

Professional Development is Personal

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Key Points

Ordinary psychotherapy entails talking with patients about problems in their life as contrasted with treating psychiatric symptoms and disorders with specialized methods.

Specializing in treating patients with serious mental illness rooted in traumatic relationships, Jon Allen focuses on a developmental cascade of relationships influencing relationships over the course of life, including the ways relationships with others influence the relationship with oneself.

Ordinary psychotherapy includes ordinary language and, as Anthony Bateman puts it, “be ordinary” as a person—be yourself. Yet, what is ordinary for any one of us therapists will not be ordinary for anyone else.

Decades of research on “common factors” shows that the quality of the relationship that the patient and therapist establish contributes more to the effectiveness of the therapy than the specific theories and methods employed.

Similarly, individual differences among therapists contribute more than methods, especially with patients who are difficult to help. These individual differences are associated with therapists’ relational skills (i.e., “skill in being human”). Manualized therapies strive to minimize the individuality of the therapist. AI takes dehumanizing to the limit.

Well researched common factors include the therapeutic alliance (i.e., an emotional bond coupled with collaboration on goals) and the classic Rogerian triad: empathy, positive regard, and genuineness (i.e., being yourself). To the canonical list (see Norcross, Wampold), Jon Allen adds attachment, mentalizing, trustworthiness, and caring. The therapist is a unique common factor.

A good relationship is not enough; therapists need a systematic approach and methods in which they and their patients have conviction. Yet research shows that claims to superiority for particular theories and methods are unjustified. You are free to choose.

Arguing for ordinary psychotherapy is disconcerting: in principle, anyone can talk with anyone else about problems in relationships. What authority does a psychotherapist have? The mainstream answer: *science*, for example, randomized controlled trials, research on common factors, and attachment research (including mother-infant research).

Taken to the limit, prioritizing science becomes scientism: only science gives us authority. Jon Allen gives equal weight to the humanities, emphasizing philosophy (ethics). For many therapists and patients, religion and spirituality also are a source of authority.

We start developing skill in being human in infancy, ideally rooted in trustworthy caring relationships. By the time we become professional therapists, a lot the key developmental

growth that provides the foundation of our therapeutic effectiveness has been done. Professional learning is crucial but superimposed on the foundation of personal relational development and best integrated with this personal development. Moreover, personal relational development continues throughout life, ideally intertwined with professional experience as a therapist.

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