



# Behind the Therapist's Chair: A Qualitative Exploration of Counsellors' Mental Health Support Needs

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## Abstract

The purpose of this qualitative study was to explore the significance of self-care, personal therapy, and emotional resilience among professional counsellors, specifically to understand whether counsellors benefit from seeking treatment. With training programmes frequently lacking structured self-care, the study further investigates whether counsellors should seek counselling themselves. The study explores whether counsellors who engage in personal therapy and reflective practices report greater emotional resilience and professional effectiveness. Qualitative Method was used in this study. Five Professional Counselling Psychologists were interviewed. Braun and Clarke's six-phase thematic analysis was applied to semi-structured interviews. The findings show that personal therapy improves self-awareness, reduces counter transference, and prevents burnout, but its use is inconsistent. Participants identified emotional exhaustion, difficulty maintaining boundaries, and early-career self-doubt as major challenges. Self-care strategies such as meditation, journaling, creative hobbies, and taking breaks between sessions were identified as critical to maintaining well-being and professional competence.

## INTRODUCTION

Counsellors are trained to support the mental well-being of others, yet their own emotional health is frequently overlooked in both professional education and practice. The counselling profession requires continuous emotional engagement, empathy, and psychological availability, all of which can place significant demands on the counsellor's personal resources. Unlike many other professions, counselling involves sustained exposure to clients' pain, trauma, and distress, often without immediate resolution or visible progress. As a result, counsellors are at heightened risk of experiencing burnout, compassion fatigue, and emotional exhaustion. These challenges commonly arise from the emotionally demanding nature of therapeutic relationships, repeated exposure to client suffering, and the professional expectation to remain consistently supportive, patient, and non-judgemental (Figley, 2002; Killian, 2008). Despite these realities, the emotional well-being of counsellors themselves remain underemphasised and sometimes neglected as an aspect of mental health practice.

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Counselling education and training programmes traditionally prioritise the development of therapeutic techniques, ethical decision-making, assessment skills, and theoretical knowledge. While these components are undeniably essential, they often fail to adequately prepare trainees for the psychological impact of long-term counselling work. Many training curricula provide limited structured guidance on personal therapy, emotional self-care, and resilience-building strategies, even though these elements are crucial for sustaining long-term professional effectiveness (Culver, 2011; Skovholt & Trotter-Mathison, 2011). Subsequently, counsellors may enter the profession with strong clinical competencies but insufficient preparation for managing their own emotional needs, boundaries, and vulnerabilities.

Existing research has consistently emphasised the importance of personal therapy for mental health professionals. Engaging in therapy has been found to enhance a counsellor's self-awareness, emotional regulation, and capacity to recognise and manage transference and counter transference within therapeutic relationships (Norcross, 2005). Personal therapy provides counsellors with an opportunity to process their own emotional experiences, unresolved conflicts, and personal biases, thereby reducing the likelihood that these issues will interfere with client care. Furthermore, counsellors who have experienced therapy themselves often report greater empathy toward clients and a deeper understanding of the therapeutic process from both perspectives.

In addition to personal therapy, regular self-care and reflective practices have been shown to play a vital role in maintaining counsellor well-being. Activities such as mindfulness, supervision, journaling, peer consultation, and maintaining work-life balance are linked to better mental health, increased professional satisfaction, and improved client outcomes (Barnett & Cooper, 2009). These practices help counsellors regulate stress, process emotional experiences, and prevent the gradual accumulation of psychological fatigue. Research increasingly suggests that counsellor well-being is not simply a personal matter but a professional responsibility, as the mental state of the counsellor directly influences the quality and effectiveness of therapeutic interventions.

Despite growing awareness of these benefits, there remains a noticeable shortage of empirical

studies that focus specifically on counsellors as individuals with mental health needs of their own. Much of the existing literature examines counsellor competence, therapeutic techniques, and client outcomes, while relatively few studies explore the internal emotional experiences of counsellors themselves. Research on burnout and compassion fatigue is available, yet these studies often focus on symptoms and prevalence rates rather than on counsellors' subjective experiences with personal therapy and self-care. Furthermore, most available studies are quantitative in nature, offering statistical insights but limited understanding of how counsellors personally make sense of their emotional struggles and coping strategies.

Qualitative research that captures the lived experiences of practising counsellors remains particularly limited, especially within the Indian context. Cultural factors such as stigma around seeking psychological help, expectations of professional perfectionism, and limited institutional support make it even more important to understand counsellors' perspectives in diverse cultural settings. However, few studies have explored how counsellors in India perceive personal therapy, how they manage emotional challenges, and what forms of support they find most helpful. This gap in the literature suggests that the reflections of counsellors themselves are often missing from academic discussions about mental health practice.

Despite increasing calls for counsellor self-care in professional guidelines, there is still insufficient research examining whether counsellors genuinely feel supported in their own mental health needs. As a result, there is a pressing need for in-depth qualitative studies that investigate how counsellors actually experience emotional strain, how they use personal therapy, and what barriers prevent them from accessing support.

Therefore, the present study aims to explore the perspectives of practising counsellors regarding personal therapy, self-care practices, and the emotional challenges they encounter in their profession. By examining the lived experiences of professional counsellors, this research seeks to address an important gap in the literature and to understand how these practices contribute to emotional resilience and professional effectiveness. The findings may provide valuable insights for improving counsellor education, strengthening

support systems within the profession, and promoting more comprehensive and compassionate approaches to counsellor well-being.

## **Literature Review**

Recent literature highlights the multifactorial nature of burnout among mental health professionals, particularly counsellors. Global research reveals that many practitioners are unaware of early burnout symptoms and tend to treat self-care as optional or secondary, engaging in it reactively and often inconsistently (Brown & Lee, 2021; Smith, 2020). Although a range of self-care strategies is commonly employed, such as time off, exercise, mindfulness, peer support, and spiritual practices, most remain individual-level interventions, with limited focus on systemic or organisational solutions (Johnson et al., 2022; Kim, 2021).

Burnout is influenced by a combination of sociodemographic, intrapersonal, and work-related factors, including high caseloads, inadequate supervision, limited professional experience, maladaptive coping styles, and personality traits (Chen & Roberts, 2023; Patel & Narang, 2021). The consequences of burnout are both personal and professional, such as emotional exhaustion, decreased job performance, and reduced quality of client care (Maslach et al., 2001; Sharma & Iyer, 2022).

Evidence suggests that effective clinical supervision, access to personal therapy, and structured peer support significantly improve resilience and reduce burnout risk (Norcross, 2005; Stamm, 2010). Qualitative studies further highlight the value of team reflection meetings and open conversations about stress, particularly during crises like the COVID-19 pandemic (Wang & Thomas, 2021; Singh, 2022).

Despite this, most counsellor training programmes do not formally include structured self-care modules or require personal therapy, leaving practitioners underprepared for the emotional demands of their work (Chopra & Desai, 2023; Munsey, 2006).

In India, while research on counsellor burnout and self-care is emerging, it continues to face challenges due to conceptual gaps, stigma, and inconsistent methodologies (Rao & Mehrotra, 2020; Verma & Paul, 2024).

Cultural factors such as reluctance to seek help, social stigma, and limited institutional support further exacerbate burnout among Indian counsellors (Gupta & Jain, 2021). Nonetheless, personal therapy consistently emerges as a protective factor, improving empathy, self-awareness, and reflective practice, even though barriers like cost, stigma, and time remain (Figley, 1995; Sharma et al., 2023).

Across both global and Indian literature, counsellors face emotional labour, vicarious trauma, and high standards of professional perfectionism, all of which increase vulnerability to burnout (Figley, 2002; Thomas & Rao, 2024). Addressing these risks requires a dual approach: promoting personal self-care practices such as mindfulness, self-compassion, and emotional regulation, alongside systemic reforms that include supervision, mentoring, manageable caseloads, and workplace cultures that normalise self-care (Barnett & Cooper, 2009; Figley & Figley, 2010).

## **METHOD AND PROCEDURES**

### **Research Design**

This study employed a qualitative exploratory research design to examine practising counsellors' experiences of personal therapy, emotional self-care, and professional challenges. A qualitative approach was chosen to explore counsellors' subjective experiences and meanings in depth.

The study was informed by an experience-focused perspective, with attention to how counsellors make sense of the emotional demands of their work. Reflexive thematic analysis, as outlined by Braun and Clarke (2006), was used to identify shared patterns of meaning across participants working in diverse counselling settings. This approach was selected for its flexibility and suitability for applied psychological research.

### **Participants**

Five practising professional counsellors participated in the study. Participants were selected through purposive sampling to ensure that they had relevant professional experience and could provide rich information about the research topic.

### **Participant Characteristics**

- All participants were trained counselling psychologists

- Participants worked in diverse settings including private practice, schools, and mental health clinics
- All participants had experience handling clients with anxiety, depression, trauma, and relationship concerns

**All Participant details are included in Appendix B**

Basic demographic details were collected prior to the interviews to contextualise the findings. Confidentiality and anonymity were strictly maintained in accordance with APA ethical guidelines.

**Data Collection**

Data were collected using semi-structured, one-on-one interviews conducted either in person or via secure online platforms. An interview guide consisting of open-ended questions was developed based on the study objectives.

Sample questions included:

- “What emotional challenges do you face as a counsellor?”
- “Have you engaged in personal therapy? If yes, how has it helped you professionally?”
- “What self-care practices do you use to manage work-related stress?”
- “Do you believe personal therapy should be mandatory for counsellors in training?”

**The complete interview guide is included in Appendix A.**

Each interview lasted between 45 and 60 minutes and was audio-recorded with participants' consent. Interviews were transcribed verbatim for analysis.

**Data Analysis**

Data were analysed using Braun and Clarke's (2006) six-phase thematic analysis. Manual coding

was conducted to ensure close engagement with the data.

**RESULTS**

Braun and Clarke's (2006) method of thematic analysis provides a flexible and rigorous method for identifying, analysing, and reporting patterns (themes) within qualitative data. The details of the six phases of the analysis are as below.

• **Phase 1: Familiarisation with the Data**

All interview transcripts were read and reread multiple times to gain deep familiarity with the content. Notes and preliminary observations were made in the margins to highlight emotionally rich responses and recurring concerns related to self-care, emotional fatigue, and personal therapy.

• **Phase 2: Generating Initial Codes**

Each interview transcript was coded manually using an open, data-driven approach in line with Braun and Clarke's (2006) reflexive thematic analysis. The researcher conducted close, line-by-line coding to identify meaningful features within participants' accounts of personal therapy, emotional challenges, and self-care practices. Codes were generated inductively from the data rather than predetermined, and multiple codes were assigned where extracts reflected more than one relevant idea. Initial codes included *session fatigue*, *therapy enhancing self-awareness*, *early-career self-doubt*, *boundary difficulties*, *lack of structured self-care training*, *empathy building*, and *perceived stigma*. These codes captured key patterns relevant to the research question and informed the subsequent development of themes. Table 1.1 presents example illustrative transcript extracts with their corresponding codes.

• **Table 1.1:** Coded Transcript Extracts

Transcript Extract (Verbatim)	Initial Codes
<i>I would not say always... personal care for sure, but not always therapy unless some trauma has happened.”</i> (Participant A)	Conditional need for therapy; Therapy only after trauma; Preference for self-care over therapy
<i>“I've used therapy for my personal journey, not my professional one.”</i> (Participant A)	Therapy framed as personal, not professional; Separation of personal and professional needs

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<i>"You experience emotional drain... some cases were difficult to cope with after sessions."</i> (Participant A)	Emotional drain after sessions; Difficulty processing heavy cases; Post-session impact
<i>"Therapy helps to vent or validate emotions."</i> (Participant A)	Therapy as emotional outlet; Validation-seeking
<i>"Absolutely. We go through a lot of stress with back-to-back sessions."</i> (Participant B)	Workload-related stress; Back-to-back session fatigue
<i>"Therapy helped prevent burnout and maintain mental health."</i> (Participant B)	Therapy as burnout prevention; Therapy supporting mental stability
<i>"Remaining emotionally neutral is a challenge."</i> (Participant B)	Difficulty maintaining neutrality; Emotional regulation challenge
<i>"Some cases stay with you."</i> (Participant B)	Lingering emotional residue; Carryover of client material
<i>"Transference and countertransference influence therapy."</i> (Participant C)	Awareness of countertransference; Personal values influencing sessions
<i>"Without your own safe space, you risk channelling others' emotions onto yourself."</i> (Participant C)	Need for emotional containment; Risk of emotional saturation
<i>"Sometimes clients' stories reflect my own journey."</i> (Participant C)	Personal-client overlap; Emotional triggering
<i>"I start doubting myself when clients don't return."</i> (Participant C)	Back-to-Professional self-doubt; Impact of client dropout and back-session fatigue
<i>"They do need therapy, but not regularly."</i> (Participant D)	Therapy seen as periodic; Non-regular help-seeking
<i>"You tend to get involved emotionally, especially early in your career."</i> (Participant D)	Boundary difficulties; Early-career vulnerability
<i>"Sometimes I might feel judged if I go to a psychologist."</i> (Participant D)	Fear of judgment; Internalised stigma
<i>"Talking to depressed clients all day can be draining."</i> (Participant D)	Emotional exhaustion; Cumulative emotional exposure
<i>"Therapy helps with self-reflection and understanding the client's position."</i> (Participant E)	Therapy enhancing empathy; Experiencing client role
<i>"I was very self-critical when I started."</i> (Participant E)	Early-career self-criticism; Performance anxiety
<i>"I realised my triggers and biases through therapy."</i> (Participant E)	Increased self-awareness; Identification of personal biases
<i>"You feel empty after many sessions."</i> (Participant E)	Emotional depletion; Compassion fatigue
<i>"Self-care habits helped me manage burnout."</i> (Participant E)	Self-care as coping strategy; Burnout management

- Phase 3: Searching for Themes  
The initial codes were reviewed, collated, and sorted into broader candidate themes. Repeated patterns across participants' responses were

grouped under potential themes. Initial codes such as emotional drain, session fatigue, and emotional depletion were clustered under the broader theme of emotional challenges and

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burnout, while codes related to self-awareness, bias recognition, and empathy development informed the theme of personal therapy and professional effectiveness.

- Phase 4: Reviewing Themes

Themes were reviewed and refined to ensure internal coherence (clear conceptual consistency within each theme) and external distinction (clear differentiation between themes). Data extracts within each theme were examined to confirm that they accurately represented participants' meanings and experiences across the dataset. During this process, overlapping or closely related codes were consolidated, and broader patterns were identified. Where appropriate, sub-themes were developed to capture nuanced variations within a theme; for example, emotional fatigue was conceptualised as a sub-theme within the broader theme of burnout. This iterative refinement ensured that the final thematic structure was both analytically coherent and grounded in the data.

- Phase 5: Defining and Naming Themes

In this phase, each theme was clearly defined, named, and refined to capture its core meaning and relevance to the research question. Theme definitions focused on identifying the central organising concept underlying each pattern of data, ensuring that

themes were distinct, coherent, and analytically meaningful. Theme names were selected to be concise yet descriptive, accurately reflecting the content of the data they represented.

For example, the theme *"The Importance of Personal Therapy"* was defined as participants' recognition of therapy as a critical resource for enhancing self-awareness, empathy, emotional regulation, and reflective professional practice. This process ensured that each theme contributed clearly and directly to addressing the aims of the study.

- Phase 6: Producing the Report

The final themes were organised and presented in a structured narrative within the Results section. Verbatim participant quotes were incorporated to support analytic interpretations and to demonstrate the authenticity and credibility of the findings. The thematic analysis of interviews with five practising counsellors yielded **six major themes**, reflecting shared experiences related to personal therapy, emotional fatigue, gaps in professional training, and the role of self-care in fostering professional resilience. Selected participant quotations are presented in Table 1.2 to illustrate the depth, nuance, and meaning of counsellors' responses across themes.

- Table 1.2 for Data Analysis

Questions/ Themes	Participant A	Participant B	Participant C	Participant D	Participant E	Key Findings
Need for Personal Therapy	Essential but not always regular, limited to personal experiences.	Strong believer in therapy; attends regular sessions.	Actively in therapy for a year; finds it crucial.	Believes therapy enriches self-awareness; it is not always necessary.	Therapy is vital for self-reflection, understanding clients.	Seen as essential for self-awareness and growth, not always regular but widely valued.
Challenges	Emotional drain, difficulty in separating personal feelings.	Emotional neutrality stems from client ideologies.	Emotional overwhelm when stories mirror her own.	Balancing emotional cases and personal triggers.	Early-career self-doubt and session fatigue	Emotional fatigue, personal triggers, and early-career self-doubt were common across participants.

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Therapy Impact and Stigma	Therapy helps for venting; no stigma observed	Therapy prevents burnout; there is no stigma in the circle.	Therapy prevents counter-transference.	Therapy helps identify biases; some stigma is possible	Therapy improves empathy, helps avoid burnout, and has no stigma	Therapy helped prevent burnout and counter-transference; minimal stigma reported.
Training Programme	Personal therapy is not mandatory, but self-care should be emphasised.	Advocates support peer therapy in training.	Believes awareness in training is lacking.	Supports adding personal therapy modules.	Encourages formal therapy modules in programmes.	All supported adding personal therapy or self-care modules to counselling education.
Self-care and Burnout	Takes breaks between sessions; avoids heavy caseloads	Practices art therapy, meditation, and journaling.	Uses yoga, travel, and short breaks.	Relies on meditation, family time, and hobbies.	Follow healthy routines, flexible schedules, and hobbies.	Strategies included meditation, hobbies, travel, and flexible routines to prevent burnout.
Advice and Qualities	Build resilience and practise empathy.	Active listening, empathy, and nonjudgmental acceptance.	Avoid rushing; build a strong foundation	Set boundaries; maintain balance.	Compassion, assertiveness, and self-care.	Emphasis on empathy, resilience, boundary-setting and emotional balance.

The analysis of semi-structured interviews with five professional counsellors resulted in six major themes reflecting their experiences of personal therapy, emotional challenges, and self-care practices. These themes represent shared patterns across participants and provide insight into their mental health support needs.

**Theme 1:** Personal Therapy Enhances Self-Awareness and Professional Effectiveness

All participants recognised personal therapy as an important resource for their professional and personal development. Counsellors described therapy as a space for reflection, emotional processing, and self-understanding. Several participants reported that therapy helped them become more aware of their own emotional triggers and biases.

Participant D stated, *"Therapy enriches my understanding of myself, which directly reflects in how I respond to clients."*

Similarly, Participant C shared, *"It helps me identify my blind spots before they affect sessions."* Although not all participants attended therapy regularly, each acknowledged its value in improving empathy, emotional regulation, and professional competence.

**Theme 2:** Emotional Challenges and Vulnerability in Counselling Work

Participants consistently described counselling work as emotionally demanding. Many reported feeling drained after sessions, particularly when working with trauma-related cases or clients whose experiences resembled their own.

Participant C explained, *"When a client's story mirrors my own, it's difficult not to feel overwhelmed."*

Participant A reflected on early professional experiences, saying, *"I used to carry my sessions home with me. It drained me."*

Early-career counsellors in particular described difficulty separating personal emotions from professional responsibilities, indicating heightened vulnerability during the initial years of practice.

**Theme 3:** Therapy as a Buffer Against Burnout

Personal therapy was widely viewed as a protective factor against emotional exhaustion and burnout. Participants described therapy as a safe space to process difficult sessions, reflect on professional challenges, and maintain emotional balance.

Participant B noted, *"Therapy prevents me from burning out. I use it as a space to vent and reflect."*

Most participants reported that engaging in therapy helped them manage countertransference and maintain objectivity with clients. While the majority did not experience stigma in seeking therapy, one participant acknowledged that subtle stigma could still exist in some professional environments.

**Theme 4:** Lack of Structured Self-Care Training in Counselling Programs

A strong concern expressed by participants was the absence of formal self-care education within counselling training programmes. Many felt that their academic preparation focused heavily on client care but provided little guidance on counsellor well-being.

Participant A remarked, *"We're taught to care for clients, but not how to care for ourselves."*

Participant B suggested, *"I wish our training included peer therapy or reflective modules."*

Participants generally agreed that structured self-care modules, personal therapy components, and reflective practice should be integrated into professional training.

**Theme 5:** Self-Care as an Essential Personal Practice

Participants reported using a variety of self-care strategies to manage work-related stress. Common practices included meditation, journaling, hobbies, exercise, family time, and taking breaks between sessions.

Participant C shared, *"Yoga and travel help me reset between intense sessions."*

Participant B explained, *"I use art and journaling as ways to let out what I can't say."*

Self-care was described not merely as optional but as a necessary component of maintaining emotional stability and professional effectiveness.

**Theme 6:** Advice to Future Counsellors: Boundaries and Resilience

When asked to offer guidance to aspiring counsellors, participants emphasised the importance of emotional boundaries, self-compassion, and professional resilience.

Participant E advised, *"You can't pour from an empty cup. Prioritise yourself too."*

Participant C cautioned, *"Don't rush into heavy cases without enough supervision; burnout is real."*

Across interviews, counsellors highlighted the need for ongoing supervision, personal therapy, and balanced workloads to sustain long-term well-being in the profession.

The six themes collectively illustrate that counsellors experience significant emotional demands in their professional roles and view personal therapy and self-care as critical supports. While participants valued these practices, they also identified gaps in formal training and institutional support. The findings demonstrate a consistent recognition of the need for structured approaches to counsellor mental health and professional resilience. These findings highlight shared patterns in counsellors' experiences of personal therapy, emotional challenges, and self-care practices. The six themes collectively reflect how counsellors perceive their mental health support needs and the strategies they employ to manage the emotional demands of professional practice.

## DISCUSSION

The present study aimed to explore professional counsellors' perspectives on personal therapy, self-care practices, and the emotional challenges inherent in counselling work. The six themes generated through thematic analysis provide a coherent and nuanced understanding of counsellors' mental health support needs and how these needs are addressed within professional practice.

A central finding of the study was the strong value counsellors placed on personal therapy as a means of enhancing self-awareness and professional effectiveness. Participants consistently described therapy as a reflective space that supported emotional regulation, helped identify

personal triggers, and strengthened empathy toward clients. These findings align with existing literature suggesting that personal therapy contributes to improved self-awareness and reduces the risk of countertransference in therapeutic relationships (Norcross, 2005). Importantly, while therapy was widely valued, not all participants engaged in it regularly, indicating that personal therapy is recognised as beneficial but not always systematically prioritised.

The emotional challenges described by participants further contextualise the importance of such support. Counsellors reported emotional fatigue, difficulty separating personal and professional experiences, and vulnerability when working with clients whose narratives mirrored their own. These experiences reflect the emotional labour inherent in counselling and support previous research identifying burnout and compassion fatigue as significant risks within the profession (Figley, 2002; Maslach et al., 2001). Early-career counsellors appeared particularly vulnerable, reporting higher levels of self-doubt and emotional overwhelm. This finding is consistent with literature suggesting that limited experience and reduced coping resources increase susceptibility to burnout during the initial stages of professional practice (Skovholt & Trotter-Mathison, 2011).

Personal therapy also emerged as a perceived buffer against burnout. Participants described therapy as a protective resource that enabled them to process emotionally demanding sessions, maintain boundaries, and sustain professional functioning. The identification of therapy as a burnout-prevention strategy supports research highlighting its role in promoting resilience and preventing professional impairment among mental health practitioners (Barnett & Cooper, 2009). Notably, most participants reported minimal stigma associated with seeking therapy, suggesting a possible shift in professional attitudes toward help-seeking. However, the acknowledgement of subtle stigma by some participants indicates that barriers may still exist in certain contexts.

Another significant finding was the perceived lack of structured self-care education within counselling training programmes. Participants expressed concern that formal education focuses primarily on client care, with limited attention given to counsellor well-being. This gap mirrors concerns raised in previous studies that argue counselling

curricula often inadequately prepare trainees for the emotional demands of professional practice (Culver, 2011). The strong support among participants for integrating self-care modules, personal therapy, and reflective practices into training highlights a clear need for curricular reform.

Despite these systemic gaps, counsellors reported actively engaging in a range of self-care practices to manage stress and prevent burnout. Strategies such as mindfulness, journaling, creative activities, exercise, family time, and structured breaks were commonly described. These findings reinforce existing research emphasising the importance of individual self-care strategies in sustaining emotional well-being (Stamm, 2010). However, the reliance on self-initiated practices also underscores the absence of formal institutional support structures.

Finally, the advice participants offered to aspiring counsellors emphasised emotional boundaries, resilience, supervision, and self-compassion. These reflections suggest that counsellors' understanding of well-being evolves through lived experience and highlights the importance of early professional support. The emphasis on boundaries and balance indicates that resilience is not solely an individual trait but is shaped by training, supervision, and organisational culture.

Overall, the findings of this study provide a detailed understanding of counsellors' mental health support needs and underscore the importance of personal therapy and self-care in sustaining professional practice. By examining what happens "behind the therapist's chair", these findings reframe counselling practice to include the emotional labour of therapists and the necessity of adequate support for those who provide care.

The study highlights a clear disconnect between the emotional demands placed on counsellors and the level of structured support provided through training and professional systems. Addressing this gap is essential not only for counsellor well-being but also for the ethical and effective delivery of mental health care.

## **CONCLUSION**

This study highlights the critical need for prioritising self-care, personal therapy, and emotional resilience among practising counsellors.

Thematic analysis revealed that while participants recognise the benefits of therapy and self-care in preventing burnout, these practices are often self-initiated and not institutionally supported. Emotional vulnerability, especially among early-career professionals, was a recurring theme, further emphasising the importance of structured supervision and peer support.

Despite growing awareness, formal training programmes continue to lack comprehensive self-care education, leaving many counsellors unprepared for the psychological demands of their work. Participants unanimously advocated for the inclusion of personal therapy and reflective practices within counselling curricula. The findings reinforce global literature on burnout and compassion fatigue while also adding culturally specific insights relevant to the Indian counselling context.

To ensure sustainable mental health care, educational institutions, mental health organisations, and professional bodies must adopt an integrated approach, one that normalises self-care, provides access to therapy and supervision, and fosters an environment of emotional safety and peer accountability. Supporting counsellors in their healing and growth is not only ethical but also fundamental to the quality of care they provide to others.

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## **Appendix A: Interview Questions**

1. In your opinion, do counsellors need personal counselling or therapy themselves? Why or why not?
2. Have you ever engaged in personal therapy during your professional journey?
3. What are some emotional or psychological challenges you have personally faced as a counsellor?
4. Does seeking personal therapy help or hinder your role as a professional counsellor?
5. Is there a stigma around counsellors seeking help for themselves in your professional circle?
6. Should counsellor training programmes include or encourage personal therapy?
7. How do you personally practise emotional self-care or manage stress and burnout?
8. Have you ever experienced burnout or compassion fatigue? If so, how did you handle it?
9. What qualities or practices help you stay emotionally strong and support clients during counselling?
10. What advice would you give to young or student counsellors about managing their mental health?

## **Appendix B: Participant details**

<b>Participant</b>	<b>Qualification</b>	<b>Experience</b>
A	M.A. Counselling Psychology	15 years
B	M.A. Counselling Psychology	8 years
C	M.A. Counselling Psychology	2 years
D	M.A. Counselling Psychology	10 years
E	M.A. Counselling Psychology	2 years