**Week 9 Theoretical Orientation**

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**Introduction**

A theory can be fascinating, rewarding and question our construction and worldview. When it comes to finding the one that resonates the most, where we come from, what are the key elements of our identity and development are what leads us towards on or another main theory. Admitting that we found the golden one that corresponds to oneself is what we all hope for; but is there a better or easier way to integrate it, especially when we learn a clinical approach and we want to use it on a sport & performance background? Those are the questions that each of us tries to find a reply to, and some profiles might open up to multiple theories rather than narrowing to a single one. When a growth mindset is what determines how you work, what theory is the one that fits the most? Is it possible that most would because of understanding the elements in each that connect and are source of knowledge for a benevolent care plan? This paper presents my current situation after a couple of years as an SPP consultant, and how procedures that proved to work have now gained depth and meaning, having become a vector of meaning and sense for a longer term.

**Section 1: Who are you?**

Erikson epigenic theory of Psychosocial development considers both biological and genetic origins of behaviors, their environmental influences (parental / societal) and the overall psychosocial development of an individual through the successful or unsuccessful completion of a task (called “crisis”) through each stage and being the base for next one (Wong et al., 2021). The opposition – at each stage - of two opposing qualities, one being positive/syntactic and the other negative/dystonic and the adoption of one or the other contributes to the foundation of the core belief system that relates the individual internally and externally (Orenstein & Lewis, 2021). Starting from that theoretical perspective and applying it to my personal history, it becomes clear that my worldview, my culture and all my interpersonal interactions not only were shaped by my experiences but shaped who I was, who I am and who I am becoming in a systemic way.

Being born in South America with European and Native origins with a mixed religious heritage of Catholicism, Judaism and Animism, having had as a child to migrate and abandon my homeland and extended family for political reasons (dictatorship) to then be confronted to a forced cultural assimilation including a systemic and violent racism as refugee in Europe in the 1980’s are important elements in my construction and identity. The experience of fleeing away gave me the opportunity to be an actor (or victim?) as well a as a witness (and victim?) of the overall stress due to such situation; the integration of multiple and new cultural identities and the loss of social status generated changes and impacted my surrounding’s development and for instance, in the case of my father a profound undiagnosed abusive behavior (mental abuse) and a depression. The confrontation to these different challenges lead me to develop a more acute vigilance and observational mechanisms that eventually turned out to positively earn a great mentalization, metacognition and cognizance (Scharf et al., 2021 ; Siegel, 2020). Other elements to mention are the fact to have developed an acquired bilingualism lead me to eventually understand and speak 6 different languages and influenced the biological development of my brain– for instance faster growth or connectivity of certain brain areas - and in return influenced my emotional, cognitive and behavioral growth – better spatial working memory task execution, embodied perspective and integration patterns (Kousaie et al., 2021 ; Arredondo et al., 2022 ; Pliatsikas et al., 2020 ; Siegel, 2020 ; Schmidt & Lee, 2013) . Adding a forced lateralization against my natural left-handed pattern resulted in making me ambidextrous for most activities and allowed me to have a successful athletic, academic and professional career in multiple sports, disciplines and diverse fields of interest (I graduated in Economics, in Arts – Movie Directing – and now in Sport and Performance Psychology).

Finally, having now a multicultural family of my own and having lived in different countries, continents and cultures as an adult, I see myself as a middle life man that professionally tries to provide the best support for youth athletes in their own challenges and struggles, both on and off the realm of sports. I value the need to experience and gain understanding of the richness of the world we live in while I am getting influenced and influence back my community, wherever I am.

Therefore my worldview is very integrative – as I learned how a concept could be said in different languages and therefore abstracts are valid in different cultures beyond one’s expression of it. I embrace if not celebrate the complexity of being and the need to embrace the idea of Otherness – which insists on the obligation to see the other as other that exists before we express it and therefore is not defined by the objectification or judgment of one’s speech. (This is even more personal as my philosophy teacher in high school was a pupil of Emmanuel Levinas, the French phenomenologist and post-existentialist philosopher that established the idea of Otherness).

**Section 2: Personal Model of Counseling (3-4 pages)**

As mentioned in previous section, the experience of a vivid multiculturalism connected to the need to validate every individual and the openness to a large spectrum of possibilities when facing an issue naturally draws me towards an Integrative and Evidence based method, while having a strong connection with Person Centered approach for the unconditional validation of a person, a Systemic vision of interactions and due to personal experience with my own parents an Interpersonal approach according to the attachment patterns. As well, having grown in a French speaking location and being a son of baby-boomers (so a certain closeness to the pre and post World Wars ways of thinking the world and specifically initially through French literature and philosophy), the influence of Existentialism is undeniable while the Postmodern influence leads me towards a constructivist approach such as a Solution-Focused Therapy (Prochaska & Norcross, 2018).

With that in mind, considering the patient as being able to find its own solutions because of genuinely being in control and having the resources to change, being a moderator and facilitator as a consultant and providing the psychological safety and justice to the patient, adapting the therapeutic plan to the precise needs of the client rather than processing its situation through a single lens, providing a larger perspective and finding the existential “why” and its related identity are some of the elements from all the theories mentioned above that I already integrate in my daily practice. The main difference is that now I can truly see the connection between all those theories and my practice, and how I am in accordance to the zeitgeist of Evidence based and Integrative approaches used in Psychology and even more in SPP consulting where procedures and immediate plans are the most common encountered dynamics (Prochaska & Norcross, 2018 ; Aoyagi et al., 2017). I realized that Experiential Therapies and the need to find one’s authentic self through experience has an echo in me because of having to create precise custom experiences for my athletes to reach the needed level of self-awareness and be ready to move on and grow, as well as my role as a consultant requires this active and adaptive stance. For instance the solution talk that promotes a Solution-Focused Therapy is as.

At the opposite side of Integration and all the elements of each theory that find applicability in my practice according to my personal approach, Psychoanalytic and Psychodynamic Theories, despite their clear role as trailblazers of our discipline have little traction for my approach and work. Indeed the nature of my practice in SPP by default can hardly connect with the procedure, timeline and depth of such remarkable theories in my view. Indeed it is important to understand them and have the knowledge of what they model when it comes to mental health and they are key reference points from where to map the whereabouts of therapeutic plans. They can define the clear line between what is related to Sport and Performance and when referral is needed for substantial psychopathologies (Prochaska & Norcross, 2018 ; Aoyagi et al., 2017). Another large question mark is related to Interpersonal Therapies. Indeed if attachment styles can be seen in the relationships most athletes have with coaches along their careers with the same impact as the initial attachment with caregivers, and the notion of role transition is another key component of a athletic life and identity, the definition of them as per a Transactional Analysis seems more obscure and less related to my current methods. It could however be contextually used to reach for an inner dialogue across an athletic career path and help providing a sense in the continuity of choices embraced by an athlete since an early age. Finally, Exposure Therapies contains the notions of shifting from a reaction to a response and opens the gate to neurological explanations and methods, that would be related to bio-feedback and other procedures that are used in SPP consultancy (Prochaska & Norcross, 2018 ; Aoyagi et al., 2017 ; Carlstedt, 2012). Is Implosive therapy the best over a short period of time to rebalance the cognitive and emotional needs of an athlete? That truly is an opened question for me and it would be interesting to test such. I do believe this summarizes even more my Integrative nature and how even when trying to spot which Theories have less interest of practicability, I cannot help but to find the possible element in it that would provide in a specific case a solid base from which work on every unique situation that every patient is and experiences (Aoyagi et al., 2017 ; Aoyagi & Poczwardowski, 2012).

**Section 3: Professional Integration (2-3 pages)**

A theoretical paradigm is defined as referring to a framework with a considerable level of abstraction that guides practitioners in explaining and understanding pathologies, and help them in preventing, eliminating and assessing, symptomatic, maladaptive or undesired behavior (Prochaska & Norcross, 2018 ; Aoyagi et al., 2017). The paradigms used in SPP come from the general psychology but the SPP population differs in the needs. Therefore developing a personal Theoretical Orientation to Performance excellence (TOPE) where the creation of a consistent approach on human performance that focuses on understanding the facilitators and inhibitors of performance is privileged. It is an essential step for a practitioner if he or she wants to provide a well constructed and adaptive service and wants to help in reaching a high-level of functioning and performance excellence rather than reducing it all to psychopathology (Aoyagi et al., 2017).

As already briefly mentioned in the previous sections, based on my personal experience I use an Integrative and Evidence based theoretical ground for my SPP consultancy work. When I think about the dynamic of the interventions, the need to understand the background, understand the personality of the client, using a lot of observation on location (where the performances are taking place) and as I work with youth athlete, the social, cognitive and emotional developmental stages they are in and the notion that they are “in motion” are part of the challenges to consider as their self-identity is a moving construction and so are the issues they encounter (Henriksen et al., 2014). As every athlete is unique and has an original situation, it opens to finding the current best approach, test, method for the athlete’s case rather than processing it through a single “machinery”. This is probably again the specificity of SPP as theories (like Self-Determination Theory, SDT) function as a theoretical base for established procedure and therapeutic content while not really being a paradigm (Aoyagi et al., 2017). It demands a flexible mindset and being proactive once identifying the client or group demographics, gain entry in the program, select the skills that will be developed to help in performance excellence and proceed to the evaluation / feedback and measurement of the results (Henriksen et al., 2014 ; Aoyagi et al., 2017). This highlights the main challenge that is acquiring interdisciplinary knowledge such as biological, neurological, physiological and systemic factors in order to implement interventions in the deeper frame of a psychological theory, as eventually we must see and provide help to the client holistically (Prochaska & Norcross, 2018 ; Aoyagi et al., 2017 ; Carlstedt, 2012). It creates the daily basis of an ever changing possible combination of different elements from theories that generate, conceptualize and validate the chosen interventions and procedures decided in the therapeutic plan with all the stakeholders (Prochaska & Norcross, 2018 ; Aoyagi et al., 2017 ; Carlstedt, 2012 ; Aoyagi & Poczwardowski, 2012).

**Conclusion**

Finding the only and unique theoretical paradigm or theoretical orientation could be seen as the magic pill or silver bullet of our discipline, and it is fascinating to contemplate its possibility, as it would simplify our work. The reality is otherwise and our personal construction and set of beliefs interacts with time, people and places creating the probability of change and conflicting perspectives. Since I work as an SPP consultant in the realm of sports, my personal professional experience provided me the toolkit, procedure and method to work with my athletes – in a very organic and empirical way - , not only being sure of how to exactly always translate or structure what is behind the scenes. As well not being the one to be the respondent if a deeper dive into clinical pathologies is required, I honestly admit that I was missing an essential part that now provides a meaning (the WHY) to the chosen procedures and interventions. Long term is what we want to achieve and developing a TOPE in my case is the excuse to continue my natural approach to keep on learning and researching in order to provide the best possible and most meaningful consultancy where both style and theory correspond to my very own best as a professional (Aoyagi et al., 2017). After all, if our patients need to embrace change and grow, how could I not embrace an integrative ever changing and evolving approach, or like we praise it, to be comfortably uncomfortable and process oriented?

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