

An Introduction to Integral Psychotherapy

Bert Parlee

The publication of Ken Wilber's "Integral Psychology" in 2000 marks the possibility of bringing organization and coherence to differing, and what often seem like opposing, psychotherapeutic schools. Integral psychotherapy distinguishes itself by its capacity to systematize the full range of clinical approaches within a coherently organized set of mapping principles and perspectives. This Integral framework offers more than a sympathetic recognition and appreciation of diverse approaches. It comprehensively arranges these schools in a manner that is useful for practitioners who are seeking a larger vision in terms of theory, assessment and treatment.

The Integral model honors, includes and creatively adapts practices from all methods that strive to effectively work with people. This principle of "intelligent inclusivity" rests on the standard that all aspects of human understanding are considered to be valid and significant. Subsequent debates regarding the primacy of either nature or nurture, support or challenge, individual or relationship, interior or exterior etc., are resolved by embracing what the model understands to be complementary rather than competing positions. At the same time, and perhaps more importantly, an Integral psychotherapy recognizes the need to situationally privilege or emphasize one element over another – based on the criteria of what might best serve the needs of the client in any given context. This convergence of wide-ranging theories, along with a complete range of evidence based therapeutic procedures results in a complex adaptive system of clinical responsiveness. Later in this paper we will return to explore some of the other core principles that are involved in an Integral approach to psychotherapy.

The defining characteristic of any form of psychotherapy is that it involves the relationship of one person seeking help from another, who in turn is striving to be of assistance. The nature of this helping relationship has come in all manner of shapes and sizes. It is only recently that the formalities of professionalism have shaped the ways in

which people come to be with one another when there is the need for the alleviation of suffering or some other desired change.

Over the course of human history, the guise in which healers have appeared to those they seek to assist has taken many forms. In all cultures and eras, certain individuals have played the role of “helper” to others who have found themselves distressed. Since the Neanderthal period, the witch doctor, shaman, or medicine man or woman, was one of the first to offer such healing practices. Over time, these healers frequently gave way to the philosopher-priest or priestess, ministering through the developing religious traditions. More recently, the prospective patient often turns to the professionally trained and often scientifically oriented psychotherapist. While there are worlds of difference between the underlying philosophies and methods that are used to serve patients’ needs, the purposes have remained essentially the same. These healers seek to cure mental and emotional ills, largely through psychological means. The goal of psychological health is the same in different contexts but the approaches used by various healers are different. The witch doctor practices a form of therapy using charms and fetishes as the physical means of healing, while the priestly healer accomplishes this same end by way of the true believer’s faith in his assistance and rituals. The modern psychotherapist uses various techniques to obtain insight, interpretation and understanding of the patient’s mental and emotional functionings.

Let us begin by exploring what we mean by “psychological health”? Regardless of the culture or era we find ourselves in, one thing remains essentially the same. Although understood in dramatically different ways throughout the evolving human condition, psychological health is best defined as one experience or another of what we might identify as “happiness”. What does it mean to be happy? As related in the lyric, “Happiness is..., different things to different people...”: what makes one person shine creates storms for another. While one may strive to create particular life conditions, another may go to obsessive lengths to avoid the same things. Indeed, over a lifetime we notice that what made us happy at one point, may later become an obstacle to our sense of well-being.

We further recognize that experiences of happiness aren't merely about the enhancement of pleasure, or of exaggerated and elevated moods of positive emotion. Amongst other things, happiness can entail a sense of purpose, a "flow state" of absorbed involvement, the gratification of meaningful work, or the grace of forgiveness. Whatever style of satisfaction or fulfillment it may involve, happiness is frequently associated with some sense of love, care or concern. This invites another question that yields a similar response. What is love? Poetry and song have echoed similar wisdom; "Some say love, it is a river..., a hunger..., a flower..., an endless aching need...etc." Like happiness, love appears to be a many splendored thing. Various forms of happiness or love are experienced in unique ways by different individuals. All of this seems to depend on one's experiences and one's perspectives.

Integral Psychotherapy operates from the position of an interest in, and openness to, as many perspectives as there are people with concerns; all of which seem to have their own unique circumstances and points of view. This approach seeks to take into account wide-ranging dynamics that collectively conspire to create distinctive client conditions without needing to package understandings into what may be convenient yet confining boxes. Before reviewing some of the core principles of Integral Psychotherapy, we will first look more closely at the nature of therapy as it has been practiced. We will then take a brief look at some of the major schools of psychotherapy, and how they offer their unique contributions.

The sorts of happy and loving states of experience that many psychotherapy clients seek are generally marked by the absence of certain conditions that they hope to be relieved of. Occasions of fear, sorrow and anger, experienced as either anxiety, depression or other upsetting disturbances are the common denominators of psychological ill health. While we may desire contented states of mind, left to our own devices we discover that the road to unhappy states is paved with our frequently hijacked good intentions. Recognizing the need for assistance, modern people turn to psychotherapists for help in healing their mental and emotional pain. Through this therapeutic relationship, the helping

professional attempts to alter the beliefs, feelings and behaviors of the client by various means of influence and persuasion. Bound by distinct beliefs and values, the focus of influence that is modeled and encouraged by the therapist is usually defined by a particular theoretical philosophy, however open or closed such a system might be.

Case Example

Let's reflect for a moment on what troubles Mary. Every time she bends over or turns around she experiences the onset of a headache, which is also associated with some emotional upset. Depending on her beliefs, she may consider a range of professionals to assist her, based on who she thinks may be most effective. Whoever she decides to turn to, possible relief will be based upon their respective points of view. Her doctor might diagnose dietary deficiencies or muscle tension and prescribe medications; an osteopath might recommend a series of deep muscle and cranial therapy sessions; a chiropractor may want to offer spinal adjustments; a homeopath may suggest "feeding the symptom"; her priest may recommend confession to clear her thoughts; a psychotherapist may wonder "what's on her mind"; and her relationship expert, (her girlfriend), might remind her what a "pain in the neck" her boyfriend is, and what she needs to do about him.

In all instances, happiness for Mary will involve being able to move through the world without creating headaches for herself. How she will accomplish this is anybody's guess, and any or all of the above approaches can potentially be effective. As Mary might enjoy some temporary relief through whichever of these ministrations, this may tend to reinforce her own beliefs about that particular intervention – to say nothing of the beliefs of the attending specialist. Such a chosen course of action will seem to be the correct and obvious method of treatment. Both she and that practitioner might wonder how anybody could think of approaching the situation otherwise, and also, how this method would probably be effective in other situations as well. In just this fashion, belief systems are sometimes constructed on very shaky ground.

How we look at a problem, and what we then find, largely depends on our viewpoint and perceptions. If, as Mark Twain remarked, the only tool you have is a hammer, then an awful lot of things will start to look like nails. A story from the famous Middle Eastern Mulla Nasrudin illustrates the point:

A man was walking home late one night when he saw the Mulla Nasrudin searching under a street light on hands and knees for something on the ground.

"Mulla, what have you lost?" he asked.

"The key to my house," Nasrudin said.

"I'll help you look," the man said.

Soon, both men were down on their knees, looking for the key. After a number of minutes, the man asked, "Where exactly did you drop it?"

Nasrudin waved his arm back toward the darkness. "Over there, in my house."

The first man jumped up. "Then why are you looking for it here?"

"Because there is more light here than inside my house."

In other words, our preferences about how we direct and focus our perceptions will determine what we see. For the Integral Psychotherapist, seeing *is* the key.

Aware of how individuals and their situations are unique, Integral Psychotherapy views the rich array of creative approaches to working with people as being complimentary rather than conflictual. This vantage point appreciates the ways in which respective schools of counseling address diverse elements and dimensions of human experience, following the maxim: "To everything, there is a season". Looking through a wide angle lens, effective psychotherapy begins with recognizing the uniqueness of the patient, and what the particular circumstances happen to be. Were we to exclusively employ only one method to any and all problems – for instance to Mary's plight above, then we may indeed hit the nail on the head, with inadvertent headaches to follow.

A Developing Field

Still in relative infancy, psychotherapy finds itself at the end of a remarkable and promising first century. Standing on the shoulders of the impressive giants of behaviorism and psychoanalysis, the field has already creatively extended itself far beyond its extraordinary beginnings. Outflanking notions of a merely mechanical human who could be conditioned with rewards and punishments, novel conceptualizations emerged breathing new life into the psyche. And even as the developing discipline was mesmerized by Freud's insights into the depths of the unconscious, something nonetheless seemed to be missing in a psychological worldview that understood the human condition to be based on sexual and aggressive impulses. Conceiving the psyche in ever more robust ways, successive generations of psychotherapists have also gone on to service its concerns with increasingly innovative interventions.

Beyond these developing theories and associated techniques, the therapeutic relationship itself became more and more recognized as central to successfully helping people. Psychotherapy occurs within the dynamic of an empowering and caring alliance where compatibility is key. Its presence, or lack of it, will either enhance or derail whatever techniques are attempted. Psychodynamic, Client Centered, Feminist and many other schools understand rapport to be crucial.

Within this caring relationship, clients contract with their therapists to support change in their lives: a change away from and experience of suffering and in the direction of some sense of happiness. Our actions, our values, our feelings, our identity, our relationships and our thoughts, (even repressed ones), can become areas of change. Moreover, a change in one dimension can create a chain reaction, registering in any number of regions such as behaviors, emotions or beliefs. Some psychotherapists even contend that any change, even an apparently negative one, is better than none at all. For instance, effective therapy for a patient who is afraid of leaving his house produces not only a reduction in anxiety (a feeling state change), but also an increase in the incidence rate of going outside (which is a behavioral change).

Perspectives, Frames and Lenses

Depending on their frames of reference, psychotherapists orient themselves around their own sets of organizing principles. Aware of them or not, therapists have working models or perceptual lenses through which they view the client's situation and personality, as well as what they believe the therapeutic process should consist of. What should be discussed in treatment? How long should it last? How directive should the work be? What techniques should be used? These are all questions that find answers while viewed through the therapist's unique perceptual lens. These unconsciously, superimposed lenses are used to view all information that the client brings: their emotional life and belief systems, their actions and behaviors, the social networks they are involved in, and the values and norms that they abide by.

Schools of Psychotherapy

As an example, let's examine a pattern of behavior that people struggle with and for which they turn to therapists for help. Everybody knows what it's like to be depressed, and some people are particularly prone to feeling down or "blue". Depression has always been an issue, but in contemporary America the incidence rates are 10 times greater than what they were only 50 years ago. Depending on their theoretical lens, psychotherapists have found various ways of accounting for this condition. As a means of illustrating some of the more popular schools and perspectives, we will explore several approaches, remembering that an Integral Psychotherapy would consider all of them to be valid in the appropriate context.

We begin with the point of view of a recent arrival on the psychotherapy scene. Positive Psychology believes that many of us are depressed because we no longer live in alignment with time honored virtues such as wisdom, love, courage, justice, temperance and spirituality. From this vantage point, these kinds of principles constitute the "good life" affording authentic forms of meaningful and abiding happiness. Rather than being

self absorbed and distracted by the baubles of modern society with its comforts and superficialities, this perspective believes that people who engage life with values that are empowering, loving and fulfilling will find deep gratification. These therapists collaborate with clients to clarify core values and bring their actions into alignment with stated life purposes.

Sigmund Freud, the founder of psychoanalysis, believed that depression is really a form of anger that has been turned inward, against oneself. This frame of reference understands depressed people to be harboring hostility and anger, perhaps wanting to strike out at intimates, family members or co-workers. Since our social norms discourage hostile expressions, angry feelings are instead directed inward, so that depressed people “take it out” on themselves. From this perspective, treatment involves surfacing repressed anger through uncovering techniques, and finding the right expression for these feelings.

Trait theorists believe that there are deep seated attributes and characteristics that occur along a continuum (introverted/extroverted, masculine/feminine, controlling/open etc.). In this case, they would be concerned with recognizing what they would call “depression-prone” people, understanding emotional temperament to be enduring and long lasting. Similarly, biologically oriented therapies believe that depression has very little to do with a person’s reactions to life conditions. They cite research showing how some people may inherit a genetic predisposition to depression. If clients are able to see that they experience depression due to these innate conditions, it can relieve them of the burden of believing that they are somehow actively creating their problem. Therapists assist in developing ongoing preventative, centering practices to shield them in times of depression, and also might prescribe medications that are able to stabilize biochemical imbalances.

Both the Behavioral and Social Learning schools examine the environmental realities that lead to depression. These perspectives explain melancholy as the result of how a person has been conditioned, what expectations and models he has had, as well as what “positive

reinforcers” (happy experiences) he may have been denied in his life. A person could feel down and unmotivated as a result of not being able to see activities as worth doing. People also tend to become depressed over situations over which they feel they are helpless or have little control. For instance, if someone finds that they aren’t able to control whether they receive a promotion, they can mistakenly generalize this to believing they also can’t control other aspects of their lives. Therapists operating with these perspectives are interested in treatments that “recondition” the patient, affording more positive emotional experiences, as well as generating the feeling of being more in control of life.

Some Cognitive therapies take social learning theory one step further, asserting that along with being unable to control situations, people will tend to interpret these circumstances in a particular way. For instance, someone who attributes their inability to gain a promotion to a “depressed” economy, rather than to personal shortcomings, will not be as likely to get so down. According to cognitive psychologists who maintain that people have stable ways of interpreting events, someone who is often depressed will more probably interpret events as being beyond their control in depressing ways. From this perspective, treatment might involve identifying “distorted” and automatic styles of thinking, while assisting the individual in replacing these interpretations with thoughts and beliefs that are more realistic and optimistic. Integral Psychotherapy believes in the value of such reconsiderations.

The Humanistic school of psychology understands depression in terms of identity and self-esteem. Individuals suffering from depression have failed to build a strong sense of self-worth. This view stresses the capacity to accept all of oneself – for better and worse, while at the same time, striving to fulfill one’s own unique potential. Therapy includes awareness practices that focus on exploring, discovering and “making friends” with all parts of oneself, and Integral Psychotherapy makes use of these approaches.

The Transpersonal school explores the interface of psychological and spiritual domains. Depression is often understood as the result of the client having forgotten her true

character, which at heart is spiritual or even divine in nature. A practitioner of this approach might advocate exercises of self-inquiry, contemplative practices or ritual experiences in the effort of inducing spiritual and mystical states of consciousness that would “transcend” depressive states, reminding the client that she is natively and naturally whole, happy and complete – even with depression perhaps remaining paradoxically present.

Across this increasingly rich terrain there has been considerable research gathered to support the claims of these respective schools. It has also been discovered that some populations and problems are more effectively engaged by one method, while other situations are amenable to very different interventions. For instance, we know that individuals with antisocial issues are best contained by the boundaries established with behavioral limits. Adopting such an approach to a middle aged man who is experiencing a mid-life crisis, while he is striving to create a new meaning making system beyond the previous role he sought to fulfill, might not be such a good idea. He would instead likely want to work with a therapist who is able to assume a self-disclosing disposition in a collaborative and reciprocal environment, where both therapist and client might mutually explore meaning-making and the purpose of life. In the therapeutic setting milieu, one size does not seem to fit all.

Eclecticism

There are a host of other psychotherapeutic methods that offer valuable contributions in relation to depression and other clinical conditions, proposing in turn their own pathways and “royal roads” that would move the client away from their reported distress. In order to best serve the people they work with, modern practitioners increasingly sample and select from this rich pool, mixing and matching disparate theoretical orientations with a host of treatment techniques and clinical modalities.

As more and more therapists have come to draw from these various traditions, many become shy when asked about their psychotherapeutic “orientation”. The therapist describing himself as “eclectic” has often been accused of having no approach at all. In this age of specialization and expertise, the clinical compass is seen to be wandering all over the map, not allowing for the deeper drilling and sufficient mastery of whatever specific tools would make one an “expert”.

Current research suggests that this sometimes embarrassing situation is shared by most therapists. When responding to questionnaires about their psychotherapeutic point of reference, roughly 70% of therapists now describe themselves as eclectic. Hoping that it will legitimize their situation, this group of often gifted and accomplished clinicians explains how drawing from a cornucopia of positions affords them the most abundant toolkit of options with which to serve unique individuals. Be that as it may, this state of affairs has created somewhat of an identity problem for the “eclectic” psychotherapist.

Toward a more Intelligent Inclusivity

The Miriam Webster dictionary defines “eclectic” as “the method or practice of selecting what seems best from various systems”. The “seems best” part is what the Integral perspective believes it is able to bring more organization to. What if there was a clearer way to assess the problem by affording more insight into how this individual is unique? What would be the value of a more coherent approach to choosing an appropriate intervention or technique? Would it be helpful if there was an informed manner of assessing what might be the right “next steps” in meeting people “where they are”? And what if there was a way of assisting the practitioner in adapting his own particular style to an approach that would be the right fit with the person they are helping? Or if this was found not to be a match, to then be able to make a judicious referral to another therapist if indicated. Altogether, how would it be to have a system that was able to include, honor and intelligently make use of all the contributions of other systems? “Integral” suggests the employment of techniques and procedures from the full range of psychotherapeutic

orientations while at the same time, also having an informed theoretical sense of how, why and when to apply them as the clinical situation warrants.

Systems within Systems

As Einstein put it, “things should be as simple as possible, but not moreso”. Operating on this maxim, Integral theory economically designs the necessary dimensions that need to be accounted for in a complete and elegant reckoning of a given situation.

The inclusive nature of Integral Psychotherapy is founded upon the core principles of Ken Wilber’s Integral Theory. Acknowledged as perhaps the world’s foremost synthesizer of diverse models and systems of knowledge, Wilber has written 20 books and over 100 articles on this subject, and the interested reader is encouraged to access the source materials for a more in-depth account of his ever-evolving model. In a series of overlapping structures, Wilber attempts nothing less than the construction of a dynamic, metasystemic architecture that is robust enough to accommodate all types of information as it has been gathered from all of the major fields of human interest and investigation.

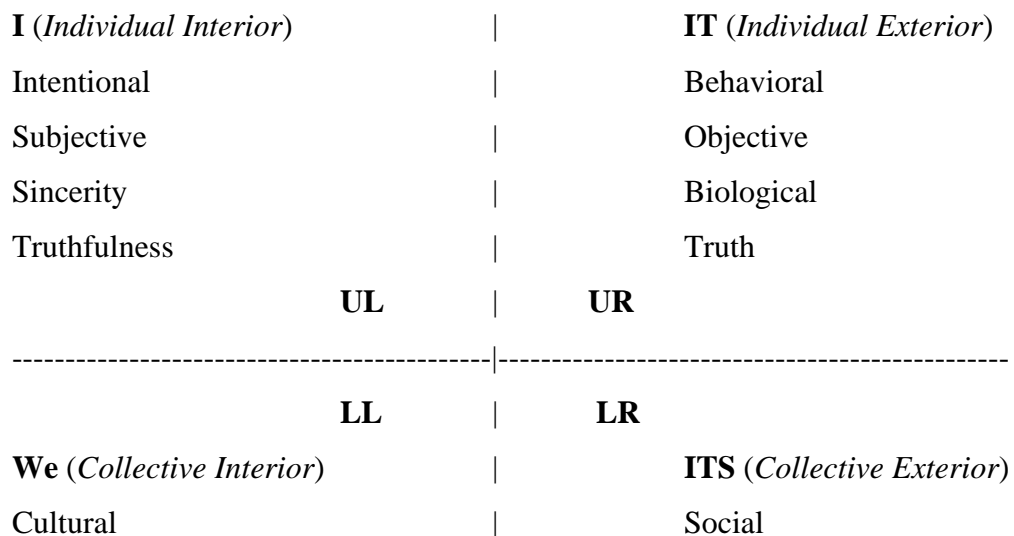
Recognizing that each and every truth claim has its own unique voice and legitimacy, there is a sensibly ordered coherence and organization to the system as it expands and adapts, mirroring the evolutionary realities that it represents. The appeal and utility of this approach rests in the realization that all things are indeed interconnected in meaningful ways. With elegance and even paradox, Integral theory includes, honors, and incorporates what sometimes appear to be disparate perspectives in a complementary framework of organized relations.

The first principle of this Integral model that we will explore is known as the “quadrants”. The quadrants represent the interior and exterior aspects of the individual and collective dimensions of persons. In language form, these are present in how we relate to the features of ourselves and our world. The first person pronouns (I, me, mine) speak from my subjective, individual, internal experience: how I think and feel about

things. I am also able to be truthful or insincere – depending perhaps on my level of openness or psychological health. The second person (you, yours - we) involves people in relationship, and how we experience and communicate our inner selves with one another in either large or small groups. We share beliefs, values, meanings and worldviews as we strive to understand what is fair and just within our given culture. The third person pronouns (it, its, him, her, them) indicate how we address the more objectively observable exteriors of people, as well as things. In terms of people, we are able to objectively observe with our eyes, ears and other senses, the physical, exterior aspects of individuals, along with their behaviors. This also includes our internal bodily systems, which can be viewed with the help of machines such as x rays to look at these physical aspects of our inner bodies.

The collective exteriors of people are our social systems, and they include all of our institutions, including families, school systems, government, businesses and so forth.

A visual representation below indicates some of the qualities that are associated with the respective domains that in the Integral quadrant system are referred to as the upper left, the upper right, the lower left and the lower right.



Intersubjective		Interobjective
Justness		Systems
Mutual Understanding		Functional Fit

Figure 1

Because life is not a neat and tidy affair, there is much overlap between the quadrants. They are meant to serve as a general map with which to scan for variables in all of the domains so as to have the most complete picture of any given situation.

In terms of psychotherapy, we can return to our previous look at some of the schools and how they understood depression. We are now able to see how these schools might be situated within the quadrants, related to the perspective, vantage point, and emphasis they attribute to clinical conditions. We last looked at how the schools might have regarded depression. This time we will look at aggression, which is another common issue that shows up in therapy. Why are some people consistently more aggressive than others? The various schools understand the roots of aggression and how to work with it in their own different ways. If we look through the integral lens, we are able to see what perspectives are coming into play in this process, and how respective viewpoints are emphasized. Some of the schools are situated in the quadrants in figure 2 below.

<u>Individual Interiors</u>		<u>Individual Exteriors</u>
Psychoanalytic		Trait and Biological
Jungian		Neuropsychology
Cognitive		Behavioral Learning
Narrative		Electroconvulsive
Phenomenological		Somatic
Humanistic		Subtle energy
Existential		Psychopharmacology
Transpersonal		Brain technology
	UL	UR
	LL	LR

Collective Interiors

Social Learning
Feminism/Gender
Cultural counseling

Collective Exteriors

Family systems
Systems treatment
Group systems

Those taking the biological perspective, as well as those with the trait approach, (relating to the upper right/individual exterior/UR) identify genetic predispositions to act aggressively for those who behave this way in a fairly stable fashion. (Those who were bullies or pushed others around in grade school often went on to engage in spousal abuse or other violent acts in adulthood). There is associated evidence that biochemical levels, such as testosterone, affect aggressive behavior. Attempting to regulate bodily and brain chemistry by a psychopharmacological approach has proven to have favorable results. Likewise, the behavioral approach suggests that bullies learn that aggressive behavior is rewarded. They get to go first in games and generally get their way because others fear them. The key to this approach is that rewarded behaviors will be repeated. In instances such as these, behavioral conditioning efforts have proven effective when rewarding desirable behaviors and offering punishments for the aggressive behaviors.

Those taking a psychoanalytic or depth psychological approach understand aggression in terms of unconscious processes. On the one hand, it is understood that the unconscious is the cauldron of innately aggressive and sexual energies that impulsively seek release. Because this understanding focuses on the interior (consciousness/unconscious) of an individual's life, we situate these schools in the "upper left" (UL) of the quadrant model. On the other hand, Freud also spoke about a death instinct, or a desire to self destruct. For a variety of reasons this instinct is able to externalize the death wish in an aggressive unleashing of it toward others. Later depth psychologists went on to suggest that

aggression is the result of being blocked from fulfilling our goals. The resulting frustration can lead to aggressive behavior. Uncovering techniques, dreamwork and hypnosis are among the tools used to work with aggression from within these perspectives.

The humanistic perspective has a distinctly different approach to the issue of aggression. Rather than assign the problem to having been born with such an aggressive condition, humanistic therapists often will go so far as to say that people are basically “good”. This is based on the belief that anyone can become a happy and nonaggressive adult if they are only able to grow in a supportive and enriching environment. From this point of view, problems develop when something or other interferes with this natural unfolding of goodness. Aggressive children come from home situations where fundamental needs are frustrated. In lieu of this, if the child develops a poor self-image, he or she might strike out at others in upset and frustration.

The solution therefore, (from this perspective) is found in the lower collective quadrants. The lower right (LR) is important because this is where a system is responsibly and reliably in place to meet the demands of a thriving child. This would perhaps include a functional family unit and a good school system within a healthy and decent neighborhood where people look out for one another. In terms of the lower left quadrant (LL), the actual culture of the family and its relations is what instills the beliefs and values that set the stage for a healthy tone of interpersonal relations. We could guess that a culture of the “Hells Angels” or the Ku Klux Klan might instill dramatically different values relative to aggression, than cultures that practice openness and tolerance. The humanistic approach would strive to create an empathic and unconditionally accepting environment in therapy, and to encourage the client to cultivate a similar life situation in the outside lives.

The social learning approach suggests that people learn aggressive behaviors in much the same way that they would any other consistent behavior pattern. Children who watch other people get what they want by acting aggressively can learn that aggression leads to

gratifying results. Aggressive playmates sometimes become powerful role models for children, who can learn that hurting others has its rewards. This dynamic plays out in the lower right quadrant where aggressive others model behaviors that are seen as effective. Therapists increasingly note how powerful electronic or “virtual” modeling has become, as these patterns show up on television as well as in video games and music videos. It is also easy to see how the cultural influences of the lower left, or cultural quadrant, can have a powerful affect in the ways that we choose to entertain ourselves.

Cognitive therapists suggest that the ways we respond to any situation is the result of how we interpret it, or make meaning of it. Depending on whether you see a situation as threatening, irritating, or benign, may cause you either to run away, get ready to fight, or move out of the way. These interpretive and meaning making functions occur in the individual interior dimensions of ourselves (the upper left quadrant). For instance, some people construe ambiguous situations to be threatening, and as such are likely to respond by acting aggressively. Research has found that aggressive elementary age and high schoolers frequently interpret innocent actions by others as personally threatening. Cognitive therapists encourage their clients to “examine the evidence” more closely and to restructure the thinking processes so that assumptions are surfaced and clarified. In this way, “automatic thoughts” and distorted styles of thinking are able to be reconsidered and situations seen from a different vantage point so that new beliefs can be formed.

While honoring and including psychological theories and practices from diverse schools, the integrally informed therapist is confident that the interior and exterior aspects of the individual and collective dimensions of the self have been systematically surveyed. This organized approach creates the likelihood that therapy will have scanned salient elements of a developing case, and then go on to working in an inclusive and coherent manner with the identified issues. Such an approach has also proven useful with clients who are experiencing difficulties in honing in on where their depressed or aggressive feelings are coming from. When offered this mapping system as a means of orienting to their

concerns, clients report that they are able to more readily recognize the various dynamics of their lives and how these areas may be contributing to their troubles.

Thus far, we have been focusing on one set of dimensions of this model. Since the term “integral” is gaining increased usage and recognition, and is being interpreted in a variety of ways, Ken Wilber has specified this particular form of Integral as “AQAL” (pronounced auck-wil). This is an abbreviation for that which the system claims to represent: all quadrants, all levels, all lines, all types and all states. We have had a brief review of how “all quadrants” might be considered in the psychotherapeutic environment. While it is beyond the scope of this introduction to outline the other dimensions of the model, they are briefly mentioned below.

The model also looks at all levels of development, beginning at birth and exploring the full range of adult development, even including the higher ranges of human capacity, even as they have been reported by the exemplars of spiritual paths. Drawing from the world’s wisdom traditions, Wilber has outlined these levels of development, along with the corresponding levels of pathology that are associated with these stages. He has then gone on to describe the respective treatment modalities that have proven effective for working with lesions or arrests at associated levels.

The AQAL approach also includes “all lines” of development. It has been discovered that there are several lines of development, such as cognitive, emotional, moral, self-sense, aesthetic, sexual, interpersonal and so forth. Integral psychotherapy takes into account the sometimes uneven pace of development that these lines may take, which can contribute unique forms of challenge and opportunity for the therapist.

Integral theory and methodology also explores “all types” of personality dynamics, such as masculine and feminine dialectics, the Enneagram, Jungian (MBTI) types, and so forth. One’s temperamental predispositions and how functions may morph and adjust over time contribute to a client’s means of coping, performance, adaptation and other areas of experience and functioning in the world.

The model also takes into account “all states” of experience, such as even the simple “happy” and “unhappy” states that were mentioned earlier. Occasional experiences of any state are not necessarily suggestive of any particular level of development. Indeed, it is the practiced and stable inhabitation of what are otherwise temporary and fleeting states of experience that tend to transform the qualities of such a condition into a steady and established trait of personality.

While a fuller explanation of these other aspects of the model will be reserved for other papers, the reader is already able to appreciate how Integral psychotherapy may be regarded as a comprehensive system of theory, assessment and treatment. The value of the model for the practicing therapist is that he or she can be confident that theories valuing wide-ranging dimensions of the human condition have been appreciated and taken into account. And from this theoretical jumping off point the clinician can also ascertain that an inclusive assessment has taken into account these various perspectives. After envisioning a coherent appreciation of the many contours of the presenting problem, the Integral approach is then also able to inform and allow for a more creative palette of treatment options.