



Journey in time

With a basis in neuroscience, attachment theory, and developmental psychology, Lifespan Integration is an innovative new body-mind therapy from the USA that's beginning to catch on in the UK

By John Daniel. Illustration by Lara Harwood

'This might feel weird,' Nuri Gene-Cos warns me as she hands me a doll and invites me to cradle it in my arms and imagine it as my baby self. I have arranged to see her for a session of Lifespan Integration (LI), an innovative new body-mind therapy that works on a deep neural level to change patterned responses and outmoded defence strategies.

I am already expecting the experience to be unusual because when we spoke on the phone to arrange the appointment, she had asked me to prepare a list of memories, visual snapshots from my life – one for each year from age three to the present. Now, having given her my list, she tells me to close my eyes and connect with the baby in my arms. She asks me what I feel in my body. I tell her my chest feels warm and my heart feels open. 'That's good,' she says and then she invites me to journey back in time to the delivery room to watch my birth.

Having heard my first cry and seen the umbilical cord being cut, my newborn self is wrapped up and handed to me and she tells me to take him to a safe place where I can begin to form a bond with him. Then she tells me to hold him in my arms as I imagine each stage of my development – seeing myself in my cot at a few months old, sitting up and crawling, learning to walk. Next, reading from my list of memory cues, she takes me year by year through my life, checking in with me every fifth year to see that I'm still connecting with the baby in my arms. This is important, she tells me later, in order to embody the experience and keep me in my right brain. When we reach the present she tells me to introduce my baby self to all the people who are important to me, and to tell him: 'This is where you belong, you're part of me and I'm taking care of you and your needs are OK with me.' I am profoundly moved by the experience, and I'm not sure why.

From birth to present

'It's powerful isn't it,' Gene-Cos observes once I've handed her back the doll. What I have just experienced is what's known in LI terminology as the birth to present protocol. As our appointment is brief, we only have time to progress once through the timeline of my life, but normally, she explains, the birth to present protocol would be repeated between three to four times in a session. Some clients benefit from several sessions of this structure-building protocol – for severely traumatised clients this could take a year or more.

The theory is that through repetition of the timeline, the client develops the ability to view himself as one unified self, existing continuously and fluidly across space and time. The timeline is also designed to 'prove' to the client's body-mind system that time

has passed and life is different in the present, so they can come to a deep bodily understanding that what happened in the past no longer has power over them.

Gene-Cos, a consultant psychiatrist at the Maudsley Hospital and in private practice, is one of about 50 therapists in the UK to have trained in LI since February 2008. The method is the creation of Peggy Pace, a licensed mental health counsellor and marriage and family therapist from the USA, who first coined the term 'Lifespan Integration' in 2003.

Although she developed LI for work with adult survivors of childhood neglect and abuse, Pace has also found it to be effective for the treatment of anxiety and depression, attachment disorders, eating disorders, somatic disorders, dissociative identity disorder (DID), and post-traumatic stress disorder (PTSD). She has been training practitioners in the USA, Canada, France, Spain, Sweden and Switzerland since 2004. The theoretical basis of LI lies in the neuroscientific understanding of integration and early development, attachment theory, and developmental psychology, and it combines elements of techniques Pace had already been working with in private practice for the previous 17 years, including active imagination, Jungian dream work and EMDR.

A 'movie of your life'

I meet Pace in London at the close of one of her two-day workshops in LI. She explains how she first developed the technique when using EMDR on clients with experience of early trauma. 'EMDR breaks through defences and takes people back to past memories connected to events, issues, feelings or thoughts in the present,' she says. 'But clients can often get stuck at traumatic events in their past and the standard method to get them unstuck is to have them think about how many years have gone by since that event. But if the client is flooded, they can't think because when somebody is flooded they don't have use of their cognitive mind, their left brain shuts down.'

Consequently, to prevent clients from getting stuck in past trauma, Pace developed a method to bypass the cognitive left brain and engage directly with the visual right brain, the part that still works when a person is flooded. This is where the timeline of visual cues comes in. In an LI session the movement forward in time is done visually in such a way that the client 'watches a movie' of his or her life. This 'movie' is generated by the client's unconscious mind. As the therapist reads through the list

of memory cues, the client 'journeys' back to each memory. Through this process, they see how the past continues to impact on their behaviour and choices in the present. This journey through time is repeated three to eight times during an LI session to clear neural memories of trauma and 'rewrite' the life script.

Neural integration

This is where neuroscience and attachment theory comes in. Neural development is an interactive process between parent and child and the quality of the relationship between parent and child is important because it will affect the structure and functioning of the child's developing brain, which will in turn help shape the child's emotional, social, and mental functioning. For optimal attachment and bonding, you want a solid, secure parent who's very attuned to the child. People who were traumatised while their neural systems were developing are often 'hard wired' to interpret events in a negative way, which can result in low self-esteem, negative self-talk, and anxiety and depression.

'Neural integration takes place through the co-construction of the autobiographical narrative between the parent and child,' Pace explains. 'If neural integration hasn't happened, it's like the dots haven't been connected – there are disparate memories but there's not a flow through the life. A time-space map of self does not exist and that's what's required for neural integration.'

In LI therapy the therapist takes on the role which the parent or caregiver normally provides in early development. Energy and information are exchanged between the therapist's body-mind system and the client's body-mind system. The therapist acts as a container and regulator of the client's emotions. In this way, LI can be used with clients to repair poor early attachments.

Clients who have experienced neglect and abuse in childhood frequently resist the invitation to hold their baby self. 'Some people say it's disgusting,' Pace explains. 'If they don't want to hold it, then they still go through all the images but the therapist holds the baby and this installs a positive feeling of self eventually. After a few sessions doing this, the person who's very dissociative will come to see their self as more lovable and then they're ready to hold the baby.'

A body-mind therapy

Central to LI, and the reason why Pace calls it a body-mind therapy, is the importance placed on the client's

embodied experience. Not everyone will need the structure-building birth to present protocol. Clients with solid self-structures are able to very quickly resolve problems using standard protocol LI. 'Standard protocol LI follows the body to find a memory from the past that connects with the presenting problem,' Pace explains. This connection between body and memory is known as an 'affect bridge' and the therapist guides the client to imaginably re-visit this past memory, bringing into the past whatever is needed to resolve the memory.

'You might come to me with a problem you wanted to work on – you get nervous every time your boss asks you to do something, for example,' Pace explains. 'I would talk with you about a recent experience of this happening and ask you to get in contact with what you feel in your body as you connect with that memory. I would ask you to point to where you feel it and have you focus on that feeling in your body, forget about your boss, let your mind empty and see what comes up.'

'What would happen is that a memory would come up that's connected with that same feeling, because neurologically everything is connected according to feeling. So perhaps you'd remember a time age 10 when maybe a teacher got upset with you for not having your homework done, or your older brother hit you because you didn't feed the dog. We call that the source memory and that's what we work with.'

Pace explains that once the source memory has been identified, she will ask the client to open his eyes and tell her about that memory and she will take some notes before inviting him to close his eyes and go back into the memory. Next, she will ask him what he is feeling in his body and ask him to point to where he is feeling it. Then she will tell him to imagine he's bringing his current self into the scene and taking him to a safe place. She then coaches her client in what to say and do with his younger self. After some brief imagined interactions, she instructs him to say to his 10 year-old self: 'Tell him that was a long time ago, and you're going to prove to him that he's not 10 any more.' At this point she would begin to read from the timeline and lead the client through time to the present.

The theory is that with each repetition of the timeline the client undergoes a system of neural clearing. And depending on the presenting issue, with sufficient repetitions over successive sessions, these changes will be permanent, because what neuroscientific research has proved is that the brain does not distinguish between the real and the imaginal – so when we see

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things imaginally, the same activity occurs in our brain as if we were doing them in reality.

Working with time disorders

Nel Walker, a psychologist and psychotherapist in private practice who specialises in the field of trauma and dissociation, organised the first LI training in the UK in February 2008. 'It slotted in so much with the way I was thinking and working with regards to time and time disorders,' Walker says. 'Most of our clients' problems are because of unresolved experiences from the past.'

Walker combines LI with EMDR and sensorimotor psychotherapy, and finds it to be a particularly effective method for dealing with time disorders. 'I work a lot with extremely dissociative clients,' she says, 'ones whose symptoms may be caused by a combination of extreme factors of neglect, abuse and even torture through their childhoods, and whose self-structure is very fragmented, often with a phobia to the idea of continuity through time. The most extreme kinds of time disorder are seen in DID, where people have very little sense of their continuity through time or their own narrative at all, it's as if everything, all the unresolved past, is in the eternal present, and it is either chaotically present and intruding all the time, or else they're very detached from it and have a very low sense of self in the present.'

This points to a key difference in the way LI works compared to EMDR, as Walker explains: 'EMDR assumes that there is a good enough self-structure in order to integrate the dysfunctional material into the healthy aspect of the self. And of course that is dependent on the very early experience that a person has. It also varies in one's current situation in terms of what else is going on, what levels of stress there might be, and a number of other factors in how well the integrative capacity is working.'

Continuity through time

Walker also uses LI to work with clients suffering with PTSD. The particular benefit of the technique, she says, is the way in which it prevents clients from getting stuck in the traumatic memory. Unlike in most talking therapies, where emphasis is placed on emoting as part of the healing process, in LI therapy, emotion-laden memories are visited only briefly, for the purpose of 'hooking into' the relevant neural circuitry. 'You don't stay with anything that's traumatic,' Walker explains. 'You use the memory cues to move clients on. You open these

memory capsules just a little bit and then close them and move onto the next one.

'The PTSD symptoms clients experience in the present are because their body is stuck in time with the reaction, which still comes up when they have reminders of it. With LI, because you're moving through physically experienced memory states, you are building an embodied sense of continuity through time, so they can get a sense of how long ago the original trauma was and it can be resolved.'

Towards the future

Therapists like Walker and Gene-Cos who have trained in LI are integrating it with other approaches, including EMDR, sensorimotor therapy and CBT, and finding it to be effective in complex cases of trauma. Both Walker and Gene-Cos report success using the technique, but concede that some clients will respond to LI more readily than others. Left brain, mentally identified clients can find it challenging because the technique requires them to engage with their imagination, whilst right brain people who are visual by nature, will take to it a lot faster. In the same way, LI will suit some therapists more than others.

'It integrates best with therapists who have a good knowledge of children and child development, and who have worked with children and also with imagery,' Pace says. Because it is a model in which the therapist takes such an active role, she also points out that it can prove challenging for many practitioners: 'This therapy is so different. It is the opposite of person-centred: you need to be bossy.'

Still very much in its infancy, Pace is busy with plans to develop LI for the future. She is planning a second book and training trainers in the USA to teach the technique. She is also aware that LI has yet to be proven by research and that an evidence base needs to be gathered. As a private practitioner, she does not have the capacity to do the research herself, but she hopes that some of the therapists she's trained – and there are currently at least 500 therapists in Europe and North America using this method – will do it.

There are already early signs of this happening in the UK. 'Practitioners working with LI are beginning to collect pre- and post-treatment data,' Walker says. 'They all believe that it's so important that it's got to become properly researched. Patients deserve that it becomes better known because it can be so very helpful.' ■

To find out more about Lifespan Integration visit www.lifespanintegration.com. For details of forthcoming UK training dates see www.Li-UK.co.uk