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THE PHILOSOPHY OF THE PERSON-OF-THE-THERAPIST TRAINING MODEL: THE UNDERLYING PREMISES

Summary

The “Person-of-the-Therapist” model is an approach to training and supervising therapists. The concept of a therapist as a wounded healer appears to be key in interpreting the therapeutic process and its healing power. This article aims at presenting this model’s philosophical foundations, which promote a creative use of the therapists’ personal potential independently of the different psychotherapeutic schools that they represent.

Keywords: Person of the Therapist, Use of self in therapy, Training model for therapists, Philosophy of training

PODSTAWY FILOZOFICZNE MODELU „OSOBA-TERAPEUTY”

Streszczenie

Model „Osoba-Terapeuty”, to podejście stosowane w terapii, w szkoleniu i w superwizji terapeutów. Koncepcja terapeuty jako zranionego uzdrowiciela jawi się jako kluczowa w interpretacji procesu terapeutycznego i jego leczącej mocy. Celem artykułu jest zaprezentowanie filozofii tego modelu, który promuje twórcze wykorzystanie osobistego potencjału terapeutów niezależnie od reprezentowanych przez nich różnych szkół psychoterapeutycznych.

Słowa kluczowe: osoba-terapeuty, czerpanie z „siebie” w terapii, szkolenie terapeutów, filozofia szkolenia

INTRODUCTION

The Person-of-the-Therapist Training (POTT) model is an approach to training therapists that aims to prepare therapists to make active and purposeful use of their personal selves in their conduct of all aspects of their clinical practice

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– the relationship, the assessment and the intervention. The premise is that the work of therapy is conducted through the medium of the therapeutic relationship, at the core of which is a personal connection between therapist and client/patient. The implication is that the technical components of the therapeutic process depend upon the human connection between therapist and client for the living dynamics of the therapeutic relationship, an alliance between therapist and client that relates directly to the effectiveness of therapy, as noted by Barber (Barber, 2015, 18). “Decades of research on alliance in psychotherapy have consistently linked the strength of the therapeutic alliance with therapy outcomes”.

Among the humanistic therapists, Carl Rogers has been a leading exponent of the centrality of the person-to-person connection between therapist and client in an effective therapeutic process. Roger’s underlying premise to forming a life changing “real relationship” in the therapeutic process begins “when I accept myself as I am, then I change” (Rogers 1961, 17). That self-acceptance by the therapist leads to treating the other person, the client, in a way that fosters a self-acceptance in the client in a way that the client “will find himself becoming better integrated, more able to function effectively” (Rogers 1961, 38). Satir in similar words says, “when I am fully present with the patient or family, I can move therapeutically with much greater ease,” and “reach the depths to which I need to go” (Satir 2013, 25). She, too, speaks of striving for change in herself like Rogers when she is more herself, as she puts it, “when I am in touch with myself ... I am growing toward becoming a more integrated self” (Satir 2013, 25). The POTT model reflects similar attitudes about self-acceptance and being more fully present personally within the therapeutic relationship.

The POTT person-of-the-self training looks to develop, like Rogers and Satir, therapists’ self-understanding with self-acceptance, and being in touch with self in the therapeutic process. However, it is distinguished by its goals of learning to *consciously* and *strategically* use the self in therapy, along with a deliberate aim on therapists learning to work through their core emotional woundedness, which POTT labels their *signature themes*. Moreover, the model aims to help therapists in training attain these goals through a *highly-structured* process that starts with working on personal self-knowledge and self-awareness in group sessions (cohorts of about 12) in which trainees work individually with two trainers in a self-accepting environment on identifying their signature themes along with the personal history that helps them understand something of the roots of their issues. The observing trainees follow the presenter’s presentation by responding each in turn to how the presenter’s story resonated for them because of issues and experiences of their own, all of which is meant to sensitize the observers to their capacity to empathize, and to express their empathy in ways that make the presenter feel safe. This attention to students developing an authentic empathic capacity, and ultimately within the POTT model’s expectation to use it consciously and strategically in therapy is foundational to the model, based on the conviction that, “It has been shown that therapists’

empathy accounts for more of the variance in outcome than specific interventions (Bohart and Greenberg 2002)” (Watson et al. 2015, 108).

These personal capacities for self-awareness and self-access, and greater empathic potential of the trainees become therapeutically instrumental through supervised experiences in the use of self in the clinical encounter. They train to apply self therapeutically in practical supervised exercises within the POTT framework such as working with simulated clients in role-plays with other students, analyzing videotapes of their therapy with clients, being supervised working with clients played by actors, and ultimately through supervision doing therapy through this person-of-the-therapist vision with actual clients (Zeytinoglu 2016, 2-26).

1. THE THERAPEUTIC AND PHILOSOPHICAL PREMISES OF THE POTT MODEL

Underlying the therapeutic process with its intertwining personal and technical components are therapeutic premises and philosophical assumptions. The Person of the Therapist Training Model (POTT) assumes certain specific premises:

- The technical aspects of the therapeutic process are mediated through the personal relationship between therapist and client.
- Therapists need training in the therapeutically purposeful use of their personal selves just as they do for the implementation of their technical skills.
- Therapists, like the rest of humanity, are challenged throughout life with person specific issues - emotional, physical and spiritual - some of which become core struggles with themes that embed themselves in their personal development and professional functioning.
- It is through therapists’ own emotional and spiritual woundedness that they have the potential to empathize with, have insight into and gain access to the depths of their clients’ woundedness.
- This common human vulnerability and brokenness presents opportunity and possibility for emotional and psychological growth and healing for both therapist and client.
- Therapists’ journeys struggling with their personal issues provide them with the capacity to resonate with their clients’ personal struggles, a form of identification with their clients.
- Therapists’ personal journeys grappling with their own issues also offers them insights into what their clients have to contend with in dealing with their issues, another basis for identification with their clients.
- Therapists’ commitments to working on their own personal issues even as they deal with their clients’ struggles provide a grounding that allows them to resonate deeply with their clients while simultaneously facilitating a healthy distance from which to observe and understand their clients.

- Therapists do not have to resolve their issues to be able to make a conscious and purposeful use of their own personal struggles to enhance the effectiveness of the therapy they conduct.
- Therapists and clients, as does generally the human person except for some extreme cases, possess some degree of freedom of the will to choose health over dysfunction, good over bad even in the face of their emotional disabilities and limitations, allowing them the potential to assume varying degrees of responsibility for their thinking and actions within the therapeutic process.

2. A HISTORICAL PERSPECTIVE AND PHILOSOPHICAL CONTEXT TO THESE PREMISES

From the beginnings of talking therapy there has been a recognition that the therapist's humanity needs to be taken into account in the therapeutic process regardless of therapeutic modality. Consequent to this recognition have been repeated and various efforts to help therapists in training gain greater mastery and better use of their personal selves in their practice of therapy. We see this from the early days of Freud (1964) in psychoanalysis to the birth of systemic thinking in Murray Bowen (1972) and Virginia Satir's (2013) family therapy models. These therapies sought to help developing therapists pursue the resolution of their own personal issues to avoid harming clients and to free themselves to be more effective therapists. Representing the psychoanalytic perspective Bochner argued for the "need for mental health among psychotherapists in general" (Bochner 2000, 167). Satir aimed for therapists to heal emotionally by becoming more "whole ... to be able to make greater contact with the other person" (Satir 2013, 25), which she worked helping therapists to achieve in her training events. As noted earlier, the humanistic therapists, like Satir and Rogers, also added the emphasis on the reality and critical role of the personal aspects of the relationship between therapist and client.

The person-of-the-therapist training (POTT) model (Aponte et al. 2009; Aponte 2016) shares some of the same goals as these pioneer approaches to the work on the self of the therapist, but along with some others (Martin 2011; Sedgwick 1994) places greater emphasis on mastering the use of self *as is* in the present therapeutic process over the healing of the therapist's self as a condition for intervening effectively. After all, the work of therapy takes place in the present moment when the therapist engages the client. In that moment therapy brings to this human encounter the person that the therapist *as is* at that instant, with all of his/her failings as they are then, and not the person he or she aspires to become some time in the future. With Viktor Frankl, the underlying philosophy of the POTT model does not view the human person deterministically "driven to strivings" (Frankl 1967, 22) which would require a therapeutically induced intervention to alter one's psychological disposition in order to change a course of action, but as possessing the "freedom of will" (Frankl 1967, 18) that allows the person to choose to change a mindset and/or behavior in the face of

a natural contrary personal disposition. As Frankl (1967, 19) articulates well, "Man is free to rise above the plane of somatic and psychic determinants of his existence".

All this implies that the relationship in therapy has at the heart of the professional framework a real human core that powers and energizes the therapeutic process. As Carl Rogers puts it, "Real relationships have an exciting way of being vital and meaningful" (Rogers 1961, 18), which he asserts facilitates growth and change. Within that relationship the therapist, with all his/her human frailties, possesses the essential human freedom to use self actively and purposefully within the ethical and technical framework of the therapeutic process to promote therapeutic transformation by engaging with the freedom of the client to choose change.

However, the human to human connection between therapist and client is at its most consequential juncture at the point where woundedness speaks to woundedness. There has been some form of recognition of this deeply powerful reality from the earliest days of talking therapy, with the awareness that through therapists' awareness of their own life's struggles they better understand those of their clients, and through their own life's pains they better relate to those of their clients. It operates from the assumption that the hurts of our humanity are common to all people, which helps us as therapists lower the barriers of shame and guilt of our clients to facing their brokenness and sharing it with their helpers.

Many people suffer because of a common false supposition on which they have based their lives. That supposition is that they should not have to suffer emotional dysfunctions. They should not have to struggle with insecurities, anxiety, depression, etc. But these emotional sufferings are universally at the heart of our human journey. In therapy they can only be dealt with creatively when understood as challenges integral to our human condition (Nouwen 1979, 93). This common platform of our shared vulnerable humanity lays the foundation for the therapeutic relationship of therapist with client at its deepest level.

It opens the door to the therapeutic journey shared by therapist and client, one that is fundamentally based on the connection between the two at the level of their common shared human vulnerability. As Hayes (2002, 94) states, "the therapist's own clinical and life experience ... has been recognized to exert considerable influence on therapy, dating back to Freud's (1959) claim that 'no psycho-analyst goes further than his own complexes and internal resistances permit' (Freud 1959)." The POTT philosophy recognizes the reality of a relationship between the therapist's emotional development and therapeutic effectiveness, but does not concur with the view that clients are limited in the benefit they can draw from the work with their therapists by the personal emotional limitations of their therapists. Instead, it postulates that the level of skill of therapists in the use of self along with their technical training can help advance clients' progress beyond wherever therapists are in their personal journeys. What the POTT model emphatically asserts is that therapists should not be so enmeshed with their clients that their personal issues should become impediments to their clients' progress. Their

personal differentiation from their clients should allow for a freedom within the therapeutic relationship that makes it possible for clients to move at their own pace vis-a-vis their therapists. When Nouwen (1979, xvi) articulates, that “nothing can be written about ministry without a deeper understanding of the way in which the minister can make his own wounds available as a source of healing” he implies that the therapist’s “deeper understanding” of his own wounds refers to a therapist’s insight into and ownership of his own differentiated personal struggles such that he/she has greater access into the client’s personal issues without losing clinical perspective.

Furthermore, the POTT philosophy about the use of therapists’ own woundedness in therapy not only speaks to how it opens up the therapist to the client’s inner story, but also reflects an underlying belief that these core emotional wounds can serve as resources and opportunities for greater growth emotionally and spiritually. How a person meets these challenges posed by the individual’s own emotional vulnerabilities helps form a person’s character – contributing to the shaping of a person’s philosophy of life and fostering the quality and nature of the person’s approach to life’s trials and troubles. This view of our vulnerabilities as potential resources for growth and change helps therapists-in-training assume a positive and constructive view of their own issues, which then can transfer into their treating the difficulties their clients face as opportunities to grow more fully into their human potential.

Finally, the POTT model also tasks trainees to commit themselves to working on their personal issues, with particular attention to what the model calls their signature themes (core issues), not only for their own benefit, but also to develop within themselves, an intimate knowledge of what it takes to confront and contend with one’s own emotional flaws. They will then have for themselves something of a personal model which they can reference when they see their clients’ struggles. Viewing their clients’ issues and their efforts to deal with them through the prism of their own journeys will lend therapists greater ability to intuit what clients cannot see or articulate about themselves. Another benefit to therapists contending with their own struggles is how that commitment will ground them in their personal journeys. This personal grounding lays the foundation of the personal basis for their clinical objectivity (Bowen’s “differentiation” and Buber’s “detachment”). They are better prepared to simultaneously seek to put themselves in their clients’ shoes (identification) while maintaining their personal emotional freedom (differentiation) and clinical distance within that intimate connection. Buber (1958, 133) sums it up when he says “Healing, like educating, is only possible to the one who lives over against the other, and yet is detached”.

3. THE PERSON OF THE THERAPIST MODEL FOR TRAINING THERAPISTS IN THE USE OF SELF

The question to be answered now becomes how then do therapists make their own wounds and personal journeys available to their work with their clients as sources of insight and understanding, resonance and empathy. As a start, Hayes (2002, 96) asserts that “One cannot draw therapeutically on personal experiences without an active and ongoing interest in one’s own history ... Whatever form such introspection assumes, it ought to increase self-awareness, including awareness of one’s wounds.” Acknowledgment of the therapist’s own woundedness is critically important to using the self as an instrument of healing. This view speaks to what Nouwen described as an attitude on therapists’ part that assumes they share a common vulnerable humanity with their clients. This conviction motivates therapists to seek not only to know themselves, but also to be able to access that humanity of theirs in ways that lend them the ability to work purposefully and professionally through their human vulnerabilities within the therapeutic process. This discipline takes training, just as does the mastery of therapists’ technical skills belonging to their therapy models.

The POTT model utilizes a variety of means to train therapists in the active and purposeful use of self within the therapeutic relationship with the goals of assisting therapists to:

1. *Know themselves*: To gain insight into what they bring of our personal selves to the therapeutic process, with special emphasis on their frailties and woundedness through which they are able to empathize with their clients. As Nouwen further states:

Making one’s own wounds a source of healing, therefore, does not call for a sharing of superficial personal pains but for a constant willingness to see one’s own pain and suffering as rising from the depth of the human condition which all men share (Nouwen 1979, 88).

2. *Have access to themselves*: To achieve a self-acceptance that allows them in the present moment of the therapeutic process to be aware of what they are personally experiencing, and to reach back into their life experiences to what of themselves they need to incorporate into their therapeutic tasks. Acceptance of their own flawed humanity allows them to reach over any shame, pain or other inhibitions into their own vulnerabilities for whatever of their personal struggles with enable them to relate to their clients’ hurts. When we speak here about therapists accessing their own personal experiences when engaged with their clients in the therapeutic process, we are referring to their core emotional struggles, and to past experiences, good and bad, with family and within their societal environment. It includes their experience of themselves culturally, racially, ethnically and spiritually. From the mix of the personal and professional aspects of their person, they are in touch with what they are thinking, feeling and doing

as they engage therapeutically with their clients. They can be triggered personally by something that arises from their interactions with their clients, and look for its source and its significance for their clinical work. Or, in the process of trying to carry out a clinical task, they can choose to search in their personal thoughts, emotions and/or memories as needed for their work with their clients *in that therapeutic moment*.

3. *Manage the use of themselves*: To purposefully make selective use of themselves and their life experience in the three basic tasks of any therapeutic process, that is, a workable relationship, an accurate assessment, and an appropriate and effective intervention. The efforts of the POTT training to help trainees learn to actively and purposefully manage/work clinically through their personal selves makes use of what they know and understand of themselves and their life experiences, as well as of their abilities to access this knowledge of themselves and their personal reactions in clinical situations. Therapists need to be able to selectively connect with their clients emotionally and intellectually in ways that allow them not just to truly hear and see their clients, but also to instinctively intuit what is behind clients' words and actions. They need the self-mastery that facilitates a sensitivity and timing necessary to implement their technical interventions in ways that will be received by clients and touch their clients so as to spur the changes they aim for at the moment in time when the therapist chooses to act. Again, ultimately the goal in the training of therapists through the POTT model is to maximize the mastery of their personal selves within their professional roles to power their therapeutic effectiveness.

There are three basic stages to the training in the POTT models to achieve the above goals, but first we need to make the critical point that this approach to training the use of self is model-neutral. The goal of the training is to assist therapists to attain an enhanced level of self-mastery of their personal selves within their particular therapeutic models whatever the orientation, all of which looks to help therapists use themselves in ways that enable them to make the most effective use of the skills they have from their respective therapy models, in ways that are most beneficial to their clients.

Now back to the three basic stages of training in the POTT model in the use of self. The training is usually conducted in a small group setting preferably with no more than twelve trainees. The group's dynamics provide a systemic context in which trainees can become accustomed to examining their issues and witnessing others discuss theirs in what the trainers hope normalizes for trainees reflecting on their own issues and those of their peers in a carefully supervised group. The facilitators aim to help the trainees not only reflect on, but also effectively connect with their emotional vulnerabilities and life experiences in ways that prepare them to selectively and skillfully work with all of who they are while conducting therapy. The co-leaders of the training guide the process to make it a safe learning experience for the trainee presenting and for those witnessing the discussion. Each

trainee takes a turn presenting on his/her issues, relevant family background, and thoughts about how what they are bringing of their personal selves relates to the therapy they conduct. All the trainees in the group maintain a weekly journal on their personal reactions to the presentations – an exercise of looking within themselves as they empathically listen to what others reflect on about their lives. These journals are turned in weekly to the co-leaders who give them feedback on what they write to further support them as they go through this process.

The second stage of the training calls for students to present their clinical work through video where possible, or present through supervised role-plays of their working with client issues acted out extemporaneously by fellow students. The goal in these exercises is to help students recognize what they bring personally to the therapeutic process by having the facilitators stop action frequently to have the trainees be made aware of what was happening in the video or role-play, and in particular what they were personally experiencing during the therapist-client interactions. These exercises are meant to train the participants to monitor themselves while in action clinically, as they reflect on what they can or could have done with that self-awareness in determining their next clinical move. Finally, in the third stage of the training, students have supervised experiences with simulated client families made up of paid actors, where the facilitators guide the students in using their self-awareness in the various clinical aspects of the therapeutic process – working through the relationship, assessing a situation, or intervening strategically. The goal is to have the students experience what it is to integrate the personal with the technical in the therapeutic process. While the training is primarily focused on developing mastery of self within the professional role, a common experience that trainees also report are significant positive changes in their personal lives. Exercises in self-awareness leading to active use of themselves that includes constructive utilization of difficult aspects of their lives fosters not only greater mastery of themselves as therapists, but also healthier mastery of themselves in their personal lives.

This very brief synopsis of the training program is schematic. More detailed expositions of the training can be found in the Training and Supervision section of the October, 2009, issue of the *Journal of Marital and Family Therapy*, and in the book, “The Person of the Therapist Training Model: Mastering the Use of Self”. The training, like the therapeutic process, is not only cognitive, but also and especially experiential. The transformative impact is in living the change, a lesson highly emphasized with trainees.

CONCLUSION

We have sought in this paper to provide insight into the philosophy and mindset that undergirds an approach to training and supervising therapists that fosters the potential of therapists to make creative use of their personal human disposition and

life experience within the therapeutic process regardless of therapists' orientations and affiliations in the field of therapy. The goal of the Person-of-the-Therapist Training model itself is to offer a practical method of training therapists to attain the skills needed to use their selves consciously and purposefully, with special attention to their emotional woundedness, in all aspects of the therapeutic process – forming the working partnership that is the therapeutic relationship, making insightful assessments, and intervening in ways that are most likely to effectively help clients/patients to change and grow as they aspire to. The POTT model is shaped by a philosophy based on a belief in the normality of our struggles with our human frailties and vulnerabilities, and the unique opportunities that these struggles present us make use of our free will to reach deeper within ourselves and outward to resources outside ourselves to better ourselves emotionally and spiritually. For therapists, this implies that the work we intend to do with our clients must start within ourselves if we are to have greater insight into our clients' struggles, and better access to their personal motivation and inner resources to help themselves.

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