



Integral Psychotherapy

AN INTRODUCTION

Bert Parlee

In this article I introduce and explore some of the diverse schools of psychotherapeutic thought. I then argue that Integral Theory or the “all-quadrant” approach provides a method of organizing and uniting these competing schools of psychotherapy into a coherent whole. The result, as we will see, is a more inclusive, adaptive clinical assessment and treatment.

Introduction

Integral Psychotherapy offers the possibility of bringing organization and resolution to the heretofore competing truth claims asserted by various therapeutic schools. Integral Psychotherapy distinguishes itself by successfully situating and systematizing the full range of therapeutic approaches within a coherent and organized set of mapping principles. This Integral framework offers more than a sympathetic recognition and appreciation of diverse approaches: it comprehensively arranges these schools in a manner that proves useful to practitioners who seek a more inclusive vision for theory, assessment, and treatment.

The Integral model honors, includes, and creatively adapts practices from all methods that strive to work therapeutically with people. This principle of “intelligent inclusivity” recognizes that all aspects of human understanding are valid and significant, even if only partial. Debates regarding the primacy of a single approach (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. Perhaps more importantly, Integral Psychotherapy recognizes the need to situationally privilege or emphasize one element over another, based on what best serves the needs of the client. In this regard, the Integral



psychotherapist must be nimble enough to guide the fluctuating nature of healing and development.

Whether or not they are aware of them, therapists have perceptual lenses through which they view the client's situation and personality, as well as the therapeutic process itself. What should be discussed in treatment? How long should it last? How directive should it be? What techniques should be used? Each therapist views these questions through his unique perceptual lens. These unconscious lenses are used to view all the information that the client brings: their emotional life, belief systems, behaviors, the social networks they are involved in, and the values and norms that they abide by.

This article will examine how these lenses have shaped the various schools of psychotherapy and introduce how Integral Psychotherapy views the rich array of approaches as potentially complimentary rather than conflicting. 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.

Schools of Psychotherapy

Although psychotherapy is still in its relative infancy, the field is 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 creatively extended itself far beyond its extraordinary beginnings. Growing beyond notions of a merely mechanical human who could be conditioned with rewards and punishments, novel conceptualizations have emerged, breathing new life into the psyche. 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 alone.



Conceiving the psyche in ever more robust ways, successive generations of psychotherapists have gone on to serve the field with increasingly innovative interventions.

These creative interventions from the various schools of psychotherapeutic thought prescribe slightly different treatment options. As an example, let us examine a pattern of behavior that people struggle with and for which they often turn to therapists for help. Everybody has experienced some form of depression. In contemporary America the incidence rates of depression are 10 times greater than they were only 50 years ago.¹ Depending on their theoretical lens, psychotherapists have found various ways of accounting for this condition. To illustrate some of the more popular schools and perspectives, we will explore several approaches, remembering that 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, living these kinds of principles constitutes the “good life,” thus affording meaningful and abiding happiness. This perspective believes that people who engage life with empowering and fulfilling values are more likely to find deeper gratification than those who are self-absorbed and distracted by the baubles of modern society. 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. He understood depressed people as 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 recognize what they would call “depression-prone” people, since they understand emotional temperament to be enduring. Similarly, *biologically-oriented therapies* believe that depression has very little to do with a person’s reactions to life conditions. They cite research showing that 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 may even 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 depression as the result of personal conditioning, what expectations and models the person has had, as well as what “positive reinforcers” (happy experiences) they may have been denied. A person could feel down and unmotivated as a result of not being able to see her activities as worth doing. People also tend to become depressed about situations in which they feel helpless or lacking control. For instance, if someone finds that they are not able to control whether they receive a promotion, they can mistakenly generalize this to believing they also can not control other aspects of their lives. Therapists operating within 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 people’s feelings will depend on how they interpret the situations they face. 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 become so down. According to cognitive psychologists, who maintain that people have stable ways of interpreting events, someone who is often depressed is likely to interpret negative events as the result of a personal trait instead of an external circumstance; for example, “I’m no good.” 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.

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.

The *Transpersonal school* explores the intersection of psychological and spiritual domains. Depression is often understood as the result of the client having forgotten her true essence, 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 an attempt to induce 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 possibly remaining paradoxically present.

There has been considerable research gathered to support the claims of each of these respective schools. Yet we have also discovered that some populations and problems are most 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 helped by behavioral interventions. However, adopting such an approach with a middle-aged man who is experiencing a mid-life crisis and striving to create a new meaning-making system 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, one size does not fit all.

Eclecticism

There are a host of other psychotherapeutic methods that offer valuable contributions to the treatment of depression and other clinical conditions, proposing, in turn, their own pathways and “royal roads” to 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.

Although many therapists draw from these various traditions, many become shy when asked about their psychotherapeutic orientation, because the therapist describing himself as eclectic has often been accused of having no approach at all. In this age of specialization and expertise, the eclectic practitioner is occasionally seen as lacking a firm clinical compass, practicing without 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.² This group of often gifted and accomplished clinicians explains that drawing from a variety of theoretical schools affords them the most abundant toolkit with which to serve. Be that as it may, this state of affairs has created somewhat of an identity problem for the eclectic psychotherapist.



Toward Intelligent Inclusivity

The Merriam-Webster dictionary defines eclectic as “the method or practice of selecting what seems best from various systems.” The Integral perspective, which recognizes the partial truth and specific insight that each methodology contributes, provides a comprehensive framework for selecting what “seems best.” What if there was a clearer way to assess pathology by including more insight into how each individual is unique? What would be the value of a more coherent approach in choosing an appropriate intervention or technique? Would it be helpful if there were a more informed manner to assess the correct “next step” in meeting people where they are? What if there was a method to assist the practitioner in adapting his own particular style to best fit with the person they are helping? What would it be like to have a system that was able to include, honor, and intelligently make use of all the contributions of other systems? The Integral approach to psychotherapy is such a system. It suggests applying techniques and procedures from the full range of psychotherapeutic orientations, while simultaneously including an informed theoretical sense of how, why, and when to apply them.

Systems within Systems

As Einstein put it, “Things should be as simple as possible, but not more so.” Operating on this maxim, Integral Theory economically incorporates the dimensions that need to be accounted for in a complete and elegant reckoning of any 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; the interested reader is encouraged to access these source materials for a more in-depth account of his ever-evolving model. In a series of overlapping conceptual elements, Wilber attempts nothing less than the construction of a dynamic, meta-systemic architecture that situates



information gathered from all the major fields of human interest and investigation. In short, Integral Theory is a transdisciplinary model.

Integral methodology recognizes that each and every truth claim has its own unique, although partial, legitimacy. Therefore, it includes an evolving coherence and organization even as it expands and adapts, mirroring the evolutionary realities it represents. The 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 into a complementary framework of organized relations.

The first element of this Integral model that we will explore is “quadrants.” The quadrants represent the interior and exterior aspects of the individual and collective dimensions of people. These dimensions are ever-present in our language. The first-person pronouns (“I,” “me,” “mine”) speak from my subjective, individual, interior experience: how “I” think and feel. The second person (“you,” “yours,”) and first-person plural (“we”) involves people in relationship and how we experience and communicate our inner selves with one another: “We” share beliefs, values, meanings, and worldviews. The third-person pronouns (“it,” “its,” “him,” “her,” “them”) indicate how we address the more objectively observable exteriors of people as well as things. We are able to objectively observe the exterior aspects of individuals and their behaviors with our senses. Third person also includes our internal bodily systems: machines such as X-rays can be used to look at the physical aspects of our inner bodies. The collective exteriors of people are our social systems, including all of our institutions, such as families, school systems, government, businesses, and so forth.

The figure below (figure 1) indicates some of the qualities that are associated with the respective quadrants, which in the Integral system are referred to as the Upper Left (UL), the Upper Right (UR), the Lower Left (LL), and the Lower Right (LR).



| | |
|---|---|
| <p>I (<i>Individual Interior</i>)</p> <p>Intentional Subjective Sincerity Truthfulness</p> <p style="text-align: right;">UL</p> | <p>It (<i>Individual Exterior</i>)</p> <p>Behaviorial Objective Biological Truth</p> <p style="text-align: left;">UR</p> |
| <p style="text-align: right;">LL</p> <p>Cultural Intersubjective Justness Mutual Understanding</p> <p>We (<i>Collective Interior</i>)</p> | <p style="text-align: left;">LR</p> <p>Social Interobjective Systems Functional Fit</p> <p>Its (<i>Collective Exterior</i>)</p> |

Figure 1. The Four Quadrants

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

Schools of Psychotherapy within the Four Quadrants

We can now return to our previous look at some of the schools of psychotherapy and their understanding of depression. Notice how these schools might be situated within the quadrants according to the perspective, vantage point, and emphasis they attribute to clinical conditions. With an understanding of the four quadrants in place, let us examine another issue that arises in therapy—aggression. Why are some people consistently more aggressive than others? The various schools of psychotherapy understand the roots of aggression and how to work with it using their particular lens. If we look through the Integral lens, we can see which perspectives



are coming into play and how respective viewpoints are emphasized. Some of the major schools are situated in the quadrants in figure 2 below.

| | |
|---|---|
| <p><i>Individual Interiors</i></p> <p>Psychoanalytic Cognitive Narrative Phenomenological Humanistic Existential Transpersonal</p> <p style="text-align: right;">UL</p> | <p><i>Individual Exteriors</i></p> <p>Trait and Biological Neuropsychology Behavioral Learning Electroconvulsive Somatic Subtle Energy Psychopharmacology Brain technology</p> <p style="text-align: left;">UR</p> |
| <p><i>Collective Interiors</i></p> <p>Social Learning Feminism/Gender Cultural Counseling Couples and Marriage Counseling Family Therapy Multiculturalism Intersubjective Perspective</p> <p style="text-align: right;">LL</p> | <p><i>Collective Exteriors</i></p> <p>Family Systems Systems Treatment Group Systems Economic Situations Ecopsychology</p> <p style="text-align: left;">LR</p> |

Figure 2. Psychotherapeutic Schools within the Quadrants

Those taking the *biological* perspective and the *trait approach* (Upper Right, the individual exterior) will identify genetic predispositions in individuals who exhibit consistently aggressive behavior: those who were bullies in grade school often develop other violent behavior in adulthood, like spousal abuse. There is evidence that biochemical levels, such as testosterone, affect aggressive behavior. Therefore, attempting to regulate bodily and brain chemistry by a



psychopharmacological approach has produced favorable results. On the other hand, the behavioral approach, which is also situated in the Upper-Right quadrant, suggests that bullies learn aggressive behavior through reward and therefore repeat such behaviors: they generally get their way because others fear them. Rewarded behaviors are repeated. Behavioral conditioning, such as rewarding desirable behaviors and punishing aggressive behaviors, has proven effective.

Those taking a *psychoanalytic* or *depth* psychology approach understand aggression as an unconscious process. The unconscious is sometimes viewed as the cauldron of innately aggressive and sexual energies that impulsively seek release. Because this understanding focuses on the individual's interior (consciousness/unconscious), we situate these schools in the Upper-Left quadrant. Freud spoke about a death instinct, the desire to self-destruct. For a variety of reasons, this instinct externalizes the death wish itself in an aggressive unleashing toward others. Later, depth psychologists suggested that aggression results from being blocked from fulfilling our goals, resulting in frustration leading to aggressive behavior. Uncovering techniques, dream work, and hypnosis are among the tools used to work with aggression from within these frameworks.

The *humanistic* perspective emphasizes something different. Humanistic therapists believe that people are basically good and that anyone can become a happy, non-aggressive adult if they grow up in a supportive and enriching environment. From this point of view, difficulties arise when something interferes with this natural unfolding of goodness. Aggressive children come from home situations where fundamental needs are frustrated. If the child develops a poor self-image, he or she might strike out at others in frustration. Therefore, the solution from this perspective is found in the lower collective quadrants. The Lower-Right (LR) quadrant deals with the systems that should meet the demands of a thriving child (e.g., a functional family unit, a good school system, a healthy and decent neighborhood). The Lower-Left quadrant (LL), the culture of the family and its relations, is what instills the beliefs and values that set the stage for



future interpersonal relations. The culture of the Hells Angels or the Ku Klux Klan would instill dramatically different values relative to aggression than cultures that practice openness and tolerance. The humanistic approach strives to create an empathic and unconditionally accepting environment in therapy and to encourage the client to cultivate a similar life situation.

The *social learning* approach suggests that people learn aggressive behaviors in much the same way that they would any other behavioral pattern. Children who watch others get what they want by acting aggressively learn that aggression leads to gratifying results. Aggressive playmates sometimes become powerful role models for children, who 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 this aggressive behavior is modeled on television as well as in video games and music videos. The cultural influences of the Lower Left can also have a powerful effect on the ways we choose to entertain ourselves.

Cognitive therapists suggest that we respond to any given situation as the result of how we interpret it. Depending on whether you see a situation as threatening, irritating, or benign, you may either 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 the self (the Upper-Left quadrant). For instance, some people construe ambiguous situations as threatening and, as such, are likely to respond by acting aggressively. Research has found that aggressive youth, spanning the ages from elementary through high school, frequently interpret innocent actions by others as personally threatening. Cognitive therapists encourage their clients to examine the evidence more closely and to restructure their thinking processes so that assumptions are surfaced and clarified. In this way, distorted styles of thinking are reconsidered, situations are seen from a different vantage point, and new beliefs are formed.



While honoring and including psychological theories and practices from diverse schools, the Integral 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 increases the likelihood that the therapist will have scanned the salient elements of a developing case and will work with the identified issues in an inclusive and coherent manner. Such an approach has also proven useful with clients who are experiencing difficulties in identifying where their depressed or aggressive feelings come from. When offered this system as a means of mapping their concerns, clients report that they are able to recognize the dynamics of their lives and how they may be contributing to their troubles.

The AQAL Approach

Thus far, we have focused on only one set of dimensions of an Integral model. Since the term integral is gaining increased usage and recognition (and being interpreted in a variety of ways) Ken Wilber has specified this particular form of Integral as “AQAL” (pronounced “ah-qwul”). This is an abbreviation for the five elements the AQAL model identifies as foundational to an Integral approach: all-quadrants, all-levels, all-lines, all-states, and all-types. We have briefly reviewed the quadrants within a psychotherapeutic context. While it is beyond the scope of this introduction to outline the other dimensions of the model, I will briefly mention them below.

The Integral model also looks at all levels of development, beginning at birth and exploring the full range of adult development, including the higher ranges of human capacity 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 associated with these stages. He then describes 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. There are numerous lines of development, such as cognitive, emotional, moral, self-sense, aesthetic, psychosexual, interpersonal, and so forth. Integral Psychotherapy takes into account the oft-uneven pace of development, which can contribute unique challenges and opportunities for the patient and the therapist.

In addition, all types are included. Types refer to personality dynamics, such as masculine and feminine dialectics, the Enneagram, Jungian (MBTI) types, and so on. One's temperamental predispositions contribute to one's means of coping, performance, adaptation, and functioning in the world.

The model also takes into account all states of experience, such as even the simple "happy" and "unhappy" states mentioned earlier. Occasional experiences of any state of consciousness are not necessarily suggestive of a particular level of development; rather, all states are available at any level of development. Repeated experience of a particular state tends to transform that state into a steady and established personality trait.

I will reserve a fuller explanation of these other aspects of the model for other articles. With only an explanation of the quadrants, the reader can already appreciate how Integral Psychotherapy is a comprehensive system of theory, assessment, and treatment. When a therapist uses the Integral model, he or she can be confident that theories valuing wide-ranging dimensions of the human condition have been considered. From this theoretical platform, the clinician can assure themselves of an all-inclusive assessment. The Integral approach is then able to inform and allow for a more creative palette of treatment options.



Endnotes

¹ Seligman, *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*, 2002

² See American Psychological Association's *Monitor on Psychology*, 2002



REFERENCES

American Psychological Association (2002, Summer). *Monitor on Psychology*. Washington, DC: Author.

Seligman, Martin E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York: Free Press/Simon and Schuster.

BERT PARLEE is a licensed clinical psychologist with private psychotherapy and personal life coaching practices in Mill Valley, California. He serves as Executive Vice President of Integral Institute, where he also serves as a trainer and facilitator. He has facilitated and co-trained with Don Beck at Spiral Dynamics seminars and is a partner, leadership trainer, executive coach, and management consultant for Seattle's Integral Development Associates. He serves as an executive coach with the Stagen Institute in Dallas. Bert currently teaches for the coaching program in the Organizational Psychology department and for the Holistic Counseling program at John F. Kennedy University.