal counseling for professional development reasons and found that personal reasons kept her in counseling. She stated, "But I think subconsciously, I hold on to things because of my own internal work. So, I know once I started counseling, that it was good to continue with it. And then also just working on additional layers of my own mental health has been really helpful."

Theme 3: Essential Wellness

One of the sub research questions in this study was: how have you experienced personal counseling as a form of wellness? Six of the seven participants discussed personal counseling as an essential part of their wellness. The most common message by participants was the purging of heavy information that they carry from clients and the feelings of release and relief that follow. For example, participant A described it this way, "I think it helps like, feel like a weight is lifted off, like I do just have this space of like, just getting out the internal turmoil or chaos and just having it make more sense. So, I think just like the unburdening of emotion, for me." Participant E described it this way:

> It does give me that space to process and vent about those things. As opposed to them, putting that all on my husband, putting that all on my best friend, which really isn't fair. So, I think it helps me process it. So, one, I don't take it out on them. And two, so I don't like word vomit onto them, you know, and they're like, I don't know what to do with that awful thing you just told me about, because we obviously hear a lot of effed up, horrible

things. And it's really hard to just go home with that in your head. And sometimes I still vent about it, or I will need to say something about it. But when I'm with my therapist, I don't have to like censor myself or I can just be like, this is repulsive. This is upsetting. It's giving me nightmares, or whatever. And I think that's really important for self-care and wellness.

Others described personal counseling as a maintenance activity. Participant C describes why she continues to see her counselor regularly,

I at least see my counselor once a month at this point, and the reason why is there's times where, where I will have something go on, and then I'll like, contact him, and then he can't see me because its last minute. So, I just like go-ahead and schedule out in advances and things still pop up, like aha things with friends that pop up. And, you know, and I think it's really good to, like check in with, with my, with a with a counselor just for that mental health like, because, you know, something's going on.

While others described it like taking care of your physical health, Participant R discussed that personal counseling is foundational for her health and wellbeing,

Well, it's been foundational for me understanding myself and what I need, I think it's been very clarifying for what are my needs, and one of my options to go about meeting those needs, and to validate the fact that it's okay, that I have needs, and that there's space in the world for me to have needs. I don't need to get this small and fit all my needs in this tiny box.

Participant T discussed how personal counseling is similar to knowing your body and your physical self. She stated, "it really does come down to knowing yourself because if you don't know yourself, then you won't understand the transference and the counter transference. And if you don't understand the transference and the counter transference, I don't know how you do this work."

Theme 4: The Client Chair

One of the common themes discussed by all seven participants was their experience sitting in the client chair. Participants discussed how both their positive and negative experiences in personal counseling influenced their own care of clients, because of what it was like to experience different approaches as a client. For example, Participant H only ever had a negative experience in counseling, an experience that she called abusive. She discussed what that was like as the client,

> It's made me question what I hear and see in counseling sessions and learn that people use language differently. In one case, I remember during my internship, I had two women in two weeks. And each of them used the same sentence that my husband got angry. And so, I learned from, you know, my experience that I need to ask, Well, what does that look like? What does angry look like? And one woman said, Well, he turned red and walked out the door. And the other woman said, he beat me up. And so, it made me a little bit more present. And I want to say I'm not going to assume that I know what you're talking about. Please elaborate, and I want you to flesh out the details in the picture, I'm not going to make assumptions. So, it made me a little gun shy around feeling like I know

what other people were talking about, or what their experiences look like. To take more

time and care in discovering what their truth is and what their story is to them.

Participants S and R discussed the importance of experiencing what it is like to sit the

client chair and feeling what it is like to be vulnerable with a counselor. Participant S stated,

I think everybody that's in this field should go to counseling themselves. For that reason,

I think of having the other side perspective. I think I just got the, I got a better

understanding of what it feels like to be on that side of things. Because that was my first

counseling, episode. Feeling how vulnerable it feels to really share everything that's

going on and on. Maybe. And, and then the challenging aspect of it that, you know, I

think maybe learning a little bit about that, like, sometimes people need a little bit of a

shove, even if it's a gentle show like to make changes, because nobody wants to make

changes, and it's scary to make changes.

Participant R shared this perspective on vulnerability, "So the vulnerability of being a client has

been huge, of what it actually feels like to sit on the other side, and receive care, I feel very

aware of what that's like, And the vulnerability of it, and how exposing it can be."

Participant E discussed how her experience in personal counseling and experiencing what

it is like from the client perspective has influenced how she treats her clients and what techniques

she may use with them. Participant E stated,

Oh, because I think also you get that perspective as a client. And so, mine, if my

therapist does something that I was like, Oh, that was genius, you know, I'm going to use

that. And, you know, it gives me ideas for interventions, or, you know, what have you. Or

the opposite way, I did not like how she did that. I'm going to have to be mindful of that.

Yeah, those kinds of things where there's like obviously a personal element that makes

me a better client and counselor for my clients. But then there's also like, you know, this

other piece of professional like, Oh, I like that.

Participant C discussed how her experience as a client has helped her build trust with clients and how her own relationship with her counselor helps her be a better counselor herself. Participant C stated, "So I think just having that basic, I think just having that therapeutic, real therapeutic alliance in my personal life just allows me to, to connect as well with other clients." Participant A also talked about how her own experience has related to her care of clients,

I do think, you know, there's some potential to like, relate to your clients and feel

empathy and be a person where it's like, I get it, right, because I have to do it too, not just

because I'm saying it. So, I think it's provided me to connect with them and to really hear

their needs and understand it just for my own personal experience.

Theme 5: Continuing Education

The final theme that emerged from the data analysis process is the concept of continuing education. Six of the seven participants discussed how their own experiences in counseling have sparked their interest in learning and using new techniques and modalities. For instance, Participant A discussed how her experience in a partial hospitalization program inspired her to want to be trained in Dialectical Behavioral Therapy. Participant R discussed how important personal counseling has been not only in influencing her to become a counselor in the first place, but also in discovering and using new techniques and modalities to learn. She stated,

Right, so to become one, and then I did lifespan integration with my second therapist. And so even the style, that style of therapy I've been curious to learn more about so the professional development that I do, Continuing Education wise. I've been influenced by their work with me. I think, big part of like, how it began a session, and how I end a session, those some of those transitions in therapy, some of the responses I give, feels tied to my own work in therapy.

Participant T discussed how she sought out counselors with specific modalities so that she may experience them as a client and gain additional knowledge about those modalities as a counselor. In one of her counseling episodes, she sought a counselor specifically because he used a Jungian approach and she was curious about that modality and how it worked in session. She stated that her views on counseling are, "I think it acts like any kind of continuing education should act. Not that continuing education always does. But that when you learn something from somebody else, it comes in as a as a form of knowledge to you and then that is inevitable that you will bring that into your own practice."

In a reverse sense, Participant E discussed how her training in EMDR influenced her to engage in EMDR therapy herself,

I think it's really valuable I found in doing EMDR with clients to be able to say, that I've done EMDR And I do EMDR and I'm committed to that work. I think it gives, I try really hard to not suggest things that I wouldn't do or haven't done. And so, I think, you know, with something like EMDR you know, I can say, every person's experience is different, but I can tell you, it's been one of the most rewarding and healing experiences of my life

Summary

Seven licensed mental health counselors in a Northwestern state were interviewed and provided data that lead to five main themes (therapist approach, personal growth, essential wellness, the client chair, and continuing education) and two subthemes under therapist approach (positive approach and negative). Participants responses to interview questions were used to provide detailed experiences that formed these themes. Participants revealed that their experiences in personal counseling, whether positive or negative, were largely determined by the therapist's approach. Participants also reported that they experienced a lot of personal growth from receiving personal counseling, including: hope, healthy boundaries, additional options, healthier communication, and resolution of their own trauma and mental and emotional struggles. Participants shared that personal counseling was also a form of essential wellness; that attending personal counseling allowed them to remain healthy in order to work with their clients. Experiencing being in the client chair was another positive experience that participants had in personal counseling. They reported that by experiencing the client chair they are better able to empathize with their clients. The final theme that emerged was that of continuing education. Participants reported that personal counseling provided them with additional skills and interests to explore with their own clients. A detailed discussion and interpretation of the results will be discussed in Chapter 5.

Chapter 5: Discussion, Recommendation, and Conclusion

The purpose of this transcendental phenomenological study was to explore the lived experiences of mental health counselors in personal counseling. The focus of the study was to provide an in-depth description of the factors that influenced mental health counselors' experiences in personal counseling. The results of this study may be significant to mental health counselors, counselor educators, the counseling profession, and society as a whole by providing insight into how mental health counselors experience personal counseling, thus, allowing for a more informed decision regarding personal counseling as a professional development and wellness activity. This chapter presents a discussion of the results of this study and will include, an interpretation of findings, the limitations of the study, recommendations for future research, and the implications of the results, and a conclusion.

Discussion of the Findings

Probst (2015) suggested that mental health counselors entered personal counseling for a variety of reasons, including personal and professional. The participants of the current study entered for the following reasons: relationship issues, mental health issues, and wanting to experience the "client chair." Several studies suggested that personal counseling has a positive impact on mental health counselors' professional development, overall wellness, and personal growth (Kastberg et al., 2014; Lawson & Myers, 2011; Wigg et al., 2011; Wolf et al., 2012). These findings are consistent with the outcomes of this study. Participants in this study experienced a range of positive and negative experiences that shaped their own professional practices, wellness, client care, and personal growth.

Theme 1. Therapist's Approach

All of the participants in this study reported that the therapist's approach was a main influencer on their experiences in personal counseling. These approaches included areas such as personality, approach to building rapport, beliefs around healing and the counseling process, therapeutic orientation, and techniques used in the sessions. The outcomes of this study supported Probst's (2015) findings that counselors either rejected or emulated their own counselor's approach, based on whether it was a positive or negative experience. Consistent with these findings, participants reported a range of positive and negative experiences in personal counseling that yielded two subthemes.

Subtheme 1: Positive approach. All but one participant reported at least one positive experience in personal counseling. The one participant who had no positive experience found other ways to meet her personal and professional needs through her personal and spiritual support systems. This is consistent with Byrne and Shufelt's (2014) findings that counselors who have not experienced personal counseling use other approaches to maintain personal and professional wellness.

The six participants who experienced positive approaches to personal counseling noted that their counselors had an overall positive and helpful approach to the counseling process. Factors contributing to the positive approaches included counselor personality, taking time to build rapport, using appropriate techniques and modalities, using humor, providing a safe environment to process emotions, strengths-based approach, instilling hope, providing clarity and education, giving no advice, and having a sense of release at the end of each session.

Bellows (2007) found that a counselor's counselor has a big impact on client's clients, thus, having positive experiences in personal counseling is vital in role modeling positive approaches to counseling.

Subtheme 2: Negative approach. Just as having a positive experience in personal counseling influences a counselor's clients, a negative experience is equally as powerful (Bellows, 2007). Counselors are not immune to unhealthy and unhelpful approaches to counseling (Watkins, 1983). All but one of the participants in this study experienced at least one negative approach to their personal counseling experiences. Negative approaches included, poor boundaries, lack of emotional safety, counselor detachment, premature confrontation, no clear direction, misuse of techniques, countertransference, labeling, lack of understanding, and focusing on the wrong issue.

One participant described an entirely negative experience with personal counseling, stating the counselor became aggressive, defensive, yelled at her for glancing at her watch, and expressed distrust for the participant's alternative ways of processing her trauma through personal and spiritual support systems. This participant reported that this experience revealed how counseling should not look and translated that into her own practice and client care. This is consistent with previous research, suggesting that counselors who experience negative approaches in personal counseling will learn what not to do and actively work to avoid making their clients feel how they felt during those negative experiences (Bellows, 2007; Kastberg et al., 2014; Probst, 2015).

Theme 2. Personal Growth

Another main theme that emerged from the present study was participants' experiencing personal growth through their personal counseling experiences. As previously stated, counselors engage in personal counseling for a variety of reasons, many of which include personal issues such as relationship issues, mental health issues, and adjustment issues (Probst, 2015). As a result, counselors may experience personal growth through the counseling process.

All but one participant reported experiencing some type of personal growth while in personal counseling. The one participant who did not experience personal growth did not have any positive experiences in personal counseling, which may indicate the need for a positive experience to elicit personal growth and may be an area for future research. Participants who experienced personal growth reported improvement of mental health symptoms, resolution of trauma symptoms, improved relationships, greater self-awareness, and increased insight into personal issues.

Participants identified the need for personal growth to help prevent countertransference within the counseling relationship. Probst (2015) also found countertransference to be a motivating factor in mental health counselors seeking personal counseling. One participant reported she believes that working on her own issues has been foundational in her ability to continue to be a counselor. Another participant stated that she believes personal growth through counseling helps her avoid countertransference and gives greater insight into personal issues that she will never work through and, therefore, needs to avoid in her counseling practice so as to not impact the client with her countertransference. Counselors who experience personal growth and work through their personal issues are less likely to experience vicarious trauma and burnout,

which helps to avoid harm to their clients (ACA, 2014; Cummins et al., 2007; Roach & Young, 2007; Williams et al., 2012)

Theme 3. Essential Wellness

The research surrounding the need for counselor wellness, as well as how counselors may achieve wellness is lofty. According to the ACA (2014) code of ethics, counselors must engaging in wellness to maintain a healthy professional practice and good client care. Wellness can be different for each individual, although research suggests that wellness includes four main areas: physical, emotional, cognitive, and interpersonal (Venart et al., 2007). Participants in this study reported that personal counseling helped with their overall wellness in all four areas. Most participants discussed personal counseling as a form of emotional wellness. Personal counseling allowed them a safe space to process emotions that provided a "cathartic" effect.

Several participants compared personal counseling as a form of wellness to maintaining their physical health. Just like exercise, eating healthy, drinking water, and adequate sleep, personal counseling is essential to their physical functioning. As a result, the participants stated that they make personal counseling a priority activity in maintaining their mental and emotional health. In previous studies, maintaining mental and emotional health has been reported to be equal that of maintaining physical health (Neswald-Potter, Blackburn, & Noel, 2013; Venart et al., 2007).

Two participants discussed personal counseling as a form of cognitive wellbeing. It allows them to exercise their brain and work through their issues in a cognitive way that stimulates their brain and expands their knowledge. For example, one participant stated that she

purposely sought out counselors who had a counseling style she was interested in which she was interested in learning. Venart et al. (2007) stated that cognitive wellness stimulates the mind and helps keep individuals interested and engaged in life.

Multiple participants discussed personal counseling as a form of interpersonal wellness. Interpersonal issues can negatively influence a mental health counselors' ability to be mentally and emotionally present with clients, thus interpersonal wellness is a vital part of maintaining overall wellness (Venart et al., 2007). Participants described personal counseling as a way to work through interpersonal issues, as well as having an objective experience to process the heavy weight of client stories so as not to burden their family and friends.

Participants described wellness as an essential part of their continued functioning as a counselor. Participants claimed that they would not be able to continue in the counseling field if not for maintaining their wellness, and counseling is a big part of that wellness maintenance. This outcome supports previous literature on the essential nature of maintaining wellness and the contributions personal counseling may have on wellness (Thompson et al., 2014; Williams et al., 2012).

Theme 4. The Client Chair

One of the common insights participants gained from personal counseling was experiencing counseling through the client lens. Counselors and educators alike believe that a counselor cannot have true empathy for a client until they have experienced counseling from that perspective (Kastberg et al., 2014; Probst, 2015). Participants in this study found experiencing counseling from the client perspective to be powerful and enlightening. Participants gained

insight into understanding the approaches that worked for them as the client and which ones did not and were able to translate that into their practices and client care when appropriate. Probst (2015) found that counselors will often take what they have experienced in personal counseling and translate it into their counseling practice and approach to clients. For example, one participant discussed a situation with a counselor who had very poor boundaries. As a result, she became more conscious of the boundaries she set with her own clients, because she knew how it felt to be on the receiving end of a counselor with poor boundaries.

Another participant described an experience with a counselor who did not take time to build rapport in the relationship. She reported that because they did not develop that trusting relationship in the beginning, she did not feel comfortable sharing anything too personal and, therefore, did not make much progress with that counselor. As a result, the participant is careful to build rapport with her clients and build that trusting relationship. Another participant described a technique that a counselor used with her that she found very helpful, which she has successfully used now with her own clients.

Theme 5. Continuing Education

Through experiencing counseling from the client perspective, counselors will often discover new techniques and modalities that they want to try with their own clients (Probst, 2015). Participants described engaging in personal counseling as a form of continuing education. One participant discussed her experience in a partial hospitalization program where Dialectical Behavioral Therapy (DBT) was utilized, which sparked her interest to become trained in DBT. Another participant stated that she would seek out counselors who utilized specific modalities in

which she was interested in learning more about, so she might experience it as a client. Another participant discussed how her counselor would utilize specific modalities and techniques in which she expressed interest, so she might experience their effect. This type of "continuing education" may allow counselors to experience what their clients may experience if they were to adopt these techniques or modalities, thus providing the counselor with a more informed approach to counselor education.

Limitations of the Study

There are limitations within this study that may impact research outcomes in multiple ways. The limitations include, licensure restriction, participant demographics, and geographical location. The first limitation in the study is the licensure restriction to licensed mental health counselors (LMHC). This restriction excludes several other master's level counseling licenses including, licensed mental health counselor associates, licensed marriage and family therapists, licensed marriage and family therapist associates, licensed independent clinical social workers, and licensed independent clinical social worker associates. As a result, the study may not be applicable to all counseling professionals, reducing the depth of this study (Maxwell, 2013).

Another limitation is that all of the participants are female. By interviewing only female participants, the findings of this study may not be applicable to male mental health counselors, due to various cultural differences between men and women and how differently they may experience similar situations. Another limitation of this study is the geographical location of the study. In this study, I limited to the range of licensed mental health counselors to within a Northwestern state. Thus, this may reduce the applicability of the study to other areas outside of

the region due to cultural differences between various regions of the country. The final limitation of this study is that of race and ethnicity. All participants in this study were White, thus the results may not be applicable to those of other races or ethnicities due to various cultural differences. Individuals within different cultures may experience events differently and have different perceptions on the experience including gender, age, race, ethnicity, and geographic region (Choi, Oishi, Shin, & Suh, 2019).

Recommendations for Future Research

This study provides a foundation for future research on how mental health counselors experience personal counseling. The recommendations for future research are based this study's exploration of female licensed mental health counselors in a Northwestern state. The purpose of providing recommendations is to move beyond the limitations of the study to enhance future research.

This study's sample only included female licensed mental health counselors in a Northwestern state. In future research, researches should consider expanding the demographic sample to include male mental health counselors. Including both genders in the sample will give a broader range of experiences and increase the applicability of the results. Including male mental health counselors will also give greater insight as to whether male and female mental health counselors experience personal counseling differently.

Another recommendation for future research is the inclusion of other counseling licenses. While this study gave insight into licensed mental health counselors' experiences in personal counseling, expanding future research to include other counseling licenses may provide a

broader range of experiences across the counseling profession. Including other counseling licenses may also provide an opportunity to explore any differences in how different counseling professionals experience personal counseling with a broader range of influences.

Another recommendation to increase applicability in future research is to broaden the geographical participant's geographical location. The current study included a sample of licensed mental health counselors in a Northwestern state. Including a wider geographical range may provide a more diverse range of experiences in personal counseling that may be more generalizable to the mental health counseling profession. For example, future research may focus on states within Pacific Northwest region or the entirety of the United States.

Implications

There are several areas in which this study could have a positive influence, including individual counselors, counselor education and supervision, and social change. According to previous literature, counselors are often subject to vicarious trauma and burnout (Cummins et al., 2007; Roach & Young, 2007; Williams et al., 2012). The findings of this study provided additional insight into how mental health counselors experience personal counseling, providing insight into what mental health counselors may expect from engaging in personal counseling. Thus, potentially making the decision to attend personal counseling easier and less clouded.

This study's findings provide insight into how mental health counselors experience personal counseling personally and professionally, which may influence future mental health counselors' decision to enter into personal counseling (Byrne & Shufelt, 2014). With increased knowledge and awareness of how counselors experience mental health counselors, more mental

health counselors may choose to engage in personal counseling. As more counselors engage in personal counseling, there is a likelihood of increased health and wellness in mental health counselors (Byrne & Shufelt, 2014; Kastber et al., 2014; Probst, 2015; Wigg et al., 2011).

Insights gained from the findings of this study may positively influence the overall counselor education and supervision profession. Currently, counselor educators and supervisors are recommending that counselors attend personal counseling without knowledge of how mental health counselors experience personal counseling (Wolf et al., 2012). With the added knowledge from this study's findings, counselor educators and supervisors can make more informed recommendations for personal counseling to students and supervisees. If more students engage in personal counseling prior to entering the counseling field, the result may be a larger body of healthy practicing mental health counselors who experience greater wellness, decrease countertransference, better client care, and a greater repertoire of skills and modalities.

With the potential for a larger body of healthier practicing mental health counselors, there is a potential implication for positive social change. Mental health counselors who experience greater wellness, decrease countertransference, better client care, and a greater repertoire of skills and modalities may have a greater positive impact on their clients' mental health and wellbeing (Kastberg et al., 2014; Probst, 2015). When clients experience positive change and growth in counseling, that translates into their personal lives through healthier decision making, improved relationships, and improved mental health symptoms (Sackett & Lawson, 2014). Clients who experience these positive effects have the potential to positively impact society through their everyday lives, thus creating a healthier, more positive society.

Conclusion

In contributing to the current body of literature on mental health counselors in personal counseling, the purpose of this transcendental phenomenological study was to explore the lived experiences of seven licensed mental health counselors in a Northwestern state in personal counseling. I utilized bracketing as a method in which to view the data from an unbiased lens to gain the true meaning behind the participants' experiences (Moustakas, 1994; Patton, 2015). The study revealed that there is a perceived impact of mental health counselors' experiences in personal counseling on their personal and professional life. The perceived impact included personal and professional wellness, participants' approach to therapy, care of clients, continuing education, and an increased understanding of the client perspective.

The potential implications of this study are powerful and broad across the counseling profession and society's whole. With an increased understanding of mental health counselors' experiences in personal counseling, counselor educators, supervisors, and mental health counselors can make better informed decisions regarding engaging in and recommending personal counseling as a wellness and professional development activity. Increased attendance in personal counseling has the likelihood to positively impact society by producing healthier, more effective mental health counselors, which in turn creates healthier members of society to positively influence the world.

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Appendix A

Demographic Form

Demographics

Participant Name: _____ Age: _____

Race: _____ Gender: _____

Master's Degree: _____

Initial Licensure Year: _____ Years of Practice: _____

Number of Personal Counseling Episodes (as an adult): _____

Type of Counseling Episodes:_____

Appendix B

Interview Questions

- What lead you to seek personal counseling?

- Who recommended you engage in personal counseling? And why?

- Tell me about your experiences in personal counseling.

- Describe the positive experiences, if any, in personal counseling

- Describe the negative experience, if any, in personal counseling.

- How have you experienced personal counseling as a form of wellness?

- How have you experienced personal counseling influencing your client care?

- Has your own experience in personal counseling influenced your professional development as a counselor?

Appendix C

Recruitment Flyer

RESEARCH PARTICIPANTS NEEDED

Are you a Licensed Mental Health Counselor?
Have you been to counseling yourself as an adult?

Torrie Gilden, a doctoral student at Walden University, is

seeking individuals to participate in her dissertation research

project exploring the lived experiences of mental health

counselors in their own personal counseling.

If interested, please contact Torrie via email at

Torrie.Gilden@waldenu.edu