

Postscript

Questions & Answers

*A*s this book was nearing completion I had the opportunity to co-facilitate an MOL training workshop with Powers. About 15 people attended the workshop which ran from Sunday evening until Wednesday lunch time. The workshop was discussion and activity based and often headed in directions that were surprising and intriguing. Participants had many opportunities to practice MOL and with diverse backgrounds and enquiring minds they poked and prodded in pursuit of a greater understanding of conducting MOL psychotherapy. Through their searching for greater clarity I found myself pondering new ideas and growing in my appreciation of this method. The workshop appeared to be such a valuable experience for all of us who attended that I thought collating some of the insights and sharing them here would be a perfect finishing touch to this book. I hope you think so too.

Can I use MOL with myself?

Given how useful the workshop participants found MOL when they were guided through it with someone else, the issue of self-MOL was raised. The idea of being able to conduct self-MOL is appealing. MOL would obviously be a lot more accessible if it turns out to be a procedure that can be done independently of any guide. It is, therefore, certainly a direction that warrants closer scrutiny.

I have experimented with self-MOL in various ways. Initially, I just tried to catch background thoughts when I noticed them and spend some time mulling them over. Then I made a little “chime tape” that I had first learned about during my behavior management advisory visiting teacher days. On a blank tape I recorded, every 30 seconds, a little “ding dong” sounding chime (my “ding dong” was produced by tapping the side of a glass twice, quickly and gently, with a teaspoon but how it is produced is not important). When I had something that was bothering me and I found some alone time (often this occurred while I was driving in the car) I would switch the tape on and start talking about my concern. Every 30 seconds the little chime would sound and that was my cue to check for any background thoughts. When I heard the chime I would think “What am I doing at the moment?” or “Do I have any background thoughts just now?”

For some of the issues that I considered in this way I found the technique really useful. Over time, however, I began to expect the sound of the little chime and then I'd become distracted from discussing the topic and would begin to think "Is the chime about to go now?" Then I would think about being distracted and also about thinking about the chime. Sometimes I would still get to some interesting places but it wasn't always connected to my initial topic. I did discover that, in some cases, simply talking out loud about a problem, rather than talking it over in my mind, leads to some useful and interesting perspectives.

So my feeling at the moment is that self-MOL may have some application but ultimately I still think having a guide such as a psychotherapist is best. With a guide, people are free to talk about their thoughts without also having to keep track of them. The guide can pick up on things that the person might not have noticed or might actually be avoiding. With the assistance of a guide people can begin to explore areas of their minds that they might otherwise stay away from. These might very well be the areas that hold the key to the resolution of their conflict. It may, in fact, be the staying away from these areas that is perpetuating the conflict.

Self-MOL is interesting, fun, and sometimes even useful. Even so, I think there will always be a place for MOL psychotherapists and their curious guiding.

To use MOL effectively, do I have to be less caring than I can be with other approaches?

This may well be a pivotal issue for psychotherapists to reconcile as they undertake to learn MOL. In Chapter Seven I suggested that psychotherapists might reorganize as they are learning MOL. What it means to be a caring psychotherapist may well be one of the areas where reorganization occurs.

For some psychotherapists being caring might mean helping clients out of their difficulties by comforting them, advising them, and demonstrating that they are being heard and understood. When clients are upset they might tell them things to help them feel better and when clients are stuck they might give them suggestions for moving forward. In MOL, however, being caring means helping clients shift their awareness to a useful higher level and keep it there long enough for reorganization to do its job. When clients are upset or stuck this means helping them explore these experiences in detail and providing them with opportunities to shift their attention up.

The differences in approach probably boil down to the different theories that are used to explain what is happening. From a PCT perspective, when someone is upset or stuck as the result of internal perceptual conflict, the most direct way of helping them through this is to provide them with opportunities to move their attention to higher perceptual levels. Their upsetness or stuckness will dissolve once higher-level systems reorganize so MOL psychotherapists are interested in going for that higher level directly.

Perhaps psychotherapists' attitudes to caring can be summed up by the way in which they answer this question: Do you see it as caring to provide to others your