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## Creating My Identity as a Therapist: Integration Through Diversity and By Daring to Be Real

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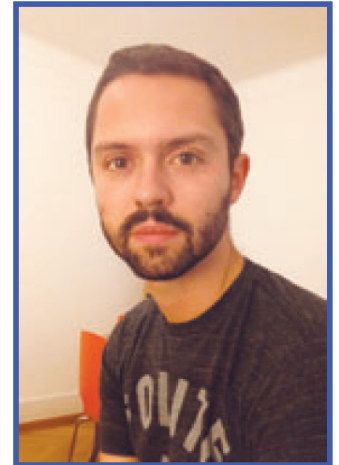
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When I read the Call for Papers asking about people's experiences as integrative therapists, I realized that I was not only eager to share the changes I have been through in my still early career, but also to seize the opportunity to put them into words. It is important for me to state that my opinion solely reflects my current beliefs and will (hopefully!) continue to change as I live new experiences.

A few years back I would not have defined myself as an “integrative” therapist, as that term was too obscure and I needed clear guidelines to feel secure enough to “help” people. I still identify myself today as a person-centered therapist because of my training, my values and my beliefs, but also because of the psychotherapy landscape in the French-speaking part of Switzerland where person-centered therapy is not mainstream, making person-centered therapists a tight knit community often eager to clearly mark their affiliation and existence. In retrospect, the person-centred approach has been truly helpful to me as it has honed my sensitivity to clients' individual needs, to the importance of the therapeutic relationship, and to trusting the client and myself. I believe Carl Rogers was particularly open to alternative ideas of actualizing person-centered principles and that he understood the need to adapt to new knowledge coming from research. I have come to think that one can practice person-centered therapy in an integrative way by meeting the client at relational depth and focusing on emotions and experiencing.

Nevertheless, throughout my training and my practice, I have often been frustrated when facing reductive stances asking “am I doing this right, according to my approach?” and “which school is the best?”. Too often I was—and still am sometimes—afraid to voice my concerns because of the danger of either not being taken seriously as others are not able to “label” me, or of simply being excluded or rejected. I was for some time disappointed as I felt that “being” with the client was occasionally not enough or—come to think of it—that I couldn't find a way to “be” with the client, for instance with Axis-II disorders and especially clients presenting with Borderline Personality Disorder. I felt torn between a loyalty to what I thought my approach was and seeking new developments and what I needed as a therapist. Fortunately, I had the chance of attending the SEPI conference that took place in Barcelona in June 2013. Looking back, this event was a turning point for me as several contributions helped me to realize how I could blend process research and clinical practice, understand clients beyond diagnosis and school specific concepts, and grasp the importance of moment-by-moment informed clinical decisions in assimilation and transformation processes.

This helped me to make the decision to focus my PhD training on different yet complementary approaches (with very sympathetic supervisors of course!). Klaus Grawe's consistency model—a detailed and comprehensive framework of mental functioning developed beyond the boundaries of psychotherapy schools—helped me give meaning to some of my clients' behaviours that I could not figure out. This model and its ensuing “psychological therapy” helped me further understand how behaviours aim to satisfy and protect basic needs through motivational schemas shaped by life experiences in a way that is consistent with the individual's perception of the world and his or her internal model of the world and of him- or herself. Practically, Franz Caspar's Plan analysis, a case formulation method based on an instrumental perspective partially resulting from Grawe's work, and the ensuing motive-oriented therapeutic relationship facilitated specific understanding of what was potentially at play in therapy and gave me alternatives of how to respond complementarily. This was of particular help to me as during my training some colleagues voiced their concern that



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using case conceptualization methods might put the therapist in an unhealthy role of expert, thus creating an imbalance of power with the client. I realized that even though I do share this concern, I also hold the view that developing a focus in therapy enhances the healing process. A formulation that I also found very helpful and that fitted perfectly with my own values was Leslie Greenberg's Emotion-Focused Therapy. Indeed, not only is it a humanistic and experiential approach where the focus is co-constructed by the client and the therapist, but the formulation is on the client's moment-by-moment process, focusing on his or her current level of functioning and experience.

As a practitioner, I feel very lucky to have pursued research in psychotherapy and to have worked on the understanding of in-session emotional processing as a key changing variable in individualized treatments based on the motive-oriented therapeutic relationship for borderline personality disorder. Research allowed me to also better integrate different methodologies such as qualitative video-analyses, theory-building case studies, quantitative between-group comparisons and predictor models. This work yielded an interesting pattern of results, notably that leaving global distress behind very early in the therapy process plays a productive role for symptom change (Berthoud et al., 2017), which influences the focus of my practice today.

My short journey in psychotherapy has so far helped me grow both as a person and as a professional, the latter role evolving from a naïve perspective where I would have sufficient “tools” to “treat” people to my current stance where I am now able to sense when I lack know-how and what training to seek to gain and develop ideas to better adapt to the situation and thus facilitate change in the client. This has allowed me to increasingly enjoy my work as I feel as though I can better meet clients at a personal depth by being real. This has also helped me genuinely realize that being a therapist is a privilege for me because I am trusted as a witness to the lives and amazing changes that my clients experience.

In sum, writing about my experience, my thoughts, my joys, my frustrations, and my hopes has led me to realize that for me, being an “integrative” therapist means putting an emphasis on the use of one's self, i.e. assimilating what works, trusting what feels right to the client and myself, and daring to be real and spontaneous with the client. As a passionate martial practitioner, Bruce Lee's quotation springs to mind: “Absorb what is useful, discard what is not, add what is uniquely your own.”

#### Reference

Berthoud, L., Pascual-Leone, A., Caspar, F., Tissot, H., Keller, S., Rohde, K. B., de Roten, Y., Despland, J.-N., & Kramer, U. (2017). Leaving Distress Behind: A Randomized Controlled Study on Change in Emotional Processing in Borderline Personality Disorder. *Psychiatry: Interpersonal and Biological Processes*. doi: 10.1080/00332747.2016.1220230



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