

World renowned for his life philosophy, Ken Wilber's framework for living was put to the test when he was struck by CFS in 1985. Today, the man and the philosophy survive and thrive. Here's a peek at how.



Ken Wilber's likeness is featured on his homepage. The site highlights his life's work, writing and tools for living.

The Man Behind the Framework

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AT-A-GLANCE ▶▶

- Ken Wilber is a recognized philosopher and author. He has also had CFS for 17 years.
- Wilber relies on his AQAL philosophy to help him manage his illness, keep working and live meaningfully.

Ken Wilber, referred to by Harvard professor Robert Kegan as a “national treasure,” is the author of an integral philosophy that unites the world’s great psychological, philosophical and spiritual traditions. According to *Network: The Scientific and Medical Network Review*, “Wilber is without a doubt one of the most significant thinkers of our time . . . He displays a staggering erudition . . . a profound intuitive understanding and a highly developed analytical capacity.”

He is also founder of the Integral Institute (www.integralinstitute.org), an organization dedicated to advancing integral ideas and applying them to complex problems in areas such as politics, education and health.

And Wilber has CFS. He was struck down in 1985 when he and his wife Treya (who died in 1989) were living in Lake Tahoe while she recovered from chemotherapy for breast cancer.

Wilber remains sick. “Most days I get up from lying in bed and go out to lie on the couch.” Recently he suffered a series of CFS-related grand mal seizures, nearly died and was hospitalized for weeks.

Despite the illness, he has produced a phenomenal body of work—nearly two dozen books, scores of articles, regular webcasts and a running stream of first-person blogs and chats.

How can he produce such a huge quantity of work, I ask, assuming at first that he must be one of the lucky ones who has long periods of remission. But I am wrong. Over the course of the conversation I get a glimpse into how he manages to have such a highly productive and meaningful life despite having such a severe case of CFS.

“The key to this illness is management,” he says. His philosophy, a superholistic joining together of myriad perspectives, offers a viable framework for tackling CFS. Says Wilber, “I wouldn’t be able to do what I do without it.”

Although based in sophisticated philosophical analysis, the framework isn’t difficult to understand or use.

A Framework for Managing Life

Wilber developed the AQAL model (for All Quadrants, All Levels) in the process of trying to understand how multiple philosophies of consciousness seemed to be so opposed to one another. What he discovered was that *all* were true, but each from its own perspective, and that a full understanding of the universe in which we live requires approaching it from all perspectives. Ultimately Wilber parsed this integral perspective into quadrants, asserting, “anything can be looked at from four perspectives: from the inside or the outside and in the singular or the plural.”

Using this structure to create a grid (see Figure 1), Wilber divides the perspectives into a “singular” top half and “plural” lower half. He then divides the “interior” perspective (left) from the “exterior” perspective (right). Wilber has said the quadrants offer “a more comprehensive and integral model of consciousness” that he believes can be applied to all aspects of life, providing a way to analyze challenges, gain understanding and achieve greater harmony.

Applied to life with CFS, the framework encompasses the following: an individual, subjective perspective of personal beliefs and illness experience (Upper Left quadrant), an outside scientific, medical perspective (Upper

Right quadrant), interactions with family, with doctors and with cultural ideas of illness (Lower Left quadrant), and a systemic outside world of insurance companies, work and other institutions (Lower Right quadrant). In short, all of the forces a person with CFS must balance in his life with chronic illness.

“With CFS,” Wilber says, “you have to get your systems in place in each quadrant. If the illness isn’t approached in an all-quadrant way, successes in any one quadrant won’t stick.”

Looking at the framework, this is obvious. No matter what treatment process is proposed in the Upper Right (UR), if insurance won’t pay for it (LR), or the family struggle (LL) adds so much stress that any improvement from the treatment is overwhelmed, or the person with CFS has internal personal beliefs (UL) that prevent him from accepting the treatment, it might as well not exist. Using another example, if an individual’s personal experience (UL) cannot be conveyed effectively to the physician, family or

employer (LL), he may not get the help he needs from medical treatment (UR) or work accommodations (LR).

AQAL and CFS

Wilber follows his own advice.

In the UR quadrant of exterior facts and applications, he has investigated medical interventions that will help him. “You need to get over the idea that you don’t need to take anything, that if you do you’re weak or not doing things ‘naturally.’ With so many systems down, you’ll probably need a kitchen sink full [of meds].”

Using vitamins and other supplements was something Wilber was doing before he got ill, so he had a jump start on understanding what might help. He’s also a biochemist by training, which perhaps gives him a little more insight into what’s going on in his body. But anybody can look into what will help, he says, whether it’s prescription medications, acupuncture or relaxation training.

Wilber’s many years of yoga practice have taught him to lie so still that he can relax all muscles except

Figure 1: According to Ken Wilber’s AQAL (All Quadrants, All Levels) model, everything can be understood through four distinct perspectives. Wilber applies this model to managing his CFS.

	interior (subjective)	exterior (objective)
singular	<p>UL “I”</p> <p>Interior individual Personal experience, thoughts, attitudes, beliefs</p> <p><i>CFS example: How this illness makes me feel; how I think about it.</i></p>	<p>UR “It”</p> <p>Exterior individual Physical facts, observations applications</p> <p><i>CFS example: What objective facts exist; treatments, test results.</i></p>
plural	<p>LL “We”</p> <p>Interpersonal or intergroup culture Shared (or contrasting) experience, thoughts, attitudes</p> <p><i>CFS example: How my friends relate to me since I became ill.</i></p>	<p>LR “Its”</p> <p>Exterior groups or systems Societal institutions, government policies, economic systems</p> <p><i>CFS example: How insurance and workplace issues come into play.</i></p>

those he uses for typing. He will type for 45 minutes or so, shift slightly and begin again. He uses assistive technology that holds the computer so he can write lying down. All these interventions help him to maintain himself as well as possible.

As for the societal supports of the LR quadrant, Wilber has had to manage the illness on his own much of his life, but lately, with his international following, people have showed up to help. Volunteers work at the Institute, and much of the work of publishing has been taken on by others. “And, fortunately,” Wilbur shares, “I’ve had a career that has allowed me to work in bed. When it’s bad, it’s bad. . . Sometimes I don’t read, don’t write, but I get right back on when I’m able.” By drawing on his strengths and those of others who are willing to help, Wilber has adapted the societal institution of work to match his abilities.

Wilber is also tackling the LR quadrant via the Institute, which is launching a health initiative this fall to train physicians, nurses and patients in integral medicine. Wilber sees CFS as an illness to highlight in this process. “CFS is, along with AIDS, the medical story of the past 20 years,” he says.

As for the internal world of the UL quadrant, Wilber has meditated all his adult life, a tool that allows him to gain a perspective on his personal suffering. “When you’re meditating, you *dis-identify* with the self that is ill.” Contemplation or awareness training, found in all the world’s religions, strengthens the side that is without pain. He points out that Zen or other contemplative practices are perfect for people who don’t have the energy for more active kinds of spiritual practice.

Like all people with CFS, Wilber deals daily with a complex web of symptoms. And, like all people with CFS, he has faced incomprehension, unsolicited advice giving and outright insults. He has little patience with those who refuse to believe the ill person. “If your body is a medieval torture chamber (UL), the economic and social system offers you no support (LR), medical opinion is that you’re not sick (UR) and your family and friends drift away (LL), you can feel crucified—which is not an exaggerated view, as anybody who has this illness knows.”

Wilber stresses not blaming yourself for getting ill. In response to those who claim you create your own reality or argue that if you can’t cure

yourself, you’re not spiritual enough, he comments, “Psychotics create their own reality. People confuse the fact that visualization and positive thinking can help with the unrealistic notion that we can wish our troubles away.”

It’s important, he says, for us to get rid of blaming or attempting to “choose” another reality in order to achieve some idea of peace.

His advice to others with CFS? “Find a few things you can do in each [quadrant] and build on them. There will be synergy—you’ll start to feel better, have more energy, have better relationships, do better at work.”

His recent capacity to turn even his hospital room into a place of love and laughter is evidence of Wilber’s ability to find a full life in spite of the challenges that CFS brings. Even so, he acknowledges that there are times when it can be more than anyone can handle. “Sometimes,” he wrote a few years ago, “I think of this as a war wound I got when taking care of [my wife] Treya, and somehow that makes it easier to bear.” ■

WHERE TO START

The strength of Wilber’s AQAL framework stems from the synergy between all the quadrants, but you can start making a difference quadrant by quadrant.

UL: Develop an integral view of your illness; understand how each of the quadrants affects the others. Develop your own ways to manage internal struggle. Find a practice such as yoga or meditation to feed your interior well-being.

UR: Take a list of possible treatments to your next medical appointment (www.cfids.org/bonus/meds.pdf). Don’t overwhelm the doctor with studies, but say you

want help figuring out which medication on the list might help you.

LL: Craft an approach to each person in your life that’s designed to meet them where they are. That includes family members, friends and medical professionals. A different tack is likely to be effective with different people. Wilber sometimes gives the CFS documentary *I Remember Me* to friends.

LR: Look at your economic situation. Can you make modifications or do your job lying down? What about insurance or other areas that affect you? What kind of support services are available? Changing even one element can positively affect this quadrant.