

Chapter Nine

What MOL psychotherapy looks like

*A*n awareness of things that can happen when MOL is adopted might help you anticipate and plan some of the experiences you could encounter as an MOL psychotherapist. The information provided here is largely based on my experience as a full-time clinical psychologist. Primarily I see adults aged between 18 and 65 who are referred to the local clinical psychology department of the National Health Service (NHS) by GPs and psychiatrists. People experiencing a multitude of problems are referred, so I have had the opportunity to use MOL in a wide variety of situations. MOL is the only approach I use in my work. I have not blended it with other techniques, nor have I set it aside in favor of another approach in particular situations.

In a sense, it is impossible to pin down a precise formula for the unfolding of the interaction of an MOL session. MOL sessions can be expected to be fluid and unpredictable. Learning MOL is a process of learning which attitudes to adopt, not which procedures to unroll in which circumstances. At all times, if you set your attitudes according to the principles of PCT you can then allow the MOL session to proceed as it will.

The ancient Greek philosopher Heraclitus famously remarked that “You never step into the same stream twice.” This remark captures well the essence of MOL. In MOL each session is seen as a discrete event. This might be the only time you see the client, or it might be the only time the client talks to you about this particular problem. When clients do return for subsequent appointments, they will have lived a little bit more and may well be in a different place from the one they were in when you first saw them. Also, reorganization might already be occurring somewhere different from where it was occurring before, and the clients might now think differently about one or more things.

So each session begins anew. Sometimes the thread from the previous session will be continued, but often something different will be discussed. The topic of conversation in MOL is determined by the client.

The work of MOL can begin from the first session. Once we have introduced ourselves I ask something like:

What can I help you with?
What's on your mind today?
What would you like to discuss?
What brings you along to see me?
Where would you like to start today?
What would you like to spend time sorting out?
What would you like to look at in this session?
What's bothering you at the moment?

and the MOL session proceeds from there. Even if clients come in and just start talking, I consider it important to obtain their permission before commencing, so I might ask a question like "Is that something that you'd like to spend time exploring today?" Then, I spend the time with the client curiously enquiring about their current experiences and helping them become aware of higher-level perceptual experiences.

As more psychotherapists learn the theory of PCT and adopt the practice of MOL, no doubt preferences will differ regarding factors such as the procedural aspects of conducting MOL. Some psychotherapists, for example, might prefer to give a brief explanation of the process prior to commencing. After trying out different procedures, my preference now is to commence the MOL session and to provide explanations, such as a rationale, only if clients request them or otherwise indicate that they might be helpful. Generally I don't talk much *about* the process because I prefer to spend as much time as I can providing clients with an experience *of* the process. I prefer to get under way with MOL promptly and provide information only when it seems helpful to do so.

My experience has been that many clients participate in the activity of psychotherapy without wanting to know why they are undertaking a particular procedure. Other clients, however, are interested. Rather than give to all what is required only by some, I provide a rationale retrospectively, perhaps at the end of the first session, whenever it seems appropriate. When this occurs, I discuss what I think might be useful to help clients shift their awareness to higher levels. At the end of the first appointment I often ask clients if they have any questions they would like to ask. This seems to be a good way of providing only the information that they are interested in. I have also prepared a little card with some of the important aspects of MOL including my role and their role in the process, and I give this to clients if they seem interested in knowing about the process.

The general idea I keep in mind is that the only thing that helps clients remove the distress of chronic internal conflict is for them to shift their awareness of their troubles to higher levels and reorganize. Any time that I'm not helping them shift their awareness up a level or two, I'm probably getting in the way. If I do lots of talking, I'm getting in the way; if I do lots of listening (and don't ask about up-a-level events) I'm getting in the way; if I participate in discussions about issues irrelevant to the conflict, I'm getting in the way; if I engage them in teaching activities or give them information to read, I'm getting in the way.

What's been said

There is no formula for beginning, conducting, or ending a session.

Sessions vary in the time they take.

The number of sessions clients need varies.

Change can happen quickly.

It will be important to be aware of both your own expectations and the client's.

The big deal

Many aspects of psychotherapy will vary but your efforts to help clients shift their awareness to higher perceptual levels should remain constant.

Coming up

The client's experience of MOL.