Critical times in psychotherapy

For Marijke Acket, integral theory provides a much-needed overview and an approach that is both interdisciplinary and cross-cultural

The professions of counselling and psychotherapy are at a critical juncture. It could be argued that we are in danger of fragmentation. We are healers in need of healing. We are wise counsellors in need of wise counsel.

What we practise is based on belief

It has often struck me that there is a parallel between the ways that different belief systems and religious organisations argue and split apart and the behaviour of different modalities in the field of psychotherapy and counselling. In the following articles, for the sake of brevity, one word – *practice* – is used to cover both psychotherapy and counselling. Even attempting to distinguish between these two words can be tantamount to provoking a war between protagonists of the respective disciplines. So much of what we practise can be seen to be based on belief, and this is our Achilles heel, which evidence-based practice rightly attacks.

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We could spend a lifetime (and some already have) quibbling over differences. Should we be person-centred or psychodynamic? Was what we said inappropriate disclosure or authentic relationship? Did we offer collusion or empathic engagement? Was the client cured or manipulated into compliance? Should we treat a symptom or a person? The list of conflicting points for discussion is endless. Is there a way that can help us value all the different approaches? Is there a way of healing discord between them? What maps or models are there which will guide us in facilitating dialogue between the different disciplines?

The proverbial elephant

There is a well-known ancient metaphor of blind people describing an elephant by touch alone. Without an overview, an individual's comprehension of a part of an elephant is limited and only partially accurate. One person feels the tail, another a foot, another the wall of flesh that is the flank, and so on. We can have a situation where people are bickering over whether the proverbial elephant is really thin and hairy, or long, tubular and fat, or even impossibly large and forever incomprehensible. Without a comprehensive overview, we can be caught in the comforting illusion that our personal view is the only correct one.

One approach that seeks to provide a much-needed overview, one that is both interdisciplinary and cross-cultural, is integral theory and practice developed from the ideas and writings of Ken Wilber. One branch of integral theory, which is particularly relevant to counsellors and

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therapists of whatever persuasion, is integral psychology.

What is integral psychology?

Integral psychology is not just another therapy or technique or method of practice; it is a map or framework for seeing the bigger picture and positioning each discipline in a context which both values and limits it. When set in the context of the integral map, the often contradictory approaches – from CBT to psychosynthesis, from person-centred to EMDR (eye movement desensitisation and reprocessing) – can be seen as valuable and appropriate within a particular territory of the map. In other words, it is not what we do but where, when, why and with whom that makes the difference between effective interventions and wasteful, even harmful ones.

Wilber's model is not new. What is new is the creation of a synthesis of understanding from a vast range of disciplines and cultures. The question he asked was not which of these diverse views is the right one, but what links them, how they fit together, what truths they share – questions which I suggest are very apt for UKCP at this time. In this way he came to see how a leg is linked to a body, a trunk to a face, etc. He began to see how different facets of the accumulated wisdom of the world overlapped and fitted together.

Division without cohesion

One of the benefits of the modern mind (in Wilber's levels, 'the rational') is the

precision of discriminatory questioning. Thus, when presented with a hypothesis, it will look for the holes, weak points, areas of difference. This has served us well in the sciences but, I would argue, has unforeseen consequences in causing division without cohesion. The emphasis on difference can proliferate into an array of (often only very slightly different) views. What is forgotten is what unites them. What is not looked for is a shared understanding which underlies the discipline.

It is important to point out that integral psychology is not the same thing as an integrative approach, although it shares many values and aspects and does indeed seek to serve an integrative function. Integral means that which is 'necessary to make a whole complete; essential or fundamental' (Google dictionary). It is *not* proposing another method or modality for practice which could be seen as competing with other methods. What it does propose are some key principles with which to discern and evaluate the method or modality that is most suitable for a client. As such, it is a vital addition to the repertoire of all practitioners' knowledge. But perhaps it is the integrative section of UKCP, already open to a plurality of approaches, which might most readily recognise the value of this model.

My own experience as an integrative practitioner is that studying integral psychology has enabled me to broaden my skills and my understanding of my clients' and supervisees' needs, as well as feeling that my enthusiasm for my work has been nourished by the depth and breadth of integral understanding.

Two core principles

> *We could, indeed, embrace the whole in the single principle of development, if this were clear all else would follow of its own accord.*
> (Hegel, cited in Wilber, 2000: 506)

At the heart of the integral map are two propositions. First is the understanding of the development or evolution of consciousness, broadly designated as magic, mythic, rational, pluralistic, integral, and beyond. This understanding is underpinned by extensive research and shows the development of our understanding or 'worldview' beyond the childhood cognitive stages that Piaget discovered, to a recognition that our development continues, with support, into and throughout adulthood. It shows how development proceeds by negating and including what was partial but which can only be recognised as partial from a more inclusive perspective. Each stage informs and moulds the way we view and relate to our world.

Questioning our own partiality

How people view and relate to their world is also a concern at the heart of therapy. The addition of the study of the development of consciousness can deepen and sharpen our ability to engage with our clients' perspectives and help us see what would best support them. As practitioners, our development depends on our capacity and courage to face and question our own partiality. My own development as a therapist has meant that I have had to shed many cherished concepts as I have gone along, which is not to say that those concepts were not appropriate or even beneficial at the time. Wilber describes the process:

> *Each stage is a thesis which eventually runs into its own limitation, which triggers a self-transcendence to a new synthesis which negates and preserves its predecessor.*
> (Wilber, 2000: 514)

The second core principle of the integral model is the recognition of the inseparable interconnection between four aspects known as the four quadrants. Many partialities can easily be identified by looking at whether they are biased towards a particular quadrant. (For a further explanation, see the article explaining integral theory, page XXX). In simple terms, the four quadrants show how every individual

> "The integral map draws into sharper focus the reasons why one way of working is perfect for one person but might be counterproductive for another"

has both an exterior and an interior (an objective and a subjective reality) and is situated within a collective or shared exterior (environment) and a shared subjectivity (culture). If we don't take all of these quadrants into account, our understanding may collapse into one quadrant. Some gross examples might be a purely behavioural approach, which denies and therefore ignores the subjective experience of a person, or, at the other extreme, approaches which psychologise all illness as being subjectively caused, thereby denying the influence of the material aspect of our being. The integral map draws into sharper focus the reasons why one way of working is perfect for one person but might be counterproductive for another, something which I hope will be of interest to practitioners of all persuasions.

The articles in this section of *The Psychotherapist* explain a very simplified version of Wilber's model and explore ways in which it might be useful to us. They will, I hope, whet your appetite for exploring the more complex, detailed and sophisticated ideas in his books. P

Reference

Wilber K (2000). *Sex Ecology and Spirituality*. Shambhala Publications.

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The integral map: a tapestry of perspectives and approaches

Martin Egan and Matthew Kalman outline the elements of Ken Wilber's integral model, which practitioners can apply to the challenges of therapeutic work

Integral psychology is a map, sometimes called a meta-model, which we can use to orient ourselves in relation to our inner and outer life. While it has applications in many different areas of life, the one that concerns us here is its application to the practice of counselling and psychotherapy.

TIntegral psychology evolved out of integral philosophy and transpersonal psychology in the mid-1990s, when the so-called 'Einstein of consciousness', Ken Wilber, concluded that the transpersonal approach was too limited and narrow, and warned: 'If you have a partial, truncated, fragmented map of the human being, you will have a partial, truncated, fragmented approach to [psychotherapy].' *

Wilber calls his integral model 'All Quadrants, All Levels' (AQAL), which are the two major elements of his encompassing 'All Quadrants, All Levels, All Lines, All States, All Types' model. But what exactly are the elements of this encompassing, multiperspectival integral model?

The four quadrants

The first elements of Wilber's integral framework are quadrants: four interdependent aspects that can inform us about ourselves and our clients. These perspectives are (see Figure 1):

- Upper left (UL) quadrant: 'I' (interior, subjective)
- Upper right (UR): 'we' (interior intersubjective)
- Lower right (LR): 'it' (exterior objective)
- Lower left (LL): 'its' (exterior interobjective)

So, 'hard', empirical, evidence-based data belong in the right-hand quadrants, while 'soft', interior, experiential evidence, requiring personal inquiry and reflection, belongs in the left-hand quadrants. You neglect any quadrant at your peril, as a limited perspective may ignore the key elements that prove essential to a successful outcome.

Most of us have a dominant quadrant that attracts most of our attention, and it can be helpful to see which quadrants may be neglected in ourselves or our clients. Integral psychology helps us understand how an occurrence in one quadrant impacts the others, with the 'I' quadrant being the main focus for the client in therapy and the 'we' quadrant for the relationship between therapist and client. Applying a quadrant lens is a structured way of deepening our encounter with self and other.

Capacities – or lines of development

Lines, or streams, of development – also known as 'intelligences' – include things such as cognitive intelligence and emotional intelligence (ie the EQ made famous in Daniel Goleman's book *Emotional Intelligence*) among others. Professor Howard Gardner (1983, 2000) popularised some of these as 'multiple intelligences', and researchers such as Piaget (Piaget and Inhelder, 1958), Maslow, Kohlberg, Gilligan, Kegan and Loevinger have carried out pioneering work on different capacities.

We – and our clients – are all more strongly developed in some lines, with others in need of care and attention. In other words,

* Integral theory equally applies to medicine, business, education or any endeavour.

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Please note - the main copy and the figure 1 provided do not match - ie positioning of 'we' and 'it' parts - can you advise

these developmental lines have been shown to unfold in stages or levels.

Imagine a client who, roughly speaking, is represented by the 'psychograph' in Figure 2:†

- She has a high standard of education and is intellectually sharp
- Her ability to identify her own feelings in the moment is weak
- Her communication with friends and family is somewhat transactional
- She has solid moral principles
- She has some sense of awe and wonder in her life, in nature and mystery
- Physically she does not attend to her body or physical sensations
- Her intimate relationship and sexuality seem to be unimportant and denied.

The generalisations here are unwise, but we make them in an attempt to show how, in our opinion, the progress of productive therapy benefits from having an eye on each of these lines as well as on how the client experiences each quadrant.

Levels of development

Wilber argues that people have the potential to develop through similar broad stages, or levels, in almost all these lines – reaching higher levels of competence and capacity in each of them (see Table 1, p6). The moral line, for example, can develop from a pre-conventional egocentric focus ('me') to a conventional and ethnocentric focus ('us') to a post-conventional world-centric focus ('all of us'). Influential feminist educator Carol Gilligan, author of *In a Different Voice – Psychological Theory and Women's Development*, called this a shift from 'selfish' to 'care' to 'universal care'. With each stage comes an increase in compassion and the ability to take the perspective of others, along with a lessening of absolutism and narcissism. Developmental psychologist Susanne Cook-Greuter adds: 'People's stage of development influences what they notice or can become aware of, and therefore what they can describe, articulate, influence, and change.' In fact, it has been said that the stage of development that we inhabit is 'an overall strategy that so thoroughly informs our experience that we cannot see it' (Torbert et al, 2004).

Figure 1: The quadrant model showing example aspects in each

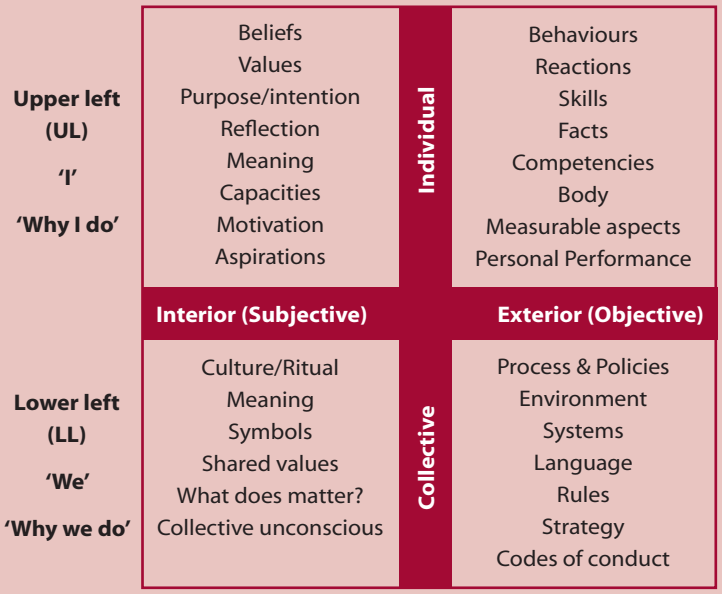
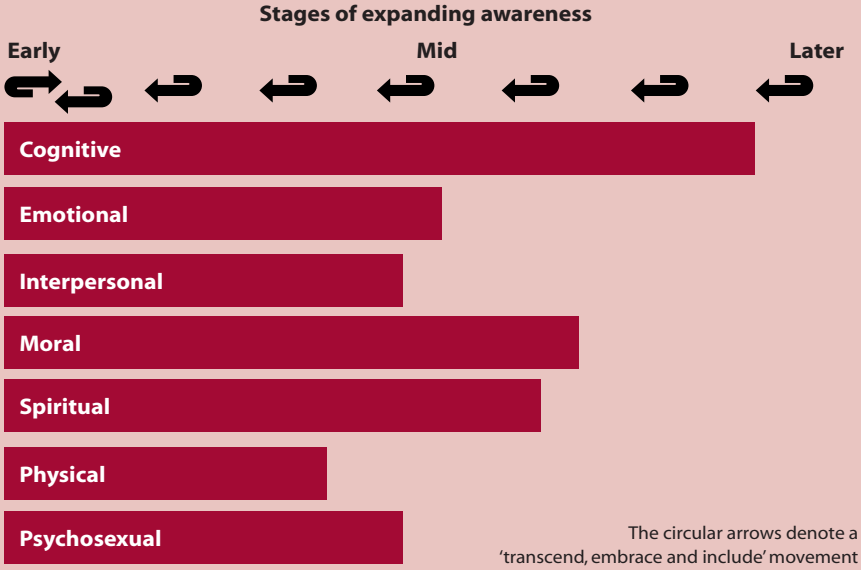


Figure 2: Example of 'uneven development'



The circular arrows denote a 'transcend, embrace and include' movement

The various levels/stages will usually have different names, depending on which particular line of development they have been created to describe. The general trajectory of development in the upper left (individual/internal) quadrant is towards differentiation and greater integration: that is, broadly from pre-conventional egoism to conventional conformism and on towards post-conventional conscientiousness and autonomy.

The spiral dynamics model of the values line of development uses colours for its levels (see Table 2, p6). A second tier of development – beginning with yellow – is characterised by an ability to take multiple perspectives on an issue and the realisation that one has developed or grown through previous levels or ways of perceiving the world. Wilber describes the shifts in worldview from archaic to magical to mythic to rational to pluralistic to holistic, and on to psychic, subtle, causal and non-dual stages.

† Refer to table 1 to identify the characteristics of early to late stage in each capacity

Table 1: Summary descriptions of key capacities

Capacities	Cognitive	Emotional	Interpersonal	Moral/Ethical	Spiritual	Physical
Definition of ability	Both linguistic and logical- analyse, interpret and decide. Ideas, concepts and mental constructs. Ability to include more wide-ranging perspectives and aspects of situations.	Inner 'felt-sense': the texture, quality and rhythm of an 'emotion', mood, attitude and disposition. Higher complexity includes feelings of gratitude, wonder, deep empathy as emotion.	Understand and use emotional responses to relate. Includes social awareness, empathy and rel. management competencies Understand what motivates others and gain cooperation.	Make decisions considering what is good, right and fair. Decisions by a group creates an 'ethos' or ethics. This capacity depends on the previous three capacities.	The increasing ability to learn from and explore sources of meaning, purpose and wisdom. Intuition and connectedness to life.	Physiological abilities. Degrees of ability to deal with stress, to notice and tend to one's energy levels. Appropriate hydration, diet, exercise, sleep and rest.
Early Stage	Concrete terms. Difficulty integrating information incompatible with their own views. Influenced by authority.	Feelings and states seen as externally generated. Poorly developed self-management.	Lack trust, not team players. Competitive relating. Relies on 'argument'. Collaboration seen as trading favors. Conflict avoided or needlessly engaged.	'Right and good' determined by punishment and reward. 'Ethics' is the art of mutual 'back-scratching'.	Not usually a strong sense of purpose or contact with life beyond survival and comfort.	Emotional & physical responses distinguished. Basic attention to health and energy. Stress ignored until it incapacitates.
Mid Stage	Rational mind on abstract objects e.g. hypothetical scenarios.	Emotional states named, based on logical 'cause and effect way' thinking. Strengths built on and weaknesses pursued.	Aware of emotional currents and group dynamics. Relate to others' world views. Shares success. Debate not argument. Collaboration as mutual fair exchange.	There is a 'right way'. Sense of fairness transcends individual interest and extends to the group.	Questions previously 'black and white' beliefs. Openness to cultivate a new, more congruent relationship with meaning.	Good health, vigour and balance. Greater control and maintenance of energy = higher sustained longer-term performance and reduced stress.
Late Stage	Integrates complex reason, intuition and synthesizes. Accommodates opposing views. Inquiring and generative perspectives.	Intimately understands internal states and triggers. High self-regulation. Optimistic and resilient. 'Contains' and balances other's difficult emotions without reactivity.	All perspectives valid. Adjusts communication styles. Inspires others. Seeks 'win/win'. Conflict an opportunity to understand. Open to feedback. Dialogue not debate.	Guided by social contracts and universal principles. Decisions stem from intent of fairness, kindness, beneficial practices seeking highest good.	Understanding the essence behind concepts. A felt responsibility of service to all. Love and compassion all encompassing.	Have practices to restore and renew energy. Conscious of causes of stress. Aware of nuances in self and others' energy.

Summaries based on 'Lines and Levels' from the Integral Institute (Integral Institute, 2006), with appreciation to Brett Thomas of Stagen

Table 2: Levels of development

Capacities	General stages	Cognitive development		Moral development & capacity to care	
3rd tier	Violet & Ultraviolet: Transpersonal values	Overmind	6th + person perspective	Transpersonal	
2nd tier	Teal & Turquoise: Integral values	Vision logic	5th person perspective	Kosmocentric	Integrative
1st tier	Green: Postmodern values	Formal operational thinking	4th person perspective	Worldcentric	Post-conventional *Universal care*
			3rd person perspective		
	Amber: Traditional values	Concrete (literal) thinking	2nd person perspective	Ethnocentric	Conventional *Care*
	Magenta & Red: Magic values	Pre-operational thinking	1st person perspective	Egocentric	Pre-conventional *Selfish*
	Infrared: Archaic values	Sensorimotor awareness			

Vertical and horizontal development

The integral model also advises us of the importance of distinguishing between 'vertical' development – such as Jean Piaget's consecutive stages of increasing cognitive complexity – and 'horizontal' development, which remains within a stage (for example, deepening one's skills).

Personality type models almost always only deal with horizontal development, not vertical growth. Aligned to this, some research suggests that specific therapies are better matched to the developmental awareness of the individual. For example, rational–emotive, Gestalt and Jungian, respectively, might be most appropriate for clients at stages from mental ego to subtle awareness. A study by Dill and Noam found a significant relationship between people's ego development stage and the type of therapy they would choose for themselves, and DiAnne Borders has pointed out how trainee counsellors' 'ego levels appears to limit their ability to learn and then to think and behave with clients' (Borders, 1998).

Stage development raises the thorny issue of the risk that you as a therapist might be at a 'lower' stage than a client. Indeed, Otto Laske has used developmental level insights to create a typology of coach–client relationships which warns that quite a number of the possible relationships could be developmentally counterproductive and behaviourally harmful. Presumably the same typology would apply in therapist–client relationships.

States

The fourth element is 'states' of consciousness – 'peak' and 'altered or 'flow' states. This should be familiar to most therapists and we will not detail any further here. Wilber makes a crucial distinction between states and stages, which, we believe, is often greatly misunderstood by therapists without an

understanding of adult development (as distinct from child or ego development).

Types

The fifth element of AQAL is 'types', for example, personality typologies that are well documented for the contribution they can make therapeutically. In the other quadrants, examples of types include types of government, types of society, even types of therapy. One type system is noticing how and where a client (male or female) exercises their 'masculine' and 'feminine' energy in daily situations and the interactions that result. Similarly, a detailed understanding of either the enneagram or the inferior function in the Jung-based Myers-Briggs personality typology can serve the work of therapy enormously.

The 'shadow'

Finally, implicit in AQAL is a space to focus on 'shadow' aspects (Wilber, 1979, 2006). Wilber himself suggests that to foster our own balanced personal growth, we should construct our own 'Integral Life Practice' (ILP). His 'ILP Matrix' – a kind of menu of practices – includes 'shadow' work among its four core modules.

The importance of AQAL

As we have attempted to highlight throughout this article, the AQAL development of ourselves is crucially important to how we can work in an integrally informed way and experience the full potential of integral theory. Jung claimed that 'an analyst can help his patient just so far as he himself has gone and not a step further' (Jung: 16).

Conclusion

Wilber's work shows how all disciplines weave together to form a total tapestry. Familiarity with an integral approach will allow practitioners to maximise their understanding of all elements that impact on the process of 'transformation' in their consulting room. Wilber argues that fragmented, incomplete development approaches are inadequate. This chapter has offered a necessarily brief overview of the principles behind integral psychology in the hope that readers will engage with further study of integral thinking and apply it to the challenges of therapeutic work. P

References

For the full list of references for this article please refer to the UKCP website: www.psychotherapy.org.uk/the_psychotherapist.html

The case of Annie

Mark Forman uses the case study of Annie to explain how integral psychotherapy functions as a psychological meta-theory, supporting the practitioner's ability to integrate a wide variety of approaches to therapy

Annie was a 21-year-old heterosexual, Chinese-American female who was referred to therapy with heroin addiction. She had been using the drug increasingly for about one year. She came after a one-month stay in an inpatient recovery programme, which her parents had insisted that she attend in return for financial support. Annie, who was bright and articulate, did not identify as being an addict and did not feel that she had benefited from the inpatient treatment, due, in part, to what she perceived as the pro-drug behaviours and attitudes of many of her peers in that setting. She conceded that her drug use was an issue, but believed that her parents were over-reacting and that it was not particularly serious compared to others she had met. Her stage of change with regards to her addiction might be considered *contemplative* (Prochaska and DiClemente, 1982).

By contrast, her parents felt that the issue was extremely serious and wanted Annie to attend intensive outpatient drug and alcohol treatment immediately. She refused, but agreed to attend individual psychotherapy and to take a daily opioid antagonist which would neutralise the effects of the heroin should she attempt to use again.

Constant feeling of anxiety

Annie admitted to a fairly constant feeling of anxiety. She stated that the heroin lessened the anxiety and sense of boredom she often experienced. She said that her mother had a similar anxious demeanor. Annie believed that therapy, in conjunction with the opioid antagonist, would allow her to manage her anxiety and ultimately stop her heroin usage. She had tried several anti-anxiety medications (SSRIs) in the past, none of which she found particularly effective.

Annie's parents also noted her anxiety and described her as a challenging, sensation-seeking risk-taker as a child, in contrast with themselves and her older brother, who was a compliant child and said to be a successful and well-behaved young adult. There was no reported history of significant mental illness or trauma in the family or unusual degrees of familial discord. Annie's parents were immigrants from China who had no personal experience of drug or alcohol addiction. Annie said that her father was warm and supportive but that her mother was intrusive and critical and

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> “An integral approach emphasises that there is not one ideal type of therapeutic relationship that will fit for all clients”

their relationship was argumentative. Annie wanted to have this issue forgotten so she could regain freedom. She described her parents' monitoring of her bank account and frequent questioning as making her feel that she was in 'jail'.

The therapeutic relationship

Integral psychotherapy strongly aligns with research and theory that places an empathic and supportive therapeutic relationship at the heart of effective treatment (eg Norcross, 2002). However, an integral approach emphasises that, while there are likely common elements, there is not one ideal type of therapeutic relationship that will fit for all clients. Rather, what a supportive therapeutic relationship looks like – including the degree to which therapy is self-directed by the client – will need to shift according to the client's developmental stage and cultural and familial background. We can therefore understand that there is a spectrum of ideal relationships based on appropriate attunement to the four-quadrant situation and particularly the developmental capacities of the client (Forman, 2010).

As will be explored further below, Annie came to therapy at a stage of development when the capacity for self-directed choice sat in strong tension with the need for external direction and approval from others. This developmental reality was amplified by her external situation, including the pressure her parents were placing on her to engage treatment, as well as the real risks involved with heroin addiction. Building a strong therapeutic rapport with Annie therefore involved giving her ample opportunity for open collaboration and self-direction while simultaneously not shying away from taking a directive, authoritative (though not authoritarian) stance when the situation dictated or when circumstances reached a level of developmental complexity that was beyond her current grasp. From an integral perspective, to neglect either approach would be to fail to empathise effectively with the client.

Led by the client

The reader can therefore understand that many of the applications of the model described below emerged directly from the client's process: they were 'led' by the client. However, if an intervention was suggested by the therapist – as was sometimes the case, particularly given the potential risks of heroin addiction – there was always a follow-up conversation with the client to explore her sense of its potential efficacy as well as to present the therapist's reasoning about why the intervention was warranted. These conversations were intended to 'scaffold' the client towards her next major developmental milestone, which tends to involve more reasoned, objective and deliberative decision-making. The tone of all therapeutic interactions emphasised warmth and positive regard, while occasionally allowing for appropriate therapeutic challenge.

The five elements

Integral psychotherapy suggests that it is necessary to take the five elements of the model – quadrants, stages, lines, states and types – into account when thinking about a given client.* This comprehensive approach is most likely to address the full breadth of the client's situation, as well as facilitate a strong therapeutic rapport. The four-quadrant model is the central tool in the meta-theoretical approach, and its use greatly simplifies this process of comprehensive therapeutic assessment and application (Forman, 2010; Ingersoll and Zeitler, 2010; Marquis, 2007).

The UL quadrant

In this case, from the UL quadrant perspective, we need to consider Annie's mood, affect and self-image, her stage of ego/identity development, her past psychological history, her personality type, the altered states of consciousness that were engendered by the heroin and the emotional states (ie anxiety) that were dampened by its use. Dream analysis, which became part of Annie's therapy, is also an UL state issue relevant to this case.

The UR quadrant

From the UR perspective, we need to address Annie's possible genetic predisposition towards anxiety (vis-à-vis her mother), the potential health risks of her drug use, compliance behaviours in terms of taking her daily opioid blocker, the behavioural patterns and rituals that surrounded her addiction, and other lifestyle factors such as exercise, sleep and stress reduction.

The LL quadrant

From the LL perspective, we need to highlight the importance of a supportive therapeutic relationship, as well as Annie's familial dynamics and the primacy of her relationship with her mother and father. We also need to consider cultural and acculturation issues. Her parents were born and raised outside the USA and Annie was raised from birth in American culture, thus creating a cultural divide in the family. In addition, upper middle-class American families such as Annie's are exposed to anxiety-inducing cultural expectations relating to achievement, performance and meritocracy. These pressures can contribute to the urge to use drugs.

The LR quadrant

From the LR perspective, we need to consider the environmental situation of Annie being a college student living alone in an area known for its large number of addicts and thriving drug culture. We can also consider the issue of her parents' financial support as a systemic issue that might need to be addressed as a part of treatment compliance expectations.

Once a clear four-quadrant mapping has been achieved, the integral therapist is free to move in a more fluid fashion – as is demonstrated below – so long as all five elements are addressed. We will illustrate this below by designating elements of the treatment by quadrant 'location': UL,

> “There is a *spectrum of ideal relationships* based on appropriate attunement to the four-quadrant situation and particularly the developmental capacities of the client”

* The application of the 'lines' element of integral theory in psychotherapy is a complex and challenging topic that is beyond the scope of this short article. For in-depth discussion of this issue, please consult Forman (2010: chapter 5), Ingersoll and Zeitler (2010: chapter 4) and Esbjorn-Hargens (2010: in press).

UR, LL, or LR. A key point is seeing that the quadrant perspectives naturally intermix and overlap, so placement is provisional and pragmatic, not ontological.

Application of the five elements

There was ample reason to believe that Annie's identity development (UL) was at a stage Wilber would call 'Amber/Orange' and what I call the conventional-interpersonal (Forman, 2010). When a person is identified at this stage, he or she is basically capable of fulfilling a traditional society's expectations for adult functioning. This normally involves:

- The apprehension of a self in a temporal context (eg the self is cognised with a past, present and future)
- The ability to fulfil responsibilities in an autonomous fashion, so long as those responsibilities are relatively well-prescribed by an authority figure or system
- The ability to empathise with others and to consider alternative points of view, so long as those persons and perspectives fall within a relatively narrow range of conventional expectations
- The ability to think abstractly to a limited degree about the self and about external situations.

External support

It is important to emphasise that these capacities are in their initial expression at this stage; a therapist needs to be mindful of the limits of a client's current way of making meaning about the world (Kegan, 1994). As is suggested by the above, a person at the conventional-interpersonal stage is still strongly influenced by and embedded in conventional norms and in the tacit interpersonal expectations of family and culture. In psychological parlance, a person in this stage is not yet individuated from family or culture (Karpel, 1976). He or she will need a good deal of external support and guidance (scaffolding) in order to help process subtle, psychological material, and to balance the deeper needs of self and other.

Annie and I discussed what it was like for her to be raised in her family and the ongoing tensions with her mother (LL). She articulated to some degree how she felt before, during and after drug use (UL). These discussions helped us devise possible alternative responses to drug use, such as relaxation techniques (UL, UR) and thinking more realistically about the perceived stressor (UL) in order to calm her mood. We actively thought of ways to help increase her sense of engagement in her own life and education as a way to prevent the boredom (UL) that sometimes led to drug use. Behavioural recommendations and actions (UR) were also a large part of therapy. Daily exercise (UR) was suggested to reduce her anxiety. We also worked together to develop strategies to avoid social situations and social cues (LL, LR) that might trigger a desire to use. She was able to carry these suggestions out, though with some notable inconsistency (for example, she had great difficulty staying away from her circle of friends who sometimes used). Importantly, she continued to visit her doctor and take her opioid blocking medication (UR).

Collaborative dream work

Annie was also receptive and interested in her dreams and capable of collaborative dream work (UL). In one significant dream, Annie reported climbing a hill and being confronted by a large, frightening wolf, which attacked her viciously; she tried in vain to fight it off. Eventually her uncle and father arrived and fought the wolf off, though Annie herself was left wounded and bleeding badly.

The dream interpretation, done in an associative fashion, cast the wolf in the role of Annie's addiction. She described the addiction as 'hungry' and 'out of control', despite her tendency to downplay its hold on her. Annie associated the frightened feelings in the dream with her own anxiety and the figure of her father as representing her supportive relationship with him. She named the figure of her uncle as the person that she felt most similar to – like her, he was a risk-taking, thrill-seeking person. It also came to light that her uncle had privately struggled with alcohol addiction and yet had managed to become a successful businessman. She noted with admiration that he had defined himself apart from the more conformist elements of his Chinese upbringing which she also felt uncomfortable with.

This dream not only suggested directions for her overall growth and healing – for example, revisioning herself as having the type of unconventional life that her uncle now lived – but it also highlighted extremely important LL dimensions in her family. This

> "This comprehensive approach is most likely to address the full breadth of the client's situation"

was something that was incorporated into therapy. Most important, she agreed to have her father attend therapy for several sessions to support her and to create a possible bridge to working with her mother, whom she did not feel as comfortable with. Our discussions with her father focused on their relationship (LL) and the pressures Annie now felt after they discovered her usage. Psycho-education about the biological and psychological nature of addiction was a significant aspect of our meetings. The goal was to create a shared understanding about addiction that would make communicating about the issue together (LL) less tense and anxiety-laden.

Cultural issues

There were also important discussions about cultural issues (LL) – the pressures her father felt as an immigrant and the hopes and fears he had for his daughter. These were candid conversations that had never been had in the family, and the result was to increase mutual understanding.

Annie's therapy, covering approximately 15 sessions over four months, concluded with several sessions with Annie's mother. These included conversations about family dynamics and roles (LL), but also some planning about how the family would approach a relapse on Annie's part. The result was an agreement that Annie would seek more intensive, addiction-focused treatment if she relapsed. If she refused, it was agreed that her parents would cut off funding for her schooling and she would have to return home (LR).

Outcome and synopsis

Despite the strong progress made in therapy, I felt that it was likely that Annie would have a relapse and would need more addiction-focused treatment. Moreover, I believed that only a relapse would motivate her to move towards a more robust, action stage of change in relation to her addiction (Prochaska and DiClemente, 1982). At the four-month mark, Annie did relapse, despite apparent compliance with the opioid medication. However, at this point, she was much more prepared for an

intensive outpatient treatment programme. The individual therapy had helped her recognise her problems with anxiety and addiction, which would require additional effort and support to overcome. The family therapy had allowed Annie to feel more supported and less vilified by her parents. Seeking out addiction-focused treatment was now ego-syntonic.

To summarise, the treatment cycle moved around the quadrants, addressing the major elements of the integral model. The individual work addressed the client's need for a supportive therapeutic relationship (LL), as well as her thoughts and feelings (UL) in alignment with her psychological type, her stage of development and the relevant states of consciousness she was experiencing. It also addressed a number of behavioural and biological elements (UR), including exercise, stress reduction techniques and strategies to avoid addiction-triggering environments. The family work addressed interpersonal values and communication between family members (LL) and roles and agreements in the family system (LR). The referral to addiction treatment had the potential to address all four quadrants – new thoughts (UL), new behaviours (UR), new interpersonal and therapeutic connections (LL), and new social systems (LR). P

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The advantages and limitations of the integral map

Roger Walsh outlines how this comprehensive synthetic framework integrates diverse schools and helps us offer a more effective service to our clients

We suffer from an embarrassment of riches. Schools of counselling and psychotherapy have multiplied – some might even say metastasized – into hundreds of varieties, each with its specific rationale, focus and claim for therapeutic effectiveness. Enormous amounts of research have gone into attempts to demonstrate the therapeutic effectiveness and superiority of one school or another.

Not surprisingly, the approaches that have been most researched are those that are most easily researched. These are brief, stylised, readily manualised therapies that focus on easily measured behavioural changes rather than on deeper life and existential issues. Also, not surprisingly, there is growing pressure for therapists to employ only these 'empirically supported therapies', although, as Irvin Yalom (1980) points out, 'Again and again one encounters a basic fact of life in psychotherapy research: the precision of the result is directly proportional to the triviality of the variables studied. A strange type of science!'

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The dodo bird effect

The good news is that counselling and psychotherapy clearly work (Duncan, 2010). Yet one of the most recurrent outcomes in research is the so-called dodo bird effect, which shows that there is little difference in therapeutic outcome between different approaches. The theoretical orientation of the practitioner has only a modest effect. Rather, what are most important are the personal qualities and capacities of patients and practitioner, the quality of the relationship they establish, and whether the practitioner elicits and receives objective written feedback from the patient about how well the therapy is going (Duncan, 2010).

Yet these findings have not diminished the multiplication of therapeutic schools. There is therefore growing interest in finding ways to integrate them. Such integrations serve several functions. Ideally, they help us compare competing schools and claims, recognise common therapeutic factors, combine complementary techniques and tailor specific approaches to specific clients (Norcross and Beutler, 2010). What follows is an outline of the advantages and limitations of a new and remarkable comprehensive synthetic framework: the integral map.

Varieties of integration

Attempts to forge syntheses and find commonalities among different therapeutic schools typically fall into one of four approaches:

- *Theoretical synthesis:* the emphasis is on creating a conceptual synthesis of two or more therapeutic theories
- *Technical eclecticism:* therapists pay less attention to theory and simply draw from the techniques of several schools
- *Common factors:* seeks to identify the shared effective practices and elements that diverse therapies have in common
- *Assimilative integration:* the proponents of one school attempt a kind of 'theoretical land grab', in which they attempt to interpret and assimilate another approach from their own therapeutic perspective. (For example, a behaviourist who believes that behavioural reinforcers are the key to behaviour change might claim that other therapies are effective only because they are actually changing reinforcers.)

Of these approaches, integral psychology is closest to theoretical synthesis. However, it is more than this, for integral psychology is a subset of a larger conceptual framework, *integral theory*, and a larger research field, *integral studies* (Wilber, 2000, 2001).

Integral theory offers a conceptual framework that is actually a meta-theory, which integrates multiple theories from multiple disciplines. As such, it is not so much a synthesis of therapeutic theories as it is a meta-theory that draws from, and is beginning to be adopted by, diverse disciplines. In integral psychology, many schools are being encompassed in a conceptual framework large enough to embrace them all without denying or diminishing their specific value and validity. Each school is viewed as potentially valuable but also as partial. (For a fuller account of integral theory and its many applications, see Wilber (2000, 2001), and for an evaluation of the stage of the art of integral studies and its challenges and opportunities, see Walsh (2009a,b).

Advantages

So why consider integral psychology? What advantages does it offer?

> “ Counselling and psychotherapy clearly work ”

Comprehensive scope

Integral psychology is remarkably comprehensive. First, it explicitly recognises and incorporates the major domains of reality (subjective and objective, individual and collective). It is open to all types and stages of development, all states of consciousness and all types of personality.

It embraces and encourages appropriate use of all effective therapeutic techniques, including:

- Individual approaches – biological, psychological, spiritual
- Lifestyle factors – diet, exercise, relationships, recreation, relaxation, spirituality, time in nature, and service to others, which research shows can be highly therapeutic for multiple psychopathologies (Walsh, in press)
- Collective interventions – relational, familial, social, cultural
- Cross-cultural approaches – traditional western psychotherapeutic techniques; eastern contemplative, meditative and yogic practices, increasingly popular and well researched (Walsh, 2010; Walsh and Shapiro, 2006).

For therapists, integral psychology offers a framework for expanding our diagnostic and therapeutic comprehensiveness. It encourages us to examine whether we are noting all relevant diagnostic and causal factors, considering the client's level of psychological maturity and all appropriate therapeutic interventions (Forman, 2010; Ingersoll and Zeitler, 2010).

A developmental perspective

There are several integrative therapies such as *integrative psychotherapy* and *bio-psychosocial* approaches that attempt to include diverse schools (Norcross and Beutler, 2010). However, integral psychotherapy adds to these a recognition of adult developmental stages. This inclusion is based on recent research demonstrating that adult psychological development can proceed throughout adulthood, and that understanding a client's developmental stage is important for establishing a working relationship and offering effective treatment. People at different stages have very different values, worldviews, motives and defences, and recognising and responding to them can be invaluable (Forman, 2010).

One of the most exciting research findings of recent decades is that not only can development continue in adulthood but that it can also continue into post-conventional or transpersonal stages. These are developmental stages beyond what was formerly considered to be the ceiling of human possibility. These stages include post-formal operational cognition, post-conventional morality, metamotives, universalising faith, transpersonal emotions and unitive ego stages (Esbjorn-Hargens, 2010; Wilber, 2000)

In their higher reaches, post-conventional, transpersonal psychological stages can merge into contemplative or spiritual stages, and are more likely to emerge when people take up contemplative practices such as meditation (Walsh, 1999; Walsh and Shapiro, 2006). Integral psychology is one of the few approaches – others include transpersonal, Jungian, and psychosynthesis – that recognise transpersonal stages and how to facilitate and work with them.

Tailoring therapy to the individual client

Hopefully we are nearing the end of the procrustean assumption that one approach – be it psychoanalysis, behaviourism, cognitive, contemplative, or whatever – is suitable for everyone. Psychotherapy and counselling work best when tailored to the personality and capacities of patients, and to the type of therapy that they want (Duncan, Miller, Wampold and Hubble, 2010). Integral assessment fosters this recognition.

Illuminating the focus of specific approaches

Because it sets individual schools within a larger framework, an integral perspective illuminates the specific focus, contributions, strengths and limits of each school and also shows the relationships between schools.

Advantages for mental health professionals

For practitioners an integral perspective:

- Brings greater conceptual coherence to the bewildering cacophony of competing claims
- Fosters inclusive integrative thinking rather than parochialism

> “ Each school is viewed as potentially valuable but also as partial ”

- Emphasises the importance of our own developmental maturity, and of taking up psychotherapeutic and contemplative practices to enhance it.

Limitations

So what are the limitations of integral psychotherapy? Three stand out.

It's only a theory

Yes, integral is a remarkably comprehensive psychotherapy theory. But therapeutic effectiveness is only partly determined by theory. As already noted, more important are the qualities and capacities of both psychotherapist and client, and the quality of the relationship they co-create (Duncan, 2010; Duncan et al, 2010).

Integral is under-researched

Because of its youth, there is virtually no experimental research on integral practice. That will doubtless change. However, for now, what we have is an impressively sophisticated and comprehensive conceptual framework with little empirical research.

Integral psychology says little about the importance of feedback

What is one of the most essential factors for mastery in almost all human skills? Feedback! Without accurate feedback about one's performance there is little chance of improving it (Ericsson, Charness, Faltovich and Hoffman, 2006; Ericsson, Prietula and Cokely, 2007).

This is also true for counselling and psychotherapy. Sadly, many therapists work in isolation without objective feedback, so improve little over time. Yet the regular use of simple brief rating scales that clients fill out can improve client satisfaction and therapeutic effectiveness dramatically (Duncan et al, 2010). Unfortunately, integral psychology – like most approaches – has so far given insufficient attention to this crucial tool.

Conclusion

The explosive growth of psychological knowledge and therapies continues, as does the need for comprehensive conceptual frameworks to make sense of them. Integral psychology offers a remarkably comprehensive and integrative framework that situates and illuminates the many approaches that now jostle in the marketplace of ideas and practices. As such, the integral map may help practitioners make sense of competing claims, integrate diverse schools and practices, and offer more effective practice to our clients. P

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ILP integrates our basic human aspirations. ILP does not view the impulse to grow (to become all that you can be) as if it is separate from the impulse to contribute (to make a difference, to be of service to others and our world). We cannot live a fully self-actualized life without making contributions to others and our world. We cannot make our fullest contributions to others and our world without growing and waking up and actualizing our potentials. ILP appreciates the unity of the being, and helps to heal the false divisions that seem to divide us from ourselves.
(Patten 2009)

For around 150 years theorists and practitioners have been exploring a new perspective on our understanding of reality. The evolution of integral thought is expertly and simply documented by Steve McIntosh, and for those looking to explore integral theory I would recommend McIntosh's book *Integral Consciousness* (2007). He illustrates how integral thinking – from Hegel to Gebser, from Aurobindo to Habermas and Ken Wilber – has deepened its intricacy until today we see integral as an integration of

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Welcome to the integral age

Gary Hawke introduces the injunction, or praxis, of integral theory called integral life practice (ILP) and offers a simple approach to using it to support client work

western and eastern thought. Wilber has further reinforced integral theory by creating a meta-model that assists in exploring practical applications of what Clare Graves called the second tier of consciousness (Beck and Cowan, 2005).

Wilber's meta-model, or the AQAL map, is deceptively simple but allows for a vast complexity of ideas to sit side by side. It provides the theory from which ILP developed the injunction or exemplar of how to grow and develop an integral consciousness.

But what is ILP?

ILP is a practice curriculum built around the aim of cross-training. It views a human being in terms of levels and lines of development which are expressed through individual and collective, interior and exterior actions, and supported by typology and state changes. It is further expressed through the four core modules of body, mind, spirit and shadow.

An integral practice was first offered by Sri Aurobindo, and was further developed by Michael Murphy and George Leonard working at Esalen on a process of cross-training, bringing together body, mind, heart and soul, and attempting to provide a systematic training programme that would help the individual maintain or have more regular contact with Maslow's peak experiences. Leonard and Murphy worked together and separately for over 25 years to define their system and in 1995 published a working manual, *The Life We Are Given* (1995), calling the system 'integral transformative practice'. They found that engaging in systemic practice/exercise within the core dimensions of our being, helped the practitioner gain greater traction and acceleration in development growth.

At around the same time that *The Life We Are Given* (1995) was published, Ken Wilber was publishing the first grand map of integral in *Sex, Ecology, Spirituality: The Spirit of Evolution* (1995). In these two books a kind of synergy of theory and practice emerged.

Working with the shadow

However, integral transformative practice offered little in the way of psychotherapy work (or practice). And it is the importance that AQAL places on working with the shadow that first drove an adaption of integral transformative practice and finally an independent system much more in line with the philosophy of integral theory. As Wilber says, ILP is:

> *… the attempt to integrate the contributions of Western 'depth psychology' with the great wisdom traditions of 'height psychology' – the attempt to integrate id and Spirit, shadow and God, libido and Brahman, instinct and Goddess, lower and higher – whatever terms you wish, the idea is clear enough, I suspect.*
> (Wilber, 2000a: 122)

To support ILP, in 2006 the Integral Institute published *The Integral Life Practice Starter Kit*, a multimedia package offering ILP as a system. And in 2008, *Integral Life Practice: A 21st-Century Blueprint for Physical Health, Emotional Balance, Mental Clarity, and Spiritual Awakening,* a working manual of ILP practices, was published.

At the core of ILP is cross-training in body (kinesthetic), mind (cognitive), spirit (contemplative) and shadow (psycho-dynamic). It recognises that we need to practise but we also have busy lives, so it offers scalable practices, from one-minute practices to four-hour practices. It is customisable: I have freedom to create my own individual practice. And it is adaptable: I can add to the practices I am already engaged in.

ILP as a support system

When we begin to look at integral life practice as a support system we need to make two movements:

1. (*horizontal*, or translation) We work with the client at their current level of development and help them to create a wider sense of self. We help the client rearrange the way they feel/think/hold relationships/navigate social systems. We term this 'translation' as we are helping the client to recognise self-sense.
2. (*vertical*, or transformation) Here we support the developmental growth of the client into more complex structures; we are helping the client to transform from one developmental stage to the next. Kegan (1983) says that we help what was once subject in awareness to become object in the next stage of our awareness. Another way of describing this would be to say that ILP as a translational tool helps me find legitimacy, make meaning of the world around me. ILP as a transformational tool helps me deepen and grow my connection to authenticity.

Many developmental psychologists have shown that transformation between stages can take an average of five years, so, unless we are engaging in long-term work with clients, it is rare that we are working in a transformational way. However it has been shown that engaging with a contemplative practice such as meditation can increase developmental markers (Wilber 2000b). As we rarely find ourselves working with clients over such long periods, it is more common to work with translation, helping the client make meaning and finding legitimacy.

Core modules as dimensions of being

As psychotherapeutic practitioners we centre our work within the ILP shadow module (psychodynamics) and flow out into the other modules. By using CBT (cognitive behavioural therapy), NLP (neurolinguistic programming) or TA (transactional analysis) we are moving into the mind module (cognition), in which we help the client to reorganise thinking. If we follow a more medical or somatic approach we are moving into the body module (kinaesthetic), helping the client

reorganise chemical balance or releasing emotional energy trapped within the muscle memory. If following a purely transpersonal approach we move into the spirit module (contemplative), helping the clients connect with higher or archetypal awareness.

These are all great ways of working, but from an integral perspective all are partial. ILP sees the individual as holding the core modules as dimensions of being. Therefore, as a therapist taking ILP into the therapeutic space, we need to enquire how each of the core dimensions can be supported.

Aperspectival madness

Space does not allow me to explore direct practices that can be used both within the therapeutic space and as support practice for your clients. And it can become quite overwhelming when we think that we have to take not just the perspective of professional training but explore and offer multiple interventions. UKCP lists over 75 training organisations, all offering their perspective. If we were to attempt to integrate all 75 we would find ourselves in 'aperspectival' madness (Gebser 1983). And it can be the fear of this madness that stops the therapist moving outside the context of their professional approach.

Four enquiries

I would therefore like to offer you four enquiries that you can use, each taking as its context a core ILP module. The simple inclusion of these questions will help you bring a more inclusive or integral awareness to your work. The questions also act as a process of self-inquiry for the therapist: how am I centring my work? Am I offering interventions that are client-focused or am I just working within the space of my chosen school? How do I view the body – as a meat machine or a living vessel of consciousness energy? What is my response to contemplative practices within the therapeutic space? Am I able to hold objective rationality with humanistic awareness? Where do I see myself in terms of my own development and what traction and practices will help my growth?

- *Mind:* What approaches or practices can I offer that will support the reorganisation of thinking?
- *Body:* How can I support physical and mental balance and what practices can I offer my client to remain in balance?
- *Shadow:* How can I support greater self-awareness; what practices can I offer my client so that they are able to recognise projections?
- *Spirit:* How can I support my client's growing objective awareness; what practices can I offer that support my client in becoming more mindful or developing greater awareness?

There are many ways to answer these questions and it is quite possible when you make the inquiry that you realise you already use multiple interventions. ILP is not about changing what you do or taking on a whole new approach. It is about supplementing what you are already doing, it's about acknowledging the gaps in your intervention and searching out the practices and interventions that are missing, and it's also about having your own ILP.

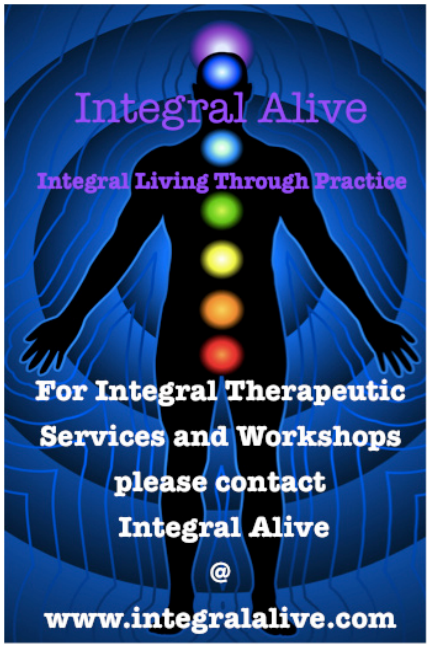
The practitioner and ILP

Integral psychotherapists Forman (2010) and Ingersoll (2010) have shown the importance of the therapist engaging with a personal ILP. An integral practitioner understands the challenges of holding an 'aperspectival' view and also understands that to be fully present to the client they have to have a practice that enables them to develop their own presence. In this emerging post-postmodern world, we need to develop an open mind, an open heart and an open will (Scharmer 2009).

We can no longer enter the therapeutic space and engage with the client with just clinical objectivity. ILP allows the practitioner to engage with his or her own humanity, and the deeper we can engage with our own humanity the deeper we can engage with the humanity of the people who come to us for help.

ILP is the ultimate CPD. We keep up to date with emerging ideas of how people change and investigate cultural meaning making (mind). We stay healthy through exercise and diet, but we also tone our subtle intuitions though practices such as yoga and chi gung (body). We work on our own psyches through therapy and supervision (shadow). We spend time in silent contemplation, developing our awareness (spirit).

This has been a very quick dive into ILP, but one that I hope you have found interesting to read, if not a little challenging. I believe that the approach does not need to be overwhelming, and that it can be used as a tool to fine-tune your work while providing your clients with a deep and rich psychotherapeutic encounter as each dimension of their being is supported. P



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Embodied integral: from integral theory to application in the community

Weekend courses run by James Clifton and Rex Brangwyn are enabling participants to apply integral theory in the community and show that the model works in practice

As therapists working with the integral model for over a decade, we decided to create a course that combined all aspects and perspectives of who we are. There are courses that work with the body, the mind, the spirit or the shadow but few that we could find that combined all four.

Helping the individual to transform

What followed was an intense period of examining which parts of the integral model could be used to help an individual transform. We decided that there was no perspective we could leave out without dishonoring the individual in some way, so we decided to use all aspects of the model.

Our understanding of transformation led us to a six-month design, which allows time for an individual to integrate the learnings more fully. We have used the egocentric, ethnocentric and world-centric model by having three levels or programmes of the training; each, when completed, builds on the next. The next challenge was to create a training that took the concept of embodiment and authenticity seriously. Reading Wilber can be quite heady and we wanted participants to experience the work on all levels of their being.

A felt event

As embodiment is the key feature of experience, we started looking at ways of making the quadrants a felt event rather than a purely intellectual endeavour. It is often that which is closest to us that we can't see, and if we are, as integral theory suggests, tetra rising in each moment, then our challenge is to give participants an experience of this. For example, we reveal the lower right quadrant, which consists of structures and social systems, by simple exercises such as the category game. This involves us calling out a particular system or structure and seeing who falls within that group. For example, we have a group stand at one end of the room and ask all those who have children to go to the other end of the room. Categories become more and more challenging as we invite the group to call out and name their own. Participants see this exercise as an opportunity to be courageous in accepting themselves and each other. It also enables a clear understanding of that particular quadrant. What is most interesting in feedback afterwards is how many assumptions are made about each other as a result of the systems and structures they live in or through. Participants also have the opportunity to own their personal material, including disowned or projected stories to others within the group.

> "We started looking at ways of making the quadrants a felt event rather than a purely intellectual endeavour"

Stages of development

We found bringing the model of psychological development into the experiential to be a creative challenge. Wilber's fulcra are elegant categories of

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Rex is a DO Osteopath, Kinesiologist and Trainer who has trained and taught some of the great wisdom traditions both East and West, over the last 30 years [martial arts, meditation, group process, mentoring, rites of passage, & holistic health models]. His studies of Ken Wilber's Integral model have been the final stage of more skilfully uniting all these aspects in himself, his community and the world.

stages of development. For the purposes of this article, we are simplifying the model into three stages: pre-conventional, conventional and post-conventional. Pre-conventional belongs to early years before a child can understand norms. Conventional relates to the rule/role stage from about 8 to 12 years. Post-conventional arises as multiple perspectives that are (hopefully) taken and individuation occurs within that broader embrace of culture and belief.

Participants are taken through visualisations, enactments, movements and relating exercises that give them the experience of being a small child, a rule/role child then an adult, and they are invited to reflect on their levels of integration. They could transcend and include or exclude (a previous stage), be stuck in one, or in limbo between. And at the end, participants develop a sense of their centre of gravity, their areas that need more inclusion and understanding, and the next steps for their development. Once their 'hot spots' have been discovered (areas where an individual sorely lacks experience), they design specific tasks to seek out those areas and share their experiences with their buddy support and the group, thus bringing into the light previously unconscious areas.

As a way of getting all systems to change and be pliable enough to allow a transformation, we teach the elements of ILP (integral life practice) and support participants in designing their own programmes, helping them see where they have omitted to pay attention. Some lean towards the intellectual and need more embodiment work to connect to the physical gross body and all its gifts. Others are involved in subjective individual endeavours, yet often overlook the lower left quadrant (intersubjective and relational) which suggests group work to support change. Other participants work on increasing their range of streams or lines of development, to include kinesthetic intelligence by dancing or emotional intelligence by working on their shadow material.

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Something for everybody

One of the weekends focuses specifically on shadow and is taken up with psychodrama, uncovering (deep energetic release work) and cognitive integration of experiences of the previously unconscious material. It's a tribute to the deep trust that the groups develop that enables plenty of depth work to be shared.

These are just a few examples of how we use the AQAL model to create a training that gives participants the greatest number of tools and experiences for transformation from an integral model. All groups over the past three years have continued to meet regularly after each programme, and this includes practice days and sharings, meals and parties. Participants have shown us that the model works, has something for everybody, and quickly reveals a person's hot spots and areas of need. Working with individuals who become integrally informed through this training develops a strong sense of community support. It is an honour to witness those who step out of the known and embrace their fullest selves while embodying the spirit of inclusivity and acceptance. P

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The articles in this issue make it apparent that integral psychology is not a simple solution. The world is full of simple solutions. The government, overawed by the complexity of the drugs issue, offers a simple response: ban them. Unwilling or unable to face the complexity of mental health problems? Again, there is a simple solution: train an army of CBT practitioners. But simple solutions implemented without deep reflection and understanding can cause a multitude of unexpected consequences.

The challenge of complexity

What is our response to simple solutions? Do we dare to face the complexity and complication of what faces us? Very often we are tempted to respond with a simple idea of our own and try to prove its efficacy with evidence. We can then enter a reinforcing spiral of simple but inappropriate solutions. But, I would suggest, the reality we inhabit, the truth of human beings, of human consciousness, is immensely more complex and the response that it requires is actually much more difficult and complicated than we might like.

Certainty for the therapist

The many 'new' approaches to therapy are, more often than not, strategies that are appealing for their simplicity and 'one size fits all' attitude. What is often ignored is the complexity of the human psyche and all the factors, both internal and external, which affect our responses. It is not that any of these approaches are wrong; it is that on their own they do not address the complex reality of a client's situation. What they offer is more often an apparent certainty for the therapist or counsellor than a way of really understanding and meeting the client.

Set within the context of the integral model they can be seen for what they truly are: possible remedies for particular people in particular circumstances at a particular time; in other words, solutions that require great care and understanding to know not just how but when they

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Integral psychology as a core curriculum: three challenges to our profession

Marijke Acket asserts that integral psychology offers us a model with which we can orient different modalities and find shared concepts that help us talk to and respect each other

should be applied. In denying complexity we can often end up quarrelling about one small aspect of understanding that we are concerned with: 'my piece of the jigsaw is key and I don't care how it fits in with yours'.

Looking for difference

This state of affairs is perhaps the natural outcome of an academic training, which encourages us to look for difference, what sets things apart rather than what it is that unites them. What is unusual about Ken Wilber and other integral thinkers is that they did something very different. They looked for what unites the broad scope of human understanding in the fields of philosophy, psychology, spirituality, history and science, and were able to come up with a map that serves to unite previously often conflicting disciplines, to show how they connect and how much wisdom, insight and understanding they all share. This is a rare and courageous enterprise in a climate that is characterised by separation, specialisation and a desire, not for deepening the cause of true understanding, but for the need to make one's personal mark in whatever small pond of specialisation one may inhabit.

Much of the criticism of integral studies is aimed at small aspects of the model from a limited perspective of specialisation. It seems that specialists often find it hard to broaden their perspective to appreciate the inclusivity of the model that integral studies offers.

The challenge of integration

As a profession at this critical time, I suggest that we need to shift our focus from what separates us to what unites us. Integral psychology offers us a model with which we can orient the different modalities of our profession and begin to find shared concepts that can help us to talk to and respect each other, however seemingly different our approaches may be. I am not suggesting that the integral map is the only map, but it is an example of the kind of view, the way of thinking that we sorely need to engage in. It offers the most comprehensive model of understanding that we have to date.

A core curriculum

If it were possible to create a core curriculum agreed upon by all modalities, I would suggest that integral psychology offers a template. It could provide the basis of a minimum shared understanding that would be required of all practitioners. Such a shared understanding and core training could offer a foundation on which specialisation could be built.

What would need to be included in such training, before specialisation in one or more of the practice modalities, is beyond the scope of this article. However, there are core principles which have been elucidated in this issue which would form the basis of any core curriculum: first, a cognitive and experiential understanding of AQAL, and second, a commitment to personal, ongoing self-development in the form of an ILP or CPPD (continuing personal and professional development). Such a core curriculum is a possible way forward in efforts to unite us.

Integral psychology will not be the only remedy for the dissociation within the therapeutic community, but any lasting and effective solution will have to address

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all the perspectives that the integral model draws our attention to. Having once understood the necessity for a four-quadrant and all-perspective vision we cannot go back to the divisive linearity of our former understanding.

Ahead of his time

In his book *The Future of Training in Psychotherapy and Counselling* (2005), John Rowan paid tribute to Ken Wilber and the integral model but said that he felt the ideas were too far ahead their time. He then said that 'for the future it has to be a hot area' (p52). It may be that the ideas are still premature. His categories of practice into three perspectives (instrumental, relational and transpersonal) are a helpful way of seeing the different approaches within the field. Although, potentially, they could serve division as much as cohesion, when placed within the framework of the integral model, they can be seen in a constructive relationship. These three could be further divided into two broad camps: those who base their practices on a received wisdom of the past and those who see the need to continually review and update their understanding to reflect current research and practice.

Each of these camps occupies the range

> “We need to shift our focus from what separates us to what unites us”

that Rowan describes, from, for example, approaches that base themselves on a received understanding and are reluctant to question the premises on which they base their practice, to those that seemingly revere their founders and have not incorporated much new understanding to their methods, to those that base themselves solely upon apparent evidence to support their practice and refuse to contemplate anything which does not fit the narrow criteria of the evidence they deem appropriate.

Irreconcilable worlds?

Of course, we may have to accept that ours may be an intolerable relationship. That the gap between, at one extreme, instrumentalists who deny interiority and complexity and, at the other, those who recognise, welcome and enter into both are perhaps two irreconcilable worlds. If this is the case, divorce is inevitable and the problem becomes the wrangle over possessions, titles, status, and so on.

If studying integral theory offers anything, if not an opportunity to unite the different modalities within our professions, then it can, at the very least, inspire confidence and mutual respect in discussions between practitioners of different modalities.

The challenge of continual development

Perhaps the most challenging aspect of integral psychology is the idea of levels or structures of development. In my discussions with people, I often come up against an immediate objection to the idea as being elitist. I too had similar objections when I first came across the ideas. These are important objections that must be addressed if we are to open our minds to the integral or AQAL perspective.

In almost any other area of life the fact of development and the necessity for practice to support and promote that development is unquestionably accepted. In fields from maths to painting, music to cookery, the idea of growing in understanding, skill and knowledge is universally understood. It used to be that parenting was something that was considered natural and instinctive; the need to develop oneself as a parent was not understood or even frowned upon. Not any more. We are in the same situation with our understanding of the development of consciousness. Our attitudes have yet to catch up with the most recent understanding. We expect all adults to be the same, unless we view them through the lens of pathology.

The understanding of the evolution of human consciousness is still very young and the most unhelpful thing we can do for ourselves and for those we seek to support is to close our minds to new ways of seeing or understanding. The idea of a developmental unfolding of human consciousness, which integral psychology elucidates, fosters greater understanding of differences and thereby a greater skill of response within the broad category of adult humans. It also helps to support a broad perspective of the purpose of practice from, at one end, 'treatment' modalities which use the language of pathology to, at the other end, being a resource for the further development of consciousness.

Consciousness is forced to adapt

Each stage of consciousness is a response to conditions within the four quadrants. As outer conditions change, so consciousness is forced to adapt in order to meet more fully the demands, problems and benefits of those conditions. Each stage of consciousness or ego development is perfectly suited to its greater environment – until that environment changes. Wilber points to the immense challenges that we face in our rapidly changing times and postulates that we are at a threshold of a shift in consciousness. A collective shift to an integral consciousness, the second tier, is what is required to meet the profound, even seismic, environmental and cultural uncertainties that confront us. Practitioners are well placed to support the birth of such awareness both personally and professionally.

> “A collective shift to an integral consciousness is what is required to meet the profound, even seismic, environmental and cultural uncertainties that confront us”

The last word belongs to Wilber:

> Obviously much work remains to be done. But a staggering amount of evidence – pre-modern, modern, and postmodern – points most strongly to an integral approach that is all-quadrant, all-level. The sheer amount of this evidence inexorably points to the fact that we stand today on the brink, not of fashioning a fully complete and integral view of consciousness, but of being able to settle, from now on, for nothing less. (Ken Wilber (2000) *Integral Psychology*: 187). P

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