PERSPECTIVES AND PSYCHOTHERAPY: APPLYING INTEGRAL THEORY TO PSYCHOTHERAPY PRACTICE

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ABSTRACT: Wilber’s (1995) integral theory is now being applied in multiple disciplines including psychotherapy. While most of the literature has been theoretical, more focus is needed on how integral constructs help psychotherapists conceptualize their work and how the constructs relate to the practice of psychotherapy. This paper posits four uses of perspectives that are outlined in integral theory and discusses their use in psychotherapy and supervision.

Since the development of Wilber’s integral (1995) model and integral psychology Wilber (2000a), scholars and practitioners have begun applying the integral model to different disciplines including psychotherapy. There are theoretical publications exploring Wilber’s ideas (e.g., Adams, 2007; Angel, 2007) but not many papers with applied focus on integral ideas in the practice of psychotherapy. This may be because, as Foreman (2004) noted, integral psychotherapy is still unformed. From application, the constructs can be further critiqued, researched and refined as needed and the praxis of integral psychotherapy can move toward a mature form. There are clinicians and researchers applying integral theory to substance abuse counseling (Amodia, Cano, & Eliason, 2005; Eliason & Amodia, 2007), group counseling (Black & Westwood, 2004), school counseling (Ingersoll & Bauer, 2004), diagnosis (Ingersoll, 2002; Teodorescu, 2003; Wehowsky, 2000), and youth counseling (Forbes, 2003). A special issue of the journal Counseling & Values was dedicated to applied integral counseling and psychotherapy. That issue included five papers on integral theory (Marquis, 2007), the role of development (Cook-Greuter & Soulen, 2007), the self-system (Ingersoll & Cook-Greuter, 2007), defenses (Pearson, 2007) and ethics (Foster & Black, 2007). In addition, Foreman (2004) reviewed the integral model in-depth and examined its implications for psychotherapy and Marquis (2008) designed an integral assessment process based on his dissertation work.

While each of these works has contributed to our knowledge of how to apply integral theory to work with clients, there is need for more specific discussion and application of how constructs particular to the theory can inform assessment, treatment and supervision. In addition to being a framework that helps therapists organize and draw from existing theories of psychotherapy (Parlee, 2006), integral also has unique elements forged from Wilber’s synthesis of depth psychology, wisdom traditions, and human development. This paper focuses on one such element, the role of perspectives in integral psychotherapy.
I describe four integral understandings of perspectives and outline the application of each in psychotherapy.

Understanding perspectives is fundamental to psychotherapy. Integral offers a unique understanding of perspectives not to be confused with earlier philosophical approaches to perspectivism that, however admirable for their time, are more general than what is summarized here. The four primary roles perspectives play in integral psychotherapy (Wilber, 1995; 2000a; 2000b; 2006) are:

1. Perspectives as indicators of cognitive development
2. Perspectives as reflections of the four Integral quadrants (and thus reflections of one’s being)
3. Perspectives expressed in language as a reflection of psychodynamics that give therapists clues about how to work with clients.
4. Perspectives as a way for client and therapist to practice psychological balance or what could be called the “1-2-3” of psychotherapy [following Wilber’s (2007) 1-2-3 of God and de Quincey’s (2000a) work on perspectives in consciousness studies]. Before describing these four roles, a short outline of integral theory is in order.

A SHORT OUTLINE OF INTEGRAL THEORY

Integral theory has five primary elements: quadrants, states, types, and levels/lines of development. The quadrants are discussed in more detail below but a one-line description of them could be that they represent the basic elements in our experience. These elements are interiors, exteriors, individuals, and groups. When combined, the quadrants give a representation of the interior and exterior of both individuals and groups. States in integral theory refer to multiple states of consciousness that human beings have access to and in particular the three states of waking, dreaming, and deep dreamless sleep (Wilber, 2006). Types refers to various typologies that act as lenses through which we filter experience. Finally the levels and lines of integral theory refer to the multiple lines of development that fall out in human experience in stages. While some of these lines are well researched (e.g. cognitive and ego development) others are more speculative and require further research (e.g. emotional intelligence and values development). Wilber (2006) has noted that cognitive development is necessary but not sufficient for growth in other lines like ego. It is to cognitive development and its relation to perspectives that we now turn.

PERSPECTIVES AS INDICATORS OF COGNITIVE DEVELOPMENT

One way to understand a person’s level of cognitive development is as the number of perspectives that person can take (Loevinger, 1987; Selman, 1980). Wilber (2006) described cognitive development as “an increase in the number of perspectives you can take” (p.113). Increasing perspectives is important in
psychotherapy because the ability to shift from 1st, to 2nd, 3rd, and even 4th-person perspectives allows a person to gain emotional distance from emotionally difficult issues. Perspective taking is also beneficial to the therapist and supervisor in gaining broader, deeper views of the therapeutic work being done and enhancing it.

Perspective-taking as an indicator of cognitive development can facilitate a person’s ability to grow psychologically. Loevinger (1976) suggested that one’s level of cognition (expressed as perspective-taking ability) is necessary but not sufficient for self or ego development. She noted that cognition seemed to be a pacer for ego development although the question appears to have remained unresolved for her (Loevinger, 1998). Following is a summary of 5 perspectives individuals can take, how they unfold developmentally, and how they come into play in psychotherapy.

The 1st and 2nd-Person Perspectives

The 1st-person perspective emerges in us as children when we are beginning to use language to gratify our needs. Its initial emergence corresponds with what Piaget called pre-operational thinking where children begin to use language to represent objects but cannot take the perspective of another (what I refer to below as the 2nd-person perspective). At about ages 2 or 3 children begin asserting their emerging sense of self (and emerging 1st-person perspective) with words like “no!” and “mine!” The 1st-person perspective reflects a sense of self separated from the rest of the world. The child is cognitively aware of this difference between self and the world and thus can begin to identify with it.

Development can be thought of as a sacred impulse (“sacred” from the Latin meaning both blessed and cursed). The blessing of an emerging 1st-person perspective is the seed of ego and the beginnings of mastery over the world one differentiates from. The curse is that when one differentiates from the world, one can also feel threatened by that world that is now perceived as “not me” or “other.” Thus the average 2 or 3-year-old begins to suffer from nightmares and separation anxiety once they have a separate sense of self that can feel threatened.

When the 1st-person perspective emerges it is the only perspective a small child can take. There is a substantial difference in perspective-taking ability between 2 or 3-year-olds and 5-year-olds. The 2 and 3-year-olds by-and-large are limited to a 1st-person perspective. The ability to take a 2nd-person perspective begins emerging in these early years but is not consistently adequate until around age 5 (Abrahams, 1980). This is a pattern with each new developmental level (Flavell, Miller, & Miller, 2001); the movement from initial emergence to a person developing adequacy at the new level is referred to in integral psychotherapy as healthy translation. A blessing of the 2nd-person perspective is this ability to begin feeling into the perspective of others; a curse is that we become more aware of the suffering of others.
Mastering the 2nd-person perspective is correlated with Piaget’s (1929) level of concrete-operational thinking typified by an ability to learn from personal experience and perform operations with concrete objects but not consistently in the abstract (for example a child can form a larger group of blocks from smaller groups of similar blocks in the preschool but could not perform the operation intrapsychically).

The 3rd-Person Perspective

Cook-Greuter (2006) has written that “a conceptual watershed is crossed when one can take the third-person perspective” (p. 15). This “watershed” is accompanied by a greater ability to introspect, a desire to further individuate by differentiating from family and developing a sense of individual personhood. Cook-Greuter notes that from a 3rd-person perspective self and others are experienced as separate people who are unique.

In psychotherapy an example of 3rd-person perspective is more easily understood by describing a situation. Assume a therapist is working with a husband-wife couple. The therapist can engage a 3rd-person perspective in clinical work with the couple in that she has a sense of what the husband thinks of his wife and his role in the relationship as well as what the wife thinks of her husband and her role in the relationship. The therapist is then in a unique position to help each member of the couple make objects of awareness of those things related to the relationship that they are not aware of or are pushing out of awareness.

With formal-operational thinking, the 3rd-person perspective evolves to include a clearer separation of self and other, subject and object. At this level of refinement, the 3rd-person perspective includes understanding of self and others both forward and backward in time hence; you can recall your past self, fantasize about your future self, and link it all to your present self.

This fluidity in time is a resourceful use of the 3rd-person perspective for any mental health practitioner. Going back to the earlier example of a therapist counseling a couple, the ability of the therapist to feel into or empathize with both the husband and wife is greatly enhanced when the therapist understands how both came to be who they are and how who they are may affect their futures individually and as a couple. For example there is evidence that maltreatment disrupts perspective-taking ability (Burack, et al., 2006); so if the wife’s primary complaint about the husband is that he does not care what she thinks, the therapist may consider that the husband’s style of interacting is related to his upbringing. Should this prove an important variable in how the husband sees the world, the therapist will suggest as much to the wife and help both wife and husband make an object of awareness of how his history shows up in the relationship.

A 3rd-person perspective also helps the therapist to step outside of the therapy relationship and reflect on it. This is exercised by making case notes, consulting
with colleagues, and in supervision. A blessing of the 3\textsuperscript{rd}-person perspective is the ability to objectify things for the purpose of better understanding them. A curse is retreating into this objectification as a form of avoidance.

\textit{The 4\textsuperscript{th}-Person Perspective}

The 4\textsuperscript{th}-person perspective is rooted in late-formal-operational and post-formal operational thinking referred to by Wilber (2000b) as vision-logic and can be generally thought of as the ability to entertain multiple perspectives without unduly privileging one. While there is still debate over the idea of postformal-operation levels (Broughton, 1984) and how such levels manifest if they do exist (Labourvie-Vief, 1980), several models have been set forth (Basseches, 1984; Commons & Richards, 1984; Kegan, 1982; Koplowitz, 1984). Accepting the argument that postformal levels of cognition exist, we must recognize that they are rare developmental achievements (Kramer & Woodruff, 1986). In postformal operational thinking one explores hypotheses and forms conclusions from as many perspectives as possible. In this sense there is a systems-like quality that is directly related to the ability to take a 4\textsuperscript{th}-person perspective. Again, let’s return to the example of the couples’ counseling situation. The ability to take a 4\textsuperscript{th}-person perspective would be helpful to a supervisor who is supervising the therapist that is counseling the couple of our example. In this example, a 4\textsuperscript{th}-person perspective means that the supervisor (the “4\textsuperscript{th} person”) can hold all three perspectives of the therapist, the wife, and the husband simultaneously. From this 4\textsuperscript{th}-person perspective the supervisor can feel into what the therapist thinks of what both the husband and wife think of themselves and each other. The supervisor can use the 4\textsuperscript{th}-person perspective to help the therapist refine her 3\textsuperscript{rd}-person perspective of the therapeutic relationship.

The supervisor who has adequate mastery of the 4\textsuperscript{th}-person perspective can consider all the perspectives held by the clients and the therapists without feeling a need to privilege one over another. Indeed, by holding all perspectives simultaneously, the supervisor is better able to help the therapist make objects of awareness things that (if left out of awareness) might inhibit effective therapy for the couple.

The 4\textsuperscript{th}-person perspective can expand to a sense of self as embedded in history, multiple cultural contexts, and a self that is experienced more as a convenient fiction than a psychological reality. This refinement of the 4\textsuperscript{th}-person perspective is an elaboration of the fluidity with regard to time that emerges in the elaborated 3\textsuperscript{rd}-person perspective. It could be thought of as a hint of later expansions beyond a 4\textsuperscript{th}-person perspective where one experiences the self even more fluidly as united with humanity in the unfolding of a sacred developmental impulse (Cook-Greuter, 1995). Cook-Greuter (1995) has suggested that the ability to take a 4\textsuperscript{th}-person perspective is correlated with the ability to increase access to experience unmediated by language. Such experience is also one of the elements described in spiritual growth (Funk, 1994).
Perspective-taking can easily be a lifelong practice. We could expand our examples to include 5th, 6th, 7th and so on perspectives. For example in Cook-Greuter’s (2006) research on ego identity, rare later stages (Ego-Aware and Unitive) allow a person to actually experience their ego as an object of awareness. If this experience is entered at will and takes one beyond the constriction of language, the supervisor of our 4th-person example, would be able to witness how her own history may interact with her awareness of all the other perspectives as well as how her awareness underlies all other perspectives.

Regardless, each expansion of perspectives is an expansion of the individual’s ability to add new perspectives in an intrapsychic system, hold them equally, and make judgments based upon the ability to see things from multiple views. Just because a person can see things from multiple perspectives does not in any way mean that they hold all those perspectives as equally true or equally valuable in all situations. It is also important to note that theory and research on postformal operational thinking has import for the emergence of what we might call the transpersonal self. If cognition is necessary but not sufficient for self development, Cook-Greuter (2000) makes the case that at postformal levels of perspective-taking when the ego becomes an object of awareness it may allow for an actual liberation from the sense of ego as conventionally experienced. This is where it becomes difficult to speculate on what type of therapy, if any, would be useful to such a being.

**How Understanding Perspectives as Indicators of Cognitive Development Helps the Integral Psychotherapist**

Many training models in the mental health professions claim to emphasize development but such claims are not honored by inclusion in training curricula of what we know about perspective-taking. Indeed, many master’s-level training programs for mental health therapists require only one survey course in human development and many doctoral-level programs settle for two courses. Understanding perspectives, perspective-taking, and their relation to cognition serves practicing psychotherapists by a) providing a means of understanding how clients experience life (and thus assisting in the creation of the therapeutic alliance), b) offering structurally-sensitive psycho-educational interventions to help clients who may be ready but struggling to take a certain perspective, and finally c) providing therapists a vehicle for self-reflection.

**Perspectives regarding how clients experience life**

Most of us serve clients with various developmental potentials. Understanding our client’s potential to take perspectives (and comparing that with how much of the potential our clients are using) allows us to meet clients where they are while also helping them translate in the healthiest manner possible. Many potential disasters can be avoided by perspective-taking on the part of the
therapist or other staff and realistically assessing the client’s capacity in a given situation for the same.

A case example is a client I was taking to the pharmacy to pick up his medication. This client (Jack) suffered from schizophrenia and was taking what is called an atypical antipsychotic medication (Olanzapine). Jack struggled to keep his life organized, often forgot things and would sometimes lose his medication. This had happened the previous month although Jack had forgotten. When we arrived to pick up the medication, Jack saw that he only had one refill left but believed he should have two (having forgotten he used one with doctor’s permission to replace the lost medications). The pharmacy staff (pharmacist and tech assistant) had sheets showing Jack had signed for the medication. Jack did not remember and assumed the signature had been forged. The staff knew that Jack was being treated for schizophrenia and were wonderfully empathic, understanding that Jack struggled to take a 2nd-person perspective to see their point of view. They promised him they would investigate the possibility of a forgery and this seemed to calm Jack down.

From a 3rd-person perspective, I could see that Jack was factually wrong (especially since I had been with him the prior month when he in fact signed for the medication) but I also knew that severe mental and emotional symptoms disrupt a client’s perspective-taking ability (Schiffman, Lam, Jiwatram, Ekstrom, Sorensen, & Mednick, 2004). I could also see that the pharmacy staff knew Jack was wrong but also understood he suffered from a condition that impaired his ability to take their perspective. Knowing this they compassionately accommodated him in a way that honored what he was experiencing but also did not alter the facts as they existed.

Perspective-taking as psycho-educational intervention

Depending on the client, perspective-taking exercises frequently serve as in-session interventions or homework. The client in this example was a 40-year-old female named Linda. Linda was seeing me in the aftermath of a bitter divorce she initiated after learning that her husband of 15 years had been engaged in several extra-marital affairs over the past five years of their marriage. Linda held a master’s degree in history, seemed to have adequate mastery of formal-operational cognition and the capacity for the elaborated 3rd-person perspective described above. She was furious and bitter about the break-up of her marriage but did not see herself as the type of person who felt such negative emotions. Among her symptoms was a crippling anxiety that she had never experienced before. After 10 months of work around her failed marriage, she reached a point where she wanted to move on but felt frustrated in her attempt to, in her words, “get outside of this whole thing.”

The words “get outside of this whole thing” indicated to me that Linda wanted to be able to take a 3rd-person perspective. Based on her use of language and educational history I felt this was well within her abilities. She had been raised with a lot of traditional ideas about marriage and much of her grief work was
around the loss of an idealized image of marriage she had held since childhood. It was these ideas, the expectations she had held closely to her heart, and the marriage itself that she wanted to be able to view in a different perspective, to “get outside of.”

Because Linda had done almost a year of work emotionally owning her role in the marriage (positive and negative) she seemed ready to disidentify from it. We discussed the use of a 3rd-person perspective to “step outside of” her relationship and view it from that perspective. To start that process we needed something concrete that could symbolize the emotional distance she was experimenting with so we drew up a basic genogram of herself and her ex-spouse. We reviewed her parent’s marriage and what we knew of her ex-spouse’s family. Over the course of two sessions, Linda used the genogram and some directed homework to frame her marriage in a 3rd-person perspective, own her role in it, and begin disidentifying from it so that she could move on with her life.

**Perspectives as a vehicle for therapist self-reflection**

One aspect of what Wilber (2006) called Integral Life Practice is that of perspective-taking as a personal growth exercise. Again, in this definition of perspectives we view them as indicators of cognitive development. The Integral model provides therapists several ways to work with perspectives including studying and trying on 1st, 2nd, 3rd, 4th, etc perspectives. Anytime a therapist seeks feedback the therapist is practicing shifting perspectives. From understanding the 2nd-person perspective of the client, a 3rd-person perspective of the therapeutic alliance or the 4th-person perspective of the supervisor, therapists have multiple opportunities to practice shifting perspectives.

To enhance one’s understanding of the 2nd-person perspective of the client, therapists frequently explore countertransference reactions to clients. To enhance the 3rd-person perspective of the therapeutic relationship therapists can draw modified professional genograms of their relationships with their clients and colleagues creating symbols to denote the emotional feel of each relationship and look for patterns.

**PERSPECTIVES AS REFLECTIONS OF THE FOUR QUADRANTS OF THE INTEGRAL MODEL**

The second important use of perspectives in integral psychotherapy is as reflections of the four quadrants of integral theory. The four primary perspectives of integral theory are represented by four quadrants. Citing Brown (1973), Wilber (2007) has noted that as soon as a sentient being arises a perspective arises with it. While there are potentially many perspectives, Wilber has outlined four primary perspectives that are aspects of all individual holons. These four perspectives are represented using the four quadrants in Figure 1.

First, a quick review of these quadrants drawn from Wilber (1996): The upper-left (UL) quadrant represents the subjective, phenomenological experience of
an individual. In other words whatever a person is aware of intrapsychically right now, and now, and now and now. Moment to moment the perspective of this quadrant represents the stream of consciousness that individuals experience. Another person cannot really know much about your 1st-person (UL) perspective unless you share it with her and engage in a hermeneutic^4 dialogue. The perspective represented by this quadrant is a main focus of psychotherapy, but of course cannot be considered in isolation from the other perspectives represented by the other three quadrants. The perspective represented by the UL quadrant also captures the signifieds^5 of language experienced by individuals and these signifieds frequently require interpretation for understanding to be reached between two or more people. Understanding and working with this is critical in psychotherapy and impossible without the ability to take the perspective of the client.

The upper-right quadrant (UR) represents the objective perspective of the individual or, all things that could be measured without any interpretation or dialogue. This could include behavior, aspects of physical functioning (e.g. blood pressure, levels of serotonin in the central nervous system, endocrine functioning, etc.). This perspective also includes the signifiers^6 of language. The perspective represented by this quadrant has always been the emphasis of behaviorism and more recently, biological psychiatry.

The lower-left (LL) quadrant represents what is called the intersubjective perspective or the intersubjective aspect of one’s being. Just as the UL quadrant represents one’s personal, subjective, phenomenological experience of life, this quadrant represents the perspective of shared subjective experiences of life. Also like the UL quadrant, the LL quadrant cannot simply measure things like shared beliefs – we must engage in dialogue with those who are part of the group adhering to the shared beliefs. Things like the subjective aspects of social institutions or groups, culture, shared understandings of language (things like the rules of grammar and syntax as well as semantics), and the shared understanding that grows out of relationship (for example in psychotherapy) are represented in this quadrant. The perspective of this quadrant has been exhaustively researched by linguists and those interested in constructivism, postmodernism, and multiculturalism. It has also been explored as arising from nondual dimensions of consciousness (Blackstone, 2007).

The lower-right quadrant (LR) represents what could be called the interobjective perspective. Unlike the intersubjective, the interobjective
perspective represents the exterior aspects of collectives or groups – those aspects of groups that can be measured without hermeneutic dialogue. Things captured in this perspective include objective aspects of social institutions or groups, and systems theories that focus on the relation of the elements of units like families or ecosystems.

Wilber (2007) has consistently pointed out that one of the most fascinating things about these quadrants is that most languages have words to reflect the different quadrants/perspectives.

Revisiting the UL quadrant

Recall that the upper-left (UL) quadrant represents your subjective, phenomenological perspective. Wilber (1995) has noted that 1st-person language is most frequently associated with this perspective. First-person language is usually “I” language (“I feel pissed off,” “I don’t understand you,” I had a dream last night”). Therefore clinical work related to the client’s experience of I is focused in the UL quadrant. This domain of the subjective “I” can be viewed two ways; one more subjective and the other more objective (these views are referred to as “zones” in Wilber, 2006). The subjective view accepts “I” experiences at face-value as just that-legitimate subjective experiences of how your “I” feels. The second view (the objective view) reflects how your “I” looks to an external observer. This would be an objective view of how a sense of “I” develops such as the view of ego or self development set forth by Loevinger (1976) and continued by Cook-Greuter (2006).

No one reading this page can deny the presence of a sense of “I” as they read. As therapists, however, we are constantly using our theories and organizing frameworks to understand the structure of our client’s sense of “I.” Is the “I” mature for the client’s chronological age? Is it stable or, in the case of people suffering from severe mental/emotional disorders is it fragmented and easily overwhelmed? Are the boundaries of the client’s “I” healthy meaning fluid enough to form a healthy “we” in relationship but strong enough to consistently discern what is “I” and what is “other?” These assessments are just the beginning. When we include developmental considerations we gain a fuller appreciation of the complexity of our sense of “I.” Thus the perspective of the UL quadrant is a great source of our understanding of clients.

The objective study of how the sense of “I” evolves and develops is critical to good psychotherapy. Integral psychotherapy leans heavily on Jane Loevinger (1976) and Susann Cook-Greuter’s (2006) theory of ego development for a stage conception of how our sense of “I” evolves and increases in complexity. The increase in complexity is characterized by a broader, deeper sense of “I” that increasingly is able to take the perspectives described above (2nd, 3rd, 4th, nth...perspectives). So we can summarize the UL quadrant by stating that
from the inside we feel our sense of “I” and from the outside this sense of “I” develops through predictable stages that can be assessed and understood.

**Summary: The clinical utility of the UL quadrant**

The clinical utility of the UL quadrant is in acknowledging, connecting with, and making an object of awareness of the client’s sense of “I.” This includes honoring what phenomenologically arises from this perspective as well as learning and using validated stage theories to help elucidate the structure of the “I” for any given client. The phenomena one experiences from the UL perspective will drive client’s behaviors, affect their relationships, and determine their ability to benefit from therapy. I recall working with a psychiatrist who would not address clients directly and insisted that the therapist (me in this case) accompany the client to med checks. These clients all suffered from severe mental and emotional disorders but it was clear the psychiatrist (who was an exception in my experience) did not have the patience to wait for answers to emerge from the fog of the clients’ disordered thinking. While this may have been a time-saver for the doctor, it was correlated with more medication non-compliance on the part of the clients than those seeing our other psychiatrist who was much more interpersonally skilled.

*Revisiting the UR quadrant*

The UR quadrant represents the objective perspective of the individual or, all things that could be measured without you ever needing to say anything. The perspective of this quadrant is expressed in 3rd-person language; primarily in “it” language (language that gives the impression the speaker is standing outside of that being described). “It” language has long been the language of scientific method and while this has distinct advantages, it only reflects one perspective and, as Wilber (1995; 1996; 1997; 2006) has consistently pointed out, an integral approach is interested in all perspectives.

Regrettably, many psychologists present a forced-choice between the UL and UR perspectives. A good example is the “mind/brain problem.” This has been the basis for theorists pitting the UL perspective against the UR perspective. From the founder of experimental psychology Gustav Fechner’s own struggle with the extent to which subjective psychological experiences derive from brain function to the current “Rumble in Reno” conferences where pharmacologists and biological psychiatrists debate psychotherapists in a “zero-sum” format it would appear that we have learned little about mind or brain. Integral theory and integral psychotherapy in particular solve the problem by noting that both perspectives (UR – brain and UL – mind) are right about some things but not all things. It is foolish to try to prove that your “I” experience is merely a side-effect of your “it” brain. In the integral psychotherapy framework both arise together. While some critics (de Quincey, 2000b) feel this distinction is inadequate to the complexity of the problem, it is an important orienting generalization in the discipline of psychology and psychotherapy where the issue is frequently ignored.
Getting back to the “it” perspective of the UR quadrant, recall that this is 3rd-person language and this quadrant embraces those aspects of your being that are best understood through this perspective. Just as with the UL quadrant we can explore the UR quadrant from objective and subjective views. This quadrant or perspective objectively “looks” like an “it” view experienced by an individual. From behavior to the levels of serotonin metabolites in spinal fluid to things like blood pressure an objective view of the UR quadrant looks at the exteriors from a 3rd-person perspective (what is “it” doing?) and describes what is seen in 3rd-person language (“the test showed toxic levels of lithium in the client’s bloodstream”). This view of the UR perspective is emphasized by strict behaviorism and biological psychiatry.

Now the truths discovered exploring this perspective objectively are vital to our understanding of clients and psychotherapy (as evidenced by the number of physical disorders that mimic psychological symptoms [e.g. thyroid conditions]). These truths are helpful but, taken alone, they are not as much help as some would lead you to believe. While there are still those who claim that all psychological symptoms are nothing but biochemical events the claim has not seen much support. The integral view contends that human beings are complex creatures and to do psychotherapy we need to explore all four perspectives both subjectively and objectively.

So how do the exterior aspects of the individual “feel” so to speak? In subjectively exploring the UR quadrant we are asking “what is the interior view of the objective aspects of the individual?” Learning theory, the study of language development and cognitive science are all attempting to objectively map what is happening in people mentally. These disciplines try to create objective maps of our mental processes. While most psychotherapists are generally familiar with learning theory and language development, cognitive science requires a brief overview. Cognitive science is a multidisciplinary field that explores mental processes from behavioral, functional, and physical levels. Behaviorally, cognitive scientists record the behavior in question. Functionally cognitive scientists try to model how information is processed in order to produce the recorded behavior. Physically, cognitive scientists try to describe the physical structures that must be involved in such computations. While cognitive science has much to contribute to psychotherapy what the relationship will ultimately be between the two disciplines is unclear. The parochialism of academia seems to highlight disciplinary differences rather than similarities and some cognitive scientists are even attempting to secede from psychology departments because they feel their field should not be a sub-discipline within psychology (Staats, 1999).

**Summary: The clinical utility of the UR quadrant**

The clinical utility of the perspective from the UR quadrant includes the more obvious things like physical wellness of your client, medications they are taking, and behaviors relevant to therapy. The less obvious things include the way the client processes information, the client’s neuropsychological profile,
and the client’s style of learning. The importance of clients having a physical exam cannot be overrated. There are numerous cases where a client engaged in months of therapy for anxiety or depression only to find that the root of the problems was physical. It is also important to pay close attention to how interventions aimed at the body impact the mind. For example, there is very little research on clients’ phenomenological response (UL quadrant) to psychotropic medications (UR quadrant).

Revisiting the LL quadrant

The LL quadrant represents the perspective of shared subjective experiences. This includes the obvious shared experiences of culture that may be based in ethnicity, race, or a family. The language that captures the perspective of this quadrant is “we” language (“we believe…” we have agreed that…” we will fight for…”). While from the perspective in the UL the individual experiences the signifieds of language, the “we” of the LL quadrant experiences shared collective signifieds that contribute to what Wilber (2006) calls a predominant mode of mutual resonance that could be thought of a similar to what de Quincey (2000b) referred to as intersubjective interiority. Recall that an individual holon has a dominant monad defined as a governing capacity followed by all sub-components (you get up for a beer and all your cells and organs follow). Although social holons do not have any dominant monad, the predominant mode of resonance reflects a shared understanding of meaning that then increases the probability of (but does not guarantee) the group moving, working, making-meaning together – as a group (or couple, or trio, etc.) (Wilber, 2005). Again the difference is critical to understanding the difference between individual therapy and group or family therapy. Individual holons (e.g. individual clients) have a dominant monad. Families or groups have a predominant mode of resonance (or try to negotiate one in therapy).

As Wilber (2006) has described, all social holons from couples to families to political parties have a predominant mode of resonance that can shift if the members or membership of the holon change. Each member has her or his own center of gravity or altitude. The politics of all relationship is partially negotiating a predominant mode of resonance between and across the members of a social holon. Negotiating predominant modes of resonance is the underlying reality behind all forms of group politics.

This is challenging since there is a universe of difference between sharing a label (e.g. Democrat; Republican) and sharing a dominant mode of resonance. This holds true from large political parties to a relationship between a husband and wife or a client and therapist. In relationship work in psychotherapy therapists must intellectually and emotionally understand each party’s perspective, determine the probability of negotiating a dominant mode of resonance and decide how to do that. Understanding a client’s perspective and “linguaging” your interventions accordingly is an important tool in cultivating the “we” of
the therapeutic relationship. Once a “we” is established, client and therapist can negotiate a predominant mode of resonance that is, ideally, something the client carries between sessions.

Perhaps the most intriguing aspect of the LL perspective is what Ken Wilber (2006) calls “a miracle called we” (pp. 142–162) that is the heart of the therapeutic alliance in psychotherapy. This “we” is a shared understanding between client and therapist. Using the quadrants we might say that client and therapist come into the relationship as 1st-persons trying to take a 2nd-person perspective of the other to forge this “we” space in which the therapeutic work is done. Given that relationship factors have been estimated to account for approximately 40% of change in psychotherapy (Hubble, Duncan, & Miller, 1999) the “we” of the therapy session is important.

Every theory of psychotherapy addresses the issue of the therapeutic alliance or the “we” of therapy and Integral Psychotherapy complements these with the therapist’s understanding of development, use of perspectives and functioning in a framework the ground of which is spirit. For example, the six core conditions of Rogers (1957) are complemented in integral psychotherapy by expanding unconditional positive regard to infinity, supplementing the idea of therapist congruence and client incongruence with developmental altitude (level of development in relevant lines like degree of ego development, extent of interpersonal development) and languaging the communication of empathy and unconditional positive regard in a manner that reflects the client’s altitude. All of these things increase the probability of negotiating a predominant mode of resonance that becomes the therapeutic container.

The two views of the perspective represented in the LL quadrant utilize hermeneutics and semiotics. Hermeneutics (subjective view) is the use of interpretation to facilitate what Wilber (2006) refers to as the felt experience of shared space that is formed when a 1st-person singular is converted to a 1st-person plural by the inclusion 2nd-persons. From the objective view of the LL quadrant, there is a structure to that shared “we” space that includes a grammar, a syntax, rules, chains of signifiers or what Wilber (2006) calls a semiotics (objective view) which can be thought of as the structure of a symbol system. Part of working with couples, families, or groups includes learning or helping members negotiate the semiotics that exists or is forming in the “we” space.

Summary: The clinical utility of the LL quadrant

The clinical utility is rather neatly summarized by the views of the LL quadrant. From the inside view, clinicians and clients are aiming to forge an experience of “we” in the therapeutic setting. This felt texture of shared space becomes the spirit of the therapeutic container within which the clinical work is done. From the outside view, clinicians are aiming to understand the semiotics of couple, families, and groups so as to better facilitate the felt texture of shared space within couples, families and groups. Supervisors can also work with the semiotics of the therapeutic relationship to help therapists in work
with clients. From professional view, the politics of mental health organizations can be examined with an objective view of the LL quadrant perspective and experience of shared space (or lack of it) can be monitored by individual members as one indicator of the value of the organization.

**Revisiting the LR quadrant**

The LR quadrant represents what Wilber (2006) calls the *interobjective* perspective. The interobjective perspective represents the exterior aspects of collectives or groups – those aspects of groups that can be measured without hermeneutic dialogue. Things captured in this perspective include objective aspects of social institutions or groups, and systems theories that focus on the relation of the elements of units like families or ecosystems. Similar to the UR quadrant, the language used to express the perspective of the LR quadrant is what we call “its” language. In psychotherapy, systems theories are frequently used as examples of the perspective from this quadrant. Systems theory is a term for a multidisciplinary study of the structure and properties of systems in terms of relationships from which new properties emerge. The most common application of this is family therapy which studies the structure and properties of the family system. The description of systems theory and family systems would be an objective view of the LR perspective. Family systems theory also studies the communication between the family members and this is the subjective view of the LR quadrant or perspective.

Paraphrasing Luhmann’s (1995) insight into systems, Wilber (2006) set up a parallel description of the LR quadrant so we might say that families are composed of individual members and the communication between those members. In integral terms, the family is a social holon that is composed of individual holons. The communication between those individuals can be mapped out and studied. It is typically studied in relation to the shared space charted in the LL quadrant.

There are certainly systems other than families that are relevant in psychotherapy. Everything from institutions that the client is involved with to the legal system that governs your practice to the group that wrote your code of ethics can be explored in the LR quadrant. In this quadrant we identify any group an individual holon (client or therapist) is “inside of.”

**Summary: The clinical utility of the LR quadrant**

The clinical utility of the LR quadrant lies in application of its perspective to couples, families, or groups in the role of “identified client” as well as to understanding the groups to which individuals belong (by choice or coercion). The LR quadrant also provides the perspective and zones through which to explore the functioning of professional groups. This includes the actual organization of the group as well as the mode of communication.
aimed at creating the predominant mode of resonance in the LL quadrant. Like the UR quadrant, the language used to express the LR perspective is “its” language or language that infers an objective, 3rd-person assessment. Neither the group nor individual felt experience is captured in this language which, like the language of all quadrants, is what makes it partial. Useful – but partial.

**Perspectives Expressed in Language as a Reflection of Psychodynamics**

In this third section of the paper I summarize Wilber’s (1983; 2006) notion of how perspectives can be expressed with language in such a way as to point to problems in the client. In this sense, we’ll cover the way 1st, 2nd, and 3rd-person language are properly used and then how their improper use can point the clinician toward the problem (or part of the problem). To use perspectives in this manner in the psychotherapy session requires a general understanding of the self-system and the self-boundary in integral psychotherapy. While this is covered in detail elsewhere (Wilber, 1980; Ingersoll & Cook-Greuter, 2007) a general summary will suffice for this section on perspectives and language.

**A Brief Review of the Self-System in Integral Psychotherapy**

The self-system [a label first used by Sullivan (1953)] in integral psychotherapy includes the proximate-self, the distal-self, the antecedent-self, and the shadow. The antecedent-self is first experienced as the ever-present witness but is actually the field of awareness within which all things arise (Wilber, 2000a). The proximate-self is thought of as synonymous with what Loeninger called “ego” or what we might call our subject. Some of our subject we are aware of, some of it we are unaware of it because it is also “swimming in” the context we currently identify with (in other words it is not repressed, it is something we are embedded in). The primary dynamic of growth in one’s “I” we call the subject-object dynamic. When you as a subject consistently make some aspect of yourself an object of awareness and own it, we say that aspect is no longer proximate but distal. Metaphorically we might say we have moved it from the proximate part of the self-system to the distal part of the self-system. Instead of being so close to it (proximate) that we cannot really look at it, we gain some distance (distal) and are able to make it an object of awareness. This subject-object dynamic is the force behind healthy translation (functioning well at whatever level you inhabit) and transformation (actually moving into a new developmental level). In healthy translation the subject broadens the scope of self and refines its ability to navigate with that self-sense. In transformation the subject of one stage deepens to the point where it becomes the object for the subject of the next stage (the same dynamic is described by Kegan, 1982).

Recall the case of Linda from earlier in the article who wanted to “get outside of” her divorce. In these terms we would say that the therapeutic work we did including the genogram were helping her make her marriage and her role as wife objects of awareness so she could move on with her life now that the
marriage was over. At one point Linda would say her whole identity was immersed in the waters of the marriage to the point where she took that context for granted. Once the divorce forced her out of that context she needed to psychologically, emotionally, and spiritually engage that reality.

The self-boundary is the intrapsychic line drawn between what is self and what is other. Each of us daily negotiates this line; sometimes accurately and sometimes inaccurately. For Linda the sense of “I” was deeply tied up in being married. Recall also that in discussing Linda’s case I noted that she not only had to make the marriage (the good and bad parts) an object of awareness but identify with it or own it. If she could own it then she was free to dis-identify from it and move on. If she did not own it (identify with it) she would likely dissociate it or push it out of awareness. The breakup of the marriage also forced her to look at and own aspects of herself she would rather deny and push out of awareness. In particular, her anger was something that she spent a great deal of energy pushing away. In the parlance of the Wilber’s integral self-system (1980; 2006) pushing something out of awareness is making it “shadow” or “other.” We refer to this as the “subject-other” dynamic (Ingersoll & Cook-Greuter, 2007). In this sense, we dress up as “other” something that is actually “I” in order to push it out of awareness. As Wilber has noted this sounds bizarre but we all do it in order to preserve a sense of self that, however false, we desperately want to be true. In this sense shadow is composed of those things we lie to ourselves about.

In therapy sessions we can get clues about clients’ shadows by the way they use 1st, 2nd, and 3rd-person language. In this sense, “I” language is the person speaking and in Linda’s case when she talked about her marriage you would assume she would say things like “well I am really angry about my husband’s cheating and my marriage falling apart – I hate what he did.” But, what she would say was things like “well you know how it is, you get married and really commit, you put all this effort into it and it doesn’t make any difference, none at all, it falls apart.” When she would talk about the anxiety she would say “it just comes over me – it is ruining my life.”

Implications of Self-System Dynamics for Perspectival Distortion

Now these subtle distinctions are important. In talking about her marriage Linda would frequently use 2nd and 3rd-person language referring to herself as “you” and the marriage as “it.” Her anxiety was almost always an “it” that “just came over her.” Don’t get me wrong – this is how she experienced these things but this was part of the problem – she was dressing up parts of her “I” as “you” or “it” in order to preserve an unrealistic self-image.

By using 2nd and 3rd person language she was showing me clues as to what she was doing psychologically – pushing her marriage, her anger, her humiliation and the years of life she devoted to being married away from herself. Now most of us would say “well sure, these are unpleasant things and it is natural to push them away.” When you get served what Nietzsche (1954) called “maggots in
the bread of life” (p. 209) it is natural to want to push them away. If it were possible to just push aspects of ourselves away with no consequences it would make sense and psychological life would be a lot easier. BUT, we cannot and here is why.

Breuer and Freud (2006) developed what came to be known as the economic principle of the psyche which simply stated is that the psyche has a finite amount of energy to work with so energy that is being used to push some aspect of your “I” away is not available to do something else. In Freud’s system, when the energy related to this “subject-other” dynamic is freed the person is cured of a symptom and has more psychic energy available to them. Wilber (2007), popularizing this economic principle, uses the simile of psychic energy as a limited amount of capital with which you have to work. The capital you consciously invest in subject-object work pays off dividends allowing you to continue growing. The capital you invest in pushing things into shadow then is unavailable to you. Thus you cannot put capital into the shadow account without losing access to it. The idea is that sooner or later you will need that capital to continue growing. When the content or extent of shadow begins to interfere with living your life, then you develop symptoms and end up in psychotherapy. Psychotherapy is the process of rediscovering the capital you have used to push aspects of your “I” out of awareness but to reclaim it, you also have to face the aspects of “I” you have been pushing away.

The “1-2-3” OF PSYCHOTHERAPY

Wilber (2006; 2007) noted that there are many experiences of God and these can be somewhat summarized through the language of the 1st, 2nd, and 3rd-person. The 1st-person experience of God is an identification with God (the “I am” experience), the 2nd-person is God as the “Great Thou” (God as “other” to worship), and the 3rd-person experience is God as an interconnected “it” (e.g. “great web of life”). A main point of Integral Spirituality (Wilber, 2006) is that all three are important facets of God. Similarly, these same three perspectives (the 1-2-3) apply to psychotherapy. We need all three perspectives for a healthy psychological functioning.

The evolution of approaches to therapy and corresponding theories can in one respect be thought of as the discovery (or rediscovery) of one of these perspectives and the lobbying to bring it back into the understanding of therapists. Sometimes this lobbying process gets out of control and the enthusiasts for the theory commit the category error of trying to account for all perspectives with just one. As Parlee (2006) has written “therapists have perceptual lenses through which they view the client’s situation and personality, and the therapeutic process itself” (p. 3). We might paraphrase by noting that therapists and clients have perspectival lenses through which they experience and make meaning of symptoms, the therapeutic process, and the experience of suffering and change. Wilber (2006; 2007) has emphasized that healthy translation includes being able to use as many perspectives as possible and balance one’s own quadrants of experience. With that in mind, the
recommendation is that psychotherapists make use of all perspectives represented by the 1-2-3 shorthand without reifying any one perspective.

The “1” of psychotherapy can be thought of as varieties on the 1st-person experience including the 1st-person plural “we” of the therapeutic container. Integral psychotherapists strongly emphasize the notion of self-as-instrument. This notion of self-as-instrument includes self-care and awareness of what arises phenomenologically in clinical work. It requires therapists engage in ongoing reflection into lines of self-development like ego as well as clinical judgment, empathic identity, experiences of countertransference, personal knowledge, and attunement to intuition, fantasy, and awareness of communion.

There are times when clinicians make the mistake of reifying the 1st-person perspective to the neglect of the others. One therapist, James, claimed to “work intuitively” to allow his soul total access to the session to facilitate what he called “deep healing.” James interpreted any client dissonance with this approach as resistance and tended to regard all physical symptoms clients suffered from as metaphors for deeper psychological conflicts. James had several ethical complaints filed against him with the state psychology board. Although he had received one warning from the board, at the time of our last contact he had not broadened his approach. Clearly this is an extreme example that I use to make the point but many therapists harbor sentiments similar to James’. They may know better than to voice them but they come out occasionally in supervisory discussions.

The “2” of psychotherapy can be thought of as variations on the 2nd-person perspective and in particular what Martin Buber (1970) referred to as the ‘I-Thou’ relationship. For psychotherapists, this I-Thou includes how the therapist approaches the client – with both head and heart. I once heard a story told about Swami Muktananda who was answering questions about how he worked with people. He told one questioner that he tried to behold every person as if that person were his favorite in all the world and today was this favorite person’s birthday. This struck me as a wonderful way to practice Roger’s (1957) unconditional positive regard. It was a cognitive technique that might “flex” the emotional “muscle” that opens one’s heart space. This is a sacred approach the therapist can use to honor the “thou” of the client.

Certainly this “2” of psychotherapy can derail for both therapist and client. Some therapists operating under what we might call the “myth of the objective observer” fail to fully account for their role in the therapeutic process and review cases as if each client were exposed to the “same” therapist operating in a same or similar manner. These therapists frequently believe in a “one-size-fits-all” science of psychotherapy devoid of art. They also neglect the intersubjective aspects that manifest differently as the subjects involved change.

Many times in therapy the client projects onto the person of the therapist a “sacred thou” that is really more projection than reality. This is one variation of what psychodynamic theorists would call transference but is also a distortion that can occur in the “2” of psychotherapy. Perhaps the greatest
barrier to the sacred “we” of a therapeutic alliance are unrealistic perceptions of the therapist or the client. When a therapist or client is not seen to some degree as fully human, the “we” space is not operating from a predominant mode of resonance. Trying to create a “we” space without opening to the other is akin to building one’s house on the proverbial sand.

The “3” of psychotherapy contains all the “it” and “its” elements that are part of any therapeutic relationship. Being able to take a 3rd-person perspective of the relationship as in supervision or of the client (as in intake) is part of the work. The “3” of psychotherapy, reflecting the right-hand quadrants and their perspectives as it does, is still the perspective that can be used to, even temporarily, hijack the entire enterprise. Derailments related to the “3” of psychotherapy not only occur daily but are supported by large pharmaceutical lobbies and much of the consumer culture. When a client’s personal, intersubjective narrative is reduced to a mythological “chemical imbalance” it not only does damage to the client but to the whole therapeutic culture. There is a great deal of effort being made to draw adherents to a predominant mode of resonance that reduces mind to brain and psychology to chemistry. Again, the 1-2-3 of psychotherapy is at least acknowledging the place of I/we, you, and it in the therapeutic process.

CONCLUSION

The use of perspectives outlined in integral theory has many applications in the practice of psychotherapy. This paper outlined four uses of perspectives that can be used to organize case conceptualization, treatment delivery, and supervision. While the emphasis on cognition in these uses of perspectives may limit their appeal to some practitioners, the same emphasis links perspectives to a rich research lineage that can direct psychotherapy and supervision research. While the idea of perspectives is an old one, the integral framework provides the organizational structure to facilitate the use of perspectives in psychotherapy.

NOTES

1 Perspectivism was a powerful part of Nietzsche’s philosophy emphasizing that knowledge is always constrained by one’s perspective. Nietzsche was in part refuting Kant’s notion of a world that existed totally separate from our knowledge of it – a “thing in itself.” This Kantian doctrine has been called the “myth of the given” by American philosopher Wilfrid Sellars. Michel Foucoulit’s structuralism is generally agreed to be influenced by Nietzsche’s perspectivism. Rather than thinking of perspectives as constraining, Integral theory recognizes the gifts and limits of single perspectives and celebrates the ability to take multiple perspectives as the way we participate in the co-construction of experience, evolve as individuals, and take steps closer to understanding perspectives as the play of Spirit.

2 This is one adaptation of the genogram I developed after studying literature on ways to modify genograms. Other adaptations include the spiritual genogram (Dunn & Massey, 2006), the ethical genogram (Peluso, 2006), the trauma survivor’s genogram (Jordan, 2006), the community genogram (Rigazio-Digilio, Ivey, Kunkler-Peck, & Grady, 2005), the money genogram (Mumford & Weeks, 2003), and the academic genogram (Granello, Hothersall, & Osborne, 2000).

3 Wilber has described a holon drawing from Arthur Koestler as something that is both a whole and a part. See Koestler, A. (1967). The ghost in the machine. New York: MacMillan, p. 58.

“Hermeneutics” is basically the practice of making something clear through interpretation. Interpretation in this case requires dialogue with the person or group that is the focus of the interpretation. It is one thing for you to tell me your dream and have me offer an interpretation; quite another for me to then be open to feedback from you as to your reaction of my interpretation. Through this therapeutic process, the therapist and client come to form an understanding that will be discussed as the basic structure of the “magic we” of the therapeutic alliance.

The “signifieds” of language can be most simply thought of as what comes to your mind when you encounter words. As any therapist knows this can vary tremendously across different cultures using the same language, in the same culture across time, and across people with different developmental altitudes. For example, consider Friedrich Nietzsche’s book The Gay Science. Many 21st century undergraduates see the title and think it is about the study of sexual orientation. Nietzsche was trying to convey his lighthearted and at times irreverent treatment of philosophy by choosing the German word “frohliche” which is best translated as “gay.” Another example is the current colloquialism “disrespected” as expressed in “he disrespected me” or “he dissed me.” English language experts of 30 years ago would likely not know what to make of the latter sentence but many English-speakers today immediately understand what is being signified by these phrases.

Signifiers in language are the aural-material symbols (words) used to communicate an idea or evoke a signified in the listener. They appear as the printed or recorded word and thus are “material” or “measurable.” The same signifier can evoke a variety of signifieds.

Robert DeRopp (1961) advanced the view in the early 1960s that all psychological symptoms would likely be discovered to be biochemical in nature given enough time. Early experts in pharmacology like Nathan Kline echoed this sentiment.

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