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Research Paper

Psychotherapy through lifespan integration: How do therapists describe the feeling of integration?

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ABSTRACT

Lifespan integration (LI) is a recent psychotherapy, developed in 2002 by Peggy Pace. Its main focus is to treat trauma and dissociative disorders. Repetitions of the LI time line seem to promote the development of a feeling of integration in the patient, allowing the patient to build a more solid central self. This qualitative study aimed to explore, from the LI therapists' points of view, the feeling of integration, which results from LI. Fourteen certified or pre-certified LI therapists were recruited within the French-speaking Association of Lifespan Integration. These therapists took part in a semi-structured interview exploring their perceptions and understanding about LI and the feeling of integration. A general inductive approach was chosen to capture therapists' representations. Results showed that, according to therapists, LI therapy facilitates one's connection to his/her experience, improves emotional regulation, and increases the general sense of well-being associated with self-acceptance. These changes are related to repetitions of the LI time line and the therapist's attunement to the patient. In addition, the results indicate that this feeling of integration corresponds to a new state of connection to one's identity and one's experience. Therapists in this study reported that repetitions of the LI time line integrated the patient's history into a continuum, strengthening psychological bases such as safety and individuation, giving meaning to the lived experiences/life story, and increasing self-confidence. This study provides a better understanding of the feeling of integration resulting from LI therapy. Further studies should explore the patients' experience in LI and try to measure feeling of integration during LI psychotherapy.

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1. Introduction

Many psychotherapies have developed in recent years, especially in the field of *Cognitive Behavioural therapy* (Greenfield, 2007). Several approaches are recommended for the treatment of psychological trauma: *Trauma focused cognitive behavioural therapy*, *Stress Management*, *Eye Movement Desensitization and Reprocessing* (EMDR) (Bisson, Roberts, Andrew, Cooper & Lewis, 2013). Lifespan integration (LI) is a recent approach that has been developed to treat trauma and dissociative disorders. There is currently a real interest about LI, with more and more therapists as

well as psychology students following LI trainings, particularly in France.

LI is a body-mind technique, developed by Peggy Pace in 2002. The aim of this therapy is to integrate the patient's self-system in space and time (Pace, 2015). Lifespan Integration is used to treat psychological trauma, anxiety disorders, attachment disorders, dissociative disorders, and various other psychological conditions. LI therapy uses a specific type of *Time Line* to facilitate integration within the patient's self-system. The *LI Time Line* is comprised of a list of patient memories from his/her first years to present time. During every LI protocol, the therapist leads each patient through his or her *Time Line* repeatedly. This process proves to the patient's body-mind system that the event, which has been interfering with his or her life is over, and that time has passed. As the patient becomes aware of the continuity of his life throughout space and time, he develops a corresponding sense of internal cohesion, a sense of continuity in his lifespan. Several books describe LI and its effects in trauma treatment, and also its more

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general interest (Clément, Smith, & Bernardo, 2012; Thorpe, 2012; Smith, 2014, 2016, 2017a, 2017b; Smith & Castonguay, 2015; Binet, 2017; Smith, Janner Steffan, & Mann, 2019). According to these LI therapists' accounts in the literature, the use of the *Time Line* leads to integration of past Ego States but also allows the integration of early trauma and attachment unresolved issues. Particularly, LI is described as being used with success in borderline or dissociative clients in integrating early attachment insecurity through different protocols starting in the early years of life (in utero, after birth or at different stages before 3 years old). The use of repetitions of the *Time Line* is specific to LI compared to EMDR or other therapies used for trauma and dissociative disorders. LI work centered on attachment repair seems to stimulate mentalization, as described by Fonagy, Gergerly, Jurist, and Target (2002), and increase a subjective sense of cohesion, a *feeling of integration*.

To our knowledge, only the study of Balkus (cited in Thorpe, 2012) studied the effectiveness of LI, especially in the treatment of simple trauma. The results showed a decrease of symptoms of post-traumatic stress disorder after two sessions of LI among 17 women (evaluated with the Impact of Event Scale [IES] of Weiss and Marmar, 1997). LI therapy results have also been described in published clinical cases about: the bereavement experience in elderly subjects who have lost their spouses (Binet, 2017) and in adult patients who were victims of Munchausen syndrome (Binet & Tarquinio, 2016). However, to our knowledge, LI has never been the subject of a published scientific study. Thus, it seems essential to develop research to better understand this therapy and its effects.

A central and original concept of LI therapy is the *feeling of integration (FI)*. LI serves to develop in the patient his sense of a more cohesive identity, a more solid and unified central self (Thorpe, 2012). A FI is an important component of each individual's mental health. However, if there is no consensual definition of FI in LI therapy, different concepts are used to describe what is meant by integration: integration of ego states, of difficult experiences, or of internalized positive states. The FI can be put into perspective by looking at the definition of dissociation. Dissociation states correspond to dissociative symptoms such as amnesia, depersonalization, and derealization. Dissociation traits are characterized by a lack of internal cohesion in the individual, also called structural dissociation. According to Putnam (1994), structural dissociation is "a complex psychophysiological process that alters the accessibility of memory and knowledge, integration of behavior, and sense of self." Van der Hart, Nijenhuis, & Steele, (2006) adds that the dissociated personality, after being exposed to psychological trauma, divides into several distinct and simultaneously operating parts, each with their own more restricted sense of self. These dissociative tendencies have a negative impact on the integrative functions of the psyche. One wonders if structural dissociation would not be on one end of the continuum from dissociation to cohesion, with FI at the opposite end.

Indeed, on a neuro-anatomical basis, Lanius, Bluhm, Lanius, and Pain (2006), Lanius et al. (2010), Lanius, Paulsen, and Corrigan (2014) have posited that alterations in thalamus activation, between other processes, play a role in the sensory lack of coherence experienced both in hyper-activated and hypo-activated PTSD sufferers. The hypothesis underlying LI therapy is that it stimulates the integrative capacities of the brain, allowing a better connection to the present and integration of the past, through the repetitive use of the *Time Line*. This would stimulate the treatment of time through the hippocampus and allow the thalamus to keep the sensory connection to the present.

The FI is a central and specific aspect of LI therapy. It has never been studied and it seems important to develop knowledge about it. Therefore, the aim of this study was to explore how certified therapists in LI understand and perceive the FI.

2. Materials and methods

2.1. Participants

LI-certified therapists were recruited through the French-speaking Association of Lifespan Therapy [*Association francophone de l'intégration du cycle de la vie* (AFICV)].

Therapists included in the study met the following criteria: completion of levels 1 and 2 of LI training; certification in LI or meeting the requirements for certification in LI; they have been using LI with their patients as a primary modality of treatment and signed an informed consent.

2.2. Procedure

This study was carried out according to the ethical guidelines of the relevant professional organizations: the APA Ethics Code (American Psychological Association, 2002); and was approved by the French dedicated institution (CERES, No. 201717).

Therapists were informed of the study through the AFICV, through an annual meeting and an email. They all received a note, by email, describing the aim of the study, what their participation would consist of, their right to accept or decline participation, and their right to withdraw from the research. They were also notified that information was strictly confidential and would be used solely for scientific purposes. Additional information was given according to their requests. After obtaining their consent, an interview was planned and carried out, according to their availabilities, at their workplace or online via video conferences. Interviews lasted about 60 minutes, were audio-recorded and subsequently transcribed verbatim.

Following the analysis of these interviews, a meeting was organized with the five most experienced certified therapists to present to them the preliminary results of the study and to ask for their feedback.

2.3. Interview

The interview was semi-structured and consisted of three parts (see Table 1). The first part aimed at collecting socio-demographic and clinical practice information. The second part was about LI, and the third about FI. It seemed important to us to investigate their perceptions about LI before exploring their perceptions and understanding of FI.

2.4. Data analysis

An inductive thematic analysis was carried out according to the criteria of Thomas (2006) and using the software QDA-Miner 4 (Provalis Research). A double rating was performed by SR and MB. After discussions and a modification of the coding schedule, a

Table 1
The interview schedule.

Part 1. Socio-demographic and clinical practice information
Age, gender, former training and degrees, main theoretical orientations, year of LI therapy training
Part 2. Lifespan integration
What component of LI seems to be active? What makes change possible?
Can you see the patient changing throughout the therapy? What changes?
Part 3. Feeling of integration
How would you describe it?
What are the consequences of its appearance/development?
Could you tell me about a situation that illustrates this feeling of integration?

LI: Lifespan integration.

second analysis resulted in a free marginal score of 0.71. This indicated a good intercoder agreement. Themes emerging from the thematic analysis were selected when they were mentioned by at least five therapists.

The results of this analysis were presented, during a meeting, to the five most experienced therapists. The categorisation of the themes and subthemes made sense to each of these therapists. They only made two major comments. First, regarding results about LI (see results' section), they were surprised that in the theme *indications* treatment of traumatic disorders was not reported as the main one. Second, regarding results about FI (see results' section), they suggested splitting one theme into two separate categories to make the results clearer (i.e., *characteristics of the FI* and *FI results*). This change was made and the results presented in this paper have been approved by this entire group.

3. Results

3.1. Description of participants and their practices

Fourteen LI therapists, certified in LI, took part in this study (response rate: 70%). Certification in LI includes having followed the full LI training, using LI with at least 5 clients per week, approval by two LI agreed consultants after a minimum of 12 hours of consultation, and a personal experience of LI sessions with different protocols (at least 12 sessions), until the LI therapist has a consistent sense of self (assessed through different criteria, for example emotional regulation quality, sense of own identity and assertiveness).

The participants were exclusively women with an average age of 52 years (SD = 7.29; 36–70). They had been using LI therapy with their patients since being trained in LI an average of 4.6 years ago (SD = 2.57; 2–10) and reported that they used LI therapy for about 82% of their patients (33–100). For those patients with whom they practiced LI therapy, they estimated spending around 79% (50–100) of the therapy time using LI protocols, with the remaining therapy time being used for verbal interventions. All therapists had private practices. Two of them also had an institutional practice (judicial environment, oncology service). Ten therapists had a Master of Psychology degree, and two a PhD (in France, psychologists must have a Master's degree). One therapist was a psychiatrist. Regarding other qualifications, four therapists were trained in *Eye Movement Desensitization and Reprocessing*, three in *Neuro Linguistic Programming* and two in *family systemic therapy* (the five remaining therapists were clinical psychologists without any complementary qualification).

3.2. Results about lifespan integration

Main themes are presented in Table 2.

3.2.1. Indications

Therapists reported that main indications of LI therapy were dissociative and mood disorders. However, most of them used LI therapy for all, or almost all, situations they encountered.

3.2.2. Main changes observed with lifespan integration therapy

Therapists reported several main changes thanks to LI therapy. The first change noted was related to emotion regulation. Therapists in the study observed that their patients were better at regulating their emotions. The improved ability to regulate emotions allowed these patients to experience calmer and more peaceful daily lives.

"Because I see people get less angry, more in peace with their partner, with their children." (Manon)

Therapists also noted changes in how their patients related to themselves, noting an increase in patients' connections to their own experience. Therapists observed deeper connections to their own identities within their patients, and an increased body-mind awareness in the present moment. Therapists also described an increase in general well-being in patients' lives, and greater self-acceptance.

LI therapy also increased patients' self-determination by strengthening their autonomy and their ability to decide and make choices for themselves. This can be seen in patients' changes in their relationships to others, which were also reported, especially an increase in self-assertion.

"People take decisions in their life, and make changes that are more like them, without being afraid to do so." (Lucie)

LI therapy allowed patients to develop the perception of a continuum and a temporality in their life story, giving meaning to what they have experienced.

"I mean, people manage to feel where they are in time, when previously, (...) they didn't know when a memory had taken place. (...) That capacity to integrate space and time." (Marine)

Regarding patients' relation to events, present or future ones, LI allowed patients to develop an increase of emotional distance.

3.2.3. Major drivers of change

Therapists described several major drivers of change:

- the rehearsal process which refers to repetitions of the *Time Line* during a therapy session as well as during the entire therapy. This mechanism of repetition is brought closer to the phenomenon of learning by repetition;
- the *Time Line* tool that helps patients to make connections, links and to integrate a continuum of his/her life temporality;
- therapists support in helping patients to enhance their awareness of the changes appearing during therapy;
- the therapist's attunement to the patient;
- the therapeutic relationship;
- the patient's increased awareness of his or her body-mind state.

"Well, I believe that what produces change (...) is the reorientation in space and time (...) that already leads to an emergence of the Ego or the Self, which means not being diffused in their own life events or in time." (Lise)

3.2.4. Impediments and blockages

Impediments and blockages were also encountered by therapists during LI therapies: some patients refuse to adhere to the therapy, some resist thinking about their past and some resist feeling the bodily memories of their past.

3.3. Results about feeling of integration

Main themes are presented in Table 3.

3.3.1. General consideration about FI

Participants addressed a general consensus about FI: its body-mind and experiential dimensions.

Table 2
The main themes revealed by the analysis for lifespan integration.

Themes	Sub-themes	Frequency n/%	Verbatim
Indications	Mood disorders	5	Depression, a lot, with depression, as soon as a client needs medication, I will offer LI, it works well. (Sarah)
	Dissociative disorders	5	Those who are highly dissociated, I really think it's interesting. (Lucie)
	Traumatic disorders	4	Finally, for trauma, I find the PTSD protocol quite brilliant. (Pascale)
	Anxiety disorders	4	Persons who really suffer from deficits in assertiveness, a tendency towards social anxiety, it works very well. (Marine)
	Early deprivation	4	Patients who suffer from early narcissistic wounds, of course, that works very well. I find it capital that these clients can receive LI therapy. (Jeanne)
	Attachment disorders	2	Early attachment issues are really present in most of my patients, so that's it, mainly a work on attachment repair and on deep narcissistic wounds. (Agathe)
	Personality disorders	1	Well I would say, clearly borderlines, every kind of borderline pathology. (Agathe)
	Emotion regulation	9	I see appeasement, a better capacity for emotional regulation. (Bérénice)
Main changes observed with lifespan integration therapy	Connection to one's experience	5	That's a sensation, inhabiting the body. (Rachel)
	General well-being and acceptance	5	But now I'm pleased, pleased with myself, pleased with the people who are there, I'm pleased. (Manon)
	Self-determination	7	People take decisions in their lives, and make changes that suits them better, without being afraid to do so. (Marine)
	Self-assertion	5	They will also recall moments like "ah my partner said this, did that, and I didn't even loose my temper", I told him "listen, I don't want to talk about this right now", or "no, I don't agree with you", so progressively elements of self-assertion come up. (Rachel)
	Continuum in life story	5	I also see patients who become capable of integrating their past, meaning that it becomes a part of them without them feeling blocked in the past, driven backwards in their story. (Manon)
	Distance to events	5	Consequently, events that can go back to their place in the past, and will not have any impact in the present anymore, that will just remain in the past. (Lise)
	Rehearsal process	10	Repetition. Yes, clearly. It's mainly that, according to me. For me, LI is about repetition that is really what induces the process of change, it's the repetition and everything it induces neurologically, the reconnexion that can occur. (Agathe)
Major drivers of change	Time line tool	9	The repetition of the Time Line, with the reconnections that it allows, that's what is mechanically, neurologically the factor of change. (Manon)
	Enhance patients' awareness of the changes	8	... allows to get the client back into motion, a kind of virtuous spiral, which enables the client to realize, to become conscious of things. (Lise)
	Therapist's attunement	8	The attunement of the therapist to the client, because it allows reconnexion, and connexion of the client to herself, in all the parts of herself. (Sarah)
	Therapeutic relationship	8	I believe that what impules change is the relationship to the therapist, as a first thing. A place where the client is welcomed unconditionally, particularly in his child Selves. (Bérénice)
	Patient's increase awareness of body-mind state	6	It's the body-orientedness. Meaning that we use the body to have the client experience something. (Rachel)
Impediments and blockages	10	What's going to be difficult is the level of trust from the client, some clients are very very defended, for whom the first step is going to be building a good alliance. (Valérie)	

LI: Lifespan integration.

"I can feel it in my stomach, in my back, (...) I feel it while mentioning it right now, it heats my spine, and I feel like sitting straighter." (Julie)

"Well, for me it's really something I experience, not something I can rationalize about." (Pascale)

"A feeling of unification, yes, compared to this scattering, this dissociation, there is something that got united." (Jeanne)

Characteristics of the FI were also connected with the history of the patient. First, the ability to feel some distance from the painful events of the past. Second, the creation of a life continuum through temporal linking and positioning of the patient's life events, which was perceived as strengthening autoegetic consciousness. Third, meaning is given, through a re-reading of patients' path and life story. Fourth, a greater life satisfaction, a sense of self-fulfillment is experienced. Fifth, therapists described an increase in patients' acceptance of his/her history and life trajectory.

"I'd say (...) reinterpreting their story. As some memories that were negative have finally become positive (...), as if the memories were redefining themselves, maybe in a more realistic way." (Pascale)

Self-awareness was described through different aspects. Therapists talked about an increase in the connection to oneself, to the different parts of oneself, to one's being, to one's experience.

3.3.2. Characteristics of the FI: basis, patients' history and self-awareness

The basis of the characteristics of FI included: a sense of security, a sense of unity, a greater capacity for individuation, and a sense of physical solidity. More precisely, the sense of security related to a global feeling of trust/confidence in life, sometimes associated with a more secure attachment. The sense of unity was described as an increase in internal coherence or as a sense of cohesion. The sense of individuation was described especially in regard to patients' relation to others and to the environment. The feeling of internal physical solidity was described as the perception of an anchor, a foundation.

Table 3
The main themes revealed by the analysis for feeling of integration (FI).

Themes	Sub-themes	Frequency n/%	Verbatim		
General consideration about the FI Characteristics of the FI	Body-mind and experiential dimension Basis	Sense of security	7	The feeling of integration is both something you experience in your body and you conceptualize intellectually, so for me it helps connect body and mind. (Marine)	
		Sense of unity	9	I would say that, according to me, integration is a general feeling of trust, about what happens in life. (Lucie)	
		Individuation	6	So for me integration is both the alliance of all the parts inside of the Self, and the link to oneself, feeling connected in the inside. (Pascale)	
	Patients' history	Sense of physical solidity	5	So, they are always there, arranging everyone, so everything always goes right, so they can feel safe inside. So the fact that, with the help of that therapeutical work, they come back to themselves, they detach from the external world, they come and go inside of themselves, they can communicate, say what they think, and they don't fear that others intrude and disorganize them by their moods or their behaviors. (Manon)	
			Ability to feel distance from painful events	8	So, that is in a sensory way I'd say, and physically speaking, as if they were more solid on their legs as well. (Lucie)
			Creation of a life continuum	8	Putting back into the past what is past, meaning these events influence the present less and less, so the emotions decrease, and when the client talks about the different events, the initial emotion has disappeared. (Jeanne)
		Giving meaning	9	That coherence one can have in life, I believe, of one's own life, how we can realize that things are integrating, a bit like a puzzle. That the puzzle or the image that one has of one's life isn't completely disorganized with holes all over, pieces missing. That, whatever life one has had, there has been some form of coherence, we know where we go, what we've been through. (Valérie)	
			Life satisfaction	7	How I built my Self, my personality, who I am, there is that dimension... (Bérénice)
			Acceptance of one's history	6	... and I see how I've managed to succeed, so there is a feeling of accomplishment, very often. (Sarah)
			Self-awareness	Connection to one's experience	14
	Self-acceptance, self-love, general well-being, inner peace	14		There's really a change in my implicit experience. That's for sure. My attachment style hasn't changed, but I'm more conscious of it. There is less unconscious behavior, unconscious feelings which precede my way of interacting with others. (Manon)	
	FI results	Life history	Focus on oneself	9	It gives a feeling of unity, the words are, can sound like magic but that's what comes up, fullness, tranquility. (Marine)
			Increase in memories	5	The feeling of integration, I'd say compassion for oneself, benevolence, Self-Love, listening to one's needs. (Sarah)
		Self-confidence	Self-determination	8	... a list of memories, which has grown, with expansion of memories, new memories, things that come up. (Rachel)
Personal resources			7	... taking more action, instead of just waiting or turning round in circles. (Manon)	
Symptomatology		Self-esteem	5	I also feel in better contact with my resources. (Lise)	
		Decrease of anxiety symptoms	10	... brings more confidence, self-confidence also probably, self-esteem. (Agathe)	
Emotion regulation		General emotional state	10	... First, a very noticeable decrease in anxiety. (Agathe)	
			Appraisal	12	... notions of integration, to my opinion is the equivalent of a better emotional regulation. (Rachel)
		Joy	5	... they report the feeling of being calmer, more relaxed. (Valérie)	
Relation to others		Stronger relationship quality	13	More joie du vivre also is there, really a connexion to the essence of life, to life energy. (Pascale)	
			Assertiveness	11	... of course it has an impact on the person's relationships, her way of relating to others, meaning that once we strengthen the bond between the person and herself, well it shows through a much fairer position towards others, a way of interacting with others. (Manon)
Relation to events		Relativize perspectives	10	I think it also shows through the persons' capacity to express their needs, to express their thoughts, yes, and more security as well, precisely to express their opinion also, say what they want. (Valérie)	
			5	So she started to step back about what she had been doing, currently she can refrain and let go, she takes things less as if they were directed to her. She takes them less strongly, is less shaken. (Pascale)	
Changes during therapy		General presentation of the patient	5	Sometimes, it's going to show in the way the client behaves in therapy. (Sarah)	
	Changes in time line		5	An impression that the clients' Time Line gets denser, they say "wow, how many things I've done, I've done a lot of things". (Marine)	

Table 3 (Continued)

Themes	Sub-themes		Frequency n/%	Verbatim
Processes of change	Structure	Patients not aware of the changes appearing	7	It's very subtle in fact, they often say: "there is no change", and at the same time they show small changes about, well "I feel calmer when going to sleep", but they don't necessarily relate the change to the therapy. (Jeanne) And so there is life experience that is integrated differently, maybe more positively, and so they were in a vicious circle, and I'd say that now there's a kind of virtuous circle. (Agathe) ... that things enter dense, connected neural tissue. (Manon) Well it depends on the clients really, for some of them it's really quick, for others it can take a lot of time. (Rachel) For me, there is a phase where they can be a bit more activated, and also question the stability of their life. (Rachel) The aim of LI therapy is reaching this integration. So, yes, reaching this integration and for the patient to really feel it and be conscious of it. (Agathe) ... and it carries on because we keep paying attention to it. (Bérénice) Well I think the most fundamental tool is attunement. (Valérie) The ingredients, which contribute to therapy efficacy, are a patient who has a good relationship, well, a good patient-therapist relationship. (Jeanne) Once again, it's the repetition that'll allow such a development, for me, everything is there, in LI, the network that is built through the Time Line repetitions, that's how neurons connect. (Sarah) I'm still convinced that the Time Line creates something, neurologically. (Lise) I find it difficult to work with very very dissociated persons, so who are rather hypo-activated, there I find we need much more time, we really need to manage to reconnect them. (Rachel) A notable element are persons who stay in their thoughts too much, that's an obstacle, and to manage to make them have more sensations. (Agathe) Then I'd say the people I see who suffer from a personality disorder, it's still difficult, therapy will help them, will do them good, emotions are going to be more regulated, they will be more capable of relating to others, of taking the others into account, but well, the feeling of integration might not develop so much. (Bérénice) However, LI therapy is really efficient, the difference I make compared to other therapies, well the feeling of integration exists in other therapies, but maybe it hasn't been defined so specifically, the therapy isn't so specifically centered around that maybe, on that integration, that feeling of integration... (Marine) I think there are a lot of therapies where it is possible to repair just superficially, I'm not certain that it lasts, maybe it can of course, last a lifetime because the client doesn't meet... but very often it doesn't. (Manon) Yes there are other therapies that can do it, for me, the ones with an experiential approach. (Lucie)
		Positive circular process	6	
		Neuroscientific perspective	5	
	De-structuring phase	Different development for each patient	5+?	
		Emergence of the FI	5	
		Sign of end of therapy	5	
Therapy's factors contributing to FI	Related to the therapist	Need to pay regular attention to FI	5	
		Attunement	7	
	Framework	Therapeutic relationship	6	
Importance of repetitions		9		
Obstacles in the development of FI	Patients' functioning	Time line	6	
		Dissociation	6	
	Intellectualisation	Personality disorders	4	
			2	
Similarities and specificities of FI	Effectiveness of FI		7	
	FI maintains over time		5	
	Relation to psychotherapies with experiential approaches		7	

Conscious awareness of Self consisted of reinforcement of self-awareness in the present moment, self-acceptance, combined with a strengthening of a sense of self-love, general well-being, benevolence for oneself and inner peace. Integration was also characterized by a focus on oneself, one's identity, one's values, with more ability to take care of oneself.

"For a start, the feeling of integration, for me, is the capacity to feel oneself existing, to feel oneself alive." (Manon)

"It's (...) being in peace with one's own place in the world. The feeling of integration, is being in peace with who we are. Which means being in peace with oneself." (Jeanne)

3.3.3. Feeling of integration results

Regarding patients' life history, the therapists evoked an increase in the number of memories, with a reinforcement of the sensory elements regarding the autobiographical memory. Self-confidence was also described as improving, with a strengthening of self-determination of the patient. Patients are described as being in a better position to make choices in relation to their identity and aspirations, as well as to implement actions to achieve

them. Therapists reported an increase in patients' personal resources. They described patients as more connected to their own resources, and more able to mobilize themselves.

"[Patients] easily speak about their strong points, their strengths, their capacities, and they're not boasting, they talk about them because they are conscious of having skills, capacities." (Valérie)

Therapists underlined the increase of patients' self-esteem. The development of the FI was also associated with a decrease in the symptomatology of the patient, especially anxiety symptoms. The ability to regulate emotions was described as improved. Therapists associated the process of integration with a gradual change of general emotional state, going towards more appeasement and higher ability to feel joy. Another consequence of the development of the FI was an improvement of relations to others, with a stronger and better relationship quality.

"Because we strengthen the bond between the client and herself, it shows through a fairer attitude towards others, through another way of relating to others." (Bérénice)

Assertiveness in relationships was also described as reinforced. Regarding events that patients faced in the present, therapists talked about their patients' greater capacity to relativize perspectives, with greater emotional distance towards life events.

The therapists described changes that were directly observable during the session. The development of the FI was thus associated with changes in the general presentation of patients (position, clothes, etc.).

Finally, the *Time Line* was gradually enriched with new memories, as well as changing emotional tone of the memories.

3.3.4. Processes of change

The analysis highlighted the process of change in the development of the FI. Therapists reported that frequently, patients were not aware of the changes appearing during therapy. Therefore, it was important for therapists helping patients being attentive to it, underlining it and supporting its development.

"Change happens even before we start intellectually realizing it." (Sarah)

The progressive development of the FI was described as a positive circular process, in which the sense of well-being allowed the patient to go and work out new problems, thus improving his overall well-being. Therapists described their understanding of the changes from a neuroscientific perspective, stating that the work of repetition brought about an increase in neural connections.

However, LI therapy work induces a de-structuring phase of imbalance for patients, during which their former landmarks are changing and new landmarks are not yet established. This is often related to an experience of discomfort for patients.

The development of the FI is different from one patient to another, especially regarding time. Changes occur rapidly for some patients, more specifically those presenting with less dissociation and having good psychological basis.

Therapists explained that the emergence of the FI indicated nearing the end of therapy. However, therapists thought that patients should continue to pay regular attention to their FI in order to keep it after therapy's end.

"It's a kind of work that is very disturbing (...), because change happens quite quickly and that can be brutal, depending on the patients." (Sarah)

3.3.5. Therapy's factors contributing to feeling of integration

Two main factors were reported by the therapists. The first one was related to the therapeutic relationship, especially the therapist's ability to attune to the patient during a session. The second one was the importance of the repetitions: repetitions during each session of the *Time Line* and the repetitions of the sessions in the therapy. Repetitions of the *Time Line* were perceived as essential to contribute to integration.

Therapists also pointed out that LI is comprised of different protocols, which have different consequences on FI. *Self-consolidation protocols* allow the integration of a feeling of Self, close to the definition of the FI in itself. Therapists underlined the importance of starting therapy with these *consolidation protocols* before working on *repair protocols*, which target and integrate specific past events.

3.3.6. Obstacles in the development of FI

Therapists talked about the impediments to the development of a FI, particularly in relation to the diagnosis and functioning of

patients. Dissociation of patients was perceived as slowing down the development of the FI.

3.3.7. Similarities and specificities of FI

The sustainability of the FI is evidenced by results showing that patients maintain the FI over time and after ending therapy. This is in contrast to other therapies where the changes might appear less stable over time. However, for some of the LI therapists, the FI does not appear to be specific to LI therapy and could be found in psychotherapies of experiential approaches, based on the immediate experience, emotions and experience of the patient during session.

"In hypnosis, EMDR and LI, there is some kind of connexion to the body and that connexion seems very important to me to move forward, we cannot separate them." (Agathe)

However, therapists reported that they perceived LI therapy as specific to the FI, in comparison to other therapies, because of the effectiveness they observed on their patients, especially those having tried many therapies before beginning LI.

"Most persons I meet have tried everything, and it doesn't work for them. And LI well, really helps those persons." (Manon)

4. Discussion

This study shows that FI is a complex aspect of LI therapy. According to certified therapists' discourse, the FI is composed of several integration elements: a sense of security, a feeling of unity, a capacity for individuation and a sense of physical solidity; acceptance of one's history and life trajectory; as well as self-awareness. The FI can be identified by several positive results such as increasing emotional regulation, self-confidence, self-determination and self-esteem. The results also point out the factors contributing to FI, the possible obstacles in its development as well as similarities and specificities of FI. Some of these aspects have already been described in books on LI or in several case reports but have never been shown in a qualitative study.

Results showed that the psychological basis of the individual's security, individuation, unity and internal solidity characterize the FI developed through LI therapy. All of these individual bases, developed normally during childhood, seem to allow the emergence of the integrative function of the psyche, giving a global and coherent sense of self. By strengthening these psychological bases, LI would reinforce the integrative capacity of the psyche. Strengthening the FI would imply a reduction in the confusion of identity defined by [Steinberg and Schnall \(2010\)](#) as "a feeling of uncertainty, perplexity or conflict about who we are, by feeling a struggle to define ourselves".

This description by the LI therapists of FI as being constituted by security, individuation, unity and internal solidity enlighten us on the possible links between LI therapy and attachment theory, but also dissociation. Indeed, security (feeling safe) is a result of secure attachment, and so is individuation. Unity and internal solidity refer to the experience of being internally coherent, which is the opposite of dissociation. Therefore, the LI therapists describe that LI increases identity through its internal and external aspects: being separate (from the attachment figures) and being internally coherent (as opposed to structural dissociation), through a process mimicking the experience of autobiographical narrative supported by a secure attachment relationship with an attuned caregiver.

The study also helps to characterize the FI as the perception of a continuum of life. The perceptions of therapists are in line with the

theory of Schore (1994). The central self maintains a continuity of self in time and space, developed through early attuned interactions with the attachment figures, and the co-construction of an autobiographical narrative. An autobiographical narrative allows the individual to see “a coherent life story and a steady awareness of who we are” (Boon, Steele, & van der Hart, 2011) as well as to adopt adaptive, flexible and stable functioning (Siegel, 2012). The reinforcement of the perception of a continuum of life could be related to a strengthening of the patient’s autozoetic consciousness (Tulving, 1985).

Another important aspect of FI is self-awareness. The study makes it possible to define the FI as composed of a state of connection to oneself and to one’s own experience. The connection to one’s sensations, emotions, and more generally to experience, could be related to a decrease in the dissociative state. These results are in line with previous observations of Binet (2017) and Smith (2017a, b) showing a reduction in dissociation through LI therapy. Therapists also note an increase in connection to one’s self and to one’s identity, as a feature of the FI. This connection to one’s self could indicate a decrease in trait dissociation, or structural dissociation. Structural dissociation, often a consequence of trauma, blocks the integration capacities of the psyche (Nijenhuis, Van der Hart, Steele, De Soir, & Matthes, 2006). The integration capacity is the neurobiological function allowing the synthesis of the lived experience. Many researchers argue that this ability to integrate defines the mental health state of individuals (Janet, 1889; Meares, 1999; Siegel, 2012).

The study highlights the benefits and changes brought by LI and FI. Therapists emphasize improved emotional regulation of patients, and patients’ increased ability to self-soothe. These results are consistent with observations reported by Thorpe (2012) and Binet (2017) on the decrease in emotional distress in elderly mourners. However, the latter relate to a single therapist, whereas our study shows the improvement in emotional regulation described by a sample of fourteen therapists. This capacity for self-regulation is, according to Schore (1994), an emerging function of the central self. According to the therapists interviewed in this study, LI allows the increase of emotional regulation as well as joy and the ability to self-soothe. It seems therefore consistent, according to Siegel’s theorization (2012), that the integrative capacity of the psyche is reinforced by LI therapy, through the increase of positive emotions, negative emotions being associated with a decrease in integration (Siegel, 2012).

In addition, a good self-esteem is associated with an integrated, non-compartmental identity (Zeigler-Hill & Showers, 2007). The study shows that therapists report an increased self-esteem through LI therapy, which might result from a greater integration of identity.

According to therapists, LI psychotherapy appears as an effective approach to developing a global sense of self and integrative capacities of the psyche, providing general well-being and self-acceptance. However, impediments and blockages were also encountered by therapists. As with other therapies, adherence to the therapy, willingness to evoke memories of past experiences, and an openness to experiencing the bodily sensations connected to emotions and the past experiences are essential.

FI seems to be approaching a general state of good mental health (Siegel, 2012) reached by LI therapy. Many other psychotherapies have a significantly positive effect on the mental health and general well-being of individuals. Therefore, it seems important to delineate the benefits of therapy that are specific to the LI approach. For example, integrating one’s history into a continuum of life might be a unique benefit of LI. The reinforcement of the fundamental psychological bases of unity and individuation also seem specific to LI. However, the reinforcement of fundamental psychological bases of security is also found in

other psychotherapies. The connection to oneself and to one’s own experience is similar to the benefits of experiential approaches.

This study has several limitations. We decided to ask question about LI before asking about FI. It appeared complex to therapists to distinguish the benefits of LI therapy and the development of the FI. Indeed, it seems that integrating the overall sense of self is one of the main consequences of LI therapy. Another limit is related to our sample. All therapists had a private practice and only two of them an institutional practice. The question whether the use of LI, and consequently the development of the FI would be the same for therapists mainly working in institutions has to be explored. However, our sample is representative of the current LI certified therapists, which mainly have a private practice.

5. Conclusion

This study helps better understand the FI from the point of view of certified LI therapists. It describes the state of integration of the overall sense of self-developed through LI therapy. This state of connection to oneself, to one’s identity and experience, based on a feeling of security and unity, seems to refer to a state of perceived general well-being and acceptance of oneself and one’s history. The FI thus appears to be a primary characteristic of the mental health of individuals and incompatible with structural dissociation or insecure attachment. Future studies should explore patients’ experiences in LI and point of view about FI. A scale measuring FI could be developed and clinical trials should be undertaken to measure its evolution during LI therapy. Finally, it is important to state that LI therapy is constantly evolving, to improve quality of patients’ care. Therapists training also evolves and, since this study has been conducted, three levels of training are requested instead of two before, with compulsory supervision sessions between the levels of training. More research on the brain correlates of LI therapy would probably help understand even better how LI therapy foster FI, therefore increasing security of attachment and reducing dissociation.

Disclosure of interest

There are no conflict of interest, except for the Joanna Smith who is a trainer and a supervisor of LI.

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