PROMOTING THRIVING FOR THERAPISTS

An Integral Perspective

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ABSTRACT This article explores the use of Integral Theory to promote thriving and well-being for therapists. As fatigue is an all-quadrant issue, the dimensions of care for therapists must encompass all quadrants, levels, lines, states, and types through the creation of an individualized Integral Life Practice. Overall well-being is maximized by preventing the negative impacts of work and by developing skills through a comprehensive approach to self-care. An integral approach to self-care recommends therapists select and implement one or two practices from the five modules discussed (body, mind, spirit, shadow, and ethics). Therapists are encouraged to give pro-active attention to their self-system in order to ensure optimal functioning. Integrally-informed care enables the highest embodiment of presence, promotes personal development, and exemplifies ethical service to all beings.

Key words: burnout; integral life practice; integral theory; personal development; psychotherapy

Much of our work as therapists involves encouraging clients to pay attention to the signals of their bodies, to develop awareness of their behaviors, emotions, thoughts, shadow, and to act in as much harmony with new perceptions as their level of development sustains.[1] Encouraging clients to pay attention to indicators coming from their gross, subtle, and causal bodies facilitates horizontal as well as vertical psychological growth.[2] This comprehensive approach to working with clients necessitates modeling these behaviors in our own lives.

Therapists need to ask themselves three important questions: "Am I personally doing what I'm helping others to do?", "How am I attending to signals from all aspects of my being and life?", and "Is vertical growth important to me personally?" These questions are foundational to devising a proactive, personalized, and integral self-care program.[3] The first of these questions occurred to me in embryonic form when I was a student of naturopathy in the late 1970s, leading me to wonder whether I was actually living according to the holistic health principles about which I was learning. The insights from this question have continued to develop over the intervening years and today manifest as an ongoing process of attempting, as much as I humanly can, to practice what I preach. My current rationale for embracing an Integral method of self-care is to model authenticity and to develop my capacities not only as a therapist, but also as a fully functioning human being. Using a variety of methods to attend to the messages to and from my body as well as the people and circumstances in my life helps me to highlight my shadow aspects, helps me develop ethical sensitivity, and generally contributes to an appropriate sense of responsibility in my life and work.

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An integral perspective on self-care entails understanding the three words inherent in an Integral Life Practice (ILP).[4] *Integral* means comprehensive, balanced, inclusive; *Life* includes the whole of our existence, the body, our emotions, relationships, work, as well as the various levels of conscious awareness potentially available to experience; *Practice* is what we actually do to develop ourselves, which enhances our capacity to help and be of service to others, the actions we undertake to fulfil our potential. Therefore, "…Integral Life Practice is a whole and balanced approach to practicing for life—our individual lives, the lives of others, even the life of the planet" (Morelli et al., 2005, p. 6).

I have chosen the current assortment of practices in my ILP to support me in the gradual expansion and development of balanced capacities for "care, compassion, and consciousness" (Wilber, 2003) so as to enhance awareness in all aspects of my professional and personal life. As therapists, we must acknowledge that in periods of increased demands on our time and energy, it is harder to maintain a regular regime of self-care. Yet the more we engage in ILP, the more we can draw on the reserves garnered through our established self-care programs. I find it helpful to think of daily practice as building and maintaining a clear path to an infinite reservoir of energetic renewal,[5] which is always available for me to access.

My interest in the area of therapist self-care arose for two reasons. First, it was not sufficiently addressed in any of the counseling and therapy trainings I have undergone. Where it was addressed, the two recommended approaches to self-care were *supervision* and *personal therapy*. The research shows these are necessary but not sufficient methods to ensure thriving in our line of work (Coster & Schwebel, 1997, 1998; Dlugos & Friedlander, 2001; Norcross, 2000; Norcross & Guy, 2007; Skovholt et al., 1997, 2001a, & 2001b; Skovholt 2001c). Understanding this necessitates that we transcend and include them in a much more comprehensive approach. Second, I have had a personal focus on destressing and healthy diversions to balance my work since my own brush with "compassion fatigue"[6] in 1983, three years after I began working as a naturopath and counsellor. This was a shocking and debilitating experience for many reasons, including my own lack of understanding of what I was experiencing and compounded by the absence of support from my fellow workers and supervisors. In hindsight, I can now see that the combination of conditions leading to my compassion fatigue was an all-quadrant affair. Having this perspective on fatigue informed my decision to apply an Integral approach to self-care. Since that time, I have maintained a comprehensive self-care regime that is flexible but consistent, constantly adjusting my ILP to my current life situation. The sentiment "once bitten, twice shy" describes part of my motivation to persist throughout those times when resistance, in its many forms, created obstructions in my practice path.

These two reasons lead me to feel strongly about the necessity of keeping the issue of self-care in the awareness of all therapists, be they trainees or qualified therapists. Self-care, which Coster and Schwebel (1997) refer to as the "…enduring quality in one's professional functioning over time in the face of professional and personal stressors," is the critical factor in ensuring thriving and well-functioning in our work. Thriving and well-functioning are not usually terms associated with counseling and therapy work. Yet research done on therapists who fulfill this description shows that they do exist. I have drawn extensively on the research of Janet Coster and Milton Schwebel, (1997 & 1998); Raymond Dlugos and Myrna Friedlander (2001); John Norcross (2000); Norcross and James Guy (2007); and Thomas Skovholt and colleagues (2001a, 2001b, & 2001c) to reveal how thriving therapists maintain a healthy level of functioning despite long-term exposure to their clients' suffering. My search of the literature on burnout revealed five main points:

1. Psychological principles, methods, and research are rarely applied to therapists themselves.
2. There is a great lack of systematic study on the self-care of the therapist.
3. Shame over being impaired by our work is common among affected therapists. This is unrealistic given the growing body of empirical research proving the negative consequences of a career in counseling (Norcross, 2000, p. 2), in addition to the well-documented frequency of compassion fatigue and vicarious traumatisation.
4. Prevention is far better than treatment, and studying those who have successfully managed years of working with distressed clients can be of vital assistance to all of us in the field.
5. Five common themes emerged in well-functioning therapists and their self-care methods: balance, diversity, robust selves, empathy to self, and pro-activity. (These are outlined below.)

Balance: Well-functioning therapists consistently focused on balance in their lives; they established clear boundaries between work and personal life; they took regular vacations and utilised various stress-reducing techniques; they practiced regular self-awareness/self-monitoring exercises and they possessed personal values that helped them observe ethical standards.
Diversity: Therapists sought diversity within work activities to maintain freshness such as conducting multiple forms of therapy; engaging in multiple activities in work; and working with multiple types of clients and problems.
Robust selves: Their personalities were such that they tended to meet obstacles as challenges; they could embrace diverse theoretical orientations and had a continuing fascination with human development and change. Their values led to recognition that money was not the prime motivator for their work, as they were willing to pass up promotions in favour of a life less free of pressure.
Empathy to self: Research also clarified a sequence of steps that therapists took when they sensed their functioning was compromised. In summary, these consisted of admitting to themselves they were not coping, asking for help (from family, friends, colleagues, and supervisors), pulling back on their work commitments, taking breaks when possible, and focusing on relaxing and diverting activities.
Pro-active: Overall the research contradicted beliefs that well-functioning "just happens." These thriving therapists were pro-active in their self-care. They sought out continuing education to diversify their work and to keep abreast of changes and they utilised support from peers, spouses, friends, mentors, therapists, supervisors, and other support networks.

Being mindful of and incorporating these themes as components of the AQAL map[7] is invaluable in devising an integral solution for enhancing resilience and healthy functionality. As Paula Gilroy and colleagues (2002) emphasize, burnout is a given in therapeutic work. Therefore, development of means to prevent it is imperative for sustained effectiveness as a therapist. Norcross and Guy's findings (2007) suggest that possessing any one particular skill in one's self-care program is less important than having a variety of self-care methods. This supports the statement by Terry Patten et al. (2005) encouraging the concurrent exercise of various aspects of our being. They assert, "Cross-training is a key principle in ILP: your total capacities will develop faster and more effectively by engaging multiple practices rather than doing one or two in isolation" (p. 81). These observations suggest that it would be helpful to regard burnout, and its prevention, in an integral manner. The multi-faceted approach in ILP seems therefore to be an optimal method to ensure prevention of burnout and, in ad-

dition, to enhance the overall development of therapists' potentials.

This article outlines a comprehensive approach to promote thriving therapists by way of a personalized ILP containing one or two practices from each of the five modules mentioned above. This pro-active and empathic attitude to the self enhances the factors, ensuring buoyancy in our line of work. Factors such as balance, diversity, building more robust personalities, and focusing on the transcendent nature of therapy have proved to be far more essential components in maintaining well-being than supervision and engaging in personal therapy (Dlugos & Friedlander, 2001, p. 301). As the self is the primary instrument used in our work, it is imperative that we honor it by treating it as an instrument worthy of pro-active attention paid to its quadrants, levels, lines, states, and types. Doing so ensures the maximum functionality and flexibility of the self, benefiting all beings with whom we come into contact.

Developmental Perspectives on Self-Care

Our concept of self evolves and develops through stages broadly known as prepersonal, personal, and transpersonal. As therapists, our self identity determines what we perceive as being most salient to the maintenance of a healthy self. I view the group of practices utilized to take care of ourselves as being facilitators of growth along the various lines of development. These lines of development include (among others) cognition, affect, self-identity, morals, ideas of the good, needs, and empathy (Wilber, 2000, p. 28), with each line of development evolving quasi-independently of the others and influencing one or more of the three aspects of self discussed below.[8] A developmental approach to self-care would also take into account the many facets of support we deem necessary to sustain us in the various aspects of our being such as the physical, emotional, mental, spiritual, and interpersonal lines, as well as the cultural and social quadrants.[9]

In looking at self-care as a function of development, the first and "…arguably the most central line to consider is the ego, or self line, of development. The self is the one who navigates the entire spiral of development, and our proximate self sense is determined by our center of gravity along this central line" (Pearson, 2005a, p. 16). As previously mentioned, the self has three aspects that are part of the same system. These are the *proximate self* (that which is closest to us and with which we are most identified), the *distal self* (aspects which used to be part of our proximate self, but which we are now able to view as objects of our awareness), and the *antecedent self* (which is the witness of the ego or "I," called the "observing self" by Deikman (cited in Ingersoll & Cook-Greuter, 2007, p. 197). It is this self that we bring to our work, our relationships, and our understanding of self-care and comprises, among other components, our physical body, our emotions, our cognitive capabilities, and our spiritual aspects.

Much work has been devoted to the development of the self as a function of self-awareness. I will be relating the separate aspects of the self to techniques within modules that we can apply in practicing a comprehensive self-care regime. First, I will address the kinaesthetic aspect, which I refer to as the *body* module, and define its gross, subtle, and causal aspects. Second is the cognitive aspect, referred to as the *mind* module in this article. This aspect of our self contains the theoretical understanding or "view" we have regarding self-care. Cognition comprises the development of our perspective, and includes the sense and subtle perceptions, not only the logical or linear capacity for reasoning. Third, I address our spiritual aspect, referred to as the *spirit* module. Fourth, I attend to the psychodynamic

practices for caretaking the unconscious aspects of our self, referred to as the *shadow* module. The four aspects of body, mind, spirit, and shadow are four of the five most important modules to address in an AQAL approach to self-care (see Patten et al., 2005, p. 9). The other aspect which I believe to be of vital importance for us as therapists is that of *ethics*. Each of these five modules can be viewed from the proximate, distal, and antecedent perspective. This integrally-informed view on self-care to promote thriving for therapists is, in essence, an ILP under another name.

Using the word "self" as described above helps to conceptualize it as the main instrument we engage in our work, life, and relationships in general. Like any instrument, if it's not kept in good working order, the negative results soon become apparent in these areas. What this means for us as therapists is that it's not simply *what* we know, but *how* we engage our work that is of vital importance. How we manifest in each moment has the most salient influence on the therapeutic relationship with our clients and the results of our work. Research points to the existence of four factors common to all forms of therapy despite theoretical orientation (dynamic, cognitive, etc.), mode (individual, group, couples, family, etc.), dosage (frequency and number of sessions), or specialty (problem type, professional discipline, etc.). In order of their relative contribution to change, these elements include: 1) extratherapeutic (40%); 2) relationship (30%); 3) placebo, hope, and/or expectancy (15%); and 4) structure, model, and/or technique (15%) (Miller & Duncan, 2005).

Since the extratherapeutic contributors to change in our clients are those factors that are part of the client (such as ego strength and other mechanisms) and part of the environment (such as fortuitous events and social support) that aid in recovery regardless of the participation in therapy (see Hubble, 2003, p. 33), we must note that the next major factor enabling change in our clients is the relationship we have with them. From this we can see that an integrally-informed relationship with our self and our clients is central to the beneficial outcomes of our work. This commences with an understanding that a comprehensive approach to self-care for therapists means that looking after our selves is not something we engage when compassion fatigue becomes apparent. It makes a preventative and pro-active approach a necessity. Attending to the quadrants is the place to begin.

The Quadrants

The quadrants in an Integral approach to self-care are a "primary tool" for conceptualizing the perspectives that are present in any event (Ingersoll & Cook-Greuter, 2007). They represent the interior and exterior of individuals and groups, and I will provide examples of practices that apply to each quadrant (Fig. 1). Many of these practices impact multiple quadrants and lines contributing to multiple benefits. The recommendation in constructing an individualized ILP is to pick one or two practices from each of the five main modules. Norcross' research showed that thriving therapists made self-care a priority and that a range of different methods were employed to ensure a healthy level of being was maintained (Norcross, 2007, p. 28). As a way of elaborating on this range of methods, I begin by relating the issue of self-care to the quadrants. (I will explain in more detail the various self-care practices in the modules in the *Module Dynamics* section.) Using this range of methods facilitates a tetra-evolution that has ripple effects on all quadrants which co-arise and enable the co-evolution of the various lines, as well as the subtle and causal bodies.[10]

Upper-Right Quadrant (UR)

The UR quadrant contains all the exterior, behavioral steps we can take to maintain our physical self. It is the realm of "What I do." A good question to engage this quadrant is: "What are the most effec-

tive physical actions I can take regarding my own self-care?" This is the quadrant relating to objective truth.

Body	Emotions	Mind	Spirit	Ethics
Diet	Therapy/supervision	Overall-map/ framework/ theoretical base	Meditation	CAPA code
Vitamins/minerals	Dreamwork	Continuing education	Contemplation	PACFA Code
Adequate water intake	Journaling	Self-awareness/ self-monitoring	Prayer	Self-discipline
Aerobics/cardio	Interpersonal feedback & support	Taking multiple perspectives	Communion with nature	Promoting comprehensive self-care
Yoga /stretching	Art/dance	Clarifying philosophy of self as practitioner	Devotional yoga	Developing ethical intelligence
Weight training	3,2,1 shadow process	Clarifying philosophy of life	Seeing work as service	–
Sleep	Developing emotional intelligence	Developing cognitive intelligence	Developing spiritual intelligence	–
Adequate rest/ time-out/holidays	–	–	–	–
Developing physical intelligence	–	–	–	–

Figure 1. AQAL model for self-care, based on the four quadrants of Wilber's integral model. Adapted from Wilber (2000).

On the gross physical level, paying attention to a healthy diet features here. Some form of exercise is essential to balance the predominantly sedentary nature of our occupation. Honoring our individual requirements regarding the amount and quality of sleep which adequately nourishes us is also a factor in this quadrant, as is ensuring that we drink at least one and a half liters of filtered water daily and take a multivitamin and mineral supplement. Hobbies that give a genuine recharge belong in the UR, even though these often have significant social (LR) and cultural (LL) components. Finally, the various brain-mind technologies that induce alpha, theta, and delta brain waves, with their corresponding states of consciousness (UL), belong in this quadrant. They are empirically tested means for enhancing functioning and well-being (see Harris, 2002).

Research on well-functioning therapists clarified a sequence of behavioural steps when they sensed their functioning was compromised: they asked for help, they cut back on caseloads, and they sought to focus on relaxing, diversionary activities such as vacations and other stress-reducers, all factors comprised in an ILP.

Upper-Left Quadrant (UL)

This is the unique, subjective interior within each of us therapists. It is the realm of "Why I do." Here is where our intentions about self-care come to the fore when engaging with the questions "Why do I do what I do (or don't do) about self-care?" and "What are my commitments regarding self-care?"

This is the quadrant related to subjective truthfulness. Self-awareness and self-monitoring about our own interiors, especially about our authentic needs, provides us with a wealth of valuable information about our levels of functioning and how that manifests in our worlds. First, caring for ourselves entails attending to our own experience, valuing, and exploring what our interiors are communicating to our awareness. "Connecting with all parts of our experience—sensory data, thoughts, feelings, wants and actions…assists us in acting congruently on our self-awareness …and…generates personal energy, strength, and health" (Miller et al., 1992, p. 11). Self-awareness also requires paying attention to interpersonal feedback in our relationships and taking responsibility for our own reactions to this feedback. Norcross (2007) underscores that therapists regularly report that their work enhances abilities to relate better to spouses, significant others, and friends, as well as generally improving life effectiveness, because practicing psychotherapy draws forth an array of cognitive, emotional, and behavioral skills useful for confronting the normal dilemmas and transitions of life.

The personal values that help us as practitioners to observe ethical standards of practice are mapped out in this quadrant. A value of honesty, for example, would entail the need to recognize the hazards of engaging in psychological practice as a profession: empirical research attests to the negative toll exacted by a career in therapy. The literature points to depression, mild anxiety, emotional exhaustion, and disrupted relationships as a common result of immersion in the inner worlds of distressed and distressing people (Brady et al., 1995, as cited in Norcross, 2000).

In addition, the imperatives of confidentiality, the realities of isolation, and the shame felt when we experience the negative impact of our work lead us to overpersonalize our stress, when in fact they are a given in psychological work (see Figley, 1995; Gilroy et al., 2002; Norcross, 2000; Skovholt et al., 2001). It is essential, and indeed therapeutic, that we disconfirm our individual feelings of unique wretchedness and affirm the universal nature of the hazards in psychological work (Norcross, 2000). To do so leads us to corrective action and informs our preventative measures. These preventative measures can be subdivided into three main lines of development in the UL quadrant: our mind, our spirit, and our shadow.

Lower-Left Quadrant (LL)

Here is the quadrant wherein we pay attention to our interior collective sense, our cultural internalizations, and how these are played out in relationships with others. This is the realm of "Why we do," and a fruitful question to hold in this area is: "What is my understanding of the impact on others of my self-care practices?" Giving and receiving support from peers, spouses, family, friends, mentors, therapists, and supervisors would be placed here. Norcross (2007) recommends we give careful thought to our sources of nurturance and follow the research evidence that identifies that the highest-rated career-sustaining behavior for therapists is spending time with our spouses, partners, and friends. The focus of this quadrant, to paraphrase Paul Landraitis (2005), is the awareness of how the relationships in which we are engaged are acting as multi-way instruments of healing, growth, and change in ourselves, our clients, our partners, our families, our communities, and ultimately, in all sentient beings (p. 24). It is here that we hold the awareness of and actively engage in behaviors to make relationships

part of our growth, both while at work and in our everyday lives.

The valuable practice of de-centering ourselves in relationship to others also comes into play in this quadrant. This is expressed via our understanding of the moral obligations of self-care and how this relates to compassion from a greater sense of self in interaction with and in relation to all sentient beings.[11] Compassion for others can take the form of providing rebated services to clients in genuine need, engaging in community service, volunteer work, hospice work, or using meditative practices such as tonglen.[12] It can also refer to the applied moral values in how we view our work and exercise "therapeutic presence," which will be described below. As stated by Willow Pearson (2005b, p. 1), when situated in the AQAL matrix, Carl Rogers' three core conditions of therapeutic practice—*unconditional positive regard*, *congruence*, and *empathy*—provide the central core from which to develop a more complete spectrum of therapeutic presencing.

Lower-Right Quadrant (LR)

This is the quadrant where we map the exterior collectives to which we as therapists belong. It can be paraphrased as interobjective, functional fit. Useful questions to contemplate in regard to this quadrant are "How do we do things together?" and "What is my function in the overall system of self-care?" The various social systems and communities with which we are enmeshed consist of our intimate relationships, families and friends, our peer, supervision, training, and professional conference networks, as well as any outreach activities in which we may be involved. Well-functioning in this quadrant has been shown to be enhanced by focusing on diversity and synergy of professional activities such as: conducting multiple forms of therapy (individual, couples, group); engaging in a range of activities (e.g., therapy, assessment, research, teaching, supervision, consultation); and working with a variety of clients and problems (age, ethnicity, different types of disorders) (Skovholt et al., 1997, 2001a, 2001b, 2001c).

On an institutional level, this quadrant takes into account the professional, educational, and political networks in which we are involved. In addition, it is where we map our civic duties to family, town, state, nation, and the wider world. It is important to note that current policies in relation to distressed and impaired practitioners tend to be inconsistent and incomplete, and focus on code enforcement rather than on prevention efforts (Gilroy et al., 2002).

The key to burnout prevention lies in the establishment of a professional ethos in which self-care is viewed as a moral imperative (Gilroy et al., 2002). Gilroy and colleagues suggest that at a systemic level, guidelines for practicing self-care must be incorporated within a professional code of ethics. They also recommend the provision of continuing education credits for participation in a variety of self-care activities, such as personal therapy, peer supervision, meditation, and other such activities. At the institutional level, they argue that the current focus in universities and professional schools of therapy on clinical skills is insufficient. They stress that personal psychotherapy must be mandated, and that "…more attention is needed in terms of self-care and education concerning possible risk factors associated with such problems as compassion fatigue, distress, and impairment" (Gilroy et al., 2002). They point out that those who are introduced to self-care and personal therapy early in their professional lives are more likely to undertake such means continually throughout their careers (Pope & Tabachnick, 1994, cited in Gilroy et al., 2002).

Finally, there is the assertion that "It is important that such self-care action plans be comprehensive in nature and include attention to the physical, cognitive, emotional, recreational, and spiritual dimensions" (Carroll et al., 1999, cited in Gilroy et al., 2002). Dlugos and Friedlander (2001) suggest that for the field to retain motivated, competent professionals, training and education programs need to emphasize balance, integration of work with the rest of life, and the spiritual and transcendent nature of therapy. Applying an AQAL perspective in our work and self-care practices exceeds these recommendations.

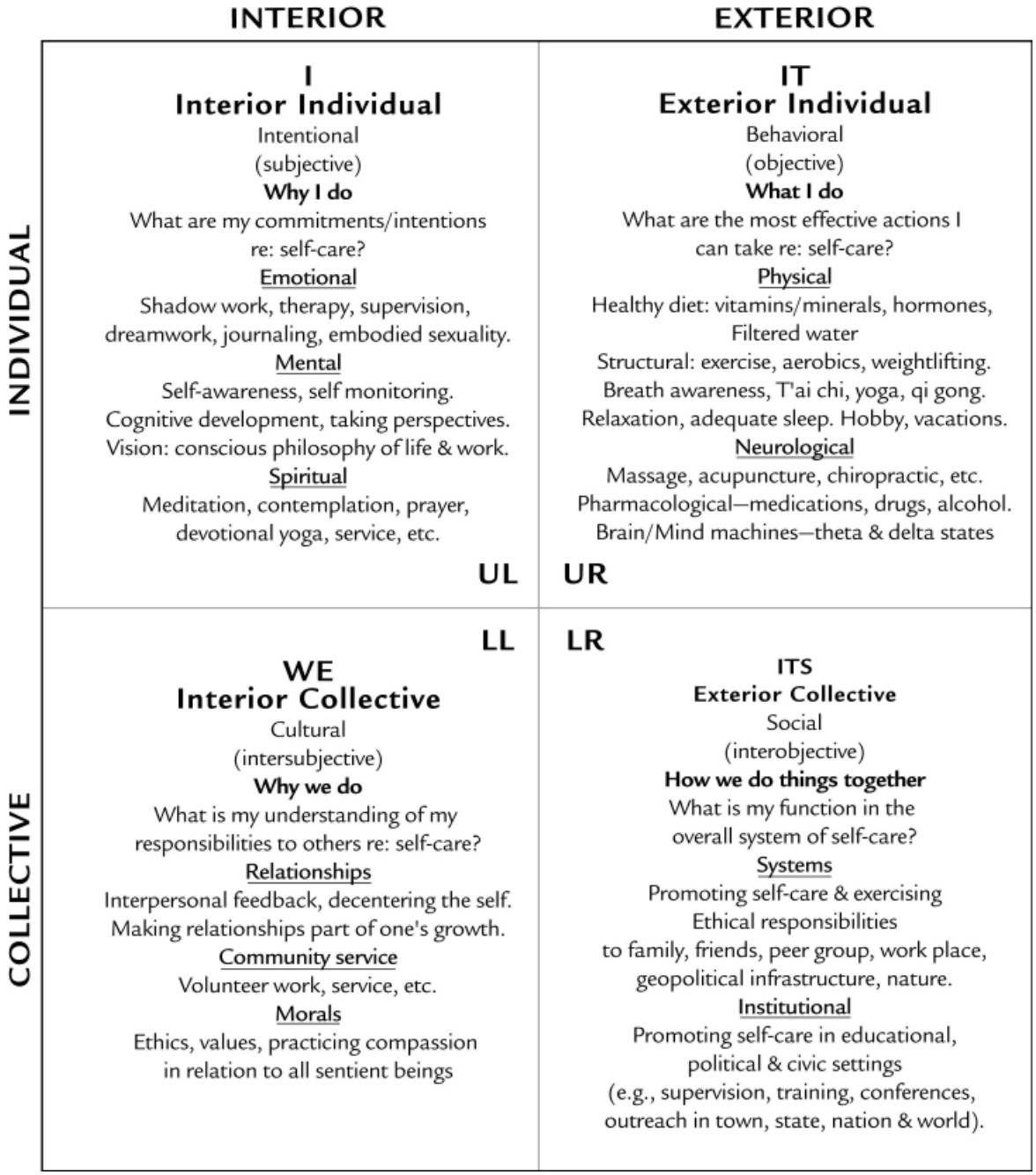

Figure 2. The five modules of a comprehensive approach to self-care.

Module Dynamics

The focus in this section will be on the five key modules (noted above) to be addressed in an AQAL approach to therapist self-care (Fig. 2). Each module will be discussed separately, but will simultaneously incorporate (as appropriate) the levels of development each undergoes. The four core modules of an Integral approach to therapist self-care are body, mind, spirit, and shadow. I have added one other module to the cadre of "official" modules of ILP, which I regard as key to a balanced self-care approach—the module of ethics.

Body (Physical, Subtle, Causal)

The three levels of body for which we need to care are our physical, subtle, and causal bodies.[13] The physical body is composed of muscles, bones, organs, and biochemical elements. Acknowledging my naturopathic bias, I will begin by suggesting that we pay attention to our diet. The overall aim is towards balancing the macronutrients (lean proteins, complex carbohydrates, and cold-pressed fats, including monounsaturated fats and deep sea fish oils) and the micronutrients (vitamins, minerals, and hormones). The inclusion of a large portion of fibrous carbohydrates, in the form of fresh vegetables and fruit, is found to be essential for the maintenance of an appropriate level of alkalinity in the body. Some of the literature on naturopathic nutrition suggests that an overly acidic blood pH is highly contributive to the development and maintenance of many disease processes (see Diamond & Diamond, 1987, pp. 86-87; Spong & Peterson, 1990, pp. 44-50). The ratio of acid to alkaline, as well as the balance of the macro and micronutrients will be unique for each therapist, and needs to be continually adjusted to account for differences in gender, age, personality, body type (endomorph, mesomorph, ectomorph [one way of differentiating body typology]), and any existing health problems, in addition to the level of physical activity undertaken.

The second focal area for the gross physical body is exercise. The overall recommendations here are not only to increase our cardiovascular capacity (through various activities like aerobics, sports, brisk walking, swimming, dancing, and so forth), but also to strengthen our physical mass (through weight-lifting) and maintain suppleness (through practices such as yoga or stretching). As previously mentioned, the sedentary occupation of therapy often leaves a great imbalance in this area. In addition, attention needs to be drawn to the length of our working hours, which may impinge on getting the quality sleep and physiological rest time appropriate for our individual needs.

With respect to the neurological system in the gross physical body, pharmacological means of restoring or maintaining balance may at times be required. This can be achieved by allopathic or holistic medical means, via prescription medication, herbs, vitamins, minerals, and hormonal supplements. While we as therapists may encourage clients to take medication, we can feel ashamed when they may be needed for ourselves. This is an important aspect of self-care that is perhaps too frequently overlooked. It is a useful reminder that massage, acupuncture, shiatsu, kinesiology, chiropractic, and osteopathic treatment methods (among others) address neurological balance on the gross as well as the subtle body levels.

Our subtle body is made up of the energetic aspects of our being, variously called breath, prana, chi, life-force, and energy-flow. Our emotions and mental functions are supported by this body. Caring for our subtle bodies constitutes using practices such as Hatha Yoga, breathing exercises, Tai Chi, and Qi Gong (among others), which may be incorporated to promote a healthy energy flow throughout the

body. As therapists, it also involves developing awareness during therapy of the quality and rate of our breath, as well as to the subtle emotional and cognitive fluctuations indicative of these breath changes. Rothschild and Rand (2006, pp. 107-125) draw on contemporary research in the neurobiology of empathy, mirror neurons, and emotional contagion to provide invaluable exercises for tracking body and breath arousal aimed at monitoring, managing, and preventing compassion fatigue.

Our causal body comprises the infinitely extending somatic field of energy of all of existence. It has been labeled in various ways, describing such qualities as presence, openness, spaciousness, feeling inwards or outwards to infinity. Ideally, we want to mirror this quality of presence to clients because of its beneficial effects on us, on them, and on the therapeutic connection between us. Causal energy deals with the very rarest of energies and is "…often experienced as the infinite field energy surrounding and radiating from the self. The causal body is called 'causal' because it is the cause and support of the other bodies. Causal body exercises are fairly rare and hard to find" (Morelli et al., 2005, p. 16). Practices that care for this aspect of our being include certain formless meditation practices as well as the 3-Body Workout or "Integral Kata" set out in the Integral Life Practice Kit (Morelli et al., 2005).

Mind (Framework, View, Perspective)

The mind module involves developing an orienting framework or cognizance of the many possible perspectives related to our work as therapists. The terms cognition and consciousness are used synonymously here, and their levels of development span from subconscious/prepersonal to self-conscious/personal to superconscious/transpersonal, and include interior as well as exterior modes of awareness (Wilber, 2000, p. 20). The AQAL framework provides a clear overview of the basic dimensions of our being-in-the-world, and supplies pointers on how to maintain mindfulness of these perspectives while engaged in working. This Integral theoretical framework for the "mind" module of ILP embraces many perspectives, including relational-developmental views of therapy, intersubjectivity theory, and dialogical approaches. The interrelationship of these to self-care provides a way of understanding the reciprocal influences of client and therapist on each other and how both healing and dysfunction can result from the encounter between two people. Developing a stable multi-level sense of ourselves enables us to be present in as comprehensive a way as possible. When we as therapists can make our own complexity an object of our awareness, while also being cognizant that there are forces operating within the many levels of our consciousness, this gives us the capacity to create more comprehensive maps to embrace and guide our insights. This in turn sets the framework and holding environment for a corresponding development of a secure self-sense in our clients because we can now present a much more embodied resonance with the levels existing in our clients.

Being cognizant of the spectrum of consciousness and the entire AQAL model, while holding a concurrent awareness of these same levels in our clients, allows us to embrace a much wider perspective about what needs attention in the intersubjective space. An understanding of the importance of such a comprehensive framework on a fully-embodied "presence" in our work with clients is beautifully expressed by Pearson (2005b). She says:

> Therapeutic presence, the embodiment of integral awareness, is at the core of any truly integral psychotherapy. It is the basis for empathic attunement

> with our clients…Simply stated, therapeutic presence requires that we track what is happening within us as the clinician, what is happening in the client, and what is happening between the two of us, drawing on both subjective and objective methods (the unified basis of integral assessment). This simultaneous tracking of awareness calls upon what we think, what we dis/identify with, what we sense, what we feel, what we encounter and what we recognize. (p. 2)

David Zeitler (2007a) uses the term *Hyper-Transference* to describe this greater condition of awareness needed to work with what he calls the interconnected "energetic trajectories of therapy." He elaborates:

> For the AQAL psychotherapist, it is not merely the emotional counter-reaction that is used as a tool to glean information, but *all* of the AQAL spaces and perspectives…The ability to witness this *Hyper-Transference* of all therapeutic occasions is vital for the Integral psychotherapist.

It is the actual utilization of self-care practices that attend to the gross, subtle, and causal aspects of the body, emotions, mind, spirit, and ethics which enhance development of our capacities for embodied and centered therapeutic presence. Other means of fostering our ongoing development in the mind module are continuing education and keeping abreast of changes in our fields of interest. Further useful practices are those which clarify our vision about our philosophy of life, in the broad sense, and ourselves as practitioners, in the more focused sense. Techniques such as visualization and affirmation may also be included in the mind module.

It is important for us as therapists to be aware that the very nature of our work transforms us as people and holds within it the capacity to foster our own development. How this occurs, at least in the developmental lines of cognition, affect, and self-sense, is eloquently expressed by Elliott Ingersoll (2005), who says:

> An Integral approach to "doing" psychology is itself a vehicle for the transformation of the psychologist…to an information broker capable of synthesizing diverse findings across the specializations of psychology and from fields outside of psychology….This allows us to explore new questions that could not be asked until now. To ask the questions, however, requires that we transcend parochial boundaries.

I suggest that this also applies to transcending the boundaries that have limited our understanding of the need to apply a variety of self-care practices that take into account quadrants, lines, levels, states, and types. Doing so will facilitate optimal functioning and development in our work.

Spirit (Meditation, Prayer, Stillness)

The literature on thriving therapists states that training and education programs that emphasize balance, integration of work with the rest of life, and the spiritual and transcendent nature of therapy may be essential for the field to retain motivated, competent professionals. Research by Dlugos and Friedlander (2001) showed that "passionately committed psychotherapists" experience a strong sense of

spirituality. Regular and consistent practice of spiritual disciplines inherent in any established spiritual tradition facilitates a "direct experience of the sacred" (Walsh, 1999, p. 3), which corresponds to the third of Ken Wilber's definitions of spirituality (2000). Although the literature on thriving and well-functioning therapists refers to the centrality of spirituality in self-care, this term was not parsed so as to distinguish between different spiritual states and the stages of spiritual development (Wilber, personal communication, January 20, 2008). Despite this lack of clarification, Dlugos and Friedlander (2001) found that an interest in activities unrelated to work as therapists, and attention to spiritual disciplines and development were as crucial, if not more crucial, than the pursuit of professional avenues of achievement to maintain well-functioning. Norcross and Skovholt also refer to the importance of cultivating spirituality and mission as well as nurturing the spiritual or religious self of the therapist (Norcross, 2007, pp. 183-196; Skovholt, 2001c, pp. 161-162).

A broad range of spiritual practices is now readily accessible to those interested in this endeavour. These include shamanic practices, contemplative or centring prayer, vipassana, Zen, Dzogchen, and other so-called "witnessing" meditations. Research on the effects of regular meditation (see Kabat-Zinn, 2005, 2006; Vaughn, 1995a, 1995b; Walsh & Vaughn, 1993; Wilber et al., 1986) attest that it leads to the following benefits:

- Provision of meaning frameworks for the human condition.
- Beneficial effects on the physical, emotional, mental, and spiritual aspects of being.
- Clarification and development of personal values.
- Enhancement of self-awareness and self-monitoring capacities.
- Heightening of altruistic motivations coupled with capacities to act on these in a realistic manner. Using the self-awareness gained via meditation is particularly important as a means of assessing whether we are altruistically extending ourselves beyond our capacities.

Shadow (Fixations, Subpersonalities, Projections)

Attending to our own shadow work by using techniques to expose, interact with, and eventually re-own diverse aspects of ourselves is an essential component of ILP for therapists. It is often the disowned parts of ourselves, residing in the prepersonal, personal, or transpersonal aspects of our being, which disrupt our ability to maintain a healthy functionality in our personal and professional lives. The word *shadow* is often misunderstood as referring only to the negative aspects of our unconscious or preconscious selves. It is useful to note that the disowned (or not yet manifest) aspects of our antecedent self, which contains our best parts, may also be accessed by shadow work. Both our lower and higher self can be concealed in the shadow (Patten et al., 2005, p. 73). Dealing with shadow aspects assists us in shifting perspective on the parts of ourselves that we unconsciously repress or deny, and which therefore interfere with our optimal functioning and development as therapists. For these reasons, working with our shadow is a key ingredient of ethically responsible self-care.

The literature on well-functioning therapists suggests that supervision and returning to our own personal therapy are necessary but not sufficient means to ensure that we thrive in our line of work. In addition to these indispensable methods, there are many practices that can be done on our own and which are highly effective in helping us identify and then integrate the disowned parts of our

selves. These include dream work, journaling, dialoguing, drawing, and the 3-2-1 process (Patten et al., 2005, p. 73).

The 3-2-1 process may be applied to any strong physical, emotional, mental, or spiritual reaction, and is summarised as "3-Face It, 2-Talk to It, 1-Be It." In "Facing It," we describe the object of our awareness in great detail using third-person pronouns (e.g., *it*, *its*, *she*, *her*, *him*, *his*, *they*, or *theirs*) as a way of fully exploring that which initiated the disturbance. In "Talking to It," we dialogue with the person, image, or sensation using second-person pronouns (e.g., *you* or *yours*) as a way of entering into some sort of relationship with it and bringing it one step closer to ourselves. We then give this object a voice and allow it to speak back to us, in response to any questions or comments we have made to it. In "Being It," we write or speak using first-person pronouns (e.g., *I*, *me*, or *mine*), integrating this person, object, or sensation back into ourselves as a way of re-owning it and re-identifying with it. We see ourselves and the world from the perspective of that disturbance, discovering our commonalities and seeing that we are substantially the same being. We can end the process by making a statement such as "I am…" or "…is me" (Patten et al., 2005, p. 75). Once we're familiar with using this process to care for ourselves, it can be accomplished in one to two minutes and is particularly useful for any counter-transference disturbance.

Ethics (What We Do. How You Act! Why Should I?)

This developmental module deals with our self-discipline, our personal and professional codes of conduct, and our different social and ecological levels of activism as well as any vows or oaths we have undertaken. The *Oxford Compact English Dictionary* defines ethics as "the branch of knowledge concerned with moral principles" as well as "the moral principles governing or influencing conduct" (Soanes, 2000). In this section, I use the terms *ethics* and *morals* interchangeably. Wilber (2000) proposes that the Basic Moral Intuition (BMI), which is present at all stages of human growth, is to "protect and promote the greatest depth for the greatest span" (p. 640). Depth and span are defined in different ways dependent upon the level of growth in this module. He argues that this is a direct result of spirit manifesting in the four quadrants, with an increasing growth in depth/height in the "I" expanding to include others in a "We" in a correspondingly broader/wider objective state of affairs manifesting as the "It." He further claims that the BMI will have a different definition of self, others, and objects at different levels of development.

The moral imperative towards self-care in our professional ethos, urged on us by Gilroy et al. (2002), is viewed in various ways at different levels of development. At the egocentric/preconventional level, the moral stance towards self-care focuses only on the individual self of the therapist, solely promoting and protecting herself or himself. My belief is that a small minority of therapists are at this stage of moral development. Pathological behaviors typical of this level would indicate that they are distressed or impaired practitioners, and would most likely take the form of predatory use of their authority over clients for financial, sexual, or other gains.

At the sociocentric/conventional level of moral development, a therapist acknowledges the existence of depth in others, but perhaps regards self-care in line with the duty ethic, something to be undertaken as another in a long line of self-defining "shoulds." Perhaps self-care is encouraged solely within their own therapeutic culture, to protect and promote this culture ahead of others. In addition, exploration outside the cultural norms of self-care within their particular school of therapy would not

be supported.

At the worldcentric/postconventional level, therapists begin to understand the need to be flexible in their own methods of self-care, drawing on broad principles that promote health and well-being in all humans. Depth is extended to all therapists, change agents, or those working in fields promoting wellness, and span here includes all human beings. At this level of ethical development, therapists design a personal self-care regime embracing the four quadrants. There is awareness and corresponding action taken to address issues in physiology and behavior (UR); thoughts, feelings, and identity as therapists and human beings (UL); cultural values (LL); and social relations (LR) (Pearson, 2005b, p. 14), although depth in these quadrants may be undifferentiated to account for increasing levels of complexity.

At the transpersonal/post-postconventional levels of morality, the BMI, according to Wilber (2000, p. 641), would be conceived of as encompassing the Buddha (I), Dharma (It), and Sangha (We), with the ultimate Sangha being the community of all sentient beings. Self-care practices here embrace and are an expression of care, compassion, and concern towards all beings. At this level, self-care includes a vital awareness of and presence to spirit's eternal descent through soul down to matter, as well as its endless ascent from matter to body, mind, soul, spirit, reuniting once more to spirit. At this level of moral development, self-care is a desire to protect and promote spirit in the individual self of the therapist as well as in all sentient beings and exists alongside a sense of responsibility to somehow facilitate this unfolding in all beings. The very process of manifestation and destruction, as something that is unequally applied, also becomes part and parcel of the BMI for ethics at this level.

The specific details of how to implement this BMI are part of the "…intersubjective and cultural and social project that all of us, in open communication free of domination, must discuss and decide. That is why the human moral response is a fine mixture of the Divine and the Human" (Wilber, 2000, p. 761). One possible implementation at this level would be that of viewing the self of the therapist as the primary instrument used to carry out this BMI. A post-postconventional moral perspective would see self-care as a responsibility to keep this instrument as finely tuned as possible so as to bring the best "self-system" to the Kosmos.[14] This is an expression of morality utilizing Universal-Spiritual principles in which, according to Zeitler (2007b), "…universality *and* relativity are applied where necessary…this moral position begins to include even non-human creatures as part of the overall expression of moral value." The drive behind this level of self-care springs from a core value of wishing to contribute to life in all its forms and is coupled with an incapability of carelessly behaving in egocentric ways. Such a perspective is seen as a responsibility, a calling to express in the fullest, deepest way so as to be of benefit to all sentient beings. A morality such as this would be an expression of the superabundance felt by a therapist operating primarily from self-transcendent needs as portrayed in Maslow's hierarchy (Wilber, personal communication, January 30, 2008).

States

This aspect of Integral Theory, which draws on the great wisdom traditions of the world's cultures, refers to the states of consciousness that are available to sentient beings at all times. Although Vedanta (Hindu philosophy) gives five natural states of consciousness (waking, dreaming, deep sleep, witnessing, and nondual) (Wilber, 2005, p. 37), for the sake of simplicity I will address only the three states of waking, dreaming, and deep sleep. State experiences include:

- The ordinary or waking states
- Nonordinary or trance states, including:
    - Exogenous states (drug induced)
    - Endogenous states (dream states, hypnotic or other trance states, visualization, and the trained states of consciousness such as those brought about by meditation)
- Peak experiences, the heightened states of consciousness, which can be spontaneous or induced through drugs, exercise, trauma, sexual activity, or meditation practices.

Each of the three major natural states of consciousness (waking, dreaming, and sleeping), according to Wilber (2000), are said to be supported by a particular energy or "body," the gross body, the subtle body, and the causal body:

> Although, technically speaking, the terms "gross," "subtle," and "causal" refer only to the bodies or energies (in the UR), we also use those terms to refer to the corresponding states of consciousness (in the UL). Thus we can refer to … natural, and/or meditative states of consciousness as: gross, subtle, causal… states…" (pp. 37-39)

The AQAL map, drawing on the cartography of the wisdom traditions, gives therapists a large toolbox from which to draw self-care practices with the potential to lead to phenomenological experiences of these various states. In addition, as stated by Ingersoll (n.d.), "…the Integral approach to states and their relation to levels and lines of development help…understand… experiences in a way unique to any approach to psychotherapy" (pp. 24-25). Drawing on Wilber's suggestions (2005), practices that are linked to and may bring about state experiences at the different levels are:

1. *For gross-waking states*: focusing on the physical body and its surroundings during any activity, such as in a therapy session or while doing physical exercise.
2. *For subtle-dream states*: paying attention to our dreams or daydreams. Visualizations feature here, as do meditations with form (e.g., focusing on breath, mantra, image), as well as any practices which focus and direct our awareness to subtle images and sensations (such as those occurring during or about a therapeutic session).
3. *For causal-formless states* (i.e., those of deep dreamless sleep, formless meditation, and experiences of openness or emptiness): these occur during the Big Mind/Heart practice or with mind/brain technologies. Causal formlessness is the space in which all things arise and fostering an awareness of this space adds as invaluable contribution to the quality of therapeutic presence that an integrally-informed practitioner can provide. These states can also be accessed by opening to them in the pauses between client and therapist interactions or by taking a few moments before each session to engage in a silent prayer or dedication. (p. 39)

Generally, state experiences can only be consciously induced through regular, daily prayer, contemplation, or meditation practices that develop a capacity to enter subtle and causal states at will. This is achieved by focusing attention in a consistent manner so as to bring about trained states which tend to unfold in a sequential order, from gross to subtle to causal (Wilber, 2006, p. 76). These states can be experienced at any level of self development, are included in horizontal integration, and are labelled by Wilber as *state-stages*. They do not necessarily indicate the permanent attainment of a higher stage of development in any of the lines of intelligence, which are called *structure-stages*, indicative of vertical integration (Wilber, 2006, p. 76).

Types

Understanding the role of typology is useful in developing a self-care program. The most common typologies in use are those which differentiate masculine and feminine (biology and identity), the Myers-Briggs Type Inventory, the Enneagram (Riso & Hudson, 1999), as well as personality theory, using either the psychodynamic, trait, humanistic, or cognitive-social methods of personality assessment. According to Integral Theory, and with the exception of some Enneagram authors, these are all "horizontal typologies" in that they do not take into account the various levels of development but rather provide an understanding of the diversity of enduring personality orientations throughout the differing levels of complexity (Wilber, 2000, p. 53).

Therapists of different typologies inevitably choose and pursue different methods to care for themselves, varying these according to their level of development in the self-related lines and adapting them to their current circumstances. For example, an Enneagram type three may be at Loevinger/Cook-Greuter's Conformist, Conscientious, Individualistic, Autonomous, or Integrated levels of self-identity development. These divergent orientations would influence the practices chosen to maintain health and balance, as well as those practices deemed most helpful in bringing about the desired changes. A core value of success is found in many type threes. At the Conscientious level, for example, this may manifest as self-care practices, including competitive sports which would involve applying themselves to training according to the dictates of their particular team's ethos. In contrast, a type three at the Integrated level, because they are free of the belief that their value depends on others' positive regard, and via alternative means of expressing their value of success, may devote themselves to contemplative practices that help them discover their true identity and their own deepest wishes. Typology is another lens through which to view aspects of the self of the therapist, make them objects of awareness thus enabling these aspects to be transcended and included in a balanced self-care regime.

Conclusion

This article has endeavored to show that self-care practices which attend to the various aspects of body, mind, and spirit as they occur in the four quadrants enhance the development of the therapist and make for a resilient, embodied, and centered therapeutic presence. The literature on thriving therapists supports the view that therapist fatigue is best prevented by an integral approach addressing all quadrants, levels, lines, states, and types. Although the individualized self-care regimens discussed were not undertaken through an integral theoretical framework, they nevertheless covered the important elements of an AQAL approach.

In particular, embracing the transcendent and spiritual nature of therapeutic work resulted in enhanced resilience in the face of clients' distress, in harmonious development of therapists' self-related lines, and in a deeper experience of the complexity and interconnectedness of the self. An ILP (Integral Life Practice) embodies a more complete view of the self, the primary instrument used in our work, and provides the means for its ongoing pro-active care. It enables the highest caliber of presence to emerge in all aspects of our being, which benefits not only our personal self, but also our manifest Self in the form of our clients, family, friends, communities, and eventually the entire Kosmos. Applying an integral perspective to self-care is a means of being of service to all in a profoundly ethical way.

NOTES

[1] Shadow refers to the unconscious positive and negative aspects of our awareness.

[2] Ideally, an integrally-informed therapist aims to "… integrate *both* the Ascending movement (from body to mind to soul to spirit) and the Descending movement (from spirit to soul to mind to body)" (Wilber, 2000, p. 205). "Horizontal integration basically involves *an integration of the four quadrants at any given level.*…Vertical integration, on the other hand, means moving to a higher level of integration altogether….each level of development has the capacity to be relatively *more integrative* than its predecessors, simply because each healthy level "transcends and includes," and thus each senior level can embrace more holons in its own being and thus is relatively *more integral*" (Wilber, 2001, p.152). A holon is a whole that exists in other wholes, so they are whole/parts.

[3] Here I would like to define my use of the word *self*. I use self as a broad and complex term for the entity to which I will be applying the various self-care methods to be discussed. Self refers simultaneously to our *proximate self* (our subjective experience referred to in first person), our *distal* self (subjective aspects which have become objects of our awareness, referred to in third person) and to the *antecedent self*, which is the witness of all subjects, objects, and processes involved (see Ingersoll & Cook-Greuter, 2007). It is the totality of this "self" that we bring to our second-person interactions with others.

[4] Wilber (2000, p. 123) defines ILP as "… 'all-level, all-quadrant.' In short, *exercise body, mind, soul, and spirit in self, culture, and nature*. 'Body, mind, soul, and spirit' are the levels; and 'self, culture, and nature' are the quadrants (or simply the Big Three of I, we, and it). The more categories engaged, the more effective they all become (because they are all intimately related as aspects of your own being.)"

[5] The antakharana, according to theosophy, is "…the bridge that man builds—through meditation, understanding, and the magical creative work of the soul—between the three aspects of the mind nature…Before a man can tread the Path he must become the Path himself…The antakharana ….is the thread of *consciousness*, of intelligence, and the responsive agent in all sentient reactions" (Bailey, 1971, pp.17-19). For the three aspects of the mind nature, see note 13 concerning subtle body.

[6] In *Compassion fatigue: Coping with secondary stress disorder in those who treat the traumatized* (1995), Figley uses the term "compassion fatigue" interchangeably with the term "secondary traumatic stress." Secondary traumatic stress is distinguished from burnout by its rapid onset and the extent to which the ailing therapist presents with similar symptoms to those affected by post-traumatic stress disorder.

[7] AQAL is an abbreviation for all-quadrants, all-levels, all-lines, all-states, all-types. The *quadrants* are the four dimensions inherent in any occasion, the interior and exterior of an individual or collective. *Levels* are stages of development, such as egocentric/preconventional, ethnocentric/conventional, and worldcentric/postconventional. *Lines* is an abbreviation of the various intelligences available to humans, such as cognitive, emotional, kinaesthetic, moral, psychosexual, and so forth. *States* refers to the major states of consciousness experienced by all, such as waking, dreaming, and deep sleep. *Types* are typologies which can be present at any stage, such as masculine and feminine, Myers Briggs, the Enneagram, Keirsey Temperament sorter, etc. For a short description, see Wilber (2001, pp. 52-55).

[8] "Evidence shows that a person, *in the same act and absolutely simultaneously,* can be at one level of cognition, another level of self-sense, and yet another level of morals, which cannot be explained by models like SD (Spiral Dynamics) that draw primarily on one line" (Wilber, 2005, p. 28).

[9] There are at least four meanings given to the words "spirit" and "spiritual," briefly summarized as: 1) the highest level in any of the developmental lines; 2) a separate developmental line in itself; 3) an extraordinary state or peak experience which can happen at any stage of development; 4) an attitude or state of consciousness (such as love, compassion or

wisdom) which can be present at any stage of development. See Wilber (2006, pp. 100-102).

[10] "…events…all arise simultaneously in AQAL space and tetra-evolve in mutual mesh. Neither things nor relationships are prior: both are simply different perspectives or dimensions of the AQAL matrix" (Wilber, 2002, Excerpt A, Part 2, p. 9).

[11] The self can be seen as "…an intuition of the very Divine as one's very Self, common in and to all peoples (in fact, all sentient beings)…" (Wilber, 2000, p. 239).

[12] Tonglen is a Tibetan meditation of taking compassion for ourselves and then sending it to others, so as to experience the interconnection of all of life. "What you do for yourself – any gesture of kindness, any gesture of gentleness, any gesture of honesty and clear seeing toward yourself – will affect how you experience your world. In fact, it will transform how you experience the world. What you do for yourself, you're doing for others, and what you do for others, you're doing for yourself" (Chodron, 1994, p.33).

[13] "Body" in Integral Theory is used to denote the "…energetic support of the various states and levels of mind, of which Vedanta (Hindu philosophy) gives three: the gross body of the waking state (which supports the material mind); the subtle body of the sleeping state (which supports the emotional, mental and higher mental levels); and the causal body of deep sleep (which supports the spiritual mind)" (Wilber, 2000, pp. 12-13).

[14] The original meaning of Kosmos, introduced by Pythagoras, was "…the patterned nature or process of all domains of existence…not merely the physical universe…Kosmos contains the cosmos (or the physiosphere), the bios (or biosphere), nous (the noosphere), and theos (the theosphere or divine domain)—none of them being foundational (even spirit shades into Emptiness)" (Wilber, 2000, p. 45).

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