AQAL
JOURNAL OF INTEGRAL THEORY AND PRACTICE

Jane: An Integral Psychotherapy Case Study

DEPRESSION, IDENTITY, AND INTIMACY IN YOUNG ADULTHOOD

Paul Landraitis

To illustrate the value of the AQAL model for therapists, I present a case study that demonstrates some features of Integral Psychotherapy. I introduce the client and explore three treatment episodes of various lengths. By following the unfolding journey of one client working with an integrally informed psychotherapist, the reader gains a felt sense of at least one way the AQAL model can be clinically applied. Lastly, the client's situation and progress are explored through an AQAL analysis using the five elements of Integral Theory.

Introduction

This article is based on a several year long psychotherapeutic relationship from my private practice in Seattle, Washington. My hope is that my approach will enable you to enter into an intimate encounter between two human beings. Please bring your empathy and your imagination. I have altered enough elements to protect my client's confidentiality while, with any luck, preserving the coherence and specificity of the account.

I begin with three separate treatment episodes. I then offer some comments about Integral Psychotherapy and a brief analysis of this case using the five basic elements of Integral Theory (quadrants, levels, lines, states, and types). These five elements are the foundation of any Integral approach because they ensure a far more comprehensive analysis. This section assumes some familiarity with Integral Theory and AQAL concepts.[1]

This presentation is selective and partial, so I want to emphasize several caveats. First, I chose to present this case in this way in order to provide a richly textured introductory illustration of certain basic principles of Integral Psychotherapy. It is not intended to be a template for how

therapy should unfold with other clients or therapists. Second, had Jane been less ripe for the changes she made and less able to see herself from an outside perspective, the therapeutic journey and outcome would have been different. I believe Jane arrived at my office ready to make the shifts that she ultimately made, and I can only take credit for being an adequate midwife for the process, not its creator. Thirdly, I have not presented an in-depth self-assessment, which might leave the false impression that I am not dedicated to transparency, reflective learning, or forming a collegial community where we can all experience the challenges and critiques that continually improve our capacity to serve our clients. I know that I always make some false moves during a psychotherapeutic journey of this depth and length, even with clients that are a great match to my style (as was the case with Jane). I invite comments from readers on any perceived mis-steps, missed opportunities, or alternate paths.

Initial Impression

"Jane" first consulted me in the winter of 1997. She was a tall and athletically built 22-year-old woman, well-groomed, but with a somewhat stooped posture and restrained body language. At first she appeared quite nervous, perhaps embarrassed to be seeking help—although after several sessions she relaxed and expressed a range of emotion in an appropriate and highly articulate way. A recent visit to a physician revealed excellent overall physical health but had resulted in a referral for counseling.

Life Circumstances

At first contact, Jane was living alone in a studio apartment in Seattle and had recently begun working as an inventory clerk at a construction firm where her father had a business contact. She had dropped out of college during her final year and broken up with her boyfriend one month earlier. She was socially isolated and experiencing considerable financial stress.

Presenting Problem(s)

Jane had been very upset for six months over ongoing turmoil with her boyfriend of almost three years, "Stephan." Stephan had been pressuring her to marry despite her doubts. She thought they were waiting until marriage to have sex, but the month prior to our first consultation she discovered that Stephan had been sleeping with other women. She had been on track to graduate Magna Cum Laude with an engineering degree before she dropped out of school.

She complained of feeling stuck, anxious, and hopeless about her life, *"I just don't feel like living this life."* She denied suicidal ideation or intent, but initial signs and symptoms qualified her for diagnosis of Major Depression, recurrent, mild, with possible seasonal pattern. She had experienced at least one prior Major Depression, in her first year in college, and been successfully treated with anti-depressants. She declined anti-depressants from the physician who had referred her.

Relevant History

Jane grew up the oldest of four daughters (all two years apart) in Georgia and Texas. Her father is a successful civil engineer; her mother a stay-at-home mom. Her parents were very involved in a fundamentalist religious sect with a charismatic leader until Jane was fourteen years old. At that point the community fell apart due to revelations of sexual and financial misconduct on the part of the leader. Her parents moved the family to Texas and became intensely involved in a similar organization. Jane wanted to rebel like her two younger sisters but, *"I couldn't bear to disappoint my Dad after what he'd just been through…."* So, instead she complied and continued *"to play the good girl"* and eventually became a leader of the church's youth group.

Jane stood out academically, graduating second in her class and achieving varsity letters in soccer and basketball. Nonetheless, she felt very socially isolated in high school, "*like nobody really knew me*." A dominant theme of her complaints early in therapy was that she felt as if she had been playing a role rather than daring to be her true self. At the University of Washington,

she also felt out of place. She became depressed during the winter of her freshman year and almost dropped out in her second semester. She was treated with anti-depressants, found a campus Christian group that provided some social context, and finished the year on a positive note when she met Stephan through a Bible study group.

First Treatment Episode 1997: 12 Sessions Over 3 Months

At our first meeting Jane was in a professional and relational crisis. She was significantly depressed, reporting biological signs (sleep and appetite disturbance, slowed speech and movement), cognitive and affective symptoms (difficulty concentrating, lack of pleasure in previously enjoyable activities), and social symptoms (increased social isolation, difficulty fulfilling role obligations). This affected her institutional status in school and, subsequently, at work (she was fired the week after our first session). In the AQAL analysis that follows the description of our work, I will explore how these signs and symptoms of depression can be understood through the conceptual lens of the four quadrants: experience, behavior, culture, and systems.

We discussed options for addressing her immediate challenges and the fact that facing them was more difficult by the presence of a Major Depressive episode. She didn't want to take medication for her depression because she thought her parents had misused them after the church debacle: *"They covered over their feelings and then they didn't learn from what happened."*

She tearfully implored that she needed some kind of *"breakthrough"* to be satisfied with her own life—not just to *"artificially feel better."* As we explored her fantasy of what this might entail, it became clear that she was struggling to define a sense of herself beyond her persona of *"the good girl who always does the right thing."* Although it was initially anxiety provoking, she eventually allowed herself to experience and express some of her not "good girl" feelings, motives, and desires.

During a guided visualization, she imagined and vividly described herself as a sexy punk singer living on Capitol Hill (Seattle's Greenwich Village). When she opened her eyes, she blushed and looked away. When I commented on how powerfully and poetically she had depicted this alternate self, she looked surprised. Suddenly she sat bolt upright, looked me straight in the eye, and said with force and conviction, *"I've been writing stories all my life!"* At that moment I was struck by a shift in the quality of Jane's presence. She seemed intensely alive, with a fierce conviction about this realization that I found beautiful. I was deeply touched and said so. She began to cry, my own eyes filled with tears, and then we laughed together at the incongruity of the "two Janes." This moment was a turning point in our work.

We had entered an intimate, feeling relationship. While this enhanced the potential power of our work, it also scared Jane, who cancelled our next session. At the following session we addressed the uncomfortable feelings brought on by our increased intimacy. She needed reassurance from me that the boundaries of our professional relationship would not be breached. As we explored this, Jane was able to uncover her unconscious assumption that it was dangerous to be vulnerable and self-revealing to a male authority figure, especially concerning forbidden sexual and aggressive feelings. As soon as she said this, she realized the connection with her former church group leader.

We explored the way that Jane dealt with the collapse of her church community and her experience of the leader's inappropriate sexual vibes when she was thirteen. This remained a confusing episode for Jane, who had not understood why it had affected her so powerfully since she had not been one of the *direct* victims of his sexual misconduct. A thorough examination from an adult perspective led her to realize that she had wisely perceived the danger and successfully protected herself. She then reframed the experience in an empowering way—as evidence that even if she cannot always trust others, she can trust herself.

Working through this undigested experience made it possible for her to gain a new perspective on her *"nice girl"* stance in relationship to her father and former boyfriend. The most powerful way our work supported this maturation was by studying—"Here and Now"—the good girl pattern as it appeared in our relationship. As her therapist, I was yet another male authority figure, and I encouraged Jane to notice the automatic thoughts and behaviors as they arose. I pointed out when she seemed to play the role of the compliant, good client. By repeatedly tolerating the emotions and sensations that seemed dangerous, rather than falling into the good girl script, Jane became more confident about *"holding onto her self"* in our conversations. Instead of agreeing with my observations, hunches, or interpretations, she practiced making space to consider whether my thoughts matched her own way of making sense of her surroundings. She became more willing to disagree and even be angry with me.

The fact that I found what she called her *"disagreeableness"* delightful rather than threatening or irritating confounded her expectations. Our goal was to help her integrate her genuine and healthy aggression. We talked explicitly about this developmental task, and Jane recalled a previous positive experience: *"Huh, this reminds me of when my soccer coach was happy that I got mad at a dirty defensive player. I scored three goals in one half because I wanted to show that bitch you can't win against me that way. After that, I had a new sense of what he meant by going for it on the field."*

Such emotionally charged process observation and transference analysis was very valuable, but she also made significant progress through intensely intellectual discussions. Jane has a keen mind and was fiercely interested in how psychologists, sociologists, and philosophers conceptualized the issues she was wrestling with. An important part of practicing her new sense of self was, therefore, to engage in Socratic dialogue about core questions (fundamentalist religious piety, sexuality, morality, and spiritual experience).

Jane was particularly fascinated with the idea that disillusionment can be a necessary, healthy, and positive part of maturation. She had thought of it solely as a depressing loss of innocence or a painful disappointment that comes when cherished beliefs are seen through as inaccurate. Now she could choose to experience these insights as a natural expansion of understanding and not necessarily a betrayal of her family. This released her from a sense of guilt and alienation she had suffered for years as she had increasingly *"lost my faith without letting anyone in the community suspect that."*

We talked about developing more genuine connections with others in her life and how that necessarily involves revealing one's self or inviting another to see your interior reality. A particular play on words I introduced about intimacy (that the word intimacy is close to the phrase "in-to-me-see") caught her imagination. She used it to encourage herself to take risks with friends, to tolerate the anxiety involved with sharing thoughts and feelings with others when uncertain as to how they would respond. We came up with an image that encapsulated her practice in this transition: *"before, I wore a mask and complained that no one saw the real me; now, I am starting to show my face but I am still scared that people won't like the real me…."*

Jane's COBRA insurance had a limit of twelve sessions at 70% coverage. By the end of our first treatment episode in April, Jane decided to take the fall semester off until she could gain more clarity about how to proceed with her schooling. She moved into a shared housing situation on Capitol Hill, ending her social isolation. She began actively rekindling her love of the arts, exploring the rich and edgy cultural scene on Capital Hill by attending a writer's workshop, and going to concerts with her roommates. Through a new friend she landed a position with a music promotion company, and was having *"more fun than I can ever remember."* Although her parents were not happy with these changes, which was distressing to Jane, her depression had totally remitted. Given the reality of finances, this was an appropriate time to terminate.

Second Treatment Episode 1999: 28 Sessions Over 11 Months

Jane returned in the late winter of 1999, about a year after completing our first round of psychotherapy. Although she hadn't recognized it at the time, Jane had again entered a Major Depression in the late fall. Her symptoms were more severe this time. In this second treatment episode, the previous themes were picked up and deepened, including: developing helpful self-management skills for her recurrent depression, coming to terms with intimate adult sexual relationships, finding her place in the adult working world, and consciously evolving her sense of personal identity.

We decided that the evidence pointed to Seasonal Affective Disorder, or the onset of depression when the Northwest days get very short and gray, especially given the preponderance of what I call hibernation syndrome features (the pronounced lack of energy, hypersomnia, and cravings for starchy foods). Jane decided to test a high intensity light treatment called the SunRiser, designed to stimulate the brain with a simulated dawn over one's bed every morning. She reported that this significantly increased her energy and improved her mood, especially in the mornings (which were characteristically the most difficult time of day for her). She decided to purchase one and has subsequently made this a part of her routine every fall and winter. Addressing her light sensitivity—combined with returning to regular exercise, maintaining social engagements, and learning to recognize and interrupt repetitive negative thoughts—brought Jane's mood back into a sub-clinical range within six weeks. Although she still felt it was best not to rely solely on medications as her parents had, her anti-anti-depressant stance was somewhat softened by understanding that a biological intervention (e.g., light therapy) was helpful (in combination with her other efforts).

We decided that there was other important work to be done beyond alleviating her depression (and her current insurance coverage gave partial coverage for up to 20 sessions). Since our previous consultations, Jane had become sexually active and wanted to better understand her

intense and unsettling feelings. Her job put her in the middle of the music scene and she was surprised to find herself attracting a good deal of overtly sexual attention. She even experienced some jealousy and envy from the other women in her household.

She had always thought of herself physically as an athlete rather than a sexual being, and socially as *"a goody two-shoes,"* but now she was getting a lot of feedback about her statuesque good looks. A co-worker convinced her to go to a music business costume party dressed as Catwoman ("*I was like six-one in those high-heeled boots!"*). She was surrounded by men much of the night, flirting with her, teasing her, and complimenting her.

She was disturbed and puzzled to discover that she had an uncanny aptitude for slipping into the erotic and aggressive nature of the role ("*it helped a lot that I was wearing a mask"*). She had expected to feel shy and to want to leave the party early but instead she found herself in a state that she described as a mixture of empowerment, embarrassment, and arousal. She was alternately astonished and giddy that she could have such a powerful effect on men, and she observed how her posture and movement and voice changed when she flowed with the energy of the character.

At one point during the party, Jane agreed to represent her company in a contest with a rival company. She used her soccer skills to kick all five of their promo balloons directly over the open fire on the patio (causing them to burst) before the other side had managed a single score. The following week, the office bulletin board was dominated by pictures of Jane at the party. The co-worker who had cajoled Jane into the Catwoman costume was very pleased with herself—*"I knew you had it in you!"*

Jane recalled this party in future sessions, eventually deciding that this experience had served as a turning point in the process of "*making friends with my shadow."* But at the time, the

experience mostly made it unavoidably clear to her that now she was attracted to *"guys I used to think of as bad boys"* and was finding the *"reliable, sensible guys"* kind of boring.

At this point, Jane entered into a more conscious struggle to differentiate from the value system in which she was raised. I encouraged her to experiment and discover what she herself valued, preferred, wanted, and believed so as to create her own authentic path in life. She relied on me to help her distinguish between anxiety caused by real risk (e.g., an episode of unprotected sex) and anxiety caused by stretching beyond her comfort zone with new behaviors and reasonable experiments (e.g., making a strong case to her boss for a salary increase, accepting a date with a black man she knew through work).

She so enjoyed our assertiveness role plays that she decided to take an acting class—a step that had been useful for a number of previous clients. She expressed her motivation, *"I want to be able to fill a room, to shine without feeling shame, to stand up to that bullying producer—but it is SO HARD to stop my fake smile and find my voice."* Jane took a number of acting and voice classes and concluded that she was not a performer. Nonetheless, stretching herself in that way was a direct and powerful way to overcome a lot of her old habits and hangups. "*Now I can stand tall, look someone in the eye, and say NO! I still feel awkward and part of me always wants to apologize afterward, but at least I can do it when I need to!"*

Jane was also struggling with her educational and career path. She had come to the conclusion that, although she was capable of performing well in engineering, she had pursued this in large part to please her father. She described feeling both at home and out of sync in the engineering and music worlds. *"I wish I could find a place that feels like a good fit."* She had been rapidly promoted in the small music company and was now officially responsible for numerous organizational and writing tasks. She had also become the co-owner's unofficial in-house mediator for the frequent interpersonal conflicts that arose when *"too many large egos have to work together."*

We did some career counseling work including the Myers-Briggs Type Inventory and some interest inventories. Jane verified her Jungian type as Introverted Intuitive Feeling Judging (INFJ). I disclosed my own type (INFP) in the process and we sometimes humorously referred to how I was like a 12-step sponsor in her *"recovery from being pathologically nice."* Jane found this type system a useful model for exploring her style of being in the world, especially as it applied to work and relationships. Another benefit was to have a health-oriented method to understand differences between her self and her parents (father: probable ISTJ, mother: probable ESFJ).

By the time we finished this round of sessions, Jane negotiated a way to finish her B.S. She designed an innovative, interdepartmental senior project focusing on how engineering design can take the culture and natural activity patterns of end users more fully into account. This seemed like a good combination of her renewed creativity and her interest in people with her engineering knowledge.

Jane experienced some dip in mood in the fall and early winter of 1999-2000, but was able to stay out of a depressive episode using the SunRiser, exercise, cognitive thought-challenging techniques, and drawing on her overall renewed sense of optimism and confidence. We reviewed her original presenting complaints of feeling stuck, anxious, and hopeless about her life, and her statement that *"I just don't feel like living this life."* She commented, *"I can hardly identify with the girl who said those things now—she's almost like one of my younger sisters or something."*

She decided to tackle the opportunities and challenges in love and work that lay ahead on her own—*"I don't want to become overly reliant on you."* I found myself in full agreement with her sense of timing. However, despite our happiness and satisfaction at the progress made in our time together, we both experienced some personal sadness and regret over reaching the end of our work. The combination of strong boundaries structuring our relationship and transparency

about our experiences with each other allowed us to openly process this mix of gratefulness, appreciation, and sweet sadness over termination.

Third Treatment Episode 2002: 5 Sessions Over 2 Months

Jane returned two years later for a self-described tune-up and to work through a decision in her current relationship. In the wake of 9/11 she had re-evaluated the music industry and found that she wanted work more likely to make a positive difference in the world. *"It was fun for awhile, but I just got sick of the drug culture, the empty hype, and the just plain childish self-indulgence of it all."* Jane had met a man, "Clint," and become involved in the large progressive Protestant ministry he attended, one of the new suburban super-churches. *"I thought I would never go back, but this is so different, it has been really exciting!"*

Through Clint, she made connections in a national alliance of similar new mega-ministries. She was seriously considering an offer to join a company that constructs modern, full-service Christian family centers. She had already had an interview at corporate headquarters when she went home to visit her family in Texas, and the company representative had been very impressed with her senior project. This seemed like an ideal way to unite her foundation in engineering and her passion for providing enlivening environments and experiences to people.

Jane had decided to take antidepressants, prescribed by her primary care physician, for six months the previous year. She followed through with her other self-care measures but had recognized red flags for another depressive episode—she felt exhausted and overwhelmed in the mornings, was *"blowing off seeing my friends to curl up alone at home"* in the evenings, and her thoughts were becoming negative. She decided to think of medications as *"just one more tool to keep myself from getting stuck in that awful rut. I know who I am now, so I'm not worried I'm going to somehow be made different or artificial by the medication."* In fact, she had benefited from Celexa at the low end of the therapeutic dosage range and had not experienced any

significant side effects. We reviewed all of her self-management strategies that had proven useful in warding off depression and developed a written summary of reminders, tools, and references. She decided to set up a monthly reminder from her personal digital assistant to take the depression inventory *"because it is so damned easy to slide into depression without realizing what's happening."*

Clint turned out to be a conundrum for Jane. He was a motorcycle-riding, former Navy SEAL, so he had some "bad boy" panache. But he also had some other qualities she valued—he was an intellectual and introduced her to a form of Christianity compatible with her current value system. On the other hand, he was in the middle of a contentious divorce, the father of two young girls, and ten years her senior. In Jane's own words, *"It just isn't fair! He could be so perfect—he is so hot. Last weekend we took a long ride, and then had great sex, and THEN we had great intellectual intercourse about the place of music in worship and about sexuality and spirituality. I thought I was in heaven. But on Sunday afternoon his ex came over—shouting and waving a new court order and dragging both girls crying behind her—and I was just thrown into a cold shower of ugly facts. It almost made me physically sick."*

Our last session was shortly before Jane left on a trial assignment in Georgia with the Texan company, and what she said stands as a good summary of her current way of being in the world: *"I love Clint and I want to be with him, but the practical circumstances are bad. This new career is exciting and I think I will be really good at it, but it would mean constant travel. So this isn't an easy situation and I don't know how it will turn out. But at least I feel like it is my life, my path, and even if it is full of pitfalls—I am the one steering. For better or worse, I am making my own choices now."*

AQAL Application to Jane's Case: Assessment and Conceptualization

I always attempt to do a thorough assessment during the opening phase of therapy, but it is necessary to balance the utility of thorough understanding with the need to begin building a therapeutic alliance and addressing urgent problems. Due to the variable length of treatment in my practice (from a 1-3 session Employee Assistance Program model to long-term psychotherapy), it is necessary to adjust the assessment aspect of treatment in proportion to the total time available. Therefore, I generally use an informal, intuitive process to get a sense of hotspots in a client's quadrants, levels, and lines. In those circumstances when there is a need for greater certainty or specificity, I sometimes use more formal assessment processes and instruments. Individuals associated with the Integral Psychotherapy Center at Integral Institute are working to create tools that will guide practitioners in performing similar Integral assessments.

The Relevant History section at the beginning of the case study was a summary of those characteristics I knew by the third session that, in light of what subsequently unfolded, seemed the most relevant to Jane and her life conditions. Unremarkable information is left out for the sake of brevity (she doesn't experience mania, has no chemical dependencies, was not physically abused, etc.).

Balancing Accurate Assessment and Effective Action

My experience of practicing Integral Psychotherapy is that it involves continually balancing two main streams of activity—*accurate assessment* and *effective action*. The foundation of both is staying genuinely and fully present with the person. Without this authentic, embodied presence, even great insight and the most appropriate and powerful technical methods and problem solving skills will tend to miss the mark. Any number of practices can be useful in developing the capacity to be present in body, mind, and spirit with clients. I have found meditation to be

particularly useful, but I appreciate many other present-centered approaches such as Gestalt techniques, Gendlen's Focusing, role plays, well-timed interpretations of the therapeutic relationship, and bringing attention to unconscious and non-verbal expressions of emotion as they occur.

It is important, however, to avoid the pitfall of "Be Here Now" dogmatism that automatically categorizes other types of conversations as avoidance or intellectualizing because they are not exclusively focused on being present with emotion or attending exclusively to the relationship between the client and therapist. For example, it is often useful for people to tell me the stories they use to make meaning of their own experience. These "There and Then" narratives not only reveal their meaning-making systems but often offer rich opportunities for progress through the mechanism of reframing life experiences in more empowering ways (for example, when Jane recounted and reframed her response to her sexually inappropriate pastor.)

My aspiration is to hold my assessment (my mental model of a client and the work to be done) lightly, allow it to constantly evolve, and focus on growth opportunities. Some psychotherapists fear that any type of disciplined diagnostic thinking (particularly the medical model of traditional psychiatry) will inevitably result in objectifying, pathologizing, and disempowering the client. Certainly, assessment and diagnosis *can* become a closed mental model of the client that is tightly held, fixated on pathology, and impervious to disconfirming data. However, just because assessment and diagnosis can be misused doesn't mean that it will always and necessarily be counterproductive or abusive. On the contrary, the lack of a conscious process of assessment and conceptualization of the client results not in an encounter that is free of concepts (and therefore somehow more genuine or pure) but an encounter that is trapped within the boundaries imposed by the therapist's unconscious assumptions and prejudices. The Integral approach is designed to include the value of diagnosis and assessment while transcending its pitfalls and limitations.

Scanning the Quadrants

Throughout the course of psychotherapy, I am building, testing, and revising a coherent AQAL model of my client and of our therapeutic relationship. This AQAL model guides me as I strive to provide what this unique individual most needs from me and our work together. One aspect of this process can be thought of as *Scanning the Quadrants*.

Below I describe one way of applying the quadrants which has proven both fruitful and relatively simple—scanning your own quadrants as well as your client's. This illustration uses the material from Jane's therapy and is not meant to be an exhaustive review of the application of quadrants to clinical practice, or to imply that this method is exactly how all psychotherapists should proceed. For one thing, since the quadrants are interpenetrating and co-arising dimensions of all human phenomena, many of the questions below could logically be sorted into several categories.

The bullet points below are questions and considerations that have proven a good starting point for those I have consulted with and taught. They are followed by examples and explanations.

The Client

Client's Upper-Right Quadrant:

- What is this client's brain and body contributing to the current difficulties? In what way does their body and brain offer opportunities for solutions, healing, and growth? (Jane probably had an inherited pre-disposition or vulnerability to the biology of depression—Seasonal Affective Disorder subtype—with 4 first degree relatives suffering from Major Depression. Medication and sunlight substitution therapy were two ways she intervened biologically. We employed the image of a horse [our body/brain] and rider [mind and soul] to understand and manage this fact.

"You and this horse are not one, but also not two—you have a body/brain but you are not just this body/brain. You can understand what helps and hurts your horse and you can learn to keep your seat even when the going gets rough. Don't forget that *your* horse needs bright light and regular exercise to keep her spirits up.")

- What actions or behavior patterns are likely to be most helpful for this person and how are they best established and reinforced? (For many people with depression, Jane included, vigorous exercise is an effective mood elevator. Fortunately, she had a history of athletic discipline to draw on and needed only to re-establish a previously pleasurable pattern of intensive physical activity.)
- What unhelpful behavioral patterns does this client exhibit? What actions are likely to interrupt unhealthy behavior patterns and replace them with healthier behaviors or decrease the frequency and intensity of negative behaviors? (Many people suffering from depression isolate socially and stop participating in pleasurable activities. Jane found it helpful for us to brainstorm ways to schedule more pleasurable behaviors into her week and then discuss any obstacles she encountered at the next session.)

Client's Upper-Left Quadrant:

- What is this person's "center of gravity" developmentally? What are this person's main developmental tasks at this point? What level of communication is most effective to use in our interactions? (Jane was struggling to differentiate from a family context with a Mythic-Rational / Third Order [Kegan] / Blue values [Spiral Dynamics] center of gravity. To provide her with an optimal holding environment for her transition to a more Experimental-Rational / Fourth Order / Orange values center of

gravity, I needed to "speak both languages." Jane was struggling with age-appropriate developmental issues of adult identity and intimacy.)

- To what extent is this person being truthful about her interior experience—her thoughts, feelings, and impulses? What is she unintentionally lying to herself about? How is that affecting her? What is she "in the dark about" in her own interior—what lives in her shadow? (At the beginning of our work, Jane inhabited a good-girl persona. Consequently much of her vitality—her ability to experience pleasure, anger, and longing—was not available to her in daily living. For example, at first she would often deny that she disagreed with me or was irritated because that would violate her mental construction of how a good patient complies with a trusted doctor. Gradually she realized that it would not threaten our relationship to disagree or show irritation with me—in fact, I was encouraging when she did so. This was a new experience that allowed her to question a central assumption she held. This had many implications for her everyday relationships.)

- What is the structure of this person's self-system? Are there significant sub-personalities that need to be attended to? (Jane's bad girl shadow had its own set of impulses and motivations that had been repressed, such as anger and sexual desire. While her shadow may have been, in a sense, depressing her overall vitality and mood in retaliation for being devalued, dismissed, and disowned, its contents were relatively benign. Once Jane began an internal dialogue between these aspects of her psyche, she could begin integrating the shadow into a more mature and expansive self-system.)

- How mature is this person in the various lines of development? (See section on Including Multiple Lines of Development)
- What is this person's personality type? (See section on Type)

Client's Lower-Right Quadrant:

- What are this person's most pressing environmental and social systems issues: housing, finances, transportation, legal, career? (Jane's depression had interfered with her ability to function effectively as a student and an employee and resulted in financial difficulties and social isolation. The low-light conditions in the Pacific Northwest had contributed to triggering her depressions.)
- What external realities make sense to include in the psychotherapeutic conversation? (It is important to prioritize the sequence of therapeutic issues). Jane needed to deal with pressing issues of employment and finances at the beginning of our first course of therapy. Once her life was working adequately, she had more attention and energy to deal with interior issues. The LR quadrant is also the home of insurance authorizations and other financial considerations, privacy issues, and practical obstacles to treatment, such as transportation and time off from work and childcare. For example: Can a woman who can't pay rent afford the co-pay for psychotherapy? Can she afford not to get treatment if her depression led to her unemployment? What are the implications of a diagnosis of Major Depression for Jane? Will she be denied coverage for some period at her next job for this pre-existing condition? If she runs for

elective office will her opponent's dirty tricks team dig up this protected information during the campaign?)

Client's Lower-Left Quadrant:

- What does this person's current and past cultural context and interpersonal network tell us about them? What is their value-system-in-action? (Jane's alienation from her campus bible study group was one clue that she had changed internally and needed to understand her process in order to find her place in the world. This place she was searching for was, of course, as much about shared meaning, values, and ethics as about geographic location. Interestingly, she ultimately discovered a sense of profound belonging in a church that looked physically similar to her childhood churches, although it was very different culturally.)

- In what ways does this person's cultural context support, exacerbate, or participate in their presenting problem? (For many people, Jane included, questioning the values and beliefs of one's family of origin feels like betrayal. At the beginning of treatment, she was still psychologically contained in her family's culture, and this unconscious immersion was the framework for her presenting quandary. Although she had reached a desperate point, she initially could not imagine another life—at least one that did not involve betraying her culture or dying to her current sense of self).

- In what way does this person's cultural context offer opportunities to learn, grow, and overcome their current difficulties? (Seattle proved a fertile context for Jane to experiment with new experiences and a new

sense of herself. For instance, her new friends encouraged her to own her power [sexual, intellectual, and interpersonal]. The Capitol Hill neighborhood and her job at the music company immersed her in a culture that supported a new identity as an independent, ambitious, adult woman.)

The Therapist

Therapist's Upper-Right Quadrant

The main questions here revolve around what the best behaviors are for me in order to be optimally helpful to this client. In other words, how should I best "show up" in this relationship?

- Both support and challenge are always important—but what is the optimal balance at this moment, or in this session, or over the arc of this course of therapy? (Generally speaking, I lead with support to develop a therapeutic alliance. Once we have built some trust and rapport, it is possible to offer more challenging reflections and interpretations.)

- What communications and actions on my part will most powerfully assist this client in performing behaviors we expect to be helpful? (For example, Motivational Interviewing provides a coherent approach to assisting clients in making behavioral changes. M.I. is clearly a more effective approach to behavioral activation than exhortation, advice giving, or empathic reflection alone.)

- What roles are optimal for me to inhabit (and when) during our work together: authority figure/expert, listener/witness/empathic mirror, advice giver, skill-building and accountability coach, provider of insights and interpretations, etc. (For Jane it was important to begin by relating to me as an authority figure with answers to her problems. However, by the end

of our work together, I had inhabited every one of the above mentioned roles.)

Therapist's Upper-Left Quadrant

While working with a client, I observe my experience of this unique person. Self-awareness about how this person is affecting me provides me with a wealth of potentially valuable insight into the client's interior, and also into how other people might experience and respond to this person (their spouse, boss, children). Two questions raised are: What part of this will be most helpful to communicate to my client? Plus, how and when shall I offer these reflections, interpretations, and questions?

- Am I adjusting my communication effectively to this person's value system and level of meaning-making? (Recognizing what level of meaning-making a client is primarily using and respectfully adjusting one's own approach to relate more effectively to their way of being is a profoundly important and powerful practice. Being integrally informed guides adjustments in my demeanor, my goals, and my language as I attempt to serve the best interests of my clients. For example, a young single mother referred by a CPS case-worker for impulse control problems requires very different treatment than a retired executive struggling to establish a renewed sense of community and meaningful engagement beyond his identity as a successful businessman. The former client might benefit most from being engaged in a concrete conversation that helps her practice operating on her impulses with consequential thinking [e.g., "What do you most want? Which behavior is most likely to accomplish that?"]. The retired executive might benefit most from a more

introspective approach designed to clarify his deepest values and sense of purpose so that he can develop a new and meaningful life-structure.)

- What arises in my internal experience being with him/her—thoughts, fantasies, feelings, bodily sensations, hunches? Which of these may be relevant information to be included in our work? (Example: "I am reminded now by your body language of how you have described yourself as collapsing when you feel attacked. I suddenly realized that maybe I had taken the bait and scolded you for being a 'naughty girl.' Do you think we might be playing out that father-daughter script that we talked about last session?")

- Am I being truthful? Am I adequately tracking my own counter-transference? Am I experiencing authentic engagement, or am I, as actors sometimes say, "phoning in a performance"? (Much ink has been spilled in an effort to describe the importance of authenticity. My experience is that the farther I have to stretch to empathically connect with a person, the more challenging it is to maintain congruence or authenticity. This is why I believe that being a psychotherapist, coach, consultant, or leader—or any other professional change agent that uses one's self as a primary instrument—demands a lifelong commitment to expanding one's flexibility. Meeting the needs of a cross-section of the human community calls for the ability to speak/think/feel/move in a variety of value systems/cultures.)

- Am I adjusting my communication effectively to this person's type-style? (I use the Myers-Briggs Type Inventory based on Jung's work most

frequently. With some clients it seems appropriate to introduce the Enneagram as well.)

Therapist's Lower-Right Quadrant

At meetings and conferences for clinicians it is common to hear mental health professionals complain about managed care bureaucracy; about how politicians ignore mental health issues and society misunderstands and underestimates the importance of psychological guidance. But most observers would acknowledge that whether the origins are natural or cultural, psychotherapists, as a group, are least interested in and least effective at addressing the issues of this quadrant. An Integral approach will thus emphasize some psychological components that are often overlooked or devalued in the professional community and in daily practice.

In terms of the treatment of a particular client, scanning the LR quadrant reminds us of several important considerations:

- Are the needs of this person within my set of developed competencies, or do I need clinical consultation or perhaps even to refer them to another therapist? (Jane was a good fit for me on almost every dimension and I consulted liberally on depression treatment options.)
- Are we spending our time together (and their money) wisely? Are we focusing on the highest available leverage points for action? (Jane's insurance coverage was a consideration in our planning. Fortunately, in this case, it was adequate to meet her needs.)
- Are we addressing the challenges and opportunities present in the client's financial, institutional, and physical environment? (For example, Jane was initially quite anxious about the possible downside of moving from a studio apartment to a shared housing situation. I offered her guidance on

how to reasonably evaluate her roommates and the overall circumstances, and she ultimately decided to take the leap. The social support and interpersonal learning that occurred proved to be one of the most powerful and positive experiences of all for Jane.)

- Am I tending to my professional obligations and behaving in compliance with all relevant policies and procedures? This includes my own rules and those I've agreed to abide by, including: insurance requirements, codes of professional ethics, and government licensure regulations. (Consistent tracking and on-time execution of the wide array of administrative duties of a professional in today's world can be daunting: complicated billing, just-in-time scheduling, appropriate disclosures and releases, and evolving HIPAA regulations are all an ongoing challenge requiring personal discipline as well as a supportive collegial community.)

Therapist's Lower-Left Quadrant

The focus of this quadrant is awareness of how the therapeutic relationship is acting as an instrument of healing, growth, and change.

- To what extent is our relationship healing and generative? What might change in the way this client relates to me that would indicate a step in the right direction, toward healing and growth? (Over time, Jane grew willing and able to stay present with her own point of view—even though it differed from mine. It was a new and illuminating for Jane to experience someone she respected as an authority figure celebrate her for thinking independently.)

- In what ways are this person's and my culture the same (and different)? What might I miss or misinterpret based on differences in race, ethnicity, language, gender, or sexual orientation? To what extent can I relate to this person's worldview and meaning-making system so that I can be a participant-observer and understand and empathize with their experiences? (Five years ago it would have been more difficult for me to recognize the healthy aspects of Jane's conservative religious upbringing. Like many therapists, I was much more focused on the unhealthy aspects of traditional cultures. However, my work as an organizational trainer and coach has brought me into close contact with many adults who make meaning at the conventional level. These individuals are, nonetheless, relatively happy and well-functioning—not to mention generous, trustworthy, and loyal. My experience with less troubled populations, plus a deepening understanding of adult development, makes it easier to differentiate normative levels of value and meaning-making from more problematic derailments of development.)

- Do the roles, words, and images I use resonate within this person's value-system and worldview? Does my communication strengthen mutual understanding? (I was able to join successfully with Jane and then pace changes in my communications and our roles as her worldview and sense of herself evolved. At the beginning, I was an authority figure and fairly directive. By the end of our work together, she viewed me as a sounding board and experienced guide. She experienced herself as her own authority, with more responsibility for setting goals and making choices. As with many clients, we developed a vocabulary of images and phrases that we could use as shorthand with personal meaning—pointing to

complex phenomena that we had experienced together. Some examples: "in recovery from being pathologically nice"; "good girl vs. Catwoman"; "the smiley mask.")

Levels of Consciousness: Pathologies, Treatments, and Personal Journey

Soon after we started our therapy, Jane expressed a clear sense of her need for individuation and a more adequate, life-sustaining self-sense. My working hypothesis was that Jane emerged from her family of origin with a center of gravity at the Loevinger's self-conscious stage. This would correspond to a position somewhere between Kegan's 3rd and 4th order. Although Spiral Dynamics vMemes are not really equivalent to stages in self-system theories like Kegan's and Loevinger's, my sense was that Jane was already in transition from Blue values toward Orange values. By our last sessions her center of gravity had clearly shifted to Loevinger's Conscientious, Kegan's 4th order, SD's Orange vMeme, etc..

Susanne Cook-Greuter, a colleague at Integral Institute, reviewed this case and offered some specific assessment insights. First of all, there are several main reasons to believe that Jane began our work together at a self-conscious level of ego development: she was capable of abstract operations, third-person perspective, and considerable self-description and reflection. In addition, Jane negotiated counseling on her own after having consulted a physician who recommended this move. She was aware enough of her prior, conflicted love relationship to describe it with some distance despite the pain. Furthermore, at 22, Jane described herself as having been playing a role rather than daring to be her true self (the explicit need to become one's true self emerges at the self-conscious ego stage). No longer merely conforming and being a "nice girl" based on others' expectations, Jane is guided by self-defined reasons for her actions. For example, she consciously refuses to take medication because she wants to learn from her painful experiences unlike her parents who, according to Jane, tended to cover them up with medication. These

observations suggest that Jane had already begun moving beyond the conformist ego stage of her late adolescence when we began our work.

I did not have enough biographical information to evaluate Jane's development through fulcrum-1 (e.g., what early interactions between her and her mother might have impacted her). My assessment was that Jane had negotiated fulcrum-2 fairly well. Healthy traditional family values served her by creating clear boundaries and appropriate structure for her toddler impulsive self. Observing her parents with the young children of relatives on visits home confirmed that they were comfortable combining love and limits until kids reached about five or six years old (when they started sternly addressing children as "young man" and "young lady" and offering considerably less physical affection and verbal empathy). So the main action for Jane psychologically and behaviorally was in fulcrums-3 through 5: psychoneuroses through script pathology and on to questions of adult identity.

At fulcrum-3, uncovering, owning, and expressing repressed anger and sexual energy was a central part of our work. Behavior that was incompatible with or puzzling from the point of view of consciously held motives was often a clue in this endeavor. *"So you don't know why you said Yes again? If you had a friend in this same situation and she made that choice, what would you think she might want or might want to avoid?"* We also used assertiveness role plays and her acting classes. Although it was not a therapeutic assignment, the costume party was an important step for Jane in the process of reclaiming and integrating her shadow.

We also did a fair amount of fulcrum-4 script analysis; for example, gaining perspective on the fundamentalist doctrine of her church and family. As her vital energy became more available, Jane felt less and less comfortable playing her old "racket" (to use the Transactional Analysis term) of the good girl who always does the right thing. She discovered that she often operated automatically on rules and roles that made sense in her family of origin, but not in her present context: *"My mother always said, 'Never interrupt people'—but Marty is from New York! I'd*

never get anything done if I didn't cut in! You were right—my boss had no idea that I was the one keeping the NW partnership from blowing up. I mean, how could he not notice when I had spent all that time last month? I guess you've got to be your own booster in this environment."

And of course, we worked extensively on fulcrum-5 development, including introspection, self-observation, and self-analysis. I think of script analysis as shading into more cognitive-behavioral and rational-motive forms of work at fulcrum-5, work that requires a greater capacity to witness your own thoughts, feelings, images, and behaviors. Jane seemed to experience her own blooming most keenly in the process of defining her purpose, values, and vision—and choosing actions that were in alignment with this inner compass. The nature of this work is to ask *What matters most? What turns me on sexually, intellectually, artistically? What are my moral guidelines when I have competing goods to consider? Who am I when I am not simply playing a role given to me by others?* For example, in her desire to escape the fundamentalist Christianity of her family of origin, Jane initially rejected spiritual and religious involvements altogether. But once she had adequately secured herself at the next stage, she was able to choose and engage in another religious community. The one she chose did not request or require the same kind of submerging of individual striving to a conventional script determined by higher authorities, but instead supported individuals (according to one flyer) as they "fan the divine spark within for guidance as you become the author of your own life."

Another interesting phenomenon to note in relation to levels or stages is that depression often arises when we have adequately practiced, explored, and mastered a particular level of meaning-making and are resisting the anxiety-provoking transition to the next. Suicidal thinking and preoccupation with death is sometimes a message from our unconscious that it is time to let go of our current identity so that our "next self" can emerge. Jane herself said, early on in our work, *"I just don't feel like living this life."*

Including Multiple Lines of Development

Spiritual

Jane attended a Christian and Buddhist conference, which led to a centering prayer retreat, where she met people from the church mentioned in the body of the text. At the beginning of treatment, Jane felt ambivalent about her spiritual experiences. She expressed doubt, after her disillusionment with her childhood church, that any such insights or feelings are real and valid—and yet she found this doubt tremendously depressing. By the end of treatment, she was practicing centering prayer, experimenting with sacred music, and viewing sexuality as a potential avenue for communion with divine energy.

Cognitive

Jane is a very intelligent young woman, with some highly developed cognitive abilities, especially in spatial and mathematical areas. At the beginning of treatment, she was already solidly established in formal operational rationality (hypothetical-deductive reasoning) but was only fully applying it in her academic studies. I believe she began glimpsing vision-logic in some of the more heated raves she attended and in some of her spiritual seminars, but the main work in the cognitive line seemed to be supporting growth in the other dimensions of the self-system.

Interpersonal

At our first meeting she was relatively undifferentiated and naïve in the emotional, sexual, and interpersonal arenas. In retrospect, it seems clear that this was the area in which she experienced the greatest healing and growth. Much that Jane was originally identified with and subject to (such as family and church rules and roles) transformed into objects of perception that she experienced as distinct from herself—and could therefore choose to operate upon. Jane also stopped overly repressing her vital energy—particularly sexual and aggressive instinctual intelligence—and made a great deal of progress integrating those energies into a social self that can function at a high level in 21st-century America. Finally, she made great strides in her

capacity to balance communion and agency. She now has a healthy social network, is deeply engaged in finding a sexual and marital partner, and is becoming a much more professional contributor of her strengths to adult teams.

Moral

A significant aspect of Jane's struggle was reconciling the moral teachings of her childhood—that had been both invalidated and reinforced by the debacle with her church leader—with the more modern context she had moved into. It was quite a journey to go from the morality of fundamentalist Christianity in the Deep South to the music scene in Seattle to the nationwide mega-ministry movement! In a nutshell, we could say that Jane negotiated the transition from a conventional/sociocentric morality to a postconventional/worldcentric morality during the course of this journey.

Kinesthetic

Jane had been an avid athlete during her high school days but had not paid much attention to her body or moving through space for a number of years. Music, dancing, acting classes, the Catwoman party, and sexual experiences all contributed significantly to a renewed interest in embodiment.

Working with States

We worked with states in a number of ways. During the last half of the 2nd treatment episode, we opened every session with 5 minutes of silent mindfulness practice. This aids focus and mindfulness during the session, and it is a positive way to help people deepen their capacity for self-observation, which is key to effective cognitive-behavioral and introspective work. We also did occasional guided visualizations, which I conduct as a kind of permissive hypnosis (as described in O'Hanlon and Martin's 1992 work, *Solution-Oriented Hypnosis: An Ericksonian Approach*).[2] The most common reason for guided visualization is to paint a vivid, imaginative,

and sensate picture of a solution, state, or desired goal. This aids in aligning the whole body, mind, and behavior with the goal and subsequently makes it easier to observe when one is out of alignment.

By the end of our work together, Jane had started to explore non-ordinary states for healing, growth, and pleasure on her own (sacred music rituals, "sexual magik," and centering prayer).

Using Types

The use of the Myers-Briggs Type Inventory contributed considerably to my work with Jane by providing a health-oriented model of some of Jane's essential predispositions. The type material made it easier to differentiate between outmoded injunctions from the "nice girl" persona (*"ladies don't raise their voices"*) and her core personality tendencies as an INFJ, such as valuing harmony. By understanding her dispositional preferences, she could celebrate and embrace her gifts and strengths without fear that she was preserving a pathological aspect of herself. In addition, the Myers-Briggs framework allowed Jane to more readily objectify her previously held identification with Kegan's 3rd order of consciousness—*"I don't have to stop being idealistic. I want my work to be for something more than a paycheck, but that doesn't mean I have to buy into a whole dogmatic belief system."*

Conclusion

My intention in this case study has been to give you an in-depth view of the uses of Integral Theory and methodology in clinical practice by describing one particular journey of healing, growth, and discovery—the one that I was privileged to take with Jane. I have attempted to describe this in as straightforward and accessible a way as possible. I would like to conclude with a few brief personal reflections on my experience of practicing Integral Psychotherapy.

When the process of psychotherapy is going well, I sometimes enter a flow experience where, in my mind's eye, I can see my understanding of my client, her world, and our unfolding interactions. One way to describe this is as a spontaneously arising, animated mental model that integrates conceptual understanding with more imaginative and non-rational modes of understanding. This is my way of experiencing what Wilber calls vision-logic. Psychoanalysts sometimes talk of how daydreaming or reverie can make a fruitful contribution to one's work, and this may be another way of describing this experience. In any case, I notice that this happens more frequently and stably after I have developed hypotheses about my client from a variety of different angles—that is, when my AQAL assessment has begun to gel. These imaginative interior representations of complex understandings can become quite vivid when I am intensely focused and deeply engaged with a client. At these times it feels almost as if a holographic animation is being co-created in the space between us to serve as a guide for our work together. I am grateful for this experience; the work becomes more playful, conceptual complexity is usefully summarized by these over-determined images, and the quality of intimate communion between my client and I is enhanced.

An example from my work with Jane is a cluster of ideas and images around space that arose and blossomed during our time together. When I first met Jane, I thought that her bodily posture and mannerisms made it look as though she feared taking up too much space. As we progressed in our work, she uncovered unconscious material (such as that related to her current mode of relating to men) that had been *"cluttering up her life."* She chewed on this material and finally metabolized it by using it to create new internal structure—that is, she built a stronger and larger sense of self. This re-modeled self was big enough to house both the good girl personality and many previously disowned impulses and motivations. As she enlarged her internal space, she also became more comfortable in external social space. She spoke of filling up a room with her presence instead of automatically accommodating everyone else's views and wishes. And of course, she was and continues to be fascinated by actually building exterior spaces (such as

mega-churches) that both reflect and inspire the inhabitants' highest internal aspirations, values, and visions. By the end of our work together, we thus had a second metaphor for psychotherapy to add to that of a journey—we had worked together to build or remodel her sense of her self.

Whether practicing an Integral approach to psychotherapy will spark this kind of experience in your own case, I do not know. But I am confident that it will support you in developing a style of working that is at once more comprehensive and yet also coherently integrated. More comprehensive because the Integral framework includes and makes available all of the many valuable psychotherapeutic approaches that have been developed (ancient and modern): it helps address every relevant dimension of the human beings we work with (and their environments). But because inclusiveness without an adequate organizing framework becomes at best a kind of hit or miss eclecticism—and at worst, chaotic and harmful—the Integral approach is also intent on coherently integrating the ideas, tools, and techniques that we use. The Integral framework makes it possible to choose from a rich array of approaches and suggests how to combine them in a way that amplifies rather than dilutes their individual efficacy.

I look forward to joining you in building a community of Integral scholar-practitioners. Let's share what we are learning as we seek to offer the most practically useful, comprehensive, and inspiring service possible to our clients. Ultimately, it is only by working together, with our clients and with each other, that we will.

Endnotes

[1] If you are unfamiliar with any of the terms or concepts used, consult introductory articles in this journal or access materials available at Integral Institute (www.integralinstitute.org).
[2] O'Hanlon & Martin, *Solution-oriented hypnosis: An Ericksonian approach*, 1992

REFERENCES

O'Hanlon, William Hudson & Martin, Michael (1992). *Solution-oriented hypnosis: An Ericksonian approach.* New York: W. W. Norton.

PAUL LANDRAITIS discovered Ken Wilber's work in 1983 and quickly became an ardent student of the Integral approach. He received his M.A. in Buddhist and Western psychology from Naropa University that same year and now has over 20 years experience applying Integral approaches to helping people resolve relationship problems, overcome mental and emotional disorders, live an authentically happy life, and develop their capacity to contribute to the greater common good. He has sought wide-ranging professional experience as a psychotherapist, coach, adult educator, consultant, and mental health researcher in order to deepen his own understanding of human potential and serve people by bringing Integral insight to these tumultuous times.