

Benchmark – Theory Position Paper: Part 1 and 2

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Reflection of Part 1

With the feedback I was given, I focused my attention on updating these areas. I minimally updated grammar in the Psychodynamic Theoretical Orientation and Conclusion sections, as no other feedback was given in these areas. Here are the other changes I made:

1. Description of Your Family Background (specifically how my family background influenced by theoretical approach):
 - a. I updated the Family Background and Development section, including some language and grammar overall, to update details to support my overall synthesis and argument, but to address my instructor's feedback to connect the influence of my family background to the development of my theoretical approach. Most of the updates occurred in this section's third and last paragraph.
2. Synthesis and Argument
 - a. I updated the wording under Personal Values and Convictions to be more detailed and concise, primarily the first and last paragraph, to offer clarity and details to support my overall synthesis and argument after updating my introduction with the thesis development and purpose. These updates, I believe, support defining my argument in response to the instructor's feedback and scoring.
 - b. I also updated the System of Philosophy section to be more detailed and concise in my response to address the instructor's feedback to be more detailed in my synthesis and argument. I also tried to update the language to be a more academic but still representative tone of my experience and transformation of psychological theory while supporting my thesis and purpose.
3. Thesis Development and Purpose

- a. I reworded my Introduction paragraph on page 1 to be more descriptive and updated my thesis statement to sound more concise based on the instructor's feedback and scoring.

Benchmark – Theory Position Paper: Part 1

The mental health field is intricate and involves understanding the complexities of human behavior, cognition, and emotions. To do this, therapists rely heavily on psychological theories that provide them with invaluable insights and proven strategies to diagnose, comprehend, and manage various mental health conditions. These theories form the foundational knowledge that guides therapists in creating personalized treatment plans that cater to individual needs. By tailoring their approach to each patient, therapists can improve the efficacy of their treatment and provide impactful, evidence-based care. With in-depth knowledge of psychological theory, therapists gain the expertise to navigate the intricacies of the human mind. Doing so empowers them to provide effective and meaningful support to those seeking mental health treatment. When therapists approach treatment, their personal values, family background, development, philosophy, and theoretical orientation often align with the chosen psychological theory.

Personal Values and Convictions

As a clinician, clinical supervisor, educator, leader, and researcher, I understand that every individual's unique identity is shaped by a complex interplay of their experiences, biology, neurology, and other contributing layers. I believe that this interconnection is fundamental to understanding human behavior and development. I also firmly believe in the one true God who exists eternally as God the Father, Jesus the Son, and the Holy Spirit in three distinct Persons. My faith and testimony are the cornerstones of my identity and the guiding principles that shape my personal and professional life.

My faith provides a sense of purpose and meaning in my personal and professional work. I rely on God's word to guide me through all my experiences and interactions, and I believe He informs my approach to counseling, supervision, teaching, leadership, and research. In essence,

my faith provides the foundation for my identity. It allows me to be a more compassionate, empathetic, and effective clinician, supervisor, educator, leader, and researcher.

God did not create suffering, but He has modeled counseling and the approaches to psychology throughout the bible. I do not believe psychology to be the God, as many in our field do, but that He is the creator of psychology to be used through His will. I believe in miracles, but community and support are also essential to long-term healing, and I use these approaches clinically. I believe that our developmental and experiential wounds impact the development of who we are, our biological and environmental trauma responses and coping mechanisms, and our interactions with our spiritual and physical worlds.

In approaching the clinical work, by allowing an increase in emotional regulation and tolerance, growth in clinical awareness and insight (the cognitive work), and allowing for the somatic processing (the bodywork) of emotions and how our nervous systems respond to stimuli or perceived threats, then we can experience complete healing that will impact current experiences of dysfunction or maladaptation of behaviors. I call it the “both-and” approach. In my approach, I lovingly want to speak truth in love as Jesus showed us, including exploration of faith and spirituality as a relational experience when clinically appropriate, just as I would approach family or social interactions. My job is not to force the gospel but to represent the gospel by being His vessel of love and truth while exploring and processing healing on my client or supervisee's “both-and” and multi-layered existence.

Family Background and Development

I was raised in a Catholic and multi-racial home. I am Hispanic and White, but I only knew the Hispanic side of my family, therefore growing up predominately in the Mexican American culture. On my Hispanic side, I am also a fourth-generation immigrant, and sadly,

some of our culture and language have been lost throughout the generations. Despite these changes, I present as someone of mixed race or Mexican descent. I am the youngest of three; however, my oldest sister was diagnosed with a significant auto-immune disorder when I was born, and much of our upbringing was surrounded by her medical visits, significant trauma, poverty, and the development of external perfectionism to validate attention.

Despite some significant traumas, moving around often, and the toxicity that existed in my family, God was always there for me. At that time, I believed in God but did not have a personal relationship with Him. I was under the legalistic and cultural implications of Catholicism, which impacted our Hispanic culture and reinforced my family's beliefs that being perfect was required; if not, extreme consequences, shame, and guilt were the prevalent consequences. When I was older and in my 20s, following a severe post-traumatic stress disorder period of my life, I accepted Jesus and had to start relearning what I thought I knew about God, from being about shame and guilt to love, protection, and freedom. God's transformation of my healing experience and walk with Him has transformed how I conceptualize, psychologize, and approach mental health as a therapist, clinical supervisor, educator, researcher, and leader.

From these transitions and learning how my early childhood experiences impacted who I am, learning about the science of the body and how our somatic symptoms are connected to our nervous systems (and even medical conditions) are responsive to avoidance of emotional processing, and the impact on our overall development has led me to how I conceptualize and approach therapy today. Understanding that the development of past wounds and trauma shaped my conceptualization, understanding, and processing of trauma through a dual cognitive and somatic lens and psychodynamic approach has molded how I approach therapy today. The beauty is that there is freedom in releasing and processing these wounds, but it has to be through

the "both-and" approach. Reframing the thoughts or processing the somatic responses is not complete healing, but addressing both does.

System of Philosophy

Incorporating cognitive and somatic processing through the lens of psychodynamic theory can have various implications for our healing and development. Recent research indicates that integrating a psychodynamic approach through cognitive and somatic processing can help individuals achieve whole-person healing (Neumann et al., 2023). Psychodynamic theory also focuses on exploring and processing childhood wounds that may have impacted our functioning (Leichsenring et al., 2023). This approach helps individuals examine how those childhood wounds have manifested internally and intellectually and how they continue to affect their lives (Leichsenring et al., 2023). Though research is garnering more support, my approach continues to support my experiential, clinical, and academic learning to my clinical approach in psychology.

However, it is important to consider that our bodies are often neglected in emotional processing. We tend to focus solely on the brain and cognitive functions, leading to somatic-based symptoms and reactions being dismissed, avoided, neglected, and unprocessed. These reactions can also stem from our brain's interpretation of events based on previous experiences that can lead to survival-related responses or coping mechanisms that once helped us but are now hurting us. Therefore, incorporating somatic processing can help individuals become more aware of their bodily sensations, emotions, and physical reactions, enabling them to process their emotions more effectively. Furthermore, relying on the Lord and seeking guidance from a higher power can help us navigate between the cognitive and somatic aspects of our healing journey. This can promote insight, self-regulation, and somatic processing for whole-person healing. By

exploring and processing cognitive and somatic aspects, we can better understand ourselves, heal from past traumas, and improve our overall well-being.

Psychodynamic Theoretical Orientation

Psychodynamic theory closely represents my approach to clinical work in case conceptualization. My brain conceptualizes mental health through the patterns and exploration of childhood experiences that impact our development processes and interactions with ourselves and others on a neurological and biological level. Another recent study showed the implications of psychodynamic therapy and the benefits to long-term healing through exploring and processing the “both-and” systems of cognitive and somatic functioning through the psychodynamic approach (Leichsenring et al., 2023). Through the infusion of exploration on the multi-faceted level of experiences, biology, neurology, social relationships, family relationships, attachments, and the many other contributing factors to development, we can approach long-term healing through regulation and emotional processing. Each factor closely assimilates my approach and conceptualization of treatment to produce short and long-term healing that will last because of the “both-and” approach. In reflection, I continue to agree with the approach of psychodynamic theory that addresses each level of processing to the developed person of interaction and treatment.

Part 2:

Section A: Comfort Level with Applying the Theory

The combination of my family history, cultural influences, traumatic experiences, and other personal, professional, and academic backgrounds has led me to adopt the psychodynamic theoretical approach in my work in the field of psychology and mental health. Although I am comfortable with this approach, I remain open to learning as the field evolves and new research

emerges. My way of thinking aligns well with the core principles of psychodynamic theory. Over the past 12 to 13 years, as I have progressed in my professional career, I have consistently received positive feedback that my therapy sessions reflect a psychodynamic approach.

However, I know the ongoing need for continued growth and development in clinical skills and theoretical orientation levels. I believe continuous learning is necessary to grow as an expert in psychodynamic theory. While I am comfortable with this approach in therapy, clinical supervision, teaching, leadership, and research, I need to continue developing and learning to create a stronger identity with the psychodynamic approach in my framework.

Psychodynamic theory has variations and complexities that challenge the approach, integration, and conceptualization within the clinical role, including exploration and processing of maladjustment. The American Psychological Association (2024) defines maladjustment as the inability to maintain effective relationships, function successfully in various domains, or cope with difficulties or stress, including any minor emotional disturbance. Our inherent nature of perception and cognition shapes our understanding of the world (Allcorn, 2022). Instead, psychodynamic theory advocates that recognizing hostility or maladjustment-related responses is not a problem but is a legitimate form of agency for emotional processing (Stukenbrock et al., 2021). Tracing the emotional dynamics of what a client encounters and considering their agency beyond clinical interpretations, a psychodynamic approach relies on traditional conceptions of childhood and core wounds and negative beliefs (Stukenbrock et al., 2021). Understanding the psychodynamic approach to maladjustment is possible and effective.

Although I consider myself a psychodynamic therapist, there are variations of constructive personality or behavior changes to consider according to the psychodynamic theory and how it impacts my comfort level. The psychodynamic theory helps clients explore their

wounds by examining the impact of the client's transference and the therapist's countertransference within the clinical approach. (Stukenbrock et al., 2021). Therapists must address their biases to assist clients in healing and should reflect on their countertransference. (Stukenbrock et al., 2021). It is important for therapists to consider how their personality and behavior may impact clients of differing cultures and backgrounds (Stukenbrock et al., 2021). In the psychodynamic approach, therapists need to constantly heal and gain insights including the exploration of transference and countertransference. I am comfortable addressing these variations within psychodynamic theory because of my ongoing personal therapeutic work. I believe in healing, reflection, gaining insights, and being open to feedback to grow as a therapist, clinical supervisor, educator, leader, and researcher in the field of mental health.

Furthermore, in psychodynamic therapy, goal setting is often approached by exploring unconscious processes and conflicts that may impede personal growth. Rather than focusing solely on explicit goals, psychodynamic goals aim to uncover and address the deep-seated issues that may influence behavior and hinder progress (McWilliams, 2011). Goals are collaboratively established between the therapist and the client, often aiming for deeper self-awareness, improved relational patterns, and lasting psychological change (McWilliams, 2011). This approach emphasizes insight and self-awareness as key components in achieving meaningful and lasting change within the psychodynamic therapeutic framework.

Overall, psychodynamic therapy aims to help clients gain insight into their unconscious processes, resolve intrapsychic conflicts, and make meaningful changes in personality and relational patterns. This involves exploring past experiences and how they have shaped the client's behavior (McWilliams, 2011). The therapist helps the client bring conflicts to conscious awareness and develop new coping strategies, improving well-being (McWilliams, 2011). The

primary goal is not merely symptom reduction but a deeper understanding of the self and underlying motivations. According to McWilliams (2011), psychodynamic therapy aims for clients to develop a more coherent and integrated sense of identity, resulting in improved interpersonal functioning. Gabbard (2014) highlights the importance of uncovering unconscious dynamics and fostering lasting psychological change as integral to client improvement in psychodynamic counseling. Psychodynamic therapy is a type of therapy that examines the unconscious mind and helps to resolve internal conflicts and develop coping strategies based on past experiences, leading to better overall well-being. As a therapist, I am comfortable with this approach as it feels natural for me to explore and offer a space for my clients to heal.

The influence of psychodynamic theory can be seen in various aspects of contemporary psychology theories. For example, cognitive-behavioral therapies incorporate elements of psychodynamic concepts, such as unconscious processes and defense mechanisms, by emphasizing cognitive restructuring and addressing automatic thoughts (McWilliams, 2011). Moreover, attachment theory, although distinct, shares common ground with psychodynamic perspectives on interpersonal relationships and their impact on emotional well-being (McWilliams, 2011). Integrating psychodynamic ideas into these diverse frameworks reflects the lasting impact of psychodynamic principles on the broader landscape of psychological theories.

Section B: Integration of Techniques into the Theory

I am comfortable with the psychodynamic approach and incorporate it into all aspects of my work in psychology and mental health. I believe God uses our personal, professional, and academic experiences to shape us into the individual therapists, clinical supervisors, educators, leaders, and researchers He created us to be. My brain naturally aligns with the psychodynamic

approach, and this is reflected in my use of a 'both and' approach, as well as my inclusion of somatic processing in my clinical approach.

Due to differences in education and experience, I incorporate interventions from various theoretical orientations, but always through a psychodynamic approach. When I teach clinicians the difference between theoretical orientation and intervention, I often explain how theoretical orientation the big-picture view of conceptualization is, understanding, and approach to therapy, but that does not negate the use of clinical interventions. For example, not all psychodynamic therapists will incorporate art therapy, sand tray therapy, or somatic processing in their work; however, the overarching theme is to explore those interpretations and processing of childhood-related wounds from those original attachment figures in our lives.

Most of my experience with interventions I use comes from personal and professional interactions with others. As an example, I frequently utilize art therapy techniques from the psychodynamic approach to help clients who may not be able to verbally express their emotions or thoughts. This approach allows for a different way of interpreting and exploring their experiences. One Gestalt intervention that I frequently use is the empty chair because it allows me to connect with the inner child of my client and promote healing. Finally, my use of somatic processing is based on scientific research that focuses on the nervous system's role in emotional regulation. This approach aligns with the psychodynamic interpretation of processing emotional pain and symptoms by exploring and interpreting core childhood wounds. The goal is to identify and address the somatic responses of those wounds to promote healing. These are just a few examples of how I incorporate these variations and techniques into the clients that I work with.

Due to the diverse nature of individuals, I firmly believe that my psychodynamic approach is appropriate for clients of all ages. This approach can be implemented using different

techniques such as art therapy, somatic processing, and the empty chair intervention approach by applying the psychodynamic method. Each symptom and diagnosis originate from a past wound, which is why psychodynamic interventions can be helpful for everyone. Although biological factors might contribute to symptoms and diagnosis, it is the core wounds that are the primary cause of the pain and suffering that clients go through.

Through my professional experience, I have learned the significance of taking a client's history and making a diagnosis. However, I have also realized that it is not necessary to know every detail of a client's story to heal their wounds. Even without knowing all the details, I use the psychodynamic approach to work with my clients. Since clients are aware of their own experiences, they can make interpretations themselves as we process the experiential component of somatic processing. Therefore, it is a privilege to be with someone in their deepest pain and help them work through their emotions and insights at their own pace. I can assist clients in somatically processing and interpreting the impact of their wounds on their development and their interactions in the present day, without necessarily knowing all the details of their story.

Section C: Transformation

The transformation God has led me through in this field and within the last 12 to 13 years has been exponential. I believe it is a warning sign when a therapist, or anyone in the psychology field, claims expertise. This field is constantly changing and evolving, and we all face challenges as professionals, with our clients, and within ourselves. I believe we are complex beings, and the psychodynamic approach has helped transform me into the person I am today and offers many ways to explore and transform us professionally and personally including in my doctoral journey as a clinician, clinical supervisor, educator, leader, and researcher.

The psychodynamic approach can also focus on how a client's personal, cultural, and community-based experiences shape their cultural and socioeconomic differences. The psychodynamic approach does not impose an interpretation on the client based on the therapist's merit but focuses on the client's experience (McWilliams, 2011). By exploring the underlying meaning, convictions, and interpretations of the client's experience, the therapist helps them better understand themselves and places the client at the center of the session, and their culture, socioeconomic status, and individualized behavior within society are considered in their therapeutic and clinical experience.

God has convinced me to continue being a Christian, psychodynamic, therapist in a field dominated by secular psychology that relies heavily on evidence-based practices that promote mostly symptom management. Initially, I was concerned that certain populations and differing values could make it challenging to provide effective healing. However, over time, I have realized each client's humanity and unique experiences that shape them into the person sitting in front of me. As a Christian therapist, I can allow God to flow through me and show His love and to promote healing in my clients. Now, I am comfortable working with clients from any demographic, value system, or position, and I am grateful to be able to buffer and intercede in prayer for them. While I aim to explore spirituality as a relational experience for each client, I only do so when they are ready. Ultimately, my goal is to provide a safe and supportive therapeutic environment for all those who seek my help through the psychodynamic approach God has gifted me with.

Conclusion

As a therapist, embracing the psychodynamic theoretical approach resonates profoundly with my practice, acknowledging the intricate interplay between childhood wounds and the

current development of who we are. The conviction that I derive from the influence of God and my faith has a profound impact on my clinical approach. I believe that individuals are multi-layered beings, shaped not only by personal experiences but also by spiritual inclinations and beliefs. Using a psychodynamic approach helps me to understand my clients at a deeper level by looking beyond their conscious thoughts and behaviors and exploring their subconscious wounds and past experiences. Additionally, I incorporate my faith into my clinical work to better understand my clients' spiritual struggles, which adds another dimension to their psychological well-being. By acknowledging the complexities of human development and the divine influence, I have adopted a holistic approach to therapy. My multi-layered perspective enables me to comfortably engage empathetically with individuals through a psychodynamic approach, respecting the significance of their spiritual narratives while intertwining psychological insights to facilitate profound healing and growth.

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