

The
Method
of
Levels

HOW TO DO PSYCHOTHERAPY
WITHOUT GETTING IN THE WAY

Timothy A. Carey

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Living Control Systems Publishing
Menlo Park, CA
www.livingcontrolsystems.com

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To my dad—from whom I first
learned to look at things differently.
And to all those people who have
experienced being diagnosed and
treated for a mental disorder.

This book

The Method of Levels
How to do Psychotherapy Without Getting in the Way

is available as a free PDF download from the publisher's website, www.livingcontrolsystems.com, as well as the free online libraries www.archive.org and www.z-lib.org, which will help ensure that this book and others on the subject of *Perceptual Control Theory, PCT*, will be available to students for many decades to come.

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For update on Dr. Carey, see page 179.

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Foreword

by William T. Powers

This book is about a method of psychotherapy based in part on a model of human behavior called Perceptual Control Theory, PCT for short, on which I have been working since before most readers of this book were born (about 1953). The basic idea behind PCT is that organisms act to control a world represented to them as perceptions, rather than reacting to stimuli or planning their actions or being conditioned or any of those other ideas that have been proposed since before *I* was born. More can be learned about PCT in references at the back of this book.

PART ONE

In the early 1950s, at about the same time I began the work that led to PCT, my late friend Kirk Sattley and I became interested in a seemingly irrelevant phenomenon. While one is focused consciously on one train of thought or subject of attention, there often occur thoughts in the background about the foreground thoughts. Kirk and I wondered if this process could be repeated—that is, if the background thought could be brought into the foreground, so that *another* background thought could be found, this time about the new foreground thought. It could. Then, since we were both basically engineering types, we naturally wondered how many times in a row this could be done. With one person helping to keep the process on track while the other reported what came to mind, we found that indeed this could be done several times in a row, and that it did not (often) go around in circles, and that in fact it continued for a rather small number of levels and then seemed to stop, leaving one in an interesting state of mind.

Having a naturally quick mind, I took only about 20 years to see that this phenomenon might have some practical applications, and that it might even have something to do with the theory on which I had, by then, spent a good part of my life. I worked up some demonstrations and tried them out with other people, with quite interesting results. However, that did not make me a clinical psychologist or give me a license to mess about with people's minds, so the Method of Levels or MOL, as I started to call it, never went very far toward real tests. Not, that is, until Timothy Carey, then in Australia, came on the scene.

Tim Carey first learned about PCT and found it useful in his work in schools. Unlike many who read my publications, he actually read the hard parts in detail, demanding explanations, and bemoaning the fact that he could not make the equations in my first book come out right. That was fortunate, because they had mistakes in them which he had found (nobody else had). He modestly assumed he must have misunderstood, but he had not. He applied the same thorough reading to everything, and eventually was exposed to the Method of Levels, which I trotted out occasionally to see if any takers had showed up, and he took it, and he ran with it. He ran himself to a Ph.D. in clinical psychology, and then to a practice in his ancestral territory of Scotland where he put this method to the test of using it exclusively and full-time with clients, and finally to the position of being the primary expert on the nature and use of the Method of Levels.

It is probably important that the Method of Levels has behind it a scientific rationale, in the sense that it would be good to tie a method of therapy to sound knowledge about how the brain works. But for a book on psychotherapy, the scientific rationale is secondary and the practice is primary. This book is based on Tim's very considerable knowledge of how MOL actually works with real people, and it takes this method far beyond the primitive stage to which I had brought it. For example, I had put on many demonstrations of how to do it, lasting perhaps 10 or 15 minutes, with the result that I doubt that I had ever done it with the same person (not counting Sattley) twice. Tim has carried people through multiple sessions over periods of time, and as a consequence has seen how to use it in a serious course of therapeutic sessions. He has changed this approach from a curiosity to a practical method. And he can teach it without demanding that people understand a lot of control theory (though it doesn't hurt...).

PCT should not get in the way of learning how MOL works, just as (in Tim's way of putting it), psychotherapy should not get in the way of people trying to solve their own problems. So now I will do my part by sketching in, without getting into technical details of control theory, the thinking behind the PCT model of behavior. Much of the model remains speculative, but what follows is reasonably defensible.

PART TWO

The world we control, and control in, is big; we move around in it and do things to the parts of it we can affect. We don't see any levels of organization; we just see a world from wherever we are in it. Part of it we carry around with us, using arms and legs attached to it to move ourselves and to do things to the world, and using internal muscles to make sounds, while peeking out of this movable part through two convenient holes in our heads.

When we look at the world out there, we see a lot of *things*. These things are dark and light, colored, and shaped. Some of them move; some patterns of movement repeat as in walking. Some of the things act in relationship to other things—chasing

and fleeing, dancing, conversing, hugging; some are passive and don't change unless we reach out and push or pull or twist or squeeze. A great many of these patterns speak their names to us when we feel or smell or see them: we see not just Fido, but a whole vast collection with a name: we look at our friend Fido and mentally hear "dog." The world turns into a sea of symbols. We pick up these symbols and turn them around and pick out what they mean, and we string them together into things we write and say, and recognize the strings as descriptions when we read or hear them as sentences (like this one), and we act on the world to make it fit our descriptions of it. We think and reason with these symbols; we state rules and regularities using them. We see principles in them; we see a whole orderly world.

All this happens in the world outside us and partly inside us. But what PCT tells us is that this is not quite the right story. When we feel, smell, hear, and see the world, we are looking inside our brains, not outside them. When we see patterns in the world, the patterns exist as activities in our brains, not in the world. The faint echo of the world is not inside us, but outside us. It is the world outside us that we are trying to grasp in some small partial way through building up a huge complex structure of representations inside us. When we act to make the world conform to the appearances we intend and prefer, we are acting on this complex inner representation. We are acting by altering the world outside, yes, but we know that world only as we have learned to represent it inside ourselves in the form of perceptions. What we are actually doing to the outside world to produce the experiences we want, and what else we are unwittingly doing to it, are unknown to us: we know only what exists and changes in the inner representation. We know only what we perceive.

We can sort the world of experience into classes of perceptions that show some internal order and some relationship to each other. For example, the configuration we call a chair contains smaller configurations and is part of larger ones like a dining room, but each configuration is also made of things that are not configurations. The chair is made of various colors; its edges as we see them are places where one color or brightness changes abruptly into another color or brightness. The small configurations of which the chair configuration is made, things like arms, leg, seat, and back, belong to that particular kind of chair, but the colors and brightnesses could be parts of any object: they are a different class of experience from the class we call configurations. They are sensations of various intensities.

Notice that in order to change the chair configuration—say, to set up a folding chair so you can sit in it, or to turn a chair to a different direction or move it to a different place, or to reduce it to kindling, it is necessary that at least some of the sensations change. You cannot alter the configuration without changing sensations. On the other hand you can easily change a sensation without altering the configuration of which it is part; you can paint the chair blue, or use sandpaper to smooth a rung, or turn all the lights down until you can barely see the shape, and it will remain exactly the same chair. Furthermore, it is not *necessary* to alter the configuration in order to alter any of the sensations that make it up.

This means you can control a sensation to match (for example) a different brightness or color without having to control a configuration, but you can't control a configuration (change it to match the shape you prefer) without altering at least one sensation. In fact this all means that sensations can exist without configurations existing, but configurations cannot exist unless sensations exist.

So out in that external world which we now think of as an inner representation, a complex collection of perceptions, we find that there are hidden relationships between different classes of perceptions. Configurations are, as mathematicians would say, functions of sensations. We have discovered something about the brain's way of representing the world outside: it forms representations of sensations, and then it forms representations of configurations *out of the representations of sensations*.

To shorten the story, by doing this analysis in many different ways and at many levels of abstraction, and across many different sensory modalities, we can form a picture of a whole hierarchy of perception and control, in which higher levels of representations are formed from lower-level representations, and higher levels of perceptions are controlled by altering lower levels of perceptions. Just for the record and without getting further into details, the classes so far identified have been tentatively labeled (from lowest to highest) intensity, sensation, configuration, transition, event, relationship, category, sequence, procedure, principle, and system concept.

We can go beyond this to say that we can define *levels of control*, in which one level controls its own kind of representations not by telling multiple lower systems how to act, but by giving them goals, specifications that say "Make your perception look like *this*," where "this" is simply a set of numbers saying how much of each lower system's kind of perception is to be present. We call those specifications *reference signals*. And each level controls its own representation to match the reference signal it is given by telling still lower systems how much of *their* perceptions they are to create and maintain, until we reach the lowest level where a system in the brainstem tells the lowest system in the spine to make its sensations of muscular effort be *this* intense, thus having physical effects on the outside world. In this way the hierarchy of perception becomes a hierarchy of control.

To the conscious entity that is internally constructed in this way, all this seems to take place not in the head but in the world of which it is conscious and in the small movable part of it that carries the observer around with it. If you want to know what a relationship or a category or a sequence or a configuration looks like, don't close your eyes and try to imagine something in your brain; open your eyes and look at the world around you, the busy changing world that extends from your skin to next person, to the horizon and on to the farthest galaxy. That is the world your brain gives you to experience: an immense theater that fits into a volume smaller than a soccer ball. My late wife, Mary Andrews Powers, found this perfect summary of the situation in a collection of poems by Emily Dickinson:

The brain is wider than the sky,
For, put them side by side,
The one the other can contain
With ease, and you beside.

LAST PART

Now I have to ask you to forget the proposed names of those tentative 11 levels of perception currently suggested in PCT, and remember only the underlying principle: that perceptions of one level are altered as a means of controlling perceptions of a higher level. That is the first principle on which the Method of Levels is (now) based. The second principle is simply the observation of a fact: it is possible for a human being to change the point of view from which representations in the brain are observed. There is no explanation for this phenomenon of “point of view”: it is as mysterious as consciousness itself. But we can form a mental image of how it works: it’s as if one’s awareness can merge with control systems at various levels in the hierarchy of control, this merging creating a field of consciousness in which one is consciously aware from the viewpoint of some subsystem in the brain. When identified with a given level in the hierarchy, one is conscious only of perceptions of lower levels; to see the perceptions at the level where awareness is based, it is necessary to move awareness to the next higher level.

No doubt you are in need of clarifying details and examples; they will be encountered as you go through this book. More than that, you will encounter a new point of view toward helping people as they deal with their own psychological problems.

Bill Powers

Durango, Colorado

February 25, 2005

Acknowledgements

*A*t the risk of omitting the names of people who should be included in this section, I did not want to start the book without formally thanking those people who helped make the words you will read be as they are.

Everything I have learned so far about PCT has been thanks to the perseverance, patience, and talent of extraordinary theoreticians and teachers. William T. Powers and W. Thomas Bourbon have spent long hours with me as I've wrestled with the ideas and implications of the theory. Dag Forssell, Philip J. Runkel, Richard S. Marken, Kent McClelland, and the late Mary Powers have also helped me enormously at different times and in different ways. Runkel provided many useful suggestions that helped me improve the readability of this book. Bruce Nevin provided invaluable assistance when he took on the role of editor. Forssell leads a double life as a publisher and I am grateful for him taking on this project.

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Lloyd Klinedinst, Fred Good, and Pamela Fox also took the time to examine and consider the manuscript and provided me with opportunities to reflect on the accuracy and purpose of what I was writing.

And finally to my wife Margaret who continues to explore PCT and MOL with me ... thanks for being here and being you.

Just so you know . . .

I remember a time before PCT. Not before PCT existed, just a time before I knew about it. I initially studied to become a schoolteacher. I taught in preschools and primary schools, and then did some postgraduate study and taught in special schools, and later worked as an advisory teacher for behavior management programs. For as long as I can remember I've been interested in why people do what they do, so along the way, I started studying psychology part time. I felt fortunate that I could study something formally that had always been a kind of hobby to me. After I finished my undergraduate studies I commenced doctoral training in clinical psychology.

I very much like to operate from a theory. One of my first college professors once said "There's nothing as practical as a good theory. If a theory's not good in practice, then it's not a good theory." That idea has stuck with me. I've never been very comfortable with being told what to do. I much prefer people to explain the reasoning or rationale behind a particular approach and then leave it up to me to figure out how I might translate those ideas into practice. As I've sought to understand why people do what they do, I've become interested in different ideas. I have had experience or training in Applied Behavior Analysis; Family Therapy; Cognitive Behavioral Therapy; Glasser's Reality Therapy, Choice Theory (called Control Theory when I learned about it) and Quality Management; Ellis's Rational Emotive Behavior Therapy; and Neurolinguistic Programming.

That does not mean that I am eclectic. I don't know *how* to be eclectic. Each theoretical explanation implies a particular state of the world that is different from other theoretical explanations. How can you blend an idea that says "things are *this* way" with an idea that says "no, they're *that* way"? At a theoretical level I think of eclecticism as an impossibility.

Therefore, each time I became interested in a particular theory, I embraced it and fully endorsed it. Sooner or later, though, I found all of these theories wanting. Something didn't make sense, or inconsistencies appeared that I hadn't noticed at first.

And so it was that I came to PCT. I've been learning PCT since 1995 and I still like it as much as I did when I first learned about it. Perhaps one of the things I like most about PCT is that it is the only theory that enables a working model to be built that will function just the way a person does. With PCT I've consistently been able to find the answers to questions I was looking for, and I have been able to use the theory as a framework to develop questions I hadn't thought of and to seek answers to them. PCT is the scientific foundation of everything in this book.

This book describes a way of working with folk who come to you with psychological problems that they can't seem to sort out themselves. Before you start the book I thought it might be helpful to let you know some things to be aware of.

I'd like this book to be a resource for anybody who is interested in improving their effectiveness in psychotherapy by learning MOL. I've not written this book to persuade you that you *should* become an MOL psychotherapist, rather, I've written it to help you improve your practices on the assumption that you've already decided you want to get better at MOLing. If you still need convincing about the value of MOL, this book might not provide you with what you require.

Throughout the text I use the term "psychotherapy" as an umbrella term to include all those interactions where a person with the relevant training meets with other people to assist them to overcome problems of a psychological nature. I'm using the term "psychotherapy," therefore, to mean therapy that is of a psychological nature. I am going to use "psychotherapist" to mean a person who uses this kind of therapy, although the person might also be called a counselor, therapist, psychologist, social worker, psychiatrist, clinical nurse specialist, mental health worker, or some other term.

Two other terms I use liberally throughout the book are "accuracy" and "precision." Their meanings are very similar. The website www.dictionary.com includes the word "exactness" in the meanings of both terms. But they are different in an important way. For example, I could tell you that Mr. Joseph Banks lives in England, or I could tell you that he lives at number 17 Cherry-Tree Lane, London. The two addresses are both accurate, but the second address is more precise than the first. If I told you that he lives at 24 Arch Street, Philadelphia, that is also more precise than saying that he lives in England, but one of the two statements cannot be accurate. Both precision and accuracy are important for science. I think that a theory that is more precise and accurate warrants more attention than a theory that is less precise and accurate. In my copy of *Dictionary of Psychology* (Reber, 1995, p. 756) the definition of "stimulus" begins this way: "Attempting to provide a precise definition for this term has led many psychologists to grief. Since it is the primary term in the theoretical orientation that has, historically, been regarded as one of the most objective yet produced by psychology, one would anticipate that there would be a relatively unambiguous definition for it or, barring that, at least an agreed-upon manner of usage. Alas, neither is to be found." In

Behavior: The Control of Perception (Powers, 1973, 2005, p. 283), Powers defines “control” like this: “Achievement and maintenance of a preselected perceptual state in the controlling system, through actions on the environment that also cancel the effects of disturbances.” It seems to me that “control” is defined more precisely than “stimulus,” so I would consider that theories about control would warrant more attention than theories about stimuli. Bourbon and Powers (1993), [reprinted in Runkel (2003)] compared the perceptual control model with a stimulus-response model and a cognitive model. In the final phase of their study they reported correlations of 0.296 and 0.385 for the stimulus-response model; 0.119 and 0.151 for the cognitive model; and 0.996 and 0.969 for the perceptual control model. I regard correlations in the order of 0.90 as being more accurate than correlations in the order of 0.10 to 0.40, so I think the perceptual control model warrants more attention than the stimulus-response model and the cognitive model.

At times I say things more than once. Some things I repeat on several occasions. When information is repeated you can assume it’s because I consider the point important enough to say again in a different way or in a different context. I’m hoping that repeated mutterings will facilitate your learning of, what seem to me to be—at least at this moment—the essentials of MOL.

As I said, I prefer to work from theory to practice, and so this book is divided into two sections. Section One explains theoretical principles which underpin MOL and the implications that PCT has for the way psychological problems are conceptualized. It’s sort of the “why” of the book, if you like, and pretty much follows on from what Powers introduced in the Foreword. If what you read about the theory interests you, lots more information is provided at www.livingcontrolsystems.com. Section Two is the “how” of the book. It explains MOL and provides you with information and examples to help you learn the method.

The “how” section of the book does not provide lists of things to do or not to do. Rather than specifying what you should do in any given situation, I’ve suggested the attitudes or purposes that you’ll need in order to use this approach. More than anything, the method I describe is a state of mind, a point of view, a way of understanding the world in general and psychological problems in particular. I reckon if you learn the attitude you’ll be able to decide for yourself what

you need to do at any particular time. I certainly provide examples of questions that I ask and procedures that I use, but these examples are provided as only some of many possibilities. They should not be taken as examples of some particular configuration of words that makes the difference. What you should get from them is the intent behind the words. Again, this reflects my preference for grasping principles and learning on my own.

To promote ease of readability I've opted to not refer to "him or her," but have instead used people's names when I provide examples or otherwise explain something that I'm writing about. Although the examples have been developed from my experience with this approach, the names aren't meant to refer to any particular individual.

Another readability tip concerns the term "MOL." When I read or say MOL I say the three letters separately as in M.O.L., I don't say it as the word "mol" as in a word that rhymes with "doll." This point might be useful at various times throughout the book when you read MOL the way I use this term.

At various times throughout the book I'll tell you that people like Powers or Bourbon said certain things. Whenever a name is mentioned, but a publication is not associated with the name at that point, you can assume that I obtained that particular information through personal communication.

At the end of each chapter I'll provide a brief summary of the topics I covered. I'll also highlight what the big deal of that chapter was and mention what the next chapter is about.

That should get us started . . .

SECTION ONE

WHY?

Chapter One

Let's begin at the end

*T*im (a psychotherapist):

So Patrick, what do you want to talk about?

Patrick (a client):

I'd like to explore a bit of an internal conflict that I've had going ... umm ... I'm going to be moving in three weeks to live in Chicago for the year. My partner is going to be ... umm ... staying in the house I own in Phoenix. My partner has not got a job in Chicago so she'll be staying in Phoenix next year and that'll be supporting our step-daughter who needs to pay off her student loan. My, my conflict is ... is it ... does it make sense to ssss ... how, how do I decide what makes the best sense? Is it to take the equity to invest or do I wait a year, take the risks that the housing market is gone ... right ... and umm ... sell the house next year and, and lose the potential at investing for financial gain? Right. Because my conflict is the financial gain versus the personal support for my partner and stepdaughter. I could still give them support if they move out and had to rent a townhouse or something like that right? (screws up nose) I guess my conflict is partly they ... umm (frowns) ... it's not going to be the same quality of life experience for them for the year.

T: If you sell?

P: If I sell. (nods)

T: OK. So just let me check Patrick ... there's ah ... your partner and your step-daughter are living in the house at the moment.

P: That's right. (nods)

T: OK. And you're only going to go up to Chicago for a year.

P: Oh no. I'll be up there for a year and beyond and my partner will move up in a year.

T: Oh, OK. So she's coming up in a year?

P: Yep. (nods)

T: So the longest you'll need the house for is a year?

P: That's right.

T: OK. And you ... you're options are that you can either sell it

P: Put it on the market now.

- T: Right ... (nods)
- P: Right. I could sell it within a few weeks.
- T: Yep, yep. (nodding)
- P: But then she'd have to move out into a townhouse.
- T: OK.
- P: Right. (nods)
- T: OK, OK and would ... you're concerned that ... that the quality of life in the townhouse wouldn't be as good as in the house is that ...
- P: Correct. That's right, yep. (nods)
- T: OK, OK. Or if you waited for 12 months to sell the house that ... what were your concerns then?
- P: Well if I wait for 12 months then I would be losing some substantial financial gain. I'm pretty sure to, to, umm ... have ... the potential to, to gain some through, through investments and interest ... right? That if I'm able to use up the equity that's sitting in the house ... If what's tied up in the house right now sits there and does nothing in fact probably goes down because the housing market right now is ... (gestures to ground)
- T: OK, so it's on the way down. (nods)
- P: It's on the way down.
- T: OK, OK. I think I'm sort of up there now. You, you said just a, just a minute ago that ... umm ... your conflict is how do you decide.
- P: Yeah.
- T: How are you deciding at the moment? What's kind of happening?
- P: (frowns) I guess, I guess what I'm doing really at the moment is I'm questioning the decision that I ... my original decision, my original decision was ... she stay in the house.
- T: Were you just about to say that you're questioning the decision you've made?
- P: Yeah (nods). Yep, yep.
- T: OK. So ... so in the back of your mind is there, is there that ... that you've already made the decision?
- P: Well we had made a decision but now I'm reviewing it. I'm bringing it up again for review.
- T: OK.
- P: Right.
- T: OK.
- P: ... and to her credit she ... she was the one who opened that door.
- T: Uh-huh.
- P: Right.
- T: Uh-huh.
- P: And now ... so now I'm revisiting it ... struggling with that.

- T: OK. What's ... what's happening with the struggle?
- P: (frowns) ... I'm not sure I understand your question.
- T: Mmmhhmmm. When ... when you struggle what's, what's happening for you?
- P: Alright ... I guess I've got at least two voices going ... well if you sell you've got this advantage.
- T: OK.
- P: Right. If you don't then there's the better quality of life and that's being more supportive and loyal ... and ... and ... to her.
- T: OK. So ... so on the one hand there's, there's better quality of life ... umm ... for your partner and step-daughter ...
- P: Correct. That's right.
- T: ... and the chance of ... umm ... losing some money.
- P: Yep.
- T: OK. And on the other hand there's a chance of ... umm ... selling it.
- P: Selling it and realizing ...
- T: And having money to invest.
- P: That's right. Which has advantages for the long term in the sense that you know it's kind of a five or six year project to take that equity and maximize it so ... ahhh ... to give more freedom and independence in the long run.
- T: OK. So ... so this one (indicates with hand) has more ... more advantages long term the ...
- P: Yep.
- T: ... the selling your house now
- P: Yep.
- T: ... and, and ... on ... on this ... on the other hand? (indicates with other hand) The selling it in 12 months ...
- P: Has the advantage that it's less disruptive ...
- T: OK. (nods)
- P: ... for her right? Over this period of a year ...
- T: Uh-huh.
- P: ... for a variety of reasons it's going to be kind of tough ... tough for ... for her right ...
- T: Yeah. (nods)
- P: ... you know on her ... her own and ... long distance relationships right?
- T: Yep, yep.
- P: Yeah.
- T: OK, so ... so things would be easier for her ...
- P: Yep.
- T: ... if ... if she stayed in the house.

- P: Right.
- T: Is that right? Is that the way you see it?
- P: Yes. (nodding)
- T: OK ... and so if you sold the house they'd be ... it wouldn't be as easy for her but there'd be more financial gain and more advantages down the track.
- P: That's right, yep.
- T: OK.
- P: I think you've described it well enough to count those little plusses and minuses. We've created one of these little sheets with plus, minus, and interesting ...
- T: OK. Is that one of the ... one of the things that you've ... that you've kind of been doing?
- P: Yeah, yeah.
- T: ... and how are the plusses and minuses balancing up at the moment?
- P: Well if they were clear then I wouldn't be sitting here saying this is my problem right? (laughs) So they're not.
- T: OK. So what's the not clear bit with them?
- P: Umm ... (looks down—frowns) what's the not clear bit ... is ... umm ... I guess what's not clear for me is which is the better ... which ... which one do I want to value most? Do I want to value my support for her for her quality of life or the financial gain piece. Right? And I don't want to (shakes head) ... part of me doesn't want to have to balance one against the other (gestures with hands, palms up as in weighing two quantities) because to me they're kind of two different kinds of things ... to be ... to then have to ... to then balance them.
- T: So ... so just let me ... let me get that. Is there a part of you that doesn't want to make this decision at all?
- P: But not making a decision of course is a decision right?
- T: What would the decision be if you didn't make a decision?
- P: I guess the decision would be she stays in the house and we sell up in a year, right?
- T: OK.
- P: Right.
- T: OK.
- P: ... because the decision has kind of already been made it's just revisiting is that the right decision?
- T: Uh-huh.
- P: ... now it puts these two pieces in balance again. (gestures with hands)
- T: OK, OK. So I'm ... I'm just interested ... you ... you said that ... that kind of part of you doesn't even ... like how do you ... how do you weigh up (gestures with hands) these values this is ... these are two ... so part of you doesn't even

want to have to do that and ... and yet it almost sounds like you feel you have to. That ... that it's going to happen ... you ... so you don't want to make a decision but ... but you're going to make a decision anyway.

P: Yeah.

T: ... because the decision's going to be made.

P: Yeah. To leave it as it is is a decision.

T: Uh-huh. (nods)

P: Right.

T: Uh-huh. Uh-huh.

P: And right ... and so ... is that the decision I should stay with or should I revisit and say no let's ... let's do it the other way?

T: OK. And is it ... is it that part that doesn't seem clear to you?

P: (pauses for about five seconds, frowning) ... Is it that part that doesn't seem clear to me (sits back and gazes up) ... I'm not sure what you mean when you say 'that part.'

T: OK ... I'm just ... I'm ... you mentioned the word 'clear' before so ... and I'm ... I'm trying to ... to understand what you ... what you meant by clear ... you're saying on the umm ... because you've ... you've been describing it pretty clearly to me (chuckles) so I'm ... so I'm trying to understand what's not clear for ... for you ... umm ... that you can either sell now ...

P: That's right.

T: ... or ... or sell in 12 months and there are advantages and disadvantages of both.

P: Right. Exactly. (nods)

T: ... and in some ways either decision means valuing ... umm ... one thing ...

P: One's ... one's valuing kind of financial gain and ... and long term potential

T: Yeah.

P: ... and one's valuing being supportive and ... and her quality of life in that ... in that time, right?

T: OK. And so it's almost like you're saying that if you ... if you decide either way then you're valuing one over the other.

P: That's right.

T: ... and you really didn't want to do that.

P: That's right (nodding).

T: So ... so on another hand it almost sounds like you ... you don't want to be in a position where you have to value one over the other.

P: Yeah.

T: ... but ... but that's going to happen anyway ... you're going to make that ...

P: Yeah. (slightly shakes head and grins with one side of mouth)

- T: What just went through your mind then? When you ...
- P: Oh ... it's ... (chuckles) ... umm ... (looks up) ... let's see if I can recapture it ... (pauses for about five seconds) ... when ... when you had your hands over here (gestures)
- T: Yep.
- P: valuing over here (continues to gesture)
- T: Yep.
- P: Umm ... (pauses) ... what happened ... there was (gesturing with hands) ... it's almost like I was saying to myself ... the ... the solution's clear (smiles and looks at me) ... maybe ... maybe the solution is ... is clear. Maybe I just ... the decision's not to weigh them (nods) one against the other.
- T: Oh.
- P: Right. I've been weighing one against the other (gestures with hands in weighing motion) putting them there (brings hands together) creating that. Maybe I should just ... (shrugs) ... ignore them ... those aren't two things to be considered one against the other. The one I value most is ... right ... the one that I value most now would be to say OK we won't sell. Let's make ... let's stick with your quality of life for the year ... you know it's OK, it's only a year.
- T: Uh-huh.
- P: ... right. Where the (shrugs) ... financial gain, it'll happen one way or the other.
- T: What's it feel like to hear yourself saying those words?
- P: (chuckles, looks down, and pulls at ear) ... well I guess I made a decision.
(T and P both laugh)
- P: Yeah ... yeah ... (sits back, looks up for a moment and then sits forward and looks at T). Thanks Tim.
- T: Is that a place to finish?
- P: Yeah ... (laughs) ... that's a nice place to stop.

The above transcript is an example of an approach to psychotherapy that I will explain throughout this book. The approach is called the Method of Levels (MOL). For many seasoned counselors, psychologists, social workers, psychiatrists, psychotherapists, and other mental health workers, the dialogue above may seem unremarkable and familiar. That is as it should be.

Given the hundreds of approaches to psychotherapy and counseling that currently exist, it is possible that the best questions, the trickiest challenges, the profoundest insights, and the most engaging activities have all been conceived and described long ago. My purpose in writing this book is not to add to that stockpile. Instead, this book provides one view of what all those different approaches have in common

—the essential nature of the assistance that psychotherapists provide. Techniques and strategies are the “how” of the psychotherapy craft. We will get to that in Section Two of this book. But before I describe how you can do psychotherapy more effectively I will first describe what effective psychotherapy entails.

So this book is first an explanation of what psychological assistance actually is, and then an explanation of how you can provide this assistance simply and efficiently.

There is clearly something very right happening in psychotherapy. Many people engage the services of psychotherapists and experience benefits from the services they receive. Psychotherapy is certainly a useful activity for a great number of people.

There are also many people, however, for whom psychotherapy is useless. In fact, for some people it is worse than useless. Some people actually experience more problems as a result of going to psychotherapy than they did before. Sharon, for example, might discover in psychotherapy that she has issues she needs to deal with even though she didn't realize she had issues before coming along.

It is the case that people with different problems can undertake the same psychotherapeutic program and experience similar benefits. On the other hand, people with similar problems can undertake the same psychotherapeutic program and experience different results. Finally, people with similar problems can undertake different programs of psychotherapy and experience similar benefits. There are, in fact, eight possible different scenarios. Same problem, same psychotherapy, same result; same problem, same psychotherapy, different results; same problem, different psychotherapy, same result; same problem, different psychotherapy, different results; different problems, same psychotherapy, same result; different problems, same psychotherapy, different results; different problems, different psychotherapy, same result; and different problems, different psychotherapy, different results. All of these occur. If this sounds confusing, then I have probably done a good job of describing the current state of psychotherapy.

When psychotherapy occurs, regardless of its type, some people get better, some people stay the same, and some people get worse. A great deal of information suggests that most bona fide programs of psychotherapy, when compared with each other, are about equally effective. In fact, the result of equal effectiveness amongst different psychotherapies has been called the “Dodo Bird effect” in reference to Lewis Carroll's *Alice in Wonderland*: “At last the Dodo said ‘Everybody has won and *all* must have prizes.’” The notion of the Dodo Bird effect and the equivalence of psychotherapies was prophetically suggested by Rosenzweig in 1936 and then revived by Luborsky, Singer, and Luborsky in 1975.

Does the Dodo Bird effect seem odd to you? Can all these different approaches be correct? If one treatment approach for depression is based on a clear understanding of the depressive condition, shouldn't this approach be more effective than all the other treatments that are based on different understandings? Perhaps the equality of psychotherapies does not demonstrate how right all of them are but rather how wrong each of them is.

When we look at practitioners rather than practices, we see a different picture. Some psychotherapists help people more of the time than other psychotherapists do. Perhaps those who help people are all doing the same thing despite the different techniques they use. Perhaps also, this “thing” that makes effective psychotherapists effective is what all the ineffective ones don’t do despite the techniques they use. In fact, since different psychotherapists use the same techniques, and some psychotherapists are effective with these methods and some aren’t, we have to conclude that the effectiveness that is experienced can definitely not be attributed to the particular techniques. If the technique were the factor that promoted success in psychotherapy, all those who use the technique should be more effective than those who don’t. This is clearly not the case. And if the techniques are not responsible for the effectiveness of psychotherapy, then the plausibility of the theory underlying the techniques must be questioned.

In this book I suggest what psychotherapists might be doing when they are effective. I will present MOL to you as a process that distills the common thing that psychotherapists do when psychotherapy is beneficial and the one thing that is missing when psychotherapy is ineffective.

When psychotherapy is deemed helpful, it is usually because some change took place inside the head of the client. People with psychological problems get themselves better. If Ethan is relaxed in public places where he once used to shake and tremble, something in Ethan’s head is different from how it was before.

Some people with psychological problems use the services of psychotherapists to get themselves better. Many people with psychological problems get better without ever seeing a psychotherapist. The people who visit psychotherapists are the ones who can’t figure out how to get better on their own. Sometimes people get stuck. That is, the process of getting themselves better is halted. When people get stuck, psychotherapy is an interaction that sometimes helps this process along and sometimes holds it up. Being clear about the distinction between the *process* of getting better and the *interaction* of psychotherapy might help psychotherapists clarify their role when they offer to help. Perhaps the most effective psychotherapists are the ones who know how to interfere the least with the natural processes of the people they help.

This book is about how to help without getting in the way.

So, if as a psychotherapist you think you might sometimes get in the way more than you’d like to, this book could have something for you. In the next chapter I’ll provide a context for this book by explaining the state of psychotherapy as I see it. In the chapter after that I’ll describe a way of thinking about psychological problems that is an alternative to current conceptualizations. In the two chapters after that I’ll explain why this alternative way of thinking seems to make sense. It is this story that provides the justification for the practices of MOL; it is essential to understanding MOL. The rest of the book, Section Two, will suggest how, as psychotherapists, we might help people as much as possible while interfering as little as possible. If you would like to be more helpful more of the time, perhaps these ideas will be of interest.

What's been said

The Dodo Bird effect is a term used to capture the idea that, in general, different programs of psychotherapy are about equally successful.

The techniques of any particular method can't be responsible for the success of that method since some people benefit from the techniques and some don't, and some psychotherapists are successful with the techniques and some aren't.

People get themselves better.

The big deal

We might currently be interfering with, or getting in the way of, or delaying, or inadvertently holding up, clients getting themselves better.

Coming up

Scrutinizing psychological disorders and the techniques used to treat them.

Chapter Two

A look at where we are

*P*eople who are itching to know more about the practice of MOL might be inclined to skip ahead a few chapters. I don't explain *how* to do MOL until I've explained *why* MOL is what it is. It is the *why* of MOL that will be important when things don't go as they should. If you do race ahead to learn more about the "doing" of MOL, remember that these early chapters will be helpful to you when you want to improve your effectiveness with MOL.

MOL differs from current practices. It differs in method because it also differs in underlying theory. Furthermore, it differs in the way it conceives of psychological problems. In the rest of this chapter, I will describe the ways that psychological problems are conceived in the psychotherapies pervasive today. You can find further thoughts about conceiving problems in the reading list at the back of this book, particularly the authors I mention explicitly in this chapter. The ideas in this chapter can be considered a synthesis of the material contained in many of the references listed.

As I said in the last chapter, people get themselves better. Getting better happens within individual heads.

Perhaps it is because people get themselves better that psychotherapists have so much latitude for the practices they employ. Very few methods of psychotherapy have plausible rationales about how their methods work. We might know that someone will be less depressed if they think more functional thoughts and fewer dysfunctional thoughts, but a compelling account of how a dysfunctional thought changes into a functional thought is absent from the descriptions of psychotherapy methods that use these techniques. The same applies to any other psychotherapy approach. No one can say precisely how a traumatic memory becomes less traumatic, or how a state of panic transmogrifies into a state of calmness, or how a phobic response becomes an ambivalent one.

Just knowing that something works is fine while the something continues to work. However, when problems in psychotherapy occur, attempts to fix the problems will necessarily be random and haphazard if there is no clear idea of how psychotherapy works. It is only when you know how something works that you can fine-tune it systematically to ensure optimum performance.

Maybe the fact that people get themselves better is the reason that those who create psychotherapy programs have been able to leave out the explanation of how their particular technique facilitates change. Possibly, since people get themselves better

as long as they are not hampered too much, it doesn't matter greatly what methods psychotherapists employ. However, when the process of getting better does not proceed satisfactorily, such things *do* matter, and the scope for creativity is narrowed.

Engineers who understand the principles that allow planes to fly, boats to float, and buildings to stand know that they have limits in what they can do. Certain things must always be present if planes are to take to the skies. Once these things are in place modifications and adaptations can occur as long as these changes don't interfere with the things that are necessary. There is much less variability in something like the airplane industry than there is in the psychotherapy industry. It seems that when people in any given field are confident that they know what works they just do that.

If a law was suddenly imposed which restricted psychotherapists to the use of only one technique regardless of the people they saw, which one would you keep and which ones would you discard? In this book, MOL is presented as the only approach necessary to help people with psychological troubles get better as efficiently as possible while getting in the way as little as possible.

By way of context, it might be useful to consider what other authors have said about the area of psychotherapy. In 1994 Professor Robyn Dawes provided some conclusions from an extensive analysis of the psychotherapy research literature. Dawes maintained that, even though psychotherapy seems to work in general, there is no suggestion as to how it works since vastly different approaches can work equally well for the same problem. Moreover, it seems that an individual psychotherapist's training, credentials, and experience are irrelevant to his or her success as a psychotherapist (Dawes, 1994).

For the treatment of depression "the range of psychological treatments found to be as effective as CBT [Cognitive Behavior Therapy] suggests that any kind of psychotherapy will probably be effective if a positive therapeutic relationship is developed." (King, 1999, p. 16).

Asay and Lambert (1999, p. 24) summarized the results of a meta-analysis conducted by Smith, Glass, and Miller (1980) and concluded that "the average treated person is better off than 80% of the untreated sample." They did not define what they meant by "average" (a common oversight in articles about psychological research), but it is fair for us to guess that they mean 50% of treated persons are better off than 80% of untreated ones. To understand statements like this Bourbon often draws a little table. In this example, the table would look like:

	Better	Not Better
Treated	50%	50%
Untreated	20%	80%

With the results in a table like this you can see that, the other side to the coin of Asay and Lambert's conclusion is that the 20% of people who get no treatment at all (the rest of the untreated sample) are better off than half of those who do get treatment.

You could also say it like this: 50% of treated people remain about as well off (or as poorly off) as the 80% of people who don't get treatment.

After reviewing the psychotherapy effectiveness research Dineen (2000, p.117) concluded that "85 per cent of clients would improve with the help of a good friend and 40 per cent without even that." Dineen goes on to report that only 15% of the effectiveness of psychotherapy treatment can be attributable to the specific effects of any particular treatment protocol.

Let's stop there. My point is not to bludgeon you with heavy statistics or weighty conclusions. To be sure, there are other authors who write about how effective some treatment or another is. These writers only serve to emphasize the point that a great deal of confusion exists in the area of psychotherapy. Psychotherapists believe strongly in the programs they provide and the explanations behind these treatments. At the moment, however, no one can predict what treatment will be effective for which person and under what conditions. More importantly, the many different explanations of peoples' problems that exist cannot all be correct.

In some respects psychotherapy could be seen as being analogous to witchdoctory. Witchdoctors often have elaborate stories to explain a person's current condition. A person who feels hot to touch and is sweating may have angered the sun god. Witchdoctors also have their own particular ways of treating the person. The treatment conjured up by the witchdoctor often has many different ingredients. And yet, witchdoctors have success with a proportion of the people they treat. Was it the witchdoctor's treatment that was responsible for the improvement in the condition? If some part of the witchdoctor's treatment was responsible, which part was it? Was it the combination of all the parts or were some parts only there to color the water? Did some parts of the mixture actually interfere with the healing properties of the useful bit?

Psychotherapists have many elaborate stories about why people experience the problems they have. Sometimes it's because their child self and their adult self are having a spat. At the same time it could be because their bucket of needs has run dry, or their emotions can't get out of wherever it is they are locked up, or they have little things called dysfunctional thoughts in their heads like worms in an apple. Perhaps the spookiest story of all is that people's problems are caused by chemical "imbalances" in their brains. The balances of chemicals in an intact human brain are currently as immeasurable as the wrath of the sun god. Yet many people hold on to the chemical imbalance story just as tightly as sun worshippers grip their story.

At this point let me say loud and clear I am definitely *not* attempting to minimize or devalue the psychological problems that people experience. Obviously, many people have serious psychological problems from time to time that can be very distressing both for themselves and for their families and friends. It's precisely because the distress of psychological problems is so serious that it's important to get it right when we try to understand what's going on.

Some of the stories in psychotherapy attempt to explain the existence of the "mental disorders." Current ideas of mental disorders, however, are as preposterous as the stories that explain them. The notions of mental disorders such as schizophre-

nia, depression, and ADHD, are as fanciful and chimerical as a “sun god malady.” People do not have problems because they have “got” schizophrenia, or depression, or ADHD, or any other psychological disorder. To be diagnosed with depression you simply have to tell someone with the authority to make diagnoses that for the past little while you’ve felt sad, you haven’t done much, you’ve slept too much (or too little), you haven’t eaten enough (or you’ve eaten too much), you’ve felt like crying, you’ve felt irritable, and you’ve lost interest in things. If you say this to someone who can diagnose, they will tell you that you’ve “got” depression. But depression is *defined* by things like “a sense of inadequacy, a feeling of despondency, a decrease in activity or reactivity, pessimism, sadness and related symptoms” (Reber, 1995, p. 197). So by telling you that you’ve got depression, the diagnoser has told you just exactly what you’ve said!

For the most part, the current so-called mental disorders are arbitrary constellations of behaviors. The stars that form Orion only do so because someone once said that those stars should go together. Similarly, inattention and impulsivity contribute to ADHD, irritability and inactivity contribute to depression, and delusions and disorganized speech contribute to schizophrenia simply because someone said they should. Inattention and impulsivity are not symptoms of some underlying organic problem in the same way that fever can be symptomatic of malaria and tremor can suggest Parkinson’s Disease. The constellations in the night sky do not point to any underlying order of the universe. The constellations in the sky were invented, not discovered. So too, the behavioral constellations in mental disorders were invented, not discovered. There is no identified organic problem that characterizes things like depression, schizophrenia, and ADHD.

Or, to say it another way: There is no “thing” called ADHD that causes the symptoms of inattention and impulsivity, there is no “thing” called depression that causes inactivity and irritability, and there is no “thing” called schizophrenia that causes delusions and disorganized speech. And people don’t stop being impulsive or irritable or deluded by being cured of these “diseases.” And psychotherapists do not help people by curing such “diseases.”

The U.S. Congress Office of Technology Assessment Report of 1992 stated that “Mental disorders are classified on the basis of symptoms because there are as yet no biological markers or laboratory tests for them.” In fact, for many of the disorders listed in the *Diagnostic and Statistical Manual of Mental Disorders (4th ed., 1994)* such as depression and schizophrenia, a specific qualifier exists along the lines of “the symptoms are not due to the direct physiological effects of a substance or a general medication condition” (e.g., pp, 286, 327, 366, 402, and 432). Therefore, if an organic “thing” ever is found that causes depression and schizophrenia then, *by their own diagnostic criteria*, they could no longer be considered mental disorders.

Have you been having thoughts like “so what?” running through your mind as you read the information above? Did you wonder things like: “So what if there are lots of different stories lying about on the psychotherapy bookshelves?” or “So what if mental disorder diagnoses are based entirely on symptoms?”

These questions can only be answered by your own personal standards. Is it important to you to become more effective at what you do? Even witchdoctors are helpful some of the time. For witchdoctors who want to be more effective at what they do, however, it is extremely unlikely that they will improve by working harder to appease the sun god or the spirit of the forest. It doesn't matter how many offerings they make or how many ingredients they put in their medicine. Without an accurate explanation of how people get better, some of the people they treat will improve, some will stay the same, and some will get worse. And they won't know which people these will be or why people will respond differently to their charms. The reason the people get better, stay the same, or get worse, is, for the most part, unrelated to what the witchdoctor does. People get better serendipitously when a witchdoctor treats them. If witchdoctors want to have a more direct impact on the well-being of people they treat, they will need a different story.

A similar situation exists in psychotherapy. Cognitive therapy and applied relaxation, for example, have been shown to produce equally effective results in the treatment of panic disorder (Ost & Westling, 1995). If these treatments really are equally effective, then clearly neither the specific techniques of cognitive therapy nor those of applied relaxation can be held responsible for the reduction in the symptoms of panic. It is neither the specific potion of cognitive therapy nor the concoction of relaxation that can be identified as the curative agent. This means that psychotherapists who do cognitive therapy or applied relaxation are not doing what they think they are doing in terms of helping people get better. This also means that if psychotherapists such as cognitive psychotherapists want to help more people more often, it will be pointless to invent more cognitive strategies or to improve the way they employ their existing strategies.

No psychotherapeutic procedure should be spared from this analysis. To the extent that people get better in psychotherapy, it is not because of any specific strategy from any particular method. It is not because people talked to chairs, or disputed their dysfunctional thoughts, or wiggled their eyeballs, or released their emotions, or were desensitized systematically, or shook hands with their adult and child, or met their needs, or controlled their behavior.

I *am not* suggesting that people fail to improve in the context of various psychotherapeutic activities. Many clearly do improve. I *am* suggesting that it is not the activities that got them better. Learning to relax doesn't get them better, doing homework doesn't get them better, talking to chairs doesn't get them better, disputing irrational beliefs doesn't get them better, and integrating parts of self doesn't get them better. These activities are not bad or dreadful or wicked. In terms of helping people get better they are probably circuitous at best and distracting at worst. Fundamentally, they are not *necessary* for people to get better.

Much psychotherapy research suggests that the most important ingredient in effective psychotherapy is establishing a warm, caring relationship. The specific activities that are undertaken, therefore, are largely irrelevant as long as the appropriate relationship is established. Researchers still can't tell what it is about a warm, caring

relationship that seems to help, however, so this relationship shares the same status as other factors, characteristics, and procedures of psychotherapy.

The reasons that people get better are not the reasons that psychotherapists say they do. This is only troublesome for people who want to help more people more of the time. For witchdoctors who want to secure their place in the tribe by curing lots of people, it won't help at all to add more of their favorite ingredients to the brew. If psychotherapists want more of their clients to improve, it is futile to get better at understanding the id, or disputing irrational thoughts, or identifying unmet needs. None of these things put the clients where they are and none will bring them back.

Generally in fact, most current psychotherapy amounts to little more than giving people advice. If you're afraid to go out of the house, try to go out just a little bit for just a little while. If you feel sad, start doing some things you enjoy. If you think you're unlovable, think you're lovable. If you're feeling tense, take some deep breaths. In many cases, very little of the advice or suggestions that are provided seem exceedingly profound. Rather, they amount to, "if you can't do a whole lot of something, just do a little bit of it." Or, "if you're thinking things you don't want to think, then try to think things you do want to think." Since many people who visit psychotherapists are probably about as smart as the psychotherapist, it is interesting to wonder why they didn't think of these suggestions themselves. And since some people are helped by the advice and some aren't, it can't be the advice that makes the difference.

In the previous chapter I suggested that much of what is currently done in psychotherapy may well interfere with peoples' abilities to get themselves better. Perhaps what a witchdoctor does that is really effective is to recommend that sick people spend five days resting in their huts. For many people, after five days of rest they might feel better. Everything else the witchdoctor does is just for the spectacle of witchdoctoring. Witchdoctors would not experience the status or prestige they enjoy if other people in the tribe discovered that all they really did was recommend a period of rest.

I would be disappointed if the idea you took away from my comparison of witchdoctors and psychotherapists was that I was trying to humiliate, belittle, or demean witchdoctors and psychotherapists. My purpose in providing the comparison is to demonstrate that, as deliverers of psychological remedies, we are perhaps not as sophisticated as we might think we are. It is not uncommon to hear people talk about the science of psychotherapy without a second thought, yet people would not often describe witchdoctoring as a science. The two practices, however, are currently perhaps more similar than they are different.

I don't think witchdoctors and psychotherapists are conniving charlatans any more than I think a child who writes a letter to Santa Claus is a rogue. I just think they are mistaken. There have been lots of mistaken ideas throughout history. People who believed the world was flat were mistaken. People who thought the earth was at the center of the universe were mistaken. People who believed that other people were witches and that they should be dunked or burned were mistaken. People who

believed in phlogiston and ether were mistaken. People who thought lead could become gold were mistaken.

While it's easy to see the foolishness of ideas of the past, for some people it seems to be intolerable to entertain the notion that we might currently be mistaken. In fact, I am probably breaking one of the unspoken cardinal rules of psychology. There appears to be a general agreement in the community of the social sciences that we won't say anything is wrong. "I won't say your theory is wrong if you won't say my theory is wrong." It's as though the "wrong" word stings peoples' ears. The thinking seems to be that no theory or idea is wrong; some are just better than others. Well, that doesn't seem to be much of a way to improve. At times, some things are wrong, that's all. Acknowledging the wrongness of an idea paves the way for the exploration of new, more accurate ideas. Accommodating wrong ideas in a patchwork of "anything goes" impedes the development of accuracy and delays progress.

And I don't think that the psychotherapy of MOL is exempt from the judgment of right and wrong, nor that perceptual control theory (PCT) is—the theory that underpins MOL. Actually, I'm hoping like heck that some of the ideas in this book will be shown to be wrong in the future. I definitely do not intend this book to be the final word on MOL or on the conceptualization of psychological problems from a PCT perspective. The ideas that I describe here are as right as I can make them at the moment, and I think they're a pretty good start, but that doesn't mean they shouldn't continue to be scrutinized, evaluated, and revised when results of rigorous testing suggest that modification is called for. I am not enamored with any particular idea I've written about ... except for the ideas of accuracy and precision.

While I've suggested that there seems to be a *general* agreement to avoid saying that anything is wrong in the social sciences, the agreement has not been endorsed unanimously. Since I am making such a strong case for the problems with the way psychological troubles are currently conceptualized and treated, I would be remiss not to point you in the direction of at least some of the sources I know of that explore these problems, or elements of them, in more detail than I provide here.

A few pages back I mentioned Professor Robyn Dawes. The subtitle of his fascinating book *House of Cards* (1994) is *Psychology and Psychotherapy Built on Myth*, and throughout this book he makes it clear that he hasn't signed the "don't say it's wrong" agreement. Dawes says things like:

...we have no insight into exactly why some people get better while others don't. (p. 38).

and

One particularly distressing aspect of the professional therapy field is the doggedly persistent but sincere belief that whatever the current practice is, it is "enlightened," while past practices were deficient if not outrageous. We learn the specific faults of the past but seem immune to learning the general principle that decade after decade, great new insights and great new therapies turn out to be anything but great. (p. 192).

Dawes suggests the phrase “tyranny of childhood” (p. 223) as a label for all those beliefs that are based on the idea that childhood events somehow pervasively and dramatically affect adult functioning. Dawes goes on to point out, however, that “our belief in the tyranny of childhood has little more foundation than a belief in a mountain god.” (p. 223).

Dr. Thomas Szasz is a psychiatrist who writes prolifically about the problems with current notions of psychological troubles. Perhaps his best known book is *The Myth of Mental Illness* (1974, revised edition). In this book Szasz explains at length the fallacy of comparing mental illness with physical illness. He points out things like:

... whereas in modern medicine new diseases were *discovered*, in modern psychiatry they were *invented*. (p. 12).

and

“Mental illness” is a metaphor. Minds can be “sick” only in the sense that jokes are “sick” or economies are “sick.” (p. 267).

Psychology and psychotherapy are the concerns of this book, but they are not the only areas where mistaken ideas flourish concerning problems of mental health. Dr. Peter Breggin is a psychiatrist who is an outspoken critic of pharmacological approaches to treating mental health difficulties. He and Dr. David Cohen wrote *Your Drug May be Your Problem: How and Why to Stop Taking Psychiatric Medications* (1999), in which they say:

The public is told that a great deal of science is involved in the prescription of psychiatric drugs, but this is not so—given that we know so little about the way the brain works. ... We simply do not understand the overall impact of drugs on the brain. (p. 5).

and

... there’s no substantial evidence that any psychiatric diagnoses have a physical basis ... (p. 93).

Elliot Valenstein is Professor Emeritus of Psychology and Neuroscience at the University of Michigan. Valenstein is another of the few who is not afraid to break the “don’t say it’s wrong” rule. In his enthralling and engaging book *Blaming the Brain: The TRUTH About Drugs and Mental Health* (1998), he meticulously scrutinizes the use of medication to treat psychological difficulties. A conclusion he reaches in the book is that none of the biochemical theories of mental disorder are right, but researchers are at a loss to know what to put in their place (p. 94). He also suggests that influences from politics and fashion have more to do with shaping diagnostic labels than scientific considerations do (p. 147), and that prescribing drugs is basically done by trial and error (p. 146). He points out that we know nothing of causes:

In pursuing the biochemical approach to mental disorders an enormous amount has been learned about neurochemistry and drug action, but it is questionable how much has been learned about mental illness. We do not really know if a biochemical imbalance

is the cause of any mental disorder, and we do not know how even the hypothesized biochemical imbalances could produce the emotional, cognitive, and behavioral symptoms that characterize mental disorder. (p. 138).

The now overwhelming evidence that experience can alter neuronal structure and function should make it clear that it is dangerous to assume that any distinctive anatomical or physiological characteristic found in the brains of people with mental disorders was the cause of that disorder. (p. 128).

There is much hocus pocus in psychology at the moment. A robust statistical package here, a powerful software program there, a neuropsychological assessment someplace else, and an evocative brain image in another corner. Psychologists (and others working in the mental health area) want so desperately for their wrong ideas to be accepted that they'll do almost anything to find new ways of making things appear to be the way they want them to be. Acceptance seems more important to psychologists than accuracy. Or perhaps Professor Valenstein is right ... we know the ideas are wrong but we don't know what to replace them with.

But there is an alternative to existing notions of behavior. There has been ever since the 1950s. This alternative idea is as different from current explanations as the heliocentric model of the universe is different from the geocentric model. This idea is the one that I outline in Chapters Four and Five and the one that Powers has already explained in the foreword. (Check out www.livingcontrolsystems.com if you'd like still more information.) Some people have had bits of this idea from time to time, but Powers was the first person to accurately and precisely figure out how it all fits together. The basic idea is that humans (and indeed all things that live) don't behave, they control. Behaving is not what humans do. Controlling is what they do. If the idea that living things control is on the money, and there is compelling evidence that it is, then this means that—gulp!—ideas that don't recognize or explain this fact are wrong. Thanks to Powers we do have something with which to replace all those wrong ideas.

Living things control. This simple fact has profound and pervasive implications for the sciences of life. Having the right idea at our fingertips, however, does not mean that all our questions can be answered. What this new idea means is that many current questions are irrelevant, so we can stop searching for answers to them. The new idea suggests new questions and new avenues for investigation. Just as knowledge of a heliocentric universe won't help us answer questions about a geocentric universe, knowledge of the process of control won't help us answer questions about the causes of behavior.

The idea that behavior is caused by particular things is wrong. Believing that grades, or jail, or bonuses, or stickers, or relationships, or bombs, or a withering glance, or "employee of the month," or any other "stimulus" can make people act in particular ways is an appeal to magic. And it doesn't help to shift the stimulus from outside the head to inside and insist that thoughts or needs or goals or mental disorders

or genes or emotions or personalities or traumatic memories or neurotransmitters make people act in particular ways. That requires a similar appeal to magic. When we're trying to understand how something works, it's not very helpful to invent magical solutions. There's enough magic already in the world. We couldn't figure out how to turn lead into gold, but nature turns coal into diamonds and shell grit into pearls. Things like gravitational and electromagnetic forces seem pretty magical. The creation of life and the phenomenon of control have a sense of magic too. There's magic aplenty in nature without creating more whenever we find something that's a bit tricky to figure out.

In time, the idea that some things (like bad circumstances or bad thoughts or out of balance chemicals or dodgy personalities) cause other things which we call mental illness (such as agoraphobia or bipolar disorder) will arrive at the Mistaken Ideas Hall of Fame and will take its rightful place beside phlogiston and flat worlds and all the other ideas that have been proven wrong. Advances in science won't reveal the secrets of ADHD, depression, schizophrenia, and all the other psychological disorders to us. Advances in science will show us that we've been looking at things the wrong way.

I imagine a front porch of the future. Two old-timers have their chairs leaned back against the wall. They are gazing out upon the world and reminiscing about the good ol' days:

Shoot, Hal, remember the time when we used to think that people could get something we called social phobia?

Sure do, Marv. And what about the one that people had faulty cognitions that made 'em ill.

That was a goody too. But my favorite, Hal, was the one about neurotransmitters makin' ya crazy.

Oooh ee! There was craziness happenin' back then all right. We was just confused about where the craziness wuz!

Yessir ... sure were.

Throughout this explanation I have been unashamedly displaying my bias for accuracy and precision. Some people, however, are not seduced by the exactitude of an idea. Instead, they prefer their favorite ideas to have other qualities such as popular appeal, or ease of understanding, or marketability. People have all sorts of ways of deciding whether or not an idea is one they are prepared to run with. Perhaps they like ideas to nestle snugly into their existing network of beliefs, or perhaps they like ideas that are generally accepted by most other people, or perhaps they like ideas that are entertaining and can keep people amused. Undoubtedly there are still more ways to choose ideas. No doubt some ideas have more than one of these qualities. I'm being extreme for the sake of the lesson. In this book I'm presenting an idea that I think is pretty exact (this is the first half of the book). If you're not that bothered by a lack of exactness of ideas, this book probably won't be to your liking.

It is not always easy to accept that the stories you hold strongly to are erroneous. Many people at one time believed stories about Santa Claus and the Tooth Fairy. People also once thought the earth was at the center of the universe. There is nothing wrong with a good story. The botheration arises when stories are required to do things they cannot do. The Santa Claus story won't get Grace her new bike unless she knows the bit about making sure her mum and dad see the letter to Santa before she sends it. The geocentric story of the universe won't help Nicholas understand what seem to be little stutters that celestial bodies make in their otherwise orderly march across the sky, nor will it help him search for new stars and planets that are as yet undiscovered.

Current psychotherapy stories seem to be best appreciated for their entertainment value rather than their scientific accuracy and plausibility and explanatory power. Entertainment is a fine activity to participate in. Understanding the condition of being human and figuring out how to help when problems come along, however, will not be improved through entertainment. If understanding and improvement is the goal, then accuracy, not entertainment, must take center stage.

What's been said

Many different explanations exist to explain the presence of psychological problems, but these stories lack scientific plausibility.

Diagnostic labels are just arbitrary summary terms to group together the symptoms that people report—not indicators of some underlying pathology.

By and large, people don't get better because of the different techniques they are introduced to in psychotherapy.

An inaccurate story will not be of any help when problems need to be corrected.

The big deal

Current ideas about psychological problems are wrong, and the reluctance to acknowledge and address their wrongness is delaying progress.

Coming up

What is a psychological problem?

Chapter Three

The essence of psychological problems

There are two kinds of stories in psychotherapy. The first kind attempts to explain what psychological problems are. Psychiatric diagnoses are perhaps the best known of these stories. The second kind of stories are explanations for *why* psychological problems exist. These are the stories that talk about things like ids, needs, dysfunctional thoughts, and maladaptive behaviors. From this point on I will deal with the two kinds of stories in different ways. First I'll offer a new story about what psychological problems actually are. Then I'll outline a story that explains why this problem exists.

When I discuss psychological problems, I mean troubles as they are experienced within an individual. I don't mean troubles as viewed by others, from the outside. Specifically, I won't be talking about people who are deemed to have psychological problems on the say-so of others. Sometimes, for example, spouses or parents or medical authorities consider their partners or children or patients to have problems of a psychological nature. Unless the partners or children or patients, however, also think they have problems, then they won't be part of this discussion. For all sorts of reasons some people from time to time are deemed to have psychological disorders that explain some of the ways they behave when people in authority find their behavior objectionable. What to do with people who don't think they have problems even though others think they do is beyond the scope of this book. In this book I have in mind only those people who present willingly to a psychotherapist for problems they are experiencing. I'm also assuming that the problem is not due to an underlying physical deterioration or malfunction such as dementia or epilepsy.

So, when people come to us with psychological problems, what is it that they are experiencing? Psychological problems exist when people experience perceptions that they don't want to experience and are unable to alter them. By perceptions I simply mean ideas, sensations, and experiences—in fact, anything that is going on inside someone's head (which is the only place that problems are experienced).

In psychological difficulties, a person's behaviors, thoughts, or feelings are *never* the problem. The only psychological problem is the degree to which a person experiences distress *about* particular behaviors, thoughts, or feelings. Not leaving the house is a problem only for those people who find themselves staying at home

and not wanting to stay at home. Feeling glum is a problem only if you'd like to feel perky. Being afraid of dogs is a problem only for those people who would like to be courageous around canines. Hearing voices in your head is bothersome only if you'd rather not hear voices.

During one of my regular conversations with a friend of mine, Romany, she commented to me that she thought most people didn't like her when they first met her. I was very surprised by this. Romany was a loving mother and wife. She had a close-knit extended family and appeared to be living a happy and fulfilling life. But as I reflected on her comment, it seemed to me that Romany was just describing one of the ways in which she experiences her world: the grass is green, the sky is blue, water is wet, and most people don't like me when they first meet me. I suppose we could speculate as to how much more enriching Romany's life might be if she didn't hold this belief, but PCT suggests that the richness of a life can only be determined from the inside looking out. We can never walk the path of another nor determine for others what their paths will be or should be. The lesson for me was that the belief that "most people don't like me when they first meet me" is not *necessarily* distressing. Regardless of how bizarre a belief might seem to someone on the outside, it is the internal experience of it that is important. If Romany also held a belief such as "people should like me on first impressions," then she might experience problems. In her case, however, there was no opposing attitude and no distress about the belief.

It is hard to think, in fact, of a behavior, thought, or feeling that is currently included in the symptom checklists of mental disorders that people without mental disorders don't also engage in or experience from time to time. Behavior, thoughts, and feelings therefore cannot be the defining feature of psychological problems. Many people have experiences every day that they would rather not have. Most people, however, alter these experiences to be what they want them to be.

If most people experience unwanted perceptual activity from time to time, then unwanted perceptual activity cannot be problematic on its own because most people do not have psychological problems most of the time. It is not the fact that unwanted experiences occur that is the problem. Perceptual junk often pops up throughout the day and is quickly removed or forgotten. Nor is it the fact that perceptual activity endures that is the problem. Many people work hard to make sure that perceptual experiences such as love and contentment last a very long time. It is the combination of the unwantedness *and* the enduringness together that seems to constitute what we currently refer to as mental illness.

Shelby might become terribly upset if her spouse was suddenly to admit to being in love with someone else and wanted to end their marriage. She might find it hard to concentrate on daily tasks, might cry easily, and might snap at people when they offer help. Most people who go through an experience like Shelby's take a period of time to adjust. Then they build new lives for themselves and can often become happier than they were in their marriage. For other people however, the period of gloomy, tearful, irritability persists. Sometimes, years later these people may still be living alone in their marital home waiting for their partners' return.

A period of “some years” might seem like an unreasonable length of time for someone to take to adjust to a significant loss such as the disappearance of a marriage. In keeping with the definition of psychological problems that I mentioned in the second paragraph of this chapter, however, in order to determine whether Shelby is experiencing psychological distress years after the breakdown of her marriage, she would need to be asked. Perhaps she believes that this is just something her husband is going through and she wants to be ready for him when he returns.

Hanging around and waiting for the return of a long gone spouse may not be a very functional way for a life to unfold according to some people’s standards. If, however, Shelby is not experiencing psychological distress as she waits for her husband, then it will not help Shelby to say that she is suffering from psychological distress, irrespective of how distressing her behavior might appear to onlookers. Even if Shelby is experiencing some unhappiness she might not want to do anything about her situation. Perhaps she thinks that being sad and blue demonstrates how much she loves her husband and the demonstration of this love is more important to her than feeling contented. Or perhaps she has discovered that, by experiencing a certain level of distress, she receives the support and attention of friends and family.

The version of psychotherapy presented in this book is about helping people with problems as they describe them. At such a time that someone like Shelby does want to discover a new way of being in the world, then MOL would be helpful to her. MOL, however, is not about first convincing people they have problems so that then the psychotherapist can get to work on them. There is enough psychological distress in the world without creating more.

Psychological distress is the experiencing of enduring unwanted perceptual activity. From the perspective of this explanation, it is the distress associated with a symptom, rather than the symptom itself, that is addressed by MOL.

It shouldn’t surprise us that we experience unwanted perceptual activity from time to time. We have more brain cells than there are stars in the Milky Way, and the mind-boggling number of connections that these cells form with each other mean that the brain is constantly active. For as long as we are alive there is no “off” switch; the experience of living is one of ceaseless activity. We are always doing something.

Apart from the constant activity within the brain, we exist in environments that are never the same. The available light varies, temperatures vary, and odors in the air come and go, just to name some of the changes that can occur. Given that we live in a constantly changing environment and in a constantly active brain, we can expect to experience a stream of continual perceptual activity. At times some of this activity will unavoidably be irrelevant, or unhelpful, or unwanted.

A mosquito lands on our ear, we walk out into bright sunlight, we get an itch on our big toe, we miss the last caramel tart in the café window, we get cut off in traffic, people being served in front of us in the supermarket queue want to change their brand of washing powder, the passenger beside us in the train has a problem with wind, the mobile phone has no reception, a beautiful sunset fills the sky and the camera’s battery is dead. In lots and lots of ways, we experience perceptions that are

different from how we would like them to be. Intriguingly some of this perceptual activity endures. Enduring yet unwanted perceptual activity is distressing, and that is the stuff psychological problems are made of.

A psychological problem is the distress associated with unwanted and enduring perceptual activity. It is this conceptualization of what psychological problems actually are that underpins MOL. From this perspective, it is meaningless to address a person's feelings, thoughts, or behaviors. The problem is the distress associated with particular feelings, thoughts, and behaviors rather than the feelings, thoughts, and behaviors themselves. Distress arises from the inability to alter unwanted perceptual activity. This conceptualization of distress is so universally applicable that we might call it the Law of Psychological Distress. The Law of Psychological Distress states that psychological distress is a function of the durability and unwantedness of perceptual experiences. Psychotherapy will enter a new era of effectiveness as we seek to understand this law more accurately and precisely by quantifying the relationships involved and subjecting our suggestions to formal modeling procedures.

People who experience satisfaction in psychotherapy are those people who somehow manage to eliminate the distress they experience regardless of what they are told to do with their behaviors, thoughts, or feelings. In order to understand how to help people reduce distress more systematically, it is necessary to understand the nature of the distress.

What's been said

A psychological problem is experienced whenever *unwanted* perceptual activity *endures*. I'm calling this the Law of Psychological Distress.

A problem can be defined only by the person experiencing it.

The big deal

The behaviors, thoughts, and feelings that we often think are the problem in fact are not the problem.

Coming up

The nature of living.

When living is in conflict.

Chapter Four

Why does distress occur?

I have explained psychological problems as the distress associated with unwanted, enduring perceptual activity. It is only sensible at this point to ask the question: Why might people become distressed when unwanted perceptual activity endures?

In order to understand why people might experience problems, it is first necessary to be clear about the psychological nature of people. This just makes good sense. To understand the problems that can occur with a pancreas, it is first necessary to understand what a pancreas free from problems does. To be able to fix the engine of a car, it is necessary to have some understanding of how a car engine functions when it doesn't need to be fixed. That is, one needs to know what a car engine does when it doesn't have problems. In fact, to decide whether anything needs fixing or not it is important to know what the natural characteristics of the thing are when it doesn't need fixing. (I say some more about pancreases and car engines in Chapter Nine). Without knowing the state that doesn't need to be fixed it is impossible to determine whether a thing is in that condition or not. Thus, it is also impossible to know how to return it to that state if that is what is required.

So my first task is to portray the condition of people who are not currently experiencing distress. When I have explained distress-free people, I will be able to describe what goes wrong that results in psychological distress.

WHAT DO PEOPLE DO?

In a nutshell, people control. In fact, all living things control, but for this discussion I'm going to stick with people. I mentioned the idea of control in Chapter Two. Here I'll consider it a little more deeply. In Chapter Three I noted the variability that is a feature of the environments we occupy. To a great extent, however, people only experience a fraction of the variability that they might otherwise know about if they were not so good at controlling. Because of their controlling nature, creatures who live are sometimes referred to as living control systems.

Consider a day in the life of a rock. Rocks don't control. Not even pet rocks. Rocks have to take what's coming to them. When the day heats up, rocks get hot. When the night cools down, rocks get cold. When it rains, rocks get wet. When the earth shakes, rocks bounce. Rocks stay where they have been put. If you put rocks down, you know where they will be when you return. Rocks don't decide.

People are not rocks. People control. Rich people control; poor people control; big people control; little people control. Bad people control and good people control. Even people who don't eat their greens control. When the day gets hot, people cool themselves. When the night cools down, people get snug. When it rains, people stay indoors. When the earth shakes, people leave town. People go where they want. If you put people down, they'll do different things. Some will stay down and some will get right back up again the minute you've turned your back.

Of course, not all people will do what is claimed in the last paragraph. When the earth shakes not all people leave town. In fact some people travel to the town. Similarly, when it rains, not all people stay indoors. Because rocks don't control, what they do in any given situation is easy to predict. Because people do control, it is difficult to predict precisely how any given person will act in a particular situation.

The houses, towns, cities, countries, and planet we occupy would be very different if we did not control. What have you done in the last week to control the state of your appearance? Did you cut your nails, go for a jog, iron some clothes, sign up for a tummy tuck, comb your hair, look in the mirror, refuse the second chocolate brownie? What would the state of your appearance be if you did nothing to control it? Imagine getting out of bed on Monday morning and doing nothing to affect your appearance until the next Monday morning when you looked in the mirror. What would you see? It's a good thing that rocks don't care about their appearances, because rocks don't control.

Control is ubiquitous. For as long as we are alive we control. From the perspective of understanding the process of living: Control is all there is. It is all that we do. As long as we continue to breathe in and out, we act to make things be the way we want them to be.

HOW DO PEOPLE DO WHAT THEY DO?

Since control is all we do, we might suppose that the psychological distress that we experience has something to do with control. It does. Distress occurs when we are unable to control some of our experiences. To understand what problems could happen to the control process, it is first necessary to understand how we control. How do people (and all other living things) control the things they care about?

As I mentioned in Chapter Two, and as Powers explained in the foreword, ever since the 1950s he has been developing an explanation of control by living organisms. This explanation is called Perceptual Control Theory (PCT). In this book, I will explain the bits of PCT that are important to this discussion. If you are interested in knowing more about these ideas, Richard S. Marken, W. Thomas Bourbon, Philip J. Runkel, Dag Forssell, and Kent McClelland are some of the other authors who write lucidly and engagingly about PCT. Samples of their work are included in the reference list, and there is a lot of excellent material at www.livingcontrolsystems.com.

Controlling involves three simultaneous processes. In order to control, people must be able to perceive, compare, and act. They must be able to perceive something that they care about, compare that perception to a preference, and act so as to affect what they are perceiving. To control the friedness of an egg, for example, Toby must have some preference for a particular state of friedness. Let's say "crispy edges and not runny" is his preference. Knowing how he wants the egg to be is not enough, however. Toby must be able to compare the state of the egg he can see cooking in the pan with the crispy edged, nonrunny egg he intends to see. In order to compare he must be able to perceive. A useful rule to remember is that we can't control what we can't perceive. Toby won't be able to turn the cooking egg into a crispy edged nonrunny egg unless he can perceive the state of its edges and its yolk. To make sure the cooking doesn't stop too soon or go too long, he also needs to be able to affect the egg's contact with the cooking surface and the amount of heat reaching the bottom of the pan. Even if Toby's arms are tied behind his back, as long as someone is standing beside him with movable arms and is prepared to lift the egg when he says "now," he'll still be able to control the state of the egg.

You might have noticed during this description that it's hard to separate perception, comparison, and action into discrete processes. As we perceive, we simultaneously compare and act. As we act, our perceptions change, so simultaneously the result of the comparison changes, which means different actions are needed, which changes my perceptions, which ... Our words make us think of it as step 1, step 2, step 3, back to step 1 like a dance step, but it's important to realize that this is all going on simultaneously.

The frying of an egg is an example of the control of a visual perception. Exactly the same process applies to perceptions in any sensory modality. People yell at the kids to quiet down, or they put on their favorite Mozart concerto, as a way of controlling their auditory perceptions, that is, what's coming in through their ears. People heat fragrant oil or spray on cologne as a way of controlling olfactory perceptions, that is, what's coming in through their nose. And people snuggle a bit closer or rub their velvet sleeves against their cheeks as a way of controlling tactile perceptions, that is, what's coming in through their skin.

Figure One illustrates the process of control. This diagram is similar to the ones used by PCT scientists as part of the process of theory testing. In PCT this kind of a diagram is referred to as a system diagram. It looks similar to a flowchart, which is a much more common beast in the life sciences, but flow charts and system diagrams are different in important ways. As Powers explained to me: a flow chart shows a *sequence* of different behaviors of a system, whereas a system diagram shows how the different parts that make up a system act *simultaneously* during a single example of behavior. Engineers and many scientists consider a system diagram to be the first step in building something that works in much the same way that a plan of a house is a precursor to the construction of a dream home. When house plans are drawn up, certain conventions must be followed if the plan is to be translated into

a functional reality. Architects can't put boxes and arrows just anywhere. Similarly, when engineers design airplanes, their plans are restricted in certain ways so that what is built from the plan will be able to soar amongst the birds. So too with a system diagram. In order to develop and test the theory, PCT theorists build models that actually control according to the specifications of the system diagram. They then compare the control by the model to the control by the living thing they are attempting to understand. If the behavior of the model does not match very closely the behavior of the living thing being modeled, then it's back to the drawing board for the model.

The accuracy of the PCT model is unparalleled in the life sciences. The understanding gained from functional models that simulate the phenomenon being investigated is different from the understanding gained by nonfunctional models. Models and diagrams in the life sciences are typically non-functional models. That is, they do not generate data in the same way that it is hypothesized that the phenomenon generates data. These non-functional models may well have their place but they cannot be compared on equal terms with a functional, behaving, simulating model. For testing to be possible the nonfunctional models would need to be transformed into models that function. Then the functioning of the different models could be assessed. Bourbon and Powers (1993) actually conducted an experiment of this kind and clearly demonstrated the modifications necessary to other models and the shortcomings of these models.

Certainly, the control that has been modeled by PCT scientists has so far been relatively simple. Precise models of computer tracking, baseball catching, and social interactions such as cooperation have been constructed, which provide confidence in the fundamentals of the theory. Models of control by means of more complex activities are still some way off, but the success of the early stages of theory development indicates that the right direction is being followed. It is this strategy of building models to test theory that gives PCT scientists the confidence that their ideas are not mistaken or implausible (see Runkel's excellent book *Casting Nets and Testing Specimens* for more information about the process of model building). Functional models don't care how much you like the ideas behind the model, they either simulate the phenomenon accurately or they don't. In this strategy, failures of a model provide important clues as to what to do next to improve the model.

Figure One illustrates the way in which the processes of perception, comparison, and action are connected to form a closed causal loop. This illustration can be seen as a single elementary control system, consisting of a few neurons and muscle fibers acting at the interface with the environment, or it can be seen as a summary of an entire hierarchy, thousands of such elementary control systems at many levels, acting in complex ways through the environment. At www.livingcontrolsystems.com, look up *Management and Leadership* and sample its content. Compare the files *new_mgmt_insight.pdf*, Exhibit 3 and *sciences_equal.pdf*, Exhibit 25. For more detail on how control works, see the tutorial section of the website.

compares p and r , and the difference between them is an error signal (e). The error signal enters an output function (o) that converts this error signal into output signals. Those output signals are sent as reference signals to lower control systems if the loop is somewhere in the hierarchy, or to actuators* at the interface between the environment and the brain. Actuators can be organs, glands, or muscle fibers. An actuator uses metabolic energy to greatly amplify the signal, effectively converting it into physical effects such as the release of hormones or the contraction of muscle fibers. Muscle tensions produce an observable action that may be measured as the output quantity (qo) that physically affects a controlled variable (cv) in the environment outside the nervous system, which the control system is maintaining in the state that is specified by the reference signal. The feedback function (f) summarizes other factors in the environment mediating between the physical actions and the cv . If you have ever driven a car with power steering and one without power steering you will have experienced the effects of different feedback functions. Action not only affects the cv , it also has unintended side effects that may be of interest to an observer but are of no interest to the control system. Unintended consequences include muscle fatigue and a large number of effects in the environment. For instance, when you wave your arm, you not only control its position and speed, you also create air movement, noise and flapping clothes. When you drive your car from A to B you not only arrive at your intended destination but you burn rubber, add to the wear and tear of the car, and consume some of the world's energy supplies. It is very difficult to exclude other factors that affect the cv independently, even in a laboratory, and they are summarized in the diagram as an environmental disturbance (d). The effects of both f and d contribute to the current state of the cv , which may be measured as an input quantity (qi), which enters the input function (i) as sensory information and is converted into a neural signal where it becomes the current state of p .

Bear in mind that this is not a flow chart, in which one thing happens and then the next thing happens, it is a system diagram in which all of these things are happening simultaneously, each affected by the prior one and each affecting the next all at the same time.

Because PCT theorists rely on simulations that they have built to test their models, they need to be able to demonstrate how the output of the person being modeled is connected to the variable that is being controlled by the person. For example, if the friedness of an egg is being controlled, then the factors involved in the feedback function (f) include the muscle forces of the individual and the properties of the pan and the stove. That is, all of these factors must be considered in order to specify how the person—in this case, a fryer of eggs—is able to produce output that affects a variable being perceived—in this case, egg friedness.

It is necessary to specify not only how an individual's actions (qo) are connected to the controlled variable (cv), but also how the controlled variable (cv) is connected to the input function (i); again, this is necessary in order to be able to construct

* *Actuate*: To put into motion or action; activate. *Actuator*: Converts a signal or current into action or a physical effect. Not to be confused with *actuarial* or *actuary*.

simulations. The current state of the controlled variable (cv) is sensed at the input function according to the physical effects of the controlled variable (cv) upon the input function (i). The physical laws that describe the phenomena of such things as light and sound are the laws that govern the current state of the input quantity (qi).

Here's how the fried egg example maps to the diagram:

reference (r)	“Crispy edges” and “nonrunny.”
perception (p)	How the egg is being seen moment by moment.
error (e)	The difference between the edges and yolk as perceived in the pan and “crispy” and “nonrunny” as remembered.
actions (qo)	The observed effects of muscle forces that affect the state of the egg.
feedback function (f)	Includes such items as the physical properties of the pan and the stove.
disturbance (d)	Might occur if someone else wants to use the stove at the same time or if there is a power failure.
controlled variable (cv)	The state of the egg in the pan.
input quantity (qi)	The light reflecting off the egg and striking the receptors in the eye thereby producing the perception (p) of the controlled variable.
unintended effects	Creating smells in the kitchen, increasing the gas or electricity bill, contributing to the washing up, depleting the grocery supplies.

Control occurs as we minimize the error that is the difference between the perception and the reference. We control perceptions of friedness by making what we sense match what we have determined will be sensed. That is, we act in order to reduce error. Error reduction is what PCT closed causal loops are all about. Bourbon has referred to PCT as the “Goldilocks theory of life.” At any time we are aware of whether or not what we are getting is “too much,” “too little,” or “just right” according to our internally specified standards. We are designed to change “too much” and “too little” into “just right.” We know whether the yolk is too runny, too hard, or just right and we will do whatever we can to make sure that we see “just right” sitting on the plate in between the bacon and the beans.

Taking some time to consider the wisdom of Goldilocks might be instructive. There is more than a little Goldilocks in each of us. We each have our own collection of “just rights” which no-one else can ever experience. We cannot beg, borrow, or steal the “just rights” of others and nor can we give a “just right” away or mandate to others what their “just rights” must be. PCT explains *how* living things go about keeping their worlds “just right.” Here are some of the “just rights” I could think of:

too hard, too soft, just right	too light, too dark, just right
too bent, too straight, just right	too spicy, too bland, just right
too tight, too loose, just right	too push, too pull, just right
too near, too far, just right	too severe, too serene, just right
too outgoing, too withdrawn, just right	too thick, too thin, just right
too friendly, too ferocious, just right	too strict, too lenient, just right
too relaxed, too tense, just right	too sober, too drunk, just right
too up, too down, just right	too tall, too short, just right
too brainy, too brawny, just right	too old, too new, just right
too specific, too general, just right	too free, too trapped, just right
too calm, too anxious, just right	too bright, too dull, just right
too liberal, too conservative, just right	too fast, too slow, just right
too curly, too straight, just right	too ordered, too fractured, just right
too shaky, too stable, just right	too sharp, too blunt, just right
too generous, too frugal, just right	too committed, too unreliable, just right
too east, too west, just right	too high, too low, just right
too giving, too taking, just right	too deep, too shallow, just right
too worried, too ambivalent, just right	too saintly, too sinful, just right
too passive, too aggressive, just right	too sure, too indecisive, just right
too black, too white, just right	too similar, too different, just right
too fat, too skinny, just right	too bad, too good, just right
too spontaneous, too planned, just right	too quiet, too loud, just right
too true, too false, just right	too rich, too poor, just right.

In Chapter Two I mentioned that, as living things, behaving is not what we do, controlling is what we do. A simple example like frying an egg illustrates this principle. While we are cooking the egg, we don't particularly care what our arms and legs are doing; we care what the egg is doing. Our only interest in our arms and legs is in their ability to affect the state of the egg. We know things are right when the egg looks (and perhaps tastes) the way we want it to. What we are controlling, therefore, is the appearance of the egg. That is, we control what we perceive. We control our perceptions, not our actions. We use our actions to control our perceptions.

The principle of using our actions to control our perceptions applies for all behaviors, even very simple behaviors such as stretching. If I want to stretch my calf muscles before a tennis match I do this by producing a particular *feeling*. I actually don't know what my muscles are "really" doing during the stretch—I know only how they feel. If I want more stretch I just produce more of that feeling. That is, I produce more feeling and assume that means more stretch is happening. No one observing me stretching can actually see what's happening—the experience of stretching is known only to the stretcher. So this is true even for something as simple as stretching—we stretch by controlling a perception of stretch, not by controlling the actual muscle activity needed to produce the perception. We use muscle activity to control the perception.

This little concept turns conventional ways of thinking about behavior upside down. Consequently, when we say that our actions control our perceptions, many people actually hear it as “our perceptions control our actions,” the exact opposite. The prevailing view in psychology is that our perceptions (thoughts, cognitions, goals) control our actions. Powers’s discovery was that when you build something that works, you find out that the reverse is actually true. Our perceptions do not control our actions or behavior. Behavior is the control of perception.

A HIERARCHICAL ARRANGEMENT

As Powers said in the foreword, he has proposed a hierarchical arrangement of control systems in order to explain the phenomenon that perceptual experiences of differing complexity can be controlled equally effectively. When levels of control systems are being discussed, some people prefer to talk about Hierarchical PCT or HPCT. As you read through this section it might be helpful to refer back to the foreword where Powers has provided a wonderful account of the levels. You can find more by browsing www.livingcontrolsystems.com.

We can control the amount of sunlight entering our eyes in various ways, for example by squinting, or putting on sunglasses, or looking away, or going indoors. Similarly we can control the experience of being a good friend by contacting friends regularly, arranging to catch up periodically, and offering to help them when they need assistance. The experience of sunlight control and the experience of being a good friend, then, are perceptions that differ only in terms of perceptual complexity.

When considering the problems that people can have, it is important to understand the hierarchical arrangement of control systems that make us who we are. For this reason I will briefly outline the nature of the hierarchy before I describe the problems that can occur with this arrangement.

Figure Two depicts a tiny portion of the hierarchy, just three hierarchical levels with three control systems at each level*. Note that the perceptual signal received by the input function of a particular control system at one level travels farther up to be combined with other such signals at higher levels. Also, the output signal from any particular level becomes the reference signal for several control systems at the level below. These are the essential characteristics of the hierarchy that Powers mapped out in the foreword: the input signals at one level are combinations of perceptual signals from a lower level and the reference signal at a particular level is a combination of output signals from a level above.

While characteristics of the levels will be clarified by future research, the functioning of the hierarchy is what is important here. In thinking about psychological

* For other representations of the hierarchy, go to www.livingcontrolsystems.com, look up *Management and Leadership* and sample its content. Compare exhibit 4 in [new_mgmt_insight.pdf](#), exhibit 15 in [leading_uncontrollable.pdf](#), exhibit 17 in [details_comments.pdf](#) and the background pattern on the cover of this book.

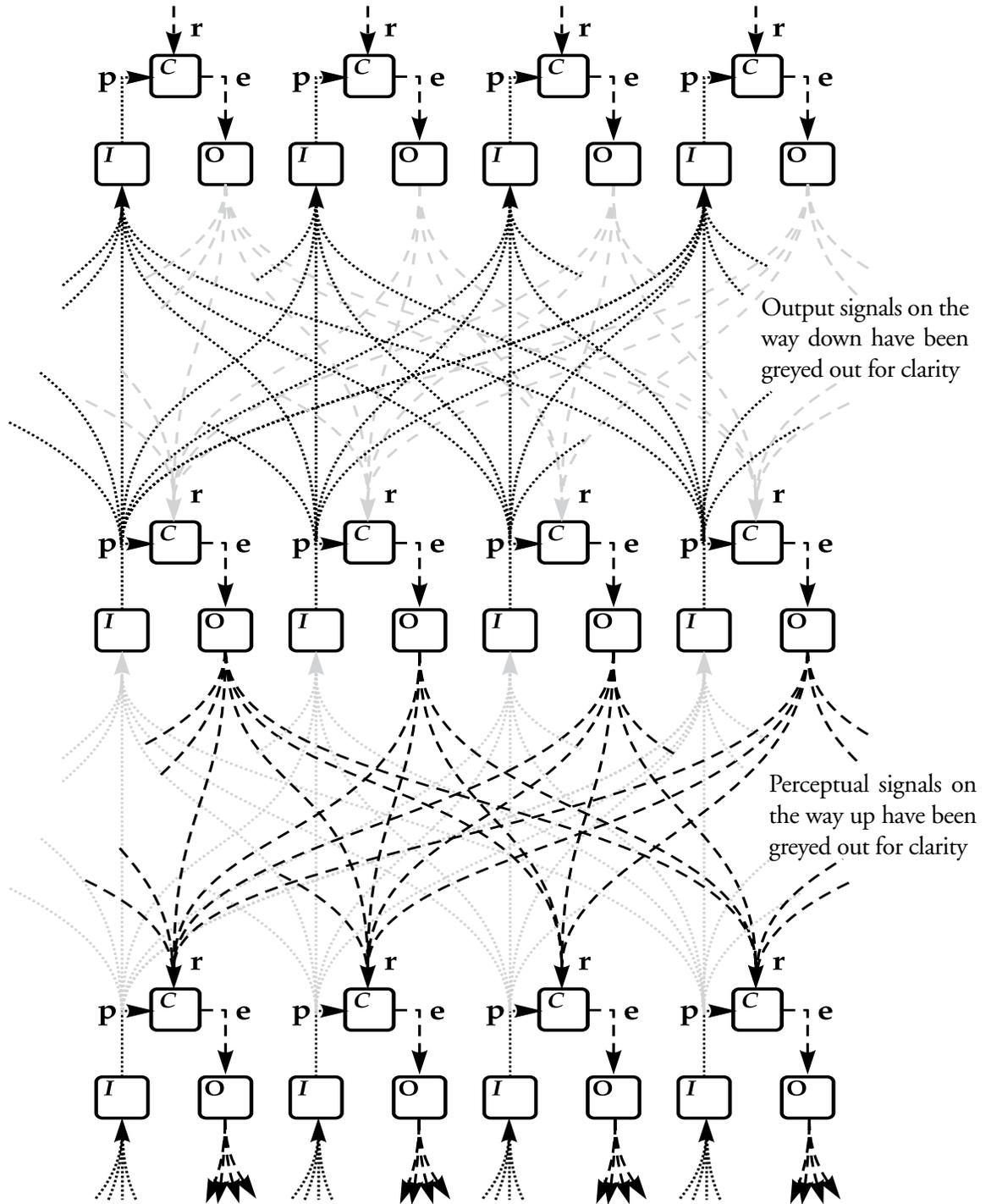


Figure Two A hierarchical arrangement of control systems.

problems, it is necessary to appreciate that control systems at one level control their perceptual inputs by specifying the reference levels for perceptions at lower levels. If this takes a while to sink in, you might find it helpful to study Powers's foreword again and think about blue chairs. Control systems at the lowest level contact directly with muscle fibers and glands, but these lowest-level control systems won't be important for our purposes.

The hierarchy can be experienced subjectively through the use of "why" and "how" questions. By considering the why of certain experiences, you can move up the hierarchy; by wondering how, you can move down.

Toby, why do you fry eggs?
Because I like them like that.
Why do you like them like that?
Because that's the way Gran made them.
Why do you like cooking things the way your grandmother did?
Because that reminds me of a happy time.
Why do you like to be reminded of happy times?
Just because I do.

(Sometimes it's not very far to the top!)

How do you fry eggs Toby?
I get everything ready then break them into the pan.
How do you break them into the pan?
I hold them over the pan and crack them in.
How do you crack them in?
I tap them on the side until they get a little crack and then I hold them in two hands and make the crack bigger with my thumbs.

("How" can get very complicated!)

If I applied the lessons from Powers's foreword to Toby's example, I could conclude that Toby controls his perception of "cooking like Gran" by setting a reference of "fried" for his egg cooking control system.

This kind of "why and how" exercise can be conducted with any kind of experience. Why do we help people, and how do we help people? Why do we ride horses, and how do we ride horses? Why do we write books, and how do we write books? Why do we like catching up with friends, and how do we catch up with friends? Experiencing for yourself the why and how of the hierarchy will help you appreciate the idea of level upon level of different sorts of references, expectations, or goals. Sometimes though it can be tricky to find a "why." Have you ever done something and wondered why you did it?

So far, I've provided a brief sketch of what it means to be a person from the PCT perspective. People control their perceptions. They do this by perceiving, comparing, and acting at different levels of perceptual complexity. For the most part people are wonderful controllers. On occasion, however, the process of control can be disrupted.

A PROBLEM FOR CONTROLLERS

Problems of control can happen in a number of ways. In this book I'll mainly be discussing the kind of problem that is central to MOL. I include a brief section in Chapter Eleven about other problems just to help complete the picture. From a PCT perspective, the most serious *psychological* problem for control systems (that is, not physical such as a broken leg or multiple sclerosis) is internal perceptual conflict. Internal perceptual conflict occurs when two incompatible perceptions are to be controlled at the same time. Imagine a servant being told by the King to mop out the stables and by the Queen to polish the silver. If time permits, these two tasks would not present a difficulty. The servant could clean the silver and then go to the stables or do the jobs the other way around. If the King saw the servant, however, just before the Queen did, and both the King and the Queen specified that their tasks must be done immediately, you can imagine the state the servant might experience.

One person working alone can create a state similar to the one the King and Queen jointly created. For example, if Alison wants to speak out but doesn't want to be rude a similar situation might occur. Here there is an idea to speak out and an idea to be polite. These perceptions might be difficult to experience simultaneously.

Esmeralda came to see me with a 30-year history of bipolar disorder (at least, she had a 30-year history of being diagnosed with bipolar disorder). She told me she had tried to be nice to people all her life but she never felt like she was being herself. When I asked her to tell me some more about her real self she said that all the while she was being nice to people she really just wanted to tell them to "bugger off."

I spent time working with Thomas five years after his divorce. He said he felt like everything was a struggle. He had a part of himself that told him to keep going, to move forward, to better himself, to do courses and to stay motivated. But he also had another part that said things like "Why should you push yourself? You've pushed yourself all your life, if you want to do nothing, you're allowed to."

Patrick in Chapter One had references about selling his house now, and selling his house later. Selling now would allow him to experience financial gain and selling later would enable him to offer personal support to his partner. There's nothing wrong with either of these ideas. Wanting to sell now is not problematic and neither is wanting to sell later. That is, there is not a problem with these ideas on their own. If Patrick had two houses and wanted to sell one now and the other later there would be no problem. The problem occurs because Patrick wants to experience two different states of the same house at the same time.

The why and how conversation with Patrick might have gone something like this:

Patrick why do you want to sell your house?

Because I want the financial gain that would provide.

Why do you want financial gain?

Because that's important to my quality of life.

or

Patrick why don't you want to sell your house?

Because I want to provide personal support to my partner.

Why do you want to provide personal support?

Because that's important to my quality of life.

and

How do you achieve quality of life?

Financial gain is an important part of that and so is providing personal support to my partner.

How do you achieve financial gain?

One way is to sell my house.

How do you provide personal support?

One way is not to sell my house.

Perhaps personal support and financial gain had always been about equally important to Patrick's quality of life and this way of valuing things had not been problematic before. With Patrick's new job, however, the circumstances had changed so that this particular way of valuing things and of achieving the things he valued had come into conflict.

Conflicted control systems are neither broken nor dysfunctional and they are certainly not crazy. The only problem with control systems that are in conflict is the way they are configured. Two control systems at one level are sending opposing signals to the same lower level system. Because of this configuration, even though both control systems have the capacity of functioning optimally, they are prevented from functioning at all because it is impossible for the lower-level system to satisfy both of them at once. The conflict, however, is actually being created at the level that sets the references for these two conflicted systems. This configuration is illustrated in Figure Three. Figure Three is basically Figure Two with the configuration of a conflict highlighted on it.

As you refer to Figure Three, keep in mind that this model has not, as yet, been subjected to the same rigorous and extensive testing that other PCT models of control have. Figure Three, therefore, is at a much more preliminary stage of development than the previous two figures. McClelland has done a lot of work simulating interpersonal conflict from a PCT perspective. Some of this work might be helpful when considering the simulation of internal perceptual conflict, however, simulations conducted by Bourbon suggest that there might be important differences in the way interpersonal conflict is modeled compared with the way internal perceptual conflict is modeled. With further research and the building of simulations, it might become clear that Figure Three needs modifications and then again, perhaps the current form will be verified as accurate. Maybe other models of conflict will also be formed. I've been told that there is more than one way to skin a cat—perhaps there is more than one way to understand internal perceptual conflict. Perhaps other levels are involved or perhaps, on some occasions, there is not just one control system at the highest level of the conflict. Whatever future research reveals, the occurrence of two incompatible

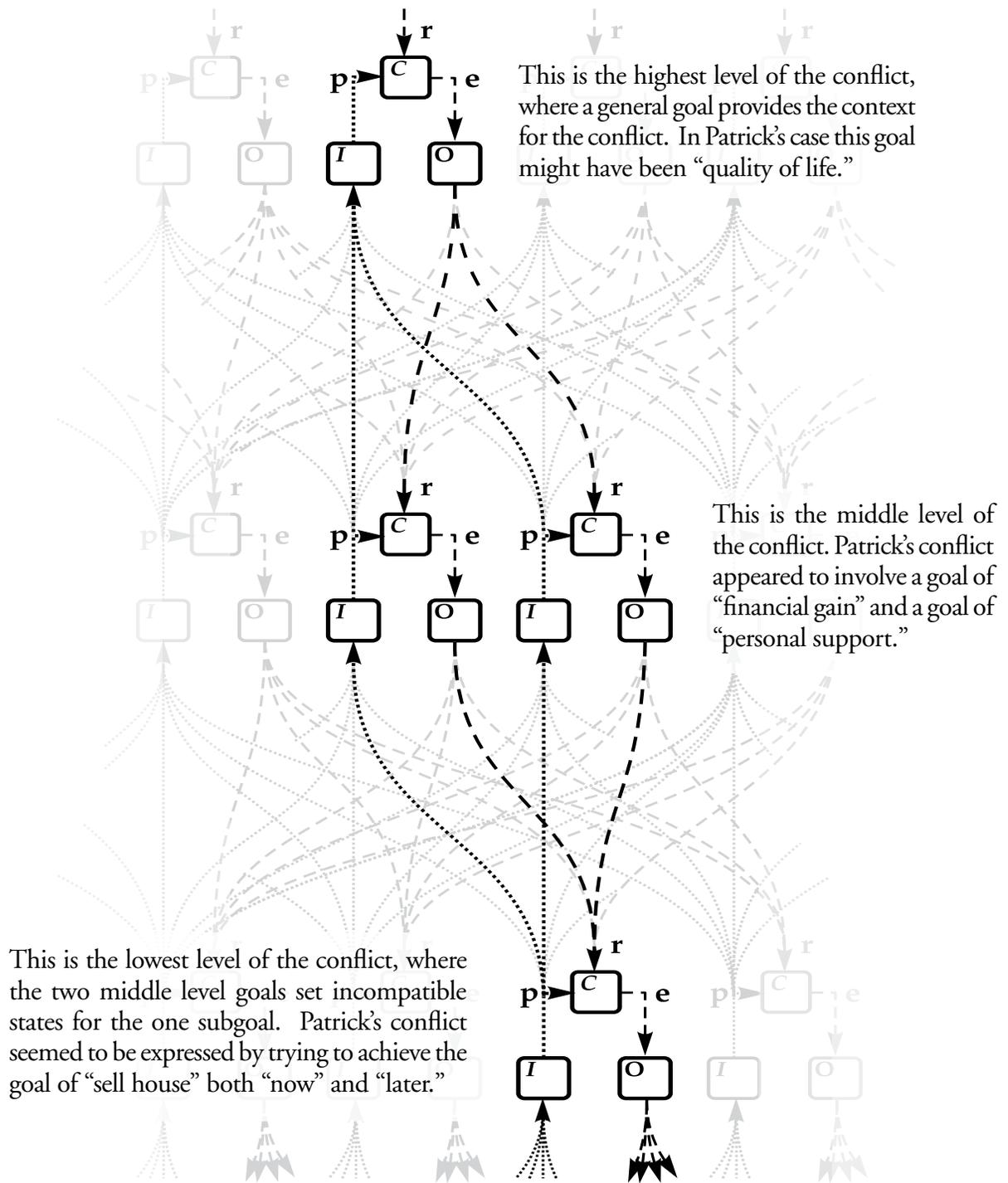


Figure Three A PCT model of internal conflict.

reference signals being controlled for simultaneously is likely to remain the defining feature of internal perceptual conflict. It is this feature of conflict that is important for MOL, not the precise configuration that resulted in the control systems controlling incompatible perceptions simultaneously.

Conflict is an extremely common phenomenon. Essentially, conflict occurs when one control system specifies a perceptual experience to be sensed, and *at the same time* another control system specifies an incompatible perceptual experience to be sensed. That is, two incompatible goals are being pursued simultaneously. Be here *and* be there; do this *and* do that. Here are some examples of such incompatible goals:

- Should I wear the green shirt or the checked shirt?
- Should I holiday in the mountains or at the beach?
- Should I cut my hair or curl it?
- Should I marry who I love or who my parents select?

Patrick's conflict was expressed through the struggle of "Should I sell now or later?" which was generated from the goals of wanting financial gain and also wanting to offer personal support to his partner. Any time we are required to choose between two alternatives we are in a conflict situation.

Despite their potential seriousness, it is commonplace for internal conflicts to be negotiated efficiently and smoothly. Most people regularly choose between alternatives such as these:

- Should I visit my sick aunt or attend my friend's going away party?
- Do I complete my homework or play with my friends?
- Will I answer the phone or keep stirring the custard?
- Do I go to the movies with Sally or dinner with Sue?
- Will I cross the road now or wait for the lights to change?

Given the number of times during any particular day that an individual experiences the activity of choosing between two alternatives (white bread or wholemeal?, the chocolate cake or the apple pie?) it seems reasonable to conclude that most conflict tends not to last very long. In our house our fridge is in the dining room and, when I decide it's time for a cup of coffee, I often get "stuck" in the corner of the lounge room where one door leads to the fridge in the dining room and the other one leads to the kettle in the kitchen. "I'll just switch the kettle on and then get the milk ... but if I got the milk first I could return it while the kettle is boiling ... nope, I'll turn the kettle on, get my cup at the same time and take it to the fridge ... but it would only take a second to grab the milk ..." I'm glad most conflicts don't stick around for very long!

Sometimes, however, conflicts do last. Sometimes people continue controlling for both experiences. The longer this situation occurs the less satisfactorily they control either experience. Eventually a midpoint is reached where the person experiences neither perception, so that there is constantly a difference between references and perceptions, and this prolonged inability to reduce error results in psychological distress.

Often the conflict is not immediately apparent. When people present for psychological help they might just talk about their behaviors, thoughts, or feelings. They might say, for example, that they can't seem to get out of the house. At first glance, this might seem like only one perceptual experience is involved—the experience of being on the other side of the front door.

The question that must be asked, however, is, what stops people who can't seem to leave the house, from just walking out the door? Unless they are bound in tight ropes or shackled in heavy chains, the only other answer can be that *they are keeping themselves inside*. The entrapment is occurring inside their heads. That is, even though there is a reference (or a goal or a want) saying “go out,” there is also a reference (or a goal or a want) saying “stay in.”

The implication from PCT then, is that conflict is at the root of all chronic psychological distress. People control their perceptual experiences. That is, in fact, all they do. Conflict disrupts this process. Most conflicts pass with only a momentary blip. Others endure and lead to psychological distress as a result of a prolonged inability to control. Distress occurs when people experience chronic internal conflict because this prevents them from experiencing what they intend. Before discussing what to do about enduring conflict, the last question to remain is why some conflicts persist while others are efficiently eliminated. To answer this question, the concepts of reorganization and awareness are needed.

What's been said

To live is to control.

From the perspective of understanding the process of living:
Control is all there is.

Our control systems are organized hierarchically.

Conflict occurs when the control of two incompatible experiences is pursued simultaneously.

Conflict involves multiple levels of the hierarchy.

Conflict prevents control.

The big deal

The enduringness and unwantedness of chronic psychological distress occurs because of sustained conflict between perceptual control systems.

Coming up

Reorganization eliminates conflict and restores control.

Reorganization is linked to awareness.

Chapter Five

When conflict persists

*I*f conflict occurs as frequently as I am suggesting, but only some conflict becomes chronic, then we must already have a way of resolving it. Since conflict occurs in the head of an individual, the resolution must also occur in the head of the individual. The problem can't be taken out and tinkered with and then put back in a restored condition. When psychotherapy is successful, in whatever form it has been delivered, it is because this internal elimination of the conflict has somehow been facilitated. When psychotherapy of any variety fails it's because this internal process has been impeded. Understanding what happens will help you to maximize the times you support the process as a psychotherapist and minimize the times you get in the way.

REORGANIZATION

In PCT, Powers proposes that there is a reorganizing system which is responsible for the construction and maintenance of the hierarchy of control systems. Basically the reorganizing system's job is to create new connections, alter existing connections, or otherwise fuss with the parameters of the control systems. It is the work of the reorganizing system that allows us to learn so that we come to experience perceptual activity that we might not have known before.

A system that alters the connections between control systems is precisely the system that we need in order to resolve conflict. For as long as two incompatible references are being specified simultaneously, conflict will be experienced. Conflict will be eliminated when the configuration or the parameters (or both) of the appropriate control systems are altered.

The reorganizing system can be thought of as a control system just like the individual loops in the perceptual hierarchy, but this is a metaphor. As Powers has explained

It's as if there is a separate set of control systems concerned with maintaining intrinsic variables at inherited reference levels. We don't know if there is actually such a system, or if the proposed effects are caused by properties distributed over the whole brain and body.

Metaphorically then, the reorganizing system perceives, compares, and acts. The system perceives various fundamental, physiological states of our bodies that are necessary for our survival. These fundamental variables such as body temperature and biochemical concentrations are called intrinsic variables in PCT. It is the perceived

states of these variables that are controlled by the reorganizing system. When there is error associated with the control of an intrinsic variable, the reorganizing system acts to reduce the error by making the perceived state match the desired state. It does so by making random changes at particular places in the perceptual hierarchy until error decreases. It is possible that some of these intrinsic control systems are at the highest level of the perceptual hierarchy, with the reorganizing system modifying the hierarchy until that these high level control systems can make their perceptions of intrinsic variables match reference values.

It seems in fact that the perceptual hierarchy is created as a by-product of these intrinsic control systems controlling their intrinsic variables. Bourbon says it this way:

The perceptual hierarchy exists for one purpose—that it serves as a means by which intrinsic physiological reference conditions can be created and maintained. That is what comes first, and last, and all the time in between. We think that the self-replicating molecules, like those in DNA, are control systems, complete with their equivalents of reference signals that specify which ‘perceptions’ of molecular shape, or of chemical states, they will ‘sense.’ On this construal, genes are not ‘commands’ for what we will become, but they are control systems that control for certain molecular states; all of the rest that happens is in a way one big side-effect of control at the biochemical level. If that is so, then it must be the case that, more often than not, creatures like us, with perceptual hierarchies like ours, end up being good environments for DNA to achieve its own control.

Although writing in a different context, John Gribbin appeared to express the same idea when he said “Biologists have an aphorism that ‘a hen is the egg’s way of making more eggs.’ In the same way, a human being is simply the genes’ way of making more copies of themselves.” (1998, p. 116).

When intrinsic error is present, reorganization continues randomly jiggling the hierarchy at different places until the intrinsic variables are once again in their reference states. It should be pointed out that while reorganization is occurring, an individual can actually experience a *loss* of control abilities for a period of time as control systems are adjusted (if you’ve ever learnt to use chopsticks, or changed the grip on your forehand volley, or driven a car where the indicator lever and windscreen wiper lever are swapped around, or rearranged your furniture but then continued to go to the place where your favorite chair used to be, you’ll know the kind of experience I mean). Although this may be of concern while it is occurring, as reorganization continues, a solution ultimately arrives.

The reorganizing system has no concept of good or bad, moral or immoral, naughty or nice. The only business of the reorganizing system is error reduction. When error is reduced and the sensed conditions of the intrinsic variables are at their desired levels, the reorganizing system ceases acting on the perceptual hierarchy. The hierarchy then is maintained in whatever arrangement it was in when intrinsic error was sufficiently reduced.

The time taken for reorganization to reduce error has yet to be clarified. We do know however, that control systems at any particular level in the hierarchy take longer to control perceptual variables than control systems at levels below them. It is reasonable to expect then, that conflicted high-level systems might take some time to reorganize. Subjective experiences such as the “Aha!” of sudden insight or the “penny dropping” seem to suggest that reorganization can also occur quite quickly. Patrick seemed to realize a clear solution to his problem in the time it took him to make a wry smile. I have hinted at the idea that reorganization can occur at any place and at any level in the perceptual hierarchy. It would be counterproductive, however, to reorganize unconflicted control systems while conflicted systems were left unchanged. What is needed, therefore, is some way of directing the reorganizing system. In PCT, the phenomenon responsible for the direction of reorganization is awareness.

AWARENESS

Awareness (or attention) is a phenomenon that is still not fully understood and often poorly explained but commonly experienced. Powers described this in the foreword as a point of view. The phenomenon is this: At any time we can experience different perceptual activity. We can notice or become aware, for example, of the pressure of our feet on the floor, or the level of wine in the glass, or the movement of flames in the fireplace, or the current state of our marriage. We can turn our awareness to perceptions at diverse places within the perceptual hierarchy. It seems that awareness can move freely across the hierarchy and up and down in it.

Imagine looking at the Mona Lisa through a hole in a piece of black cardboard. You can move the cardboard anywhere you want to on the painting, but wherever you move that cardboard, you can see only what appears through the hole. Awareness is able to move throughout the perceptual hierarchy, but at any one time it is only possible to attend to a small portion of the totality of the experience of being. It seems very difficult to be aware of the words I am typing and the dinner party I am having tonight simultaneously. If I concentrate on the words, then it seems that the dinner party just floats around in the background and I catch glimpses of it every now and then. I'm not sure, though, that it is floating around in the background, because if I check to make sure it seems to come into the foreground. I just assume it's there somewhere because I get a sense of it every now and then. If, however, I spend time thinking about the dinner party as I type, then even though I continue to see the words as they appear, after a while I am not sure of how much sense they are making But then to think about how much sense they are making I've just let the dinner party slip so if I quickly just check the meanings of the words ... and then ... Whoops! There goes the dinner party.

Changing the goal that is being realized appears to involve awareness. We can't, for example, begin driving to the beach and decide instead to go to the movies without becoming aware of the change. Perhaps awareness is related to the amount of error associated with control systems at any point in time.

Currently I am typing on the computer keyboard and am aware of the letters and the words they form as they appear on the screen. If I suddenly smelled smoke and heard a smoke detector sounding, I would become aware of the state of our house and would begin, perhaps, controlling for survival. It seems reasonable to assume that if I smelled smoke the error in my control systems concerned with survival would increase. It also seems reasonable to assume that I would not change from typing on the computer to evacuating my house without becoming aware of this alteration in activity. People don't seem to absentmindedly exit burning buildings or remove burning toast from the toaster.

It is difficult, in fact, to think of learning anything, or acquiring any new ability to control, without being aware of having done so. It is because reorganization is the process by which control systems acquire new capacities of control and also because people seem to be aware that they are learning something while they are learning it, that it is hypothesized that reorganization "follows" or is linked to awareness.

If awareness and reorganization are linked, then a plausible suggestion as to the reason conflict persists when it does is that awareness is focused on the wrong place in the hierarchy. When people are in internal conflict they are often aware of one or both of the goals they are pursuing ineffectively (Martin wants people to like him and also wants things done his way all the time; perhaps the middle level in Figure Three) or they might be aware of the fact that they feel stuck or agitated or frustrated (Lucy constantly feels wound up, on edge, and can't sleep at night because of her racing mind; perhaps the lower level in Figure Three). If the suggestion of awareness being linked to reorganization is accurate, then being aware of these two levels means that this is where reorganization will take place. Reorganizing at these lower two levels, however, will have little impact on the conflict that is experienced. It is the highest level in Figure Three that is creating the conflict. Reorganizing needs to occur at the level where the conflict originates for the conflict to be eliminated. So it's not that reorganization is not happening that's the problem—it's that it's happening in the wrong place. Clients, therefore, don't need to get reorganization started in psychotherapy; they just need to get it shifted to the place where it can do some good.

Patrick seemed to be very aware of a struggle as he oscillated between selling now and selling later (have a look back at Figure Three). Patrick also seemed aware that he wanted to experience financial gain and also wanted to offer personal support to his partner. A solution to Patrick's conflict became clear to him, however, only when he became aware of the fact that he valued these things in certain ways. For Patrick in this particular conflict, the value was being assigned to these control systems from the highest level of Figure Three. The conflict melted away when Patrick's awareness brought the highest level into focus. When this happened, it seemed to become obvious to him that personal support was more important to his quality of life than financial gain. Figure Four is a representation of how the conflicted portion of Patrick's hierarchy might have appeared after reorganization. Greying out one side of the conflict represents the different weightings that Patrick seemed to apply to the two perceptions after he had reorganized.

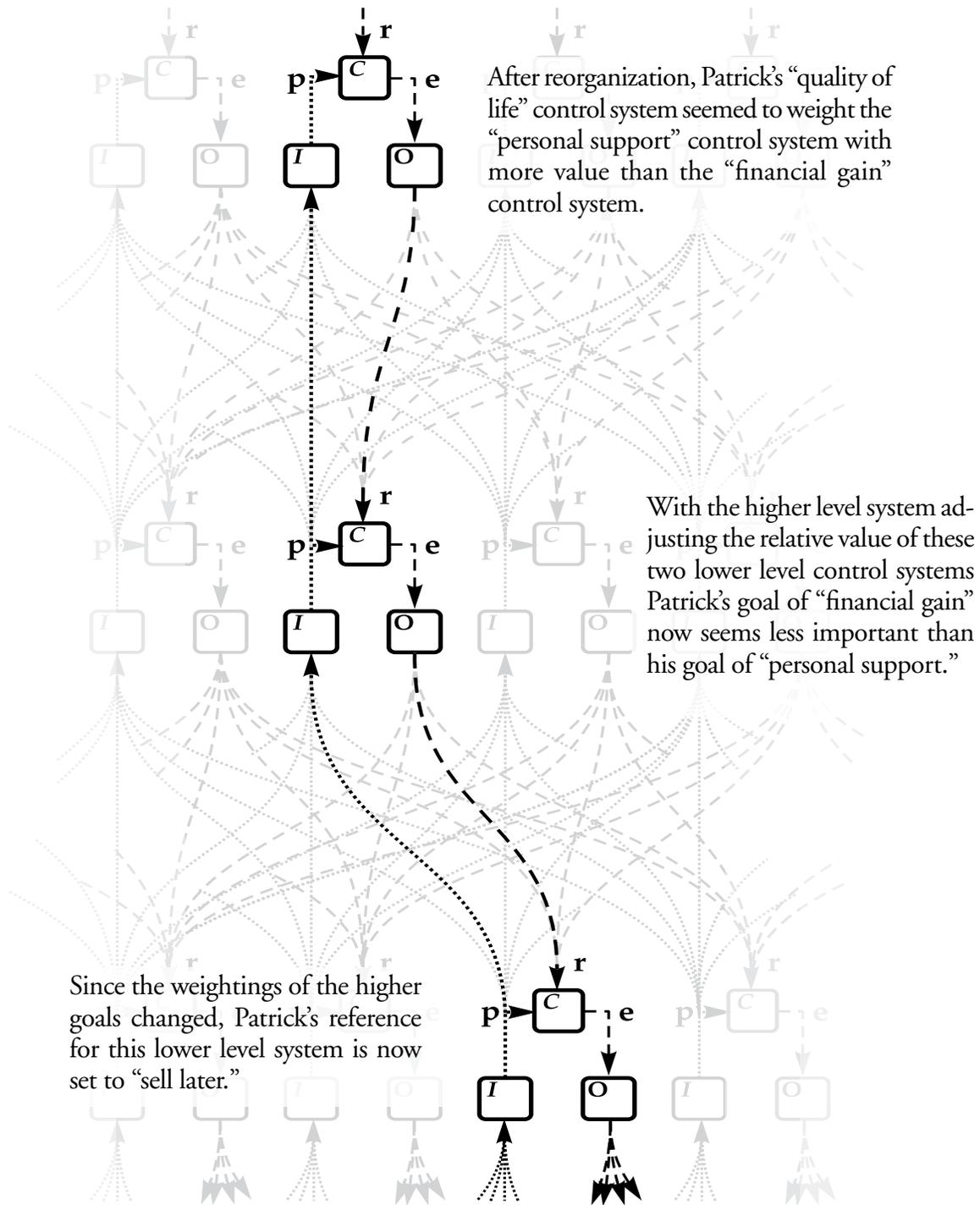


Figure Four How I think of Patrick's hierarchy after reorganization.

I have taken some time here to map out the structure of internal perceptual conflict and where a person's awareness might be at different times with respect to this conflict. As I said in the last chapter, many aspects of our understanding of internal conflict are still speculative and await further development through testing by building simulations. To complicate matters, we can never be sure of the precise correspondence between what people articulate in words and the patch of their hierarchy that is being illuminated by awareness at any particular moment (I say more about this later). However, the good news is that this lack of information does not compromise the integrity of MOL sessions at all. It is not imperative to know what hierarchical level people are aware of at any instant. It is not even crucial to clearly and precisely identify their conflicts—it is important only to help them shift their awareness upwards. I almost never conduct retrospective analyses on transcripts such as the one provided at the beginning of this book (although I do almost always reflect on how well I fulfilled my role as an MOL psychotherapist) and I don't map conflicts out like I've done in Figure Three and Figure Four when I'm conducting MOL sessions. I'm not even sure if this particular way of analyzing Patrick's conflict is correct. It's the most accurate I can make it at the moment, but perhaps there are other ways of representing the conflict that would be more accurate. Maybe after reading the transcript, you have a different idea about how the conflict could most accurately be represented. The correctness of my representation could perhaps be established by building a model and determining what works in terms of generating data that simulated the kind of oscillating Patrick was doing as he wavered between "sell now" and "sell later." This sort of activity will be important in research programs to enhance our understanding of the formation and chronicity of conflict. Even as our understanding of conflict grows, however, when conducting actual MOL sessions the fundamental principle of helping people shift their awareness upward is likely to remain primary. The transcript has been provided and the mapping conducted in this section to help illustrate and clarify some of the reasoning behind the practice of MOL. Understanding the principles behind the practice of MOL is important if MOL is to be provided "cleanly" and effectively.

SUMMING UP

Before getting into a description of MOL let's recapitulate where we've come so far. I began by suggesting that the only psychological problem is the distress associated with enduring unwanted perceptual activity. Enduring unwanted perceptual activity occurs when people are in internal conflict. Conflict interferes with the ability of people to control, and distress arises as a result. The reason that conflict is possible is that we are organized to control the perceptual activity that matters to us. People experiencing psychological problems are not crazy or ill, they are simply conflicted. PCT then provides us with a general model of psychological disorder and shows us that the current differentiation of specific disorders is chimeric.

There is nothing wrong with control systems in conflict except for the way they are arranged. Configurations in the hierarchy as well as characteristics of control systems can be changed through the activity of the reorganizing system. Reorganization is the way that conflict between control systems is eliminated. The reorganizing system is linked to awareness. Conflict endures or persists, therefore, because awareness is focusing the reorganization process somewhere other than where the conflict originates. For conflict to be eliminated, a person must become aware of the level that is creating the conflict. That is, the person must arrive at a point of view from which the highest level in the conflict can be consciously experienced. Furthermore, the person must remain aware of this level until the reorganizing system is able to eliminate the conflict.

Peoples' behaviors then, are not the problem. For conflict to be resolved, goals need to be changed, not behaviors. And changing any old goal won't do. The only goal that can be changed to resolve the conflict is the one that is setting incompatible lower level goals in order to control its perception. Focusing attention on the goals that are *in* the conflict will have no enduring effect on the ultimate resolution of the conflict.

Successful psychotherapy occurs when clients become aware of the perceptual level where they are creating their conflict. Apart from assisting clients to redirect their awareness to appropriate perceptual levels, nothing else matters in psychotherapy. Well, nothing else matters from the perspective of eliminating conflict. For some psychotherapists, other things might matter a great deal. It might matter, for example, that clients complete their homework, or listen to the psychotherapist's advice, or value and undertake the activities the psychotherapist introduces, or fully engage in and commit to the process. These things may be important to the psychotherapist, but unless they somehow redirect the client's awareness to the appropriate perceptual level, they are irrelevant to helping the client resolve a perceptual conflict. Worse than irrelevant, they are detrimental if they distract the client from the task that matters or if they keep the client's awareness focused at a lower level. In short, they may get in the way.

Some clients do get better in psychotherapy. Of that there is no doubt. At the moment, though, these clients are improving unpredictably. There is no way of knowing who will improve and who won't, because hardly any psychotherapist is considering psychological distress in terms of conflicted control systems. With PCT as an explanation of the activity of living, there is now a chance to rely on science rather than serendipity for the outcomes of psychotherapy. There is still much to learn, much to explore, and perhaps many wrongs to be discovered and righted. As mentioned towards the end of Chapter Two, PCT suggests we need to ask different questions and look for answers in different places. Understanding PCT is the beginning of a new journey rather than the arrival safe and sound at a comfortable, familiar, and secure destination. Many important areas need to be investigated and clarified. In lots of ways, I have written this book to encourage the beginning of a new approach to psychotherapy. I am not sure where thinking along these lines will lead. The trail to follow, however, is clear.

What's been said

Reorganization is a random process that alters existing control systems so that intrinsic error is reduced.

Reorganization seems to be linked with awareness.

For problems to be resolved, reorganization must occur at the appropriate place in the hierarchy.

Conflicts endure when reorganization does not occur at the level that is creating the conflict.

The big deal

The only thing that matters in psychotherapy is helping people become aware of the level that is setting the incompatible goals so that reorganization can make whatever adjustments are necessary.

Coming up

How to help people shift their awareness to higher perceptual levels.

SECTION TWO

How?

Chapter Six

An outline of the Method of Levels

*H*aving described the theory of perceptual control, I'll now begin to sketch MOL. MOL is offered as an approach to helping people that is consistent with their organization as living control systems. The practices of MOL are informed by the principles of PCT. Therefore, I turn to PCT whenever I feel uncertain as to what to do next in any particular MOL situation. This simply means reminding myself that the clients I am working with are living control systems. (This is not an article of faith. I verify that assumption if I have doubts by looking for evidence that they do indeed control.) Since they are living control systems, the ideas and concepts discussed in Section One will apply to them. For example, they will control perceptions, not behavior; they will act to oppose environmental disturbances; and the only world they know is the world of their internal perceptual experiences—to which no one else has direct access.

If at any time in the chapters that are to come, you find a particular practice difficult to understand, you might find the clarification you seek by returning to the chapters on PCT, or Powers's foreword—or indeed scouring some of the sources mentioned in the reading list at the back of this book, or those provided at www.livingcontrolsystems.com. In the interests of readability, I don't constantly and explicitly mention the links between MOL and PCT as often as I could, but this should in no way minimize the importance of the links.

MOL is what it is because of PCT. Without PCT it would not be MOL.

An assumption behind MOL is that people get themselves better. Some people get better with the help of a friend, some people get better with the help of a psychotherapist, some people get better with their pet iguana, and some people get better on their own. When people get better, however, they *always* get themselves better. They get themselves better by reorganizing at the appropriate perceptual level. That is, the level that is creating the conflict. The issue in psychotherapy then becomes, how can we help clients to get themselves better (to reorganize at the appropriate level), and at the same time make sure we do nothing to get in the way of them getting themselves better.

From an MOL perspective, in order to be useful to clients, the only task is to provide opportunities for them to redirect their awareness to higher levels where reorganization can eliminate the conflict they experience. Knowing which level to go to is not important. The general principle is: If the conflict still exists, look for a higher level. And as Runkel reminded me, moving awareness upward does not mean in a heavenly direction, not toward a "higher" good. The word "higher" just refers

to the relative position in the hierarchy—there is no moral value associated with it.

Of course a conflict doesn't have to be identified to look for a higher level. The base case of MOL is perhaps to start wherever clients are at and help them to hoist themselves up their hierarchies. The ascension ideally concludes when clients experience detachment, serenity, calmness, reflection, or some other similar state of mind. If, during the rise through the hierarchy a conflict is encountered, this halts the journey while time is spent examining it. By examining the conflict, higher levels related to the conflict can be found so that the conflict can be resolved.

The primary activity then is helping clients to shift their awareness. This might sound like a mysterious thing to do but in practice playing around with the focus of another person's awareness is trivially easy. If you were chatting with your friend Willard and you suddenly screwed up your face and said "Oh my gosh! A big hairy spider just landed on your collar!!!" you'd probably observe Willard shift his awareness away from the conversation that was occurring to the collar of his shirt. There are other less dramatic ways to demonstrate the fluidity of awareness but the point has been illustrated.

The difficulty with awareness is not in being able to affect where it is focused. Affecting the focus of awareness arbitrarily is a cinch. In MOL, however, we do not want to affect the focus of a person's awareness arbitrarily; we want to affect it systematically. When Patrick was describing his conflict to me, it probably wouldn't have been very helpful to let Patrick know that he had a big hairy spider on his collar just because I thought he should change the focus of his awareness. The point is not to affect the focus of peoples' awareness in any old way, the point is to affect their awareness in a *particular* way. The way from an MOL perspective is *upward*. Fortunately, nature has helped us out.

When people are talking, particularly when they are describing an experience they have had or a problem they are dealing with, from time to time they will disrupt their own stream of words. They often pause, or smile, or chuckle, or shake their head, or start to stammer, or sigh, or say something that doesn't exactly "fit" with what they were saying just a moment ago, or become teary, or look away, or nod knowingly. Usually the disruption seems to be a kind of evaluation, reflection, or conclusion about something that they have just said; a sort of meta-comment. Often, after this disruption has occurred, people resume the stream of words at the point where they left off moments before. In many cases, it seems they don't even notice that the disruption has occurred.

One way of understanding these disruptions is to appreciate that at any particular time the content of awareness varies. This variation in content could be referred to as "background thoughts" and "foreground thoughts." The foreground thoughts are generally the focus of awareness. As I type these words I am aware of meanings that are being conveyed and the clarity with which ideas are expressed. Every now and then, however, I seem to become aware of a commentary in the background that only seems to exist as a faint hum most of the time and sometimes seems not to be there at all. I might, for example, wonder if I'll make the deadline I've set or wonder

if the example I've just described will make sense to people who read it. Often these thoughts don't last very long but they frequently seem to be thoughts *about* what I am currently doing. If I wanted to I could keep awareness on these thoughts and spend more time thinking about deadlines or the suitability of particular examples. Focusing attention on these background thoughts would have the effect of making them the foreground thoughts.

Another way of thinking about background and foreground thoughts would be to consider them as different points of view. The foreground thoughts are the current point of view and the background thoughts include various points of view about the current point of view. They could be thought of as different kinds of perspectives on the same topic. The goal behind the goal or the purpose of the purpose.

Of course MOL does not have a proprietary claim on background and foreground thoughts. Bourbon quite rightly observed that the phenomenon of foreground and background thoughts, although sometimes given different names, appears in many other forms of psychotherapy and also other psychologies. What gives MOL its place in the sun is the theoretical (PCT) explanation of foreground and background thoughts: how they might be understood and utilized to help people overcome psychological distress. Also, in MOL, foreground and background thoughts are the entire focus of psychotherapy, and not just one part of a more "comprehensive" or "eclectic" psychotherapy.

In MOL, it is assumed that foreground thoughts represent activity at one perceptual level in the hierarchy and the related background thought or meta-comment represents a higher level in the hierarchy. These background thoughts are comments *about* what has just been discussed or reflections *on* a statement that was just uttered. In order to reflect on something it seems to make sense that you have to be above it or apart from it.

Brianna was describing to me how hard she had been trying to get out and mix with people when all she really wanted to do was lie in bed. She reported being happy with the progress she was making and felt that it was gradually becoming easier. As she continued describing her conflict of wanting to be out and about and also wanting to lie in bed, tears suddenly welled in her eyes and she looked up at the ceiling and said "I'm just scared of ending up like my mother. She always took to her bed. What a waste of a life." From the perspective of PCT I think about Brianna's descriptions of what she was doing at the moment as one point of view and the comment about her fears and her attitude to lying in bed as a different point of view. What made it different was that she was expressing the point of view of a higher perceptual level.

To be sure, background thoughts are not always related to foreground thoughts. Sometimes a background thought pops up that seems completely unrelated to the subject being discussed. Jacob glanced out of the window while he was talking and noticed that grey clouds were gathering—this reminded him that he had washing that was hanging out to dry, and he paused in his dialogue as he wondered if he needed to dash home.

While unrelated thoughts do occur, the unrelatedness would first need to be clarified with the person reporting the thought. I might ask if there was some connection between Jacob's washing and the situation he was just describing. The apparently unrelated thought might be connected in an obscure way, and then again, it might not. *For the purposes of MOL it is only the background thoughts that are somehow related to the current focus of attention that are of interest.*

Brianna's desire (or reference, want, or goal) to stay in bed when things got hectic might be the expression of a particular procedure and the comment that this procedure is a waste of a life seems to be an evaluation of that procedure and perhaps even the articulation of a rule (or reference, want, or goal) about how she should live her life.

In MOL, we sometimes call disruptions to dialogues up-a-level comments. Since the disruptions however are not always verbal but can often be a look, a shrug, or a smile, I'll use the more inclusive term "up-a-level event."

Disruptions of this nature are so commonplace that they go unnoticed most of the time. I hadn't noticed disruptions and up-a-level events until I learned about MOL from Powers. Now I sometimes find when I'm watching television I'm able to notice disruptions occurring in the dialogues of the people on the screen. Watching athletes being interviewed about their careers or forthcoming competitions can often provide clear examples of disruptions and up-a-level events. Morgan might enthusiastically describe the training she's been doing in the off-season and the niggling injuries she's overcome and then say something like "You know ... I just want to be the best."

Since disruptions to dialogue are assumed to point the way to higher perceptual levels, the MOL psychotherapist's role is to be alert for any disruptions that occur and to ask clients to elaborate on the comment made during the disruption. The problem is not that higher levels never present themselves. The problem is that they don't stay around for very long. If you, as the MOL psychotherapist, ask clients about what it was they just said, however, they might elaborate on the comment or the facial expression or the chuckle. As they elaborate they will be bringing the background thought into the foreground. Now they've just gone up a level and the hunt begins again for another disruption and the possibility of a higher level.

The MOL procedure involves identifying disruptions that point the way to higher-level systems. In order to be maximally useful to clients in psychotherapy, that is all a psychotherapist can do. So basically there are two steps to MOL which are repeated as many times as necessary for a client's awareness to reach the level where reorganization can effect the distress being experienced. The steps are: ask about foreground thoughts, and when a disruption occurs, ask about that.

The outline of MOL then is brief. The understanding behind the outline, however, may take some time to appreciate. Your understanding will be facilitated as you begin to experience MOL in your practice with clients.

What's been said

Providing opportunities for clients to shift their awareness to higher perceptual levels is the most help a psychotherapist can offer.

Disruptions to a stream of dialogue can often be a clue that a shift of awareness just occurred.

Awareness at different levels is often experienced as foreground and background thoughts.

The big deal

The only thing that a psychotherapist does that is effective in eliminating a client's perceptual conflict is to help that client become aware of higher perceptual levels. So MOL has two basic steps: ask about foreground thoughts and when a disruption occurs, ask about that.

Coming up

Thinking like an MOL psychotherapist.

Chapter Seven

An MOL frame of mind

*A*lthough the distinction is entirely artificial, I thought it might be helpful to discuss the role of MOL psychotherapists in terms of the things they do in psychotherapy sessions and the attitudes they hold. It was while writing this part of the book that I became most acutely aware of the limitations of the written word. As I describe various aspects of MOL I am constantly reminded of how difficult it is to pin down a process such as this. I've done what I can to suggest how MOL might play out, but I wouldn't be too worried if your version of MOL doesn't exactly replicate what you take from these pages. If you keep the principles of PCT in mind, then our versions of MOL will be the same at a theoretical level regardless of what particular practices look like. Although I consider that I do exactly the same thing in every session from a PCT perspective, MOL occurs differently from client to client and session to session. It's bound to be different from psychotherapist to psychotherapist as well.

First I'll discuss the attitudes or frame of mind (or references or goals) to adopt in order to conduct MOL sessions. Then I'll discuss more specifically what an MOL psychotherapist might actually do in MOL sessions. Actually, the chapters won't be as distinct as that. I've found it hard to describe the attitudes that are important without also talking about what that means in practice. Similarly, when I discuss the doings of an MOL psychotherapist you'll find me mentioning attitudes as well. Perhaps the division I've made is more a matter of emphasis for the purpose of organizing the information in this part of the book than the delineation of distinct entities. I thought that some degree of separation might make it easier to focus on one area at a time and thus facilitate your learning of the method.

As I mentioned at the beginning of the book, I won't be prescribing particular actions for you to follow, but will be offering general guidelines within which you might be able to determine your own experiences of being an MOL psychotherapist. Sometimes specific procedures and questions are mentioned. However, when these occur they will be used as illustrations of the possibilities that exist not mandates of obligatory practices.

It is important to emphasize that to do a job well, it is imperative to be clear about what that job is. You'll gain an understanding of the job of an MOL psychotherapist if you focus on the intent of what is being described below rather than the specific examples that are provided. To become a proficient MOL psychotherapist, it is more important that you learn to set goals from an MOL perspective rather than learn lists

of questions to ask. Some questions are certainly better than others, but the most important thing is intent.

When learning a new approach it can certainly be the case that you will be concerned with saying and doing things the right way. But with MOL it would be a mistake to assume that there is an ideal way of asking questions. In many ways it really doesn't matter what questions you ask as long as you are providing clients with opportunities to describe their present time experiences. The questions I provide are examples of the kinds of things you might ask if you have an attitude of curiosity. They are not presented in any particular order and I haven't included them with the idea that they will be asked in any set way. If you learn the attitude then the questions to ask will become obvious.

An attitude of curiosity about what is happening for clients as they sit in front of you and tell you about their experiences may be the most helpful frame of mind you can adopt. It might be useful to think of each MOL session as an experiment in finding out what occurs as a client's awareness moves throughout the client's perceptual hierarchy. The point of the experiment is discovery. The client's discovery. A friend of mine and fellow MOL psychotherapist, Chris Spratt, tells the clients he is working with when he introduces MOL that "You're here to listen to you, and I'm here to facilitate that."

For as long as clients are willingly participating, MOL psychotherapists are curiously exploring what clients are experiencing as they talk:

What are they experiencing as they ask for your advice or ask you to tell them what to do?

If Jose tells you he wants to kill himself, what is he doing by telling you this and what is he experiencing as he tells you?

Is he indicating an intention to end his life?

Alternatively, does he want more support from you than the level of support he is currently experiencing?

Perhaps he believes you are not listening or not taking him seriously enough.

Are these words designed to gain your attention?

Can he not see any solution to his problem?

Does everything seem black as he describes his current situation?

There are certainly many possibilities, and I won't attempt to provide an exhaustive list of them. Nor do I intend to minimize the expression of suicidal ideation. My intention by providing this example is to alert you to the role that verbal utterances play in the process of control. It's perhaps easy to understand that actions can mean different things in different situations and at different times, but it seems harder to appreciate that words can also mean different things in different situations and at different times.

It may even help to ask clients questions like the ones posed above. MOL is a transparent process in which the clients are welcome to know the entire procedure and will be told right away when they ask. With MOL, the psychotherapist and the client are on the same team. The psychotherapist does not have some predetermined goal in mind or some outcome that the client is expected to achieve or some diagnosis that needs to be confirmed. Clients are not expected to comply with any particular treatment regime and there is no protocol that they need to be socialized into.

The point of MOL is discovery by redirecting awareness. It can often be helpful, therefore, to enquire about things that might have occurred to you while the client was speaking:

- What is it you're wanting me to know by telling me these things?
- Are you wanting me to pay close attention to what you're saying?
- How do you want the words you're saying to sound to me?
- How do the words you're saying sound to you?
- Are you wanting me to tell you what to do?
- Does it seem to you that I should be doing something different?
- How do things seem to you as you're sitting here describing them to me?

Even if clients say to you that they don't know what to talk about, this attitude of discovery is the same. Since, as an MOL psychotherapist you will be adopting the approach of curiously learning about the workings of the client's hierarchy (because while you're learning about it the client will be too), you might ask something like:

- Are you figuring out what to tell me?
- Do you want to keep things to yourself at the moment?
- Does it seem to you that you can't put the words together?
- Are you worried about how what you're about to tell me will sound?
- Do you often feel like you don't know what to talk about?
- Is it a problem to not know what to talk about?

Again, the focus is on what clients are doing or what they are experiencing while they are sitting in front of you. Of course, it can be the case that sometimes clients change their minds. Sometimes they might decide that they're not up to discussing things at that time. Offering the opportunity to reschedule is also a possibility to keep on hand.

In many instances when you first ask about what clients are doing or about their experiences, you will be making an educated guess. The tentative nature of the enquiry is of little consequence since clients will often correct you if you are wrong.

If you say for example:

Are you figuring out what to tell me?

the client might reply:

Yes, I am actually. I'm afraid you'll think I'm being silly.

Alternatively the client might reply:

No not at all. I know exactly what to say, I'm just wondering whether I've made the right decision to come along today.

As I type these words I'm reminded of a time when my wife, Margaret, and I were driving. There had been a brief silence when Margaret said, "What is it? What are you pointing at?" I had just noticed an itch on the back of my thumb and I was scratching it by rubbing it backwards and forwards on the top of the steering wheel. Margaret just saw my hand moving and had thought I was pointing at something. That little event seems to provide a good example of the point that you can't tell what people are *doing* or *experiencing* just by passively observing their actions. If you want to become clearer about what they are doing and what they are experiencing, you need to adopt an investigative attitude, just as Margaret did. Exactly the same idea applies if you substitute "listening to their words" for "observing their actions." That is, you can't tell what people are *doing* or what they are *experiencing* just by passively listening to their words. If you want to be clearer (and thereby help them become clearer) about what they are doing or what they are experiencing you need to do some investigating. MOL is a lot of investigating. It's investigating with a twist, however, because the ultimate purpose in you asking questions about what the clients are doing is *not* so you can more clearly understand their experiences it's so the *clients* can more clearly understand their experiences.

Another useful attitude in an MOL frame of mind is that you are there in the service of your clients—you are a resource for them. You are a resource that can help them do one thing—the only thing that matters from the perspective of resolving internal perceptual conflict: shift their attention to higher perceptual levels. As an MOL psychotherapist, you take the stance that clients do not bring you into their worlds for you to mould them or prod them or steer them in particular directions. You are of most use to them when you enable them to move their awareness upward.

MOL psychotherapists recognize that they don't "know what's best" when it comes to how their clients should deal with their problems. MOL psychotherapists certainly know that if clients want to resolve internal perceptual conflict, MOL will help them to do it. But knowing this tells them nothing about whether or not clients *want* to participate in the process nor even whether they *should* participate in the process. This information can come only from the clients.

As an MOL psychotherapist you accept that you don't know what point of view clients have or need. You don't know at what level they are and you don't know the level they'll get to. From the principles of PCT, you understand that clients have all

the equipment they require to resolve conflicts. MOL psychotherapists understand that their clients are not defective or disordered or otherwise in need of repair. They are conflicted. The only thing the clients need help with is maintaining their awareness at the level where reorganization can alter the control system creating the conflict. An MOL psychotherapist's task, then, is to ask clients about what's on their mind and to converse with them. These will be the things that provide the opportunities for redirecting attention. During the conversation you will ask about any disruptions that occur so that the clients might keep their awareness at the level they glimpsed during the disruption.

How do those words you just spoke sound to you?

What thoughts go through your mind as you explain this situation to me?

What else can you tell me about that?

What do you think about the problem you just described?

Does it bother you to be in this position?

What is it that concerns you?

Can you tell me more about the idea that just occurred to you then?

MOL psychotherapists don't know the right direction for conversations or where the conversations will lead. An MOL psychotherapist would simply participate with Beth in conversation, and while participating the psychotherapist would be looking for disruptions to Beth's current dialogue that could be an indicator of a possible direction to be followed. Sometimes Beth might even suggest directly the next place to go. Given the transparency of MOL and the attitude of cooperation that exists, the psychotherapist can ask Beth to help out during the conversation by letting the psychotherapist know if she spots a background thought that the psychotherapist hasn't picked up on.

MOL psychotherapists acknowledge that they are almost completely ignorant of the perceptual world of the clients they work with. For this reason, MOL psychotherapists work hard at "being dumb" and assuming as little as possible about what is being said. This approach is adopted from the attitude of curiosity mentioned earlier. The task for MOL psychotherapists is to assume nothing (or as close to nothing as you can get). This can be difficult for some psychotherapists who have built their practices on being clever and insightful by second-guessing, interpreting, and formulating what clients tell them. In MOL, however, your job is to be dumb and to ask clients to explain things to you.

How does ____ go with ____?

When you talk about ____ happening, do you mean ____?

A little while ago you said _____, now you're saying _____. Are these two things related?

As clients explain these things to you they will be explaining them to themselves as well. They will be examining and altering the connections in their own heads.

By asking dumb, simple questions, by not taking anything for granted, and by asking about specific details of events that clients describe, you will be helping clients look at their perceptual experiences in a way that they may never have done before. It's instructive to reflect on how much we assume when clients tell us about their experiences. An important aspect of MOL is not to assume. The reason for asking about minutiae is to help clients dissect what it is they are expressing. As they dissect, it will have the chance to step back from it and consider what they are laying out from a higher level.

Fatima told me that she blocked thoughts away when they were too difficult to deal with. When I asked things like:

- Where do they go when they're blocked?
- Do you still have a sense that they are there?
- What sort of a block is it? Is it like a screen, or a little cage, or a room?
- Can you see into it?
- What do the thoughts do when they're blocked away there? Do they ever try to get out?
- What gives you the idea that the thoughts need to be blocked? What do you imagine would happen if they weren't blocked?
- How do you know which thoughts need to be blocked and which don't?
- Do you have any blocked just now?
- Are there any feelings associated with the blocking?
- Do you ever unblock them?
- How many can you block at any one time?

Fatima had the opportunity to consider the *process of blocking* and as she did this she started to discuss the thoughts that she was previously trying to ignore.

Wang told me that he had always been a worrier—it was something he couldn't help. As I asked him what his experience of worrying was and how he went about worrying, he described thinking about a good many things. With further exploratory questioning he explained that he did not worry about all the things he thought about. He then described a distinction between "thinking" and "worrying." Wang turned a "think" into a "worry" by adding "what if" to the front of the "think." His worries then had the characteristic form of being "what if + think" kinds of thoughts, whereas other perceptions he described as thoughts that were not worries did not have this form. Wang was surprised and intrigued by this distinction and said he had never considered his thinking in that way before.

MOL psychotherapists might ask their clients to describe what they mean when they use various words. They might be interested in the client's use of the word

“happy” or “hopeless” or any other word that seems significant or is repeated frequently. The word itself is of no particular consequence, but it might be useful if it is a marker for an experience the client is constantly aware of. MOL psychotherapists would be always on the lookout for occasions when they find they have fallen into assuming that they “know” what is going on for their clients.

If Olivia reported that her mother had just died, rather than replying with an empathic yet knowing comment like “That must be very hard for you” an MOL psychotherapist would ask things like:

- How do you feel to be without your mother?
- How is it for you to be without your mother?
- Do you think about her often?
- Are you thinking about her now?
- What happens as you think about her?
- What memories stand out for you?
- Do some memories recur more frequently than others?

If Abraham tells you he is experiencing panic attacks, rather than assuming you know to what he is referring, you might ask things like:

- What do you mean by ‘panic attack’?
- What’s the sense of panic that you experience?
- Can you help me learn what a panic attack is for you?
- In what way does it seem like an attack?
- Is it a problem for you to experience these occurrences?
- What is the problem with them?

The purpose of these questions is to help Abraham examine in detail his experience of panicking. As he conducts this examination he will become aware of the state and conduct of his mind during the times of panic. As his awareness of these times expands he will have the opportunity of becoming aware of higher level perceptual control systems that are generating the experiences that he, Abraham, is understanding as panic attacks.

The accuracy with which a client describes a particular experience is largely inconsequential to an MOL psychotherapist. MOL psychotherapists do not have to be concerned about whether or not their clients are being honest or telling lies and deceiving them. Words in MOL are just tools to help redirect the client’s attention. If clients are telling stories about things that never transpired, MOL would proceed in exactly the same way as it does when clients describe events that actually took place. The clients’ words don’t need to be shaped into more appropriate ideas. As much as possible, MOL psychotherapists strive to listen without deciding what the client *should* do or *should* talk about or what is *really* going on for the client.

An MOL psychotherapist assumes that the higher level where the conflict can be resolved is right there currently in the client's existing hierarchy. The psychotherapist doesn't need to invent it or persuade the client that such a thing exists. The psychotherapist doesn't even have to find it. Although the experience of noting a background thought is that it "popped into" your head, the background thought in actual fact was there all the time. The "popping in" occurs when awareness illuminates it. It is not the thoughts that move around. It is awareness that moves around, and its roaming throughout the network is experienced as changes in point of view or perspective or focus. Since providing opportunities to move awareness around is perhaps the main business of MOL, it's important to be clear about this. MOL doesn't provide clients with anything new. MOL simply provides opportunities for clients to get themselves to a position where they can make their own new sense of the pickle they are in. Certainly new control systems, new thoughts, new experiences are all part of the human experience—that's the business of the reorganizing system. *It's where the newness needs to occur that is at issue in MOL.*

Sometimes, within the verbal and nonverbal information that is being presented, there will be a disruption. An MOL psychotherapist understands this to indicate a shift in awareness that might lead to the level that has established the context for the conflict. The role of an MOL psychotherapist then, is to identify any disruptions that occur and ask clients to describe the comment just made in more detail as a way of helping them keep their attention at that level. In PCT terms, an MOL psychotherapist would have references for recognizing moments when the client has shifted to a higher perceptual level, and for calling the client's attention to these moments as opportunities to shift the client's awareness there long enough for reorganization to take place.

When MOL psychotherapists, therefore, evaluate the effectiveness of the work they do, what they will evaluate is their ability to identify disruptions and to ask for clarification of this disruption. That is, they reflect on their contribution to the interaction.

Did I notice any disruptions in this session?

Did I become too focused on the content of what Andrew was saying and miss the disruptions that occurred?

Did I bring the conversation back to the problem whenever we seemed to start discussing unrelated topics?

Did I ask Nicole about both sides of the conflict at the same time?

Did I follow Zachary's lead as far as the up-a-level events were concerned?

How well did I resist the urge to advise or suggest?

Did I feel that I knew the answer to Makayla's problem?

How much time did I spend trying to figure out Sam's problem?

What proportion of the time did I spend helping Padmar shift her awareness up and how much did I get in the way?

MOL psychotherapists would not evaluate their ability to bring about change in their clients. Nor would they be interested in evaluating how effectively they solved their clients' problems. Any change that occurs in the experience of the conflict is seen as a byproduct of psychotherapists doing a good job at what they can do. What psychotherapists can do is conceptualize psychological problems from a control perspective, to identify up-a-level events when they occur, and to ask the client to describe these events in more detail.

MOL psychotherapists are basically uninterested in their clients' problems because they realize that the problems that their clients are describing in terms of unwanted or disliked behaviors, thoughts, and feelings are not the real problems. The real problem for any individuals who experience chronic conflict is that they have not reorganized at the level that has established the conditions for the conflict. The only thing an MOL psychotherapist is interested in, therefore, is the client's awareness. MOL psychotherapists have confidence in the mechanism of reorganization responsible for the establishment of the perceptual hierarchy and know what they can do to assist this mechanism to work where it will be effective. As I've already mentioned, what it is they can do is to notice disruptions when they occur and to ask their clients about them.

With MOL, any reply from clients is useful. From this perspective, even no reply is a reply. No response or action from the client can be something to ask about. A nonresponse, for example, provides you with further information about what a client might currently be doing in your company. If clients simply sit there looking down and not replying you could ask:

Are you waiting for me to ask you some questions?

Does it seem like your problem is so bad that not even talking about it will help?

Are you feeling overwhelmed at the moment?

The intent here is not to convince or persuade clients to talk but to help them become aware of their current experiences. Even if they don't answer your question, they might still become aware of their internal experiences once they hear the question.

MOL psychotherapists understand that as long as their clients are alive they are experiencing something while in the MOL psychotherapist's presence. The likelihood is they are experiencing a variety of things. The task of the MOL psychotherapist is to help clients become aware of these things by enquiring about them. The psychotherapist does this so that the clients have the opportunity of becoming aware of their immediate thought processes and then becoming aware of background thoughts and so on. In MOL, clients learn to think about their thinking.

The MOL psychotherapist's attitude remains the same regardless of what is being discussed. If a client talks about memories, for example, the same process would apply. The content of the memory would be of secondary interest. The primary focus for the MOL psychotherapist would be on discovering how clients experience

the activity of remembering and what clients are doing by telling you about their memories. That is, MOL psychotherapists are much more interested in the *process* of clients' thinking rather than the specific *content* of any particular thought. Thought content is of interest only insofar as it provides in-the-moment illustrations of the process of thinking. The process is going on right before your eyes as your clients tell you about their thoughts. As you learn about their thinking processes (especially their processes that are creating their distress), so will they. The task of MOL psychotherapists then is to ask about the process of remembering.

What happens when you remember that?

How often do you remember that?

What goes through your mind as you remember it?

Does it bother you to have those memories?

Do you like remembering these kinds of things?

Do you have these memories at other times? When?

Can you stop the memory whenever you want?

Can you start the memory whenever you want?

Can you stop it or start it half way through?

Is the memory going on now, as we talk about it?

MOL psychotherapists recognize that any advice or suggestions they give clients is only likely to interfere with their clients' own reorganizing mechanisms by diverting the clients' awareness away from the conflicts that only the clients are experiencing. Sometimes clients will explicitly ask for advice. Angelina might plead with you to tell her how she can stop the dusting routine she performs exactly eight times every day or the 57 minutes she spends each night checking that everything is locked up and switched off. As you'll probably know by now, Angelina's problem from an MOL perspective is not that she dusts and checks: it's that she dusts and checks *and* doesn't want to dust and check. Any advice on how to reduce dusting and checking will disturb the part of her that *wants* to dust and check. Better to just help her sort this one out for herself by redirecting her attention to levels above the dusting and checking where the situation of dusting and checking and not wanting to dust and check is being created. I'll say more about telling people how to act in Chapter Eleven.

There is no getting around the fact that it's hard work being an MOL psychotherapist. Your task as an MOL psychotherapist requires sustained concentration. You need to attend to the current conversation in order to be familiar with what the client is describing. You need to be able to ask questions about what is being described so that the client will continue to provide information about whatever is on the client's mind. At the same time that you are doing this, however, you also need to be attending to any disruptions that occur so that you can ask the client to describe the disruption in more detail. When a disruption occurs, you need to be able to leave the current topic of conversation and pick up on a new topic. You must

remember that doggedly sticking to the task of conversing and then asking about disruptions is the only thing that is important in doing all that you can to ensure the success of psychotherapy.

I've spoken already at various times about successful psychotherapy or about the client getting better. Let me clarify just what it is I mean by that. From a PCT perspective, evidence of successful psychotherapy is the resolution of internal perceptual conflict. The standard-model-optimally-functioning-living-control-system (SMOFLCS) in human form would be unconflicted for the most part, and when conflicts do occur would be able to reorganize before the conflicts become chronic. This doesn't mean that these SMOFLCS's can leap tall buildings in a single bound—it just means that they can get on with the business of being human in whatever way that happens to be for them. Being conflicted obstructs control. Powers does a great job of explaining the absence of conflict in Chapter Seventeen of his book *Behavior: The control of perception* (or Chapter Eighteen in the new 2005 paperback edition of the book).

There is no doubt that psychotherapists could engage in activities other than providing opportunities for clients to reorganize conflicts by shifting awareness. They could, for example, provide clients with strategies and techniques to enable the client to live with the conflict. Certainly some clients will be daunted by the emotion associated with internal conflict. Some clients have developed elaborate ways of avoiding situations where the conflict becomes a problem. In my first appointment with Dimitri he told me that he had been battling depression for a long time. He'd previously visited a psychotherapist who had given him some strategies to help him win the battle and they had made him feel better for a while, but his depression had come back. He was coming along because he wanted some more strategies so he could continue battling.

MOL psychotherapy is not about helping clients *live with* conflicts, however, it's about helping clients resolve them. Any time clients talk about things like trying hard, or controlling their behavior, or overcoming weaknesses it is likely that a conflict exists. Unconflicted control provides no sense of internal opposition or resistance. So an MOL psychotherapist's job is to provide opportunities for clients to shift their awareness to higher perceptual levels so internal conflict can be resolved.

MOL psychotherapists need to be disciplined and focused. Clients will turn up for psychotherapy for different reasons. Some clients, for example, may see turning up to speak to a psychotherapist *as* the solution to their problems. Having someone supportive and nonjudgmental to speak to on a regular basis may help them face the difficulties they encounter in their day-to-day living. MOL psychotherapists, however, are not providing MOL to support clients in their lives as they get by with the conflict still intact. MOL is about resolving conflict. At times, then, MOL psychotherapists will need to be focused and firm as they stick to the topic at hand. Maintaining the focus on one topic and exploring it in detail might be a crucial element in finding higher levels that are important to the issue being discussed.

Clients may at various times want to veer off the topic and cease discussing the conflict. This veering off may give them some time out from the emotions associated with discussing their particular problem. Of course they always have the option of ending the session and coming back later on, but for the duration of the time they are in the company of the MOL psychotherapist, the topic under discussion should be the conflict or difficulty they have turned up with. Staying with the conflict and experiencing the associated emotions may be an important aspect of finding the right place from which the conflict can be resolved. The apparent veering off might also be related to the conflict in some way and this could be checked out with clients. If it is not connected to the problem being discussed then the original topic should be returned to.

MOL is certainly about following the client's lead, but it is not about free association. The client's lead is followed when an up-a-level event occurs while discussing a conflict, problem, or trouble. This up-a-level event is discussed as a possible pathway to a higher level. If it turns out to be not so relevant, then the previous discussion can be resumed. Sticking to a topic that a client finds difficult and emotionally upsetting to discuss, can perhaps be uncomfortable at times for both the psychotherapist and the client. To participate with the client in avoiding discussions about the problem, however, is likely to get in the way of the client resolving the conflict efficiently and resolutely.

MOL is a minimalist method and as such it can be difficult for psychotherapists to learn. Psychotherapists who are used to taking on roles such as teacher, coach, or wise friend may find it very uncomfortable to focus only on disruptions rather than providing engaging activities, or discussing persuasive formulations, or developing insightful interpretations. Psychotherapists themselves, therefore, might experience a period of reorganization as they learn this new method.

Perhaps the most difficult aspect of MOL for a psychotherapist to get used to is its paradoxical nature. Psychotherapists may very well see themselves as change agents. From a PCT perspective, however, it is recognized that when the problem is chronic internal conflict, the only mechanism capable of producing the required change is reorganization. And psychotherapists do not have access to the client's reorganization process. If you look back to the figures of Chapter Four and Five you'll notice that any reorganizing that happens will happen within the system, but the psychotherapist is outside in the environment. The only thing psychotherapists have access to is the verbal and nonverbal information that clients offer. A reduction in psychological distress during psychotherapy is something that occurs entirely internally for clients. Psychotherapists in a very real sense are spectators to the change that occurs in the context of psychotherapy. They can clap and cheer metaphorically for their clients and offer as much assistance as they wish, but it is the clients who finally carry out whatever changing occurs. The change that occurs cannot be anticipated or predicted beforehand. You are never sure of the solution that reorganization will come up with. This can sometimes be disconcerting for psychotherapists who are

used to formulating their clients' problems for them and then steering them towards "appropriate" courses of remedial action.

Budding MOL psychotherapists may feel that they are fumbling around searching for the right question to ask. You may feel that you are becoming less competent as a psychotherapist and may feel dispirited as a result. You might feel confused and uncomfortable and the unpredictability of MOL sessions may be unnerving. You might feel that you are not really doing anything to make change happen. That you are not in control. Perhaps you even feel a bit impotent as you compare your role now to your role as a different kind of psychotherapist who is more active and directive. At this point it may be profitable for you to become aware of your own background thoughts.

Are *you* in conflict?

Do you want to do this new technique and do you also want to ensure that you fix the clients' problems?

What is your purpose in learning MOL and what purposes are you pursuing by using MOL?

What background thoughts do you have while you're asking clients about their experiences?

What's your attitude towards psychotherapists fumbling around?

As you learn MOL, you can expect to be reorganizing in much the same way that your clients will be. Even if you are *almost* completely intent on practicing MOL exclusively there may still be some conflict associated with becoming an MOL psychotherapist. There may be concerns about using only one approach or using an approach that is different from one that your colleagues use. It may be uncomfortable stepping out of the milieu of anything goes, and taking on an approach that aspires to standards of right and wrong. There may be thoughts like "I want to use MOL exclusively, but this other approach works well in certain situations" or "I really like MOL, but I'm not sure about the idea that there's one right way to do things" or "I think MOL has got a lot to offer, but it's not very well known yet and my colleagues might think it's a bit weird." Although these conflicts will be reorganized in time, given the right conditions, the process may still be uncomfortable.

Reorganization is not limited to conflict situations. Reorganization is often part of the learning process. So even if you are not conflicted about becoming an MOL psychotherapist you will probably still experience some reorganization. As you develop as an MOL psychotherapist you can expect your psychotherapist control systems to undergo some upheaval and modification. Understanding the process of reorganization might assist you to weather the storm as you learn to become more comfortable in your new role. Also, the feelings that you experience might provide you with insights about what your clients will be going through as they resolve the conflicts in their own lives.

Another factor to be considered from the perspective of the psychotherapist is that feelings of confusion and unpredictability may indicate that things are going *right* in the session. It is an MOL psychotherapist's job generally to follow the lead of the client in psychotherapy when a conflict is being discussed and up-a-level events are being pursued. If the MOL sessions seem messy to you, that may indicate you are staying with the client. The client's experience may also seem messy to the client.

If the client is bouncing between sides of a conflict, then it may be the case that you as the psychotherapist feel as if you are bouncing as well. If the client is agitated and expresses what seems like a stream of disjointed ideas, it may be that you feel confused and disjointed. These subjective experiences of yours may indicate that you are following the client closely.

As long as you are able to remain distant enough from the content to detect disruptions when they occur, there is no need to believe that the confusion you may experience from time to time interferes with the MOL process. Your confusion is not being scrutinized here, the client's is. If it does seem like your feelings are interfering with your ability to conduct the session, this might be something to ask the client about. "I'm feeling a bit confused about what you're saying at the moment, how do things seem to you?" It also might be helpful to become aware of your own background thoughts. Are you expecting a certain structure or outcome to the session? Are you predicting the client should arrive at particular conclusions or learn particular skills?

A further option is to ask clients about the bouncing as it occurs. What seems like bouncing on the outside might also seem like bouncing on the inside, and this tendency to move suddenly and unexpectedly from topic to topic might be part of the difficulty they are experiencing.

You began by talking about ____ and then you mentioned ____ and now we're discussing _____. Do these things have some connection for you? Are they linked in some way?

It sounds as though you're jumping from one topic to another. How does it seem to you?

Does it bother you to go from topic to topic like this?

Do you get a sense of what topic is coming up next?

Learning to tolerate feelings of messiness and unpredictability can be difficult if, as a psychotherapist, you have been used to being directive, organized, and highly structured. Many psychotherapists believe they know the ideal treatment for clients who arrive with particular disorders. In MOL, however, with each client you see, you will be taking the attitude of curiously, ignorantly, naively, wanting to find out what *this* client's experience of mental illness is. Your job is not to know, it's to discover. As you discover stuff about your clients, they will be discovering it for themselves as well—and that's the whole point. In MOL, the only thing you know is that awareness needs to go up.

Taking the time to understand what it means to be effective in psychotherapy, and the limits of your own omnipotence, can be humbling and yet also rewarding. Becoming more aware of what it is that psychotherapists *really* do in psychotherapy that is useful and effective, and clarifying the role that techniques and activities play, may help you to do better what you wish to do. The effort to understand what it means to control perceptual activity may help you reorganize the parts of your perceptual control hierarchy that are engaged in doing psychotherapy and get satisfaction from your new experiences of identifying disruptions and redirecting awareness. Apart from helping your clients resolve internal conflict, MOL may enable you to develop an unambiguous decisiveness in the helping process.

Before leaving this chapter I'd like to raise once again the issue of intent. Perhaps the most searching answer for emerging MOL psychotherapists to answer is:

Why do I want to learn MOL?

Of course there could be a myriad of answers to this question.

Do you want to learn MOL because you see it as another useful technique to add to your repertoire of strategies?

Do you subscribe to the notion of "eclecticism" and believe it important to keep abreast of the latest developments?

Alternatively, do you see PCT as the most accurate description of the activity of living that is available and, therefore, MOL as the most appropriate way of helping clients who are experiencing psychological distress in the form of internal conflict?

The answers you provide will have a lot to do with the kinds of experiences you have as you learn MOL.

MOL is not a miracle cure, and it won't render humanity immune to vexations of the spirit. MOL is a way of interacting that acknowledges and respects the nature of clients. Rather than urging others to conform to fanciful models of design, it's a way of allowing humans to be human by providing opportunities for their natural reorganizing processes to work unhindered.

What's been said

MOL psychotherapists are curious about the perceptual worlds of their clients.

MOL psychotherapists are interested in the process of the manifestation of psychological distress rather than the content of the distress. The content of the distress is only of interest as a vehicle for exploring the process of being distressed.

Anything that occurs during the interaction of psychotherapy can be used for further exploration and discovery.

MOL psychotherapists understand their role in the process.

MOL sessions can be messy.

Psychotherapists may experience confusion, doubt, conflict, and reorganization as they learn to provide MOL.

The big deal

MOL psychotherapists offer themselves as resources to clients to assist them to shift their awareness to higher perceptual levels.

Coming up

Doing MOL.

Chapter Eight

Doing MOL

*F*or psychotherapists interested in the practice of MOL, there is much to consider. More than anything MOL is an experience, and any verbal or written description falls dramatically short of experiencing MOL. As I mentioned earlier, our individual tapestries of MOL may all be different but the thread of PCT will be common. This book is not meant to answer every question that was ever asked or has yet to be asked about MOL. My aim is to provide information to help you get started.

It's important to realize that, as a psychotherapeutic practice, MOL is still in its infancy. Very few people know about the ideas of MOL and perhaps even fewer use these ideas to practice a "plain vanilla" MOL. Psychotherapists seem to be a pretty creative bunch, and it appears that MOL is too bland for the tastes of many. Also, psychotherapists like to help, and it seems that it is very hard to get used to the idea that in psychotherapy we often need to do less, rather than more, in order to be maximally helpful.

It may well be the case that the plain vanilla MOL will eventually need some modifications. Currently, however, psychotherapists wanting to improve MOL are not in a position to make this kind of evaluation. We need numbers of skilled MOL practitioners who are prepared to use the plain vanilla MOL for extended periods before we can begin to understand what adjustments need to be made. As an application of the principles of PCT, it seems like a reasonable start. The accuracy of this conclusion, however, will only be established over time.

Without meticulous thought and planning, any additions to MOL will probably get in the way of effective psychotherapy. A useful way of evaluating your psychotherapeutic practice might be to ask: How much of what I'm doing now is helping clients become aware of higher perceptual levels? If the answer is "very little" or "don't know," then you are quite probably getting in the way more than you could be, thereby delaying your clients' elimination of conflict.

MOL is about not getting in the way. To do MOL is to accept that the clients who come before you already have everything they need to help themselves. Their only difficulty is that they are stuck. All they need from you is a little nudge because you know the direction to nudge them in. The direction is up.

Clients sitting in front of you don't need your advice or wisdom. They've got a life to get back to living. They don't need to figure out how to live the life you might have in mind for them. They just need some help to get out of the mud they are

stuck in. MOL not only helps them out now, it is a way of learning how to get out of any future mudpits as well. I'll return to this idea in Chapters Ten and Eleven.

When you do MOL, what you are doing is participating with your clients in conversation. It doesn't really matter what your clients talk about, because you're not interested in the content of what they've got to say anyway. Your only interest is in finding pointers to higher levels. The general idea is to help clients get some of their "now" experiences "out on the table." When they're on the table the clients are able to look at them. As they look at them, "looking at them" becomes the now experience. The task then is to put "looking at them" on the table and to look at it. Then put "looking at looking at them" on the table and look at it . . . and so on.

As an MOL psychotherapist you will be busy. The idea is not to just sit there waiting for an up-a-level event to pop up. Rather, as an MOL psychotherapist you will be busy curiously asking clients about their current experiences. You're not interested, however, in what they have to tell you about their problem because you understand that the problem they tell you about is not the problem to focus on. Their problem is not feeling a particular way or thinking a particular way or behaving a particular way. The problem is that they are conflicted. Your only interest therefore is in helping them explore their conflicts. Just as an artist might explore expressionism through the medium of watercolors, you'll be helping your clients explore their hierarchies through the medium of the verbal and nonverbal material they present you with.

MOL psychotherapists will be active in another sense as well. Often, the MOL psychotherapist will need to hold the conversation on the conflict. It will be important not to be distracted by the kaleidoscope of information that clients can put before you. MOL is a blinkered approach—you might certainly go down some blind alleys and that's OK. With the model of conflict provided by PCT, however, you will have a road map for getting back on track whenever a diversion occurs.

The present conversation in the MOL session is important from the perspective of giving you a forum to explore the client's current experience. You don't want to know what Diego did on the weekend, nor Audrey's experience when she drove to your clinic, not even Seth's experience in your waiting room. The current experience is the experience Diego, or Audrey, or Seth has right now in the present as each of them sits in front of you and talks. What is Diego experiencing? Perhaps what's bothering him is something that occurred on the weekend. The point of the conversation then would be the botheration that is *currently* occurring for Diego as he actively churns the memories over in his mind, rather than the actual event of a few days ago. MOL is an exploration of the experience of *now*. Now is all there is anyway so we may as well get to know it.

This really is what MOL is all about: to help clients discover and examine the *now* state of their minds. In the final analysis, now is all there is to work with. Nothing can be done about how a mind got to be in its present state and no one knows how it will be in the future. If a mind is troubled, it is troubled now and therefore the discovery, examination, and reorganization of the trouble can only happen now.

In the conversation with Patrick, part of the chat went like this:

P: And now ... so now I'm revisiting it ... struggling with that.

T: OK. What's ... what's happening with the struggle?

P: (frowns) ... I'm not sure I understand your question.

T: Mmmhmmm. When ... when you struggle what's, what's happening for you?

At this point of the conversation I wasn't interested in asking Patrick what he thought about struggling in some objective, third person sense in the same way that you might ask people to review a movie they've just seen or a restaurant they've dined in. I wanted to know about the process of struggling: what Patrick's experience of struggling was *as he struggled*. I wanted to know about the *now* of the struggle for Patrick. From Patrick's perspective then, he is not being asked to guess about how he would like things to be or to remember things that might have occurred. All Patrick is being asked to do is to describe things as they occur right now. That is the only task for clients in MOL sessions—to report their current experiences to you. Sometimes it might seem appropriate to ask how they remember something happening or how they imagine something will occur. Even during these discussions however, it is important to come back to their now experiences *as* they remember or imagine.

The MOL experience is a present-time activity. As an MOL psychotherapist you are interested in the working of the hierarchy as it is currently working. The point of interest is in what clients are experiencing in the *right now* of sitting in front of you. In other words, how are they experiencing *right now* whatever it is that they are describing.

Are you remembering the argument you had last night with your partner?

How does it feel for you to remember that?

What thoughts go through your mind just now as you think about the argument?

People are never distressed by events that aren't happening. To the extent that people say they are distressed by things that happened long ago, the distress arises from the remembering of those events. That is, people are distressed only in the *now*. In the now, one of the ways people distress themselves is by remembering and replaying past events. (Another way is by imagining future unpleasanties. Exactly the same principles apply for imagining as remembering, but in the next few paragraphs I'll just use remembering as the example.)

An MOL psychotherapist is interested in what the experience of remembering is for clients *as they remember*. You will be curious about Svetlana's experience of conflict as she experiences the conflict.

Theresa was experiencing distress associated with having been sexually harassed a few years before. When she came for psychotherapy, the situation had reached the stage where her distress was creating problems in her relationship with her partner.

Initially she reported that the incident from the past was sorted out and was not a problem. As she explored her thoughts, however, she reported that although she was mostly convinced that she was not responsible for the sexual harassment, she also had a lingering doubt that she could have perhaps prevented it and may have contributed to it in some way. She said that she found that aspect very difficult to think about. Theresa's distress then, seemed to be generated by her confusion and conflict concerning whether she was responsible, at least in part, for the harassment. Although the incident happened a few years previously, the confusion and distress were happening now.

What you are interested in is what clients experience *right now* as they talk to you about their problems.

Are they filling in time, or saying what you want to hear, or avoiding a difficult topic, or describing an unpleasant memory?

Do they have many thoughts or very few?

Are there images and sounds co-occurring with their thoughts?

Are the thoughts moving around (how fast)?

Where do the images seem to them?

If Inzamam tells you he is feeling nervous, from an interested perspective you might ask things like:

You said just now that you were feeling nervous. Tell me some more about feeling nervous.

Where do you feel it?

Do you have any thoughts along with those feelings?

As an MOL psychotherapist you will be wondering what your clients are experiencing as they sit in front of you.

Are they searching for the right words?

Are they avoiding a touchy subject?

Are they getting something off their chest?

Are they telling you what they think you want to hear?

Are they trying to find answers to past events they don't understand?

Are they trying to give you the right answer?

If I asked you to describe the trip you take every day to get from home to work, you would no doubt be able to give an account of your travels. The story you provide, however, would be a very different tale from the one I would hear if I traveled with you on your way to work and you described or reported your experiences *as you were traveling*. For the first story you would be remembering, guessing, imagining, filling in gaps, and leaving out the bits you didn't think were important or that slipped

your mind. For the second story you would simply be describing. In the first story you would be outlining what you *remember* happening on the way to work. In the second story you would be reporting what you *know* you are experiencing *right now*. In MOL we are primarily interested in what clients know and can describe, not what they can remember or imagine. It is from their describing of now experiences that the paths to higher levels are sought. The clients' job in MOL, therefore, is just to describe or report the current workings of their mind.

Doing MOL involves sitting in front of your clients and listening to what they have to say with an attitude of wondering about what they are experiencing. While you're listening, however, you are also on the lookout for up-a-level events. The MOL psychotherapist does a strange kind of half listening. You have to pay some attention to what the clients are saying so that you can participate in the conversation. It's important, however, that you don't become so engrossed in their compelling accounts of their childhoods (for example) that you miss the up-a-level events when they come along. When you notice an up-a-level event you simply ask the client about it, and initiate a conversation on the snippet that momentarily appeared.

One of the up-a-level events with Patrick occurred during this part of the conversation:

T: ... but ... but that's going to happen anyway ... you're going to make that

...

P: Yeah. (slightly shakes head and grins with one side of mouth)

T: What just went through your mind then? When you ...

P: Oh ... it's ... (chuckles) ... umm ... (looks up) ... let's see if I can recapture it ... (pauses for about five seconds) ...when ... when you had your hands over here (gestures)

T: Yep.

P: valuing over here (continues to gesture)

T: Yep.

P: Umm ... (pauses) ... what happened ... there was (gesturing with hands) ... it's almost like I was saying to myself ... the ... the solution's clear (smiles and looks at me) ... maybe ... maybe the solution is ... is clear. Maybe I just ... the decision's not to weigh them (nods) one against the other.

When Patrick grinned and shook his head it seemed to me that he may have just become aware of a background idea so I provided him with the opportunity of shifting his attention to that idea. I did this by asking him to describe the experience he just had. As Patrick said, to describe his experience he had to "recapture" it. By recapturing it, he was able to experience it more fully and in so doing he shifted his awareness to a higher level. If I had focused with him on the valuing he was doing, and discussed with him the pros and cons of the decisions he was considering, I would have been helping him keep his awareness at the lower level and thereby getting in

the way of him reorganizing at the level that needed altering. In the conversation we had, for example, at one point he mentioned that he had been thinking about the plusses and minuses. Rather than asking him what each plus and minus was, I asked him about the *process* of balancing up the plusses and minuses.

So the basic idea is to ask clients about their experience of the disruption. The point of the questions is to help the clients re-experience perceptions at the level that they only had an inkling of during the disruption.

Can you tell me what went through your mind when you looked away just now?

You just said that you feel like you're at a loss for words. What happens for you when you're lost for words? Does that happen to you often?

What's your attitude towards being lost for words?

Did a thought pop into your mind when you smiled just now?

The general rule to keep in mind is that you are always aware of some level or other at any point in time. Essentially, the process of being is a process of being aware, at least from the perspective of the be-er. When you are talking or describing something, you are aware of a particular level. That is, the experiences you are aware of at any point in time represent control systems at a particular level. When a meta-comment is made or some other up-a-level event occurs, we assume that you were briefly aware of a level higher than the one you had been aware of a moment before.

If the words above sound like a lot of mumbo jumbo it might help to first refer to Powers's foreword and then to check the example of Toby and the fried egg in Chapter Four.

While Toby was cooking his egg he was aware of the state of the egg. The "state of the egg" control system has its reference set by the "cooking like Gran" control system but, for the moment, Toby is only aware of the state of the egg. If we could have stood in the kitchen with Toby and asked him to report what he was doing and experiencing as he prepared his meal he would probably have described the steps involved in frying his egg.

Well, I just let the pan heat up, then I'll put a bit of butter in. Now, I'll crack the egg in to the middle of the pan. Now, I'll just have to wait a while as it cooks.

While he was providing this commentary to us, he might absentmindedly say something like:

Yep, that looks great. Gran would like that one.

as he was lifting the cooked egg out of the pan. The assumption in MOL would be that a comment such as "Gran would like that one" is different from the previous procedural comments about frying the egg. MOL psychotherapists would suppose

that to make that comment Toby had briefly become aware of the “cooking like Gran” control system. Toby might experience this shift of awareness as a thought popping into his head. The cooking like Gran control system is there all time, however. The neat thing about control systems is that they go on controlling whether we’re aware of them or not.

By asking clients to describe what they experienced during the disruption you will be helping them return their awareness to the level that was visited only briefly during the disruption. If Toby wanted you to help him explore his hierarchy you might ask:

- How do you feel about Gran liking that one?
- Is it important to you that Gran would like what you cook?
- Do you often think about how Gran would view what you do?
- What else would Gran like?

More general questions might be:

- Can you tell me more about that thought?
- How does it feel to hear yourself say those words?
- Does this thought occur to you often?
- At what other times has this thought been on your mind?

When a conflict exists it will not be the case necessarily that after one up-a-level event the person will arrive at the control system that is creating the situation for the conflict to occur. Given the myriad of control systems that make up an individual, it may well be the case that some up-a-level events, while connected to the experience being described, are not necessarily responsible for setting the references for the conflicted control systems. Awareness seems to be able to move throughout the hierarchy in an instant. Also, sometimes clients are distracted by a particular word they utter or something that they notice. Some unexpected event may disturb a control system at some other place in the arrangement of the perceptual hierarchy that may not be directly related to the conflict being discussed. Furthermore, conflicts seem to be able to reverberate through many lower levels in the hierarchy so clients might spend time describing one apparent problem after another.

Noah might begin by describing how frustrated he is at not being able to return to work because of his injured leg, which might remind him that he also can’t play tennis at the moment, and it then might occur to him that he hasn’t taken the dog for a walk yet, whereupon he might remember the beatings he got when he forgot his chores as a child.

Samantha might tell you that she has no confidence or self-esteem and she never feels in control. She wonders if this was because she didn’t feel in control when she was sexually abused as a child and then she reflects on why she lets people in her life walk all over her. Articulating the word “lets” seems to be important and it occurs to her that perhaps she has really had control all along and this makes her question

whether she let the sexual abuse happen and she feels guilty. Then she begins talking about the university courses she has failed and her difficulty with staying in a job.

Jeremy says he's decided that he doesn't fit in and no longer wants to be part of the human race—he'll just observe the goings on rather than participate in them. He is particularly annoyed about the greed and selfishness that exist in other people, and he talks about how he regularly watches the news on television, which constantly reminds him of the problems that exist. It occurs to him that he watches the news because it proves he's right, and he realizes that being right is important to him.

In these situations, the basic principle remains the same: Keep looking for "up." There may be a number of up-a-level events that are attended to before the one that is establishing the conflict is arrived at.

The fact that some disruptions may not lead to helpful places in terms of reorganization is not a problem with MOL. If a few comments about the current disruption seem to be unproductive, the psychotherapist can just return to the original situation. "You were telling me how frightened you were to be out in public. What aspect of the fear are you aware of just now?" Because MOL is a "now" experience, whenever a thread seems lost, it is possible to simply ask clients to describe what is happening for them at the moment.

Sometimes in MOL sessions it can seem like disruptions do not occur or occur infrequently. If this happens, as an MOL psychotherapist you would still assume that the clients who sit in front of you are arranged as hierarchical living control systems whose awareness can move throughout their hierarchies. At least that would be your working hypothesis. If these clients carry out activities like walking, eating, driving, shopping, dressing, grooming, picking flowers, skimming stones, and eating muesli then you could safely assume that your hypothesis is supported and the clients are living control systems. Even if they're not carrying out these activities now, have they ever carried them out? Engaging successfully in activities like these would indicate that the clients do indeed control their experiences. Based on this observation and with your understanding of PCT, you might be willing to suspend judgment about the client being psychotic, out of control, or dysfunctional. Instead you would entertain the idea that the client is experiencing chronic conflict.

If clients do have the characteristics of a living control system, then you could further assume that they have the necessary properties of a living control system. In this instance you might, on occasion, specifically ask clients if they have any background thoughts about what they have just been describing even though a disruption might not have occurred. You might say things like:

How do you feel about what you've just said?

What do you think as you hear yourself say those words?

Have you been aware of any thoughts in the back of your mind as you've been explaining these things to me just now?

Are you having any background thoughts about what you've been describing?

While this is a legitimate approach to shifting awareness, it can be problematic because any shift that occurs does so according to your time frame and about what you are interested in knowing more about rather than from the client's perspective. If you continue, however, until a disruption or up-a-level event occurs naturally then you are following the lead of the client and the particular trail that develops has perhaps a greater chance of being meaningful for the client. At the same time, while you are looking for a disruption or up-a-level event, you will be doing all you can by curiously asking questions, to provide clients with opportunities to become aware of background thoughts. Sometimes allowing a pause to linger without charging in with a question can be an opportunity for clients to dwell amongst thoughts that were previously fleeting.

Unfortunately, at the moment there cannot be any absolute rules about whether it is best to wait or better to ask about background thoughts. This judgment will come with experience. It is entirely possible that both approaches are equally effective, given different clients and different situations. Future research programs may shed some light on this area.

To do MOL you need to talk to clients about whatever is on their minds. The talking that occurs will be about what the clients' *right now* experiences are as they sit in front of you. When up-a-level events are noticed, it is your job to ask the clients to describe their experiences of what happened during the event. As Estelle elaborates on the up-a-level event, it is brought more fully into awareness, which Estelle experiences as the thought coming into the foreground. Your job then is to continue to talk with Estelle about her current experience while you also keep a lookout for another up-a-level event. The important rule is always: If a problem exists, look for up.

During MOL sessions clients will discuss various concerns. Sometimes their concerns will be expressed as a single problem and at other times they will express their concerns as conflicts, as Patrick did in Chapter One. Clients might discuss wanting A and also wanting B at the same time (you could think of this as "wanting to have your cake and eat it too"), or perhaps wanting A and not wanting A at the same time (you could think of this as "biting the hand that feeds you"), or even not wanting A but not wanting B either (you could think of this as "stuck between a rock and a hard place"). When clients describe conflicts explicitly, what is of interest to you as an MOL psychotherapist will be the clients' experiences of the conflicts. Asking Gustavo about both sides of the conflict will enable him to describe the conflict fully to you as he experiences it.

So tell me about doing A.

Now tell me a little about doing B.

Now tell me some more about A.

How often do you do B?

Just continue going backwards and forwards between both sides of the conflict (often this doesn't happen for very long), until Gustavo's awareness is directed elsewhere.

By asking Gustavo about both sides of his conflict, you will be helping him describe the conflict while he is *experiencing* it.

Not all clients, however, will express their problem as a conflict. They may come in and say that they want to do B but they just can't. In this instance you would be curious about "why not?"

What is stopping you from doing B?

If you are capable of doing B and are not doing it even though you want to, does part of you not want to do B?

Alternatively, if you want to do B and are currently not capable of doing it, what stops you from learning to do B, or borrowing it from your friends?

Again, if you want to do B and can't, but aren't doing anything about learning to do it or otherwise acquiring it, is there something preventing you from, say, enrolling in a course?

I have no idea what the answers are to any of these questions but I would surely be interested in knowing the clients' answers. For each client the answers will probably be very different.

When a conflict is described, you as the psychotherapist have two things to ask about. In the discussion with Patrick, I asked him about both selling now and selling later. When clients come in to see me and explain their concerns I begin by asking them about these concerns. Sooner or later two sides to a conflict generally emerge. If a conflict does not become evident, clients can still travel up the hierarchy by focusing on the up-a-level events that emerge through the discussion. Clients might not often directly state that they have an internal conflict as Patrick did, but they will often say that they feel torn or that they are struggling or arguing or fighting with themselves. Prue, for example, told me that she was "torn between feelings of loyalty towards her husband and the need to have a relationship with her mother and sister." Rose told me that even though she thought of herself as a worthwhile person most of the time, she sometimes hears the voice of her abusive ex-husband telling her she is useless and worthless. She doesn't want to believe this, but sometimes she supposes that he probably was right and this is what others might think of her.

Sometimes when clients are describing conflicts, the conversation can take on an argumentative tone. This is natural if you think about the fact that you're asking clients to discuss two opposing points of view at the same time. The point is that the argument should never involve the psychotherapist. In essence, the clients are arguing with themselves. "I want to stand up for myself." ... "But people won't like me if I do that." ... "But my real friends will respect me for it." ... "But it could make some situations even worse." And so on until a disruption or some kind of up-a-level event occurs.

Regardless of whether a conflict is expressed or not, the procedure remains the same. Ask clients about their now experiences and then when a higher level peeks

out, ask about that. Probably a sensible guideline is to work with what you've got. If a conflict is expressed, go with that. If not, discuss the topic the client raises.

Because the psychotherapist and the client are partners in an experiment of exploration and discovery, some more conventional aspects of psychotherapy are not relevant. Some of these things I've already mentioned, but I'll provide them here together. I'll express the characteristics below in terms of the general situation. Of course, there may be a particular client for whom the general scenario does not apply. Whenever there is a doubt about what to do in this or that specific instance it's always useful to return to the theory of PCT and use the theoretical principles to inform your next move.

The client does not need to supply a detailed history for the purposes of assessment and diagnosis. MOL psychotherapists don't assess or diagnose or formulate or grapple with problems of comorbidity or the complexity of cases. With the robust principles of PCT informing the conceptualization and application of MOL, many clinical issues that can seem befuddling within other schools of thought are not relevant to MOL.

MOL psychotherapists don't advise or suggest courses of action for clients, and we don't direct clients in particular ways (apart from directing their awareness up). We don't give homework or psychoeducational material or review the client's progress from the previous session. Also we see clients individually rather than in couples or groups.

It's not that an activity like homework can't happen in an MOL program. It's just that when it happens it's because the client dreamed it up, not the psychotherapist.

Robert came to see me because he was afraid of driving his car across bridges. In between each session he began setting goals for himself about the various bridges he would conquer.

Ruth wanted help with the obsessional routines she engaged in six times every morning. She discovered she felt OK about reducing the number from six to five to four and so on until she felt comfortable with her routines.

Russell arranged to see me because he was far too irritable and snappy for his liking. After our first session he went home and came up with the idea of giving himself five minutes of ranting and raving time in the bathroom every morning. He discovered he felt much better for the rest of the day.

These are all rather ordinary examples and are perhaps like many of the homework tasks that would be set in other kinds of psychotherapies. What is remarkable in these situations is that the clients came up with these activities on their own. It would be a mistake to decide as a result of these experiences that all clients with anger problems should spend five minutes every morning having their own personal "ranting and raving time" or that all clients with obsessional routines should gradually and incrementally reduce the number of times they perform the routine, or that all clients with bridge phobias should set between-session goals for crossing particular bridges. Just because these activities were meaningful for Russell, Ruth, and Robert doesn't mean that they would make any sense at all to anyone else on the planet.

On occasion clients have asked me if they should do homework in between sessions. I take this as an opportunity to explore with them some of their current thinking.

Do they have some particular activity in mind?

Do they want my permission to start or stop a particular activity?

What made the idea of homework pop into their heads just now?

How was it that the idea of homework occurred to them just now?

Generally, MOL psychotherapists don't discharge clients who are attending MOL sessions under their own volition. Sometimes, the purposes of clients are at odds with the function of MOL, such as when they want to be given advice or solutions or avoid discussing certain topics. I say a little about this situation in Chapter Eleven. Mostly, though, MOL psychotherapists just do MOL, and we leave it up to the clients to decide when they have no more need of our assistance. To make MOL as efficient as it can be, we concentrate on doing MOL as "cleanly" as possible. On the occasions when clients tend to linger in psychotherapy longer than most, I can usually identify periods where I lapsed out of MOL. For example, I might have been beguiled by the content of the story and did too much listening and not enough discovery facilitation. It can also be that some people take longer than others to reorganize a satisfactory solution. Using plain vanilla MOL is the best you can do to ensure you are helping people in the most straightforward way.

MOL psychotherapists abstain from the things above, such as taking a history or setting homework, not because we think they are necessarily bad or detrimental (although sometimes they might be). We're just not convinced that any of those things help clients' shift their awareness to the higher levels that need reorganizing any more efficiently or thoroughly than noticing up-a-level events and directing their attention to them.

There are also a range of activities in some psychotherapies that seem to be about encouraging clients to "buy into" the psychotherapy and promoting client compliance with the psychotherapy regime. Things such as socializing clients into psychotherapy, fostering collaboration, and engaging them in the process, all seem to be for the purpose of increasing the likelihood that the client will acquiesce to the psychotherapist's view. Compliance has no place at all in MOL. MOL is provided for clients to explore and discover the workings of their own subjective world. This cannot happen if they are concerned with complying with psychotherapist's demands.

Sometimes it might seem as though clients have “motivational problems.” Certainly some clients will tell you that they can’t be bothered doing things that they’d really like to be doing and they’d like to change this state. At other times, however, psychotherapists decide that clients have motivational problems. It might be because clients do not fully embrace the procedures they are being exposed to at this particular time or it might be for another reason. Whatever the reason, from an MOL perspective, the only motivational problems to be concerned with are those that clients are concerned with. If clients don’t talk about motivational problems, then there aren’t motivational problems to discuss.

With the principles of PCT, the mysteries of the psychotherapeutic relationship may be illuminated within the context of MOL psychotherapy. From an MOL perspective, the only thing that matters is that clients are willing to freely explore the nooks and crannies of their minds. To the extent that they are guarded or cautious, they might delay the process of reorganization, because they will not be allowing their awareness to wander untethered. If they are concerned with things like presenting a particular image to you, or giving you the right answers to your questions, or avoiding sensitive or emotionally charged topics, or showing you that they appreciate your efforts then it will be difficult for them to also allow their attention to scale the lofty heights of their hierarchies. Considering the psychotherapeutic relationship from this angle then, the only importance I can ascribe to notions such as trust, empathy, and unconditional positive regard, is in their capacities to foster an atmosphere of liberated exploration for clients. When clients are comfortable to follow without hesitation or restraint the path that is forged by their awareness, nothing else matters.

I should also mention that, although I’m discussing MOL for the purpose of resolving conflict, this doesn’t have to be its sole purpose. MOL can be used still as a process of exploration and discovery when there is no apparent conflict. If you remember Powers’s foreword, this is, in fact, how he started the process with his friend Kirk Sattley. In this instance MOL is almost a meditative exercise where you can discover a little bit more about what it means to be you. I’ll provide extra detail about this in Chapter Eleven.

The point about a conflict is that, when one is present, it holds up an otherwise uncomplicated meandering up the levels. The attitude of experimentation within a context of exploration and discovery then, can be adopted every time to verify if in fact a conflict actually exists anywhere in this particular hierarchy.

MOL is an experience. As such it needs to be experienced to be understood. The words on these pages will probably become much more meaningful for you if you are able to relate them to your own MOL experiences. So! What are you waiting for ...

What's been said

MOL conversations are about the *right now* experiences of the client.

MOL psychotherapists need to “half-listen” to the conversation but also need to be on the lookout for up-a-level events that might occur.

Not all shifts of awareness will lead to the right place for reorganization, so the process continues until the right place is found.

The big deal

MOL psychotherapists offer as much help as they can, and obstruct as little as possible, by providing clients with assistance to consider their situation from higher perceptual levels.

Coming up

MOL in practice.

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.

At least, this will apply in general. Sometimes doing the things above can help people shift up a level or two. Sometimes, for example, it can be helpful to describe to clients what they need to do. “Your job is just to describe to me what is currently going through your mind as we talk about your troubles.” When it seems useful to do so I might explain to clients that they can talk about anything at all but whatever it is they discuss, I’ll be assuming that what they’re describing is somehow preventing them from living the life they want to live at the moment. Here are some of the other things that I might mention:

- My role is to ask you questions to help you develop a different perspective on your problems.
- I won’t give you advice or suggestions or tell you what to do or offer what I see as solutions because these sessions are about helping you find solutions that haven’t occurred to you yet.
- Even if I could give you advice that worked, all you would have learned by coming along is how to follow advice. You wouldn’t have learned how to think through problems on your own, so you’d be no better off the next time you encountered a problem.
- I’ll assume that you’re coming to see me because some aspect of your life isn’t the way you want it to be, and you can’t make it be the way you want. If a memory from your childhood is particularly troubling you, for example, we can talk about that, but when we talk about it I’ll be interested in exploring how the memory of that event is getting in the way of your day to day living just now.
- In these sessions it’s not important that I understand your problem; it’s important that you reach an understanding different from the one you have now.
- There are no right or wrong answers, and I’m not asking questions to try and trip you up.
- When people have psychological problems, it’s not because they have anything wrong with their brains; it’s just because they’re not looking in the right place for the solution. Sometimes, when a problem grabs your attention, you can spend a lot of time going over the same thing and thinking about the problem in a particular way. My job is to help you shift your attention to parts of the problem you might not have considered in detail yet and to search different places of your mind so that you’ll be able to generate a solution that you’re happy with.

This list is not exhaustive, but is typical of some of the things I say whenever it seems appropriate to say something about the process. What I say varies depending on the client I am with and the context of the current conversation. The points that I’ve provided here should not be taken as a checklist of topics to address at the first interview. What you address with your clients in any particular session will depend on your purposes. My purpose when I’m conducting MOL is to act as a resource whose only function is to help clients shift their awareness of their problems to

higher levels. Consequently, any information I provide will be designed to help me experience myself in this way.

At the end of the first session I might also explain how clients can go about booking subsequent appointments, if that is what they want to do.

It can also be useful to describe to clients what they *don't* need to talk about. They don't need to provide a detailed history or explain all the different things they've tried to overcome their difficulties. They just need to describe whatever is on their mind.

So to commence, clients just begin talking about whatever is on their minds. Each session begins in the same way by asking the kinds of questions mentioned near the beginning of this chapter. Asking something like "What would you like to talk about today?" generally gets the ball rolling. The purpose of the opening question is to invite clients to begin describing the current experience they would like to explore. There is no need to recap on what has transpired since you last met—although clients might want to discuss some part of this with you. Whatever the client begins discussing, the MOL psychotherapist listens and provides reflective statements and questions for clarification. The psychotherapist encourages the clients to provide more and more information about what is concerning them and asks questions to better understand the client's experiences and to draw out more information.

Is _____ related to _____?

When you said _____ did you mean _____?

How often does _____ occur?

Is it always the same when it does occur?

Has this happened before?

How long has this been happening?

The idea here is that as clients explain their current situations to you, they are explaining it to themselves as well. Experiences can seem different when you describe them to other people, and you hear them outside your head rather than just on the inside. Alexander explained that when he talked about his problems he was able to look at himself and his situation, but he couldn't do that when he just thought about his problems to himself.

While current experiences are being described to others, up-a-level events in the form of disruptions seem to occur. An MOL psychotherapist attends to a disruption as soon as it is spotted and asks the client for more information about it. Questions like:

What went through your mind when you smiled to yourself just now?

are commonplace. And, in response to something like:

This all sounds so crazy,

the psychotherapist might say:

What part of it sounds crazy?
Does it bother you to be saying crazy things?
What gives you the idea it sounds crazy?
Did something happen for you just now that made you think of how you were sounding?
Was it my question that was crazy or something else?
Do you get the idea at other times as well that you sound crazy?
What is the aspect that seems crazy to you at the moment?
What's the sense of craziness that stood out for you just then?
What's your attitude towards saying things that are crazy?
Are you concerned that you might be crazy?

If the client says something like:

I just can't stand it anymore,

the psychotherapist might ask:

What's your experience of not being able to stand something?
Does it bother you to not be able to stand it?
Can you describe 'not standing it' to me?
Tell me some more about not being able to stand it anymore.
Is it just particular things you can't stand or is it everything?
How do you know you can't stand it?
What gives you the idea that you can't stand it?
How is it for you not to be able to stand it?
When did you reach the point of not being able to stand it?

If the client says:

I feel like I'm being put on the spot,

the psychotherapist might ask about the experience of being on the spot.

Does it bother you to be on the spot?
What's happening for you now that you are on the spot?
Do you often feel as though you're on the spot?
Tell me some more about being on the spot.
When did you notice that you were on the spot?
Do you ever feel on the spot in other situations in your life?

Sometimes elaboration of the disruption will lead to further meaningful dialogue about the client's concern and sometimes it won't. If a particular disruption does not turn out to be relevant, then you and the client return to the original concern.

We got off the track a little bit there, you were talking about _____.

Can we just return to what you were talking about a little while ago?

I think you were saying _____ .

Do you have any more to say about the area of _____ you were describing just now?

What else can you tell me about _____ ?

Some people will attend to disruptions without much prompting at all, but others will need to know explicitly what is expected of them. What can I say? People are different. It's different strokes for different folks. People will generally let you know what they need. If they need an explanation, I give it to them. I don't assume, however, that all clients want one or need one.

If clients aren't sure what they're to do, it might help to teach them about background thoughts. I learned a couple of great activities for teaching people what is meant by background thoughts from Powers. If you ask people to think over and over for a short period of time the thought: "I'm not thinking this thought" or the thought: "My name is not ... (insert name)," it usually doesn't take very long before you'll notice their expressions change or some other suggestion that they might be aware of background thoughts. Then you can vividly illustrate the phenomenon of background thoughts by asking them to describe what was happening while they were thinking what you asked them.

As I mentioned in Chapter Seven, sometimes it happens that clients don't know what to talk about or perhaps don't have anything particular to talk about. Though this can occur for a variety of reasons, it would be counterproductive to persuade clients to discuss things they do not wish to discuss or to suggest to clients that something in particular is a problem for them when they don't currently see it as a problem. Clients are in psychotherapy to move their awareness up a level or two so they can reorganize, not to practice deference to authority figures. After a little enquiring about the state of "not having anything to talk about" it can be appropriate to simply reschedule the appointment for a later time. The attitude that psychotherapists know what clients should talk about and the problems they must address in order to improve does not belong to MOL. (I say a little bit more about working with clients who don't have anything to talk about in Chapter Eleven.)

It may be the case that the client does have something in mind but is embarrassed to speak about it. In this situation it is often helpful to explain to the client that as an MOL psychotherapist you don't need to know the content of whatever it is the client would like to discuss. I mentioned earlier that content is not important in MOL. Clients could call the thing "green apples" or "falling snow" or whatever they wanted and the MOL session could still proceed. In MOL it is not important that the psychotherapist becomes aware of the nature of the client's problems—it's important that the client does. Psychotherapists can ask clients about different aspects of their internal experiences and can spot disruptions that signal up-a-level events and enquire about these whether or not the psychotherapists know specifically what the clients are experiencing.

Since we can never know with certainty the experiences of others, and we never know how directly what others tell us relates to the experiences that they are currently having, it is fortunate that, with MOL, we don't need to know these things. It is certainly an advantage that we don't need to know what we can't know anyway. At the beginning of Chapter Four I used the examples of a pancreas and a car engine when discussing the importance of understanding how something works. Those examples are relevant again because, as Runkel pointed out to me they illustrate an important way in which MOL is different. It is reasonable to assume that people who fix pancreases know better than the pancreas when it is not functioning properly and what to do when it is not. Similarly, people who fix car engines usually know when the car engine is not functioning properly and what to do about it. Psychotherapists do *not*, as a rule, know better than the client when something is wrong, what it is that is wrong or the solution that will fix it.

It can often be the case that when clients discuss the difficulty in talking about a particular topic, they begin to find the topic not so difficult to discuss and just start talking about whatever it is. While this often happens, it is fortunate that this is not a requirement for MOL to proceed.

On rare occasions, for some reason or another you might find after 10 to 15 minutes (or some other "little while") that MOL is not happening today. Perhaps you are having trouble concentrating or perhaps Joan wants to stay with the content of what she is describing to you. In this situation, because my focus is on providing clients with the "cleanest," most focused MOL sessions I can, I reschedule with the client for another time.

In MOL there is no required frequency of session contact, nor is there a limit on treatment duration. I leave it up to my clients to tell me when they need to come back rather than scheduling sessions for them weekly or fortnightly (or at some other frequency).

During my practice as a clinical psychologist, I've used different procedures for appointment scheduling. Initially, I took my diary with me to each session and clients would tell me at the end of the session when they thought they would come back. Then, I began asking clients if they wanted to make a time at the end of the session or if we should just leave it for them to call me when they next wanted to do some MOLing.

Now, however, all my appointment booking is done on the computer. When clients are referred, I send them a letter asking them to phone the clinical psychology department to arrange an appointment if they require psychological assistance. After the first appointment, all subsequent appointments are made by clients phoning my office and booking an appointment with the clinical psychology department secretary whenever they want to come back. I check my computer each morning to see who has booked in for the day. This is my favorite way of scheduling appointments and seems to me to be the approach that is most consistent with thinking of clients as living control systems. Since clients will reorganize at different paces, it seems to make the most sense to leave it up to them to tell you when they need to experience MOL.

When clients schedule their own appointments, a variable pattern of attendance emerges. Clients I see average around three to four sessions, with a small proportion of clients coming for more than 15 to 20 sessions, and lots coming for one or two sessions. Some clients attend regular weekly or fortnightly sessions, but most clients vary how frequently they attend.

Psychotherapists might sometimes be concerned that if clients determine their own appointment schedule that they might not choose one that is most beneficial for them. The thinking seems to be that the psychotherapist will be a better judge of when clients should attend appointments than clients will be. Prior to seeing the psychotherapist for the first time, however, the clients had to seek help for their problems, find the psychotherapist, and turn up for the interview. After managing all that, it is hard to imagine that they are incapable of deciding when to come back. Even if the hypothesis that they “don’t know their own mind” was entertained, how amazing to think that the psychotherapist would know the client’s mind better than the client after meeting only 20 minutes ago.

It has never been established that a particular number of sessions is required to recover from a particular problem. There is certainly research that indicates that 8 or 12 sessions (or some other number) of a particular form of psychotherapy, for example, is effective in the treatment of depression but this does not demonstrate that 8 or 12 sessions is *necessary* for the treatment of depression. From a PCT perspective it makes no sense at all to presume that different clients would require the same time frame to resolve their conflict.

In the conduct of MOL, after a period of time the client generally arrives at a place where it seems appropriate to stop. This stopping place can be indicated in different ways. Sometimes clients will say that they just realized something they hadn’t thought of before. At other times clients might say that they don’t have anything else to talk about. Sometimes it might seem like a different conversation is beginning which could be a signal to conclude this particular session of MOL.

Some psychotherapists might like to recapitulate at the end of an MOL session. I tend not to do so because I’d rather leave the client’s attention where it was when the session finished. If reorganization has shifted to a useful spot, I don’t want to bump it off to someplace else. Future research will no doubt clarify the extent to which sessions might be ended most satisfactorily for clients, but until then I’d rather do less than more. It may also be useful to identify your purpose in finishing a session in a particular way. What would the purpose be in reviewing what has just been discussed? If it is to identify what has been covered and learned during the session, then recapitulating is not consistent with a model of random, trial-and-error reorganization being used to resolve conflicts.

A period of around 30 minutes is quite a lot of MOL. MOL requires focused concentration for both the psychotherapist and the client. There is of course no hard and fast rule to this. In some sessions, clients arrive at a useful vantage point from which to consider their problems after 15 to 20 minutes. In other sessions 40 to 50 minutes of productive MOL conversation can occur. At other times a worthwhile

session of MOL might last 70 minutes. I'm using different numbers here because I'm wary of any particular number becoming the standard for the "MOL psychotherapeutic hour."

It is probably best to be open minded about the length of a session and use what the client is experiencing as a guide to indicate when stopping is appropriate. There is no set response to look for from clients to indicate it's time to stop, but it's often not difficult to get the idea that they are in a different place from where they were when they came in, and that stopping would now be appropriate. Of course administrative parameters such as appointment times and clinic schedules might also influence the length of time a session can last. How long you conduct MOL in any particular session is not nearly as important as the quality of the MOL you provide in whatever time you have.

As with other elements of MOL, there is no correct way to finish the session. The important component is to work as hard as you can at providing opportunities for clients to shift their attention to higher perceptual levels for whatever time the clients have you in their company. How this time starts and stops is less important.

By the end of an MOL session clients can be in a reflective, thoughtful frame of mind. Sometimes also they say they are confused or their mind is blank. Individual descriptions of the experience of traveling up the hierarchy can vary a lot. This is why there is no specific signal about when to stop the session. Whatever their frame of mind, one should not expect that clients will immediately resolve their problems. It can be assumed that what has happened is that reorganization is now in a place where it can make some effective changes in the client's conflict. How long the reorganization takes, however, will vary from client to client. Many clients have told me that, in the time between one session and the next, they would often catch themselves thinking about the things that had been discussed in the session.

There seems to be no reason to maintain that psychotherapeutic change should take a long time or a short time or a certain number of sessions. In fact, reorganization seems to be experienced in a slow, methodical way at times and quite speedily at other times, which is just what you'd expect from a random, trial-and-error process. People might spend an extended period of time generating solutions to a problem. Alternatively, ideas can flash through their heads quickly, with a satisfactory solution arriving quickly.

Another angle to consider with reorganization is the length of time it takes to *create* problems in the hierarchy. Generally, it doesn't seem to take a person a long time to develop some kind of problem that might be called psychopathology. People can develop debilitating phobias after just one or two frightening experiences. Some people certainly endure these conditions for considerable periods before seeking help, but the actual onset of the condition need not take a long period of time. Since acquiring a phobia can occur in an instant, in principle it seems reasonable to expect that eliminating a phobia could occur just as quickly, given the right conditions. MOL may well be the most anyone can do to provide the right conditions.

What I'm getting at is not to expect that change will happen in a predetermined period of time.

I've often wondered how much clients' expectations of the length of time to get better have to do with their rates of improvement. Some clients have told me that they know change won't happen quickly, but they'll just keep working away bit by bit and eventually they will get to where they want to be. Others have said that they are fed up with where they are at the moment and they want to get on with their lives as quickly as possible. Although I don't have any good statistics about this to offer you, it does seem to me that those clients who think they will take a long time to get better *do* take a long time while the ones who want to change quickly *do* change quickly. Change seems to happen about as quickly as clients think it will (which makes sense from a PCT perspective if "time to change" is thought of as a reference signal that can have a range of values from "immediate" to "forever."). As with any other topic or issue therefore, expectations of change can be something to enquire about from an MOL perspective if any particular client indicates it is relevant.

Also, the psychotherapist's expectations of change may influence the duration of psychotherapy. So it's important as a psychotherapist to be aware of your own expectations of the length of psychotherapy. Do you expect the client to "get better" in a day or a month or a year or six to ten sessions with a three month follow-up? If these are your expectations, then it may be the case that these expectations function as reference signals and you may actually be controlling for the clients spending the length of time in psychotherapy that you think is "right." In this instance what are being discussed are your expectations and a normal control process. The discussion is not about any inherent capacity of the client to improve in a certain length of time. Your expectations about the time taken to recover could unwittingly be influencing the MOL you deliver and getting in the way of you providing MOL as effectively as possible.

When you think about it, it's probably a bit silly to even try to put any sort of time frame on change. We can say how long it takes to bake a rice pudding, but how long does it take to learn a skill? How long does it take to learn to walk or to sing in tune or to live as husband and wife or to swing from the tree into the creek? How long is a piece of string? The length of time to change should not be the issue—the quality of the opportunities provided during the change process should.

MOL is not done in a short time or a long time. It's done in the client's time. How long should a program of psychotherapy be? It should be as long as necessary and no longer.

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.

Chapter Ten

MOL from where the client sits

*F*ust as MOL can be a new experience for a psychotherapist, it can also be an unusual way of communicating for the client. Some clients will have a history of visiting other psychotherapists and may have expectations about what a psychotherapist should and shouldn't do. Even with no previous contact with psychotherapists, it may still be the case that clients expect you to "do something" about their problem.

On occasion it may seem to clients that you are not really listening to them. They may have waited some time for an appointment to see you and might be keen to "get it all off their chest." While they are describing their problems to you, you are picking up on a throw-away line, a shake of the head, or a far-away look. This may sometimes be distracting for clients, because it is often the problem they are describing to you that they find compelling. They may feel that you are avoiding the issue and are leading them away from the "real" problem. They may even tell you that you are not listening to what they are saying.

Alternatively, some clients, rather than talking about their problems, might focus on peripheral events or discuss things in a distant, third person manner. As has already been mentioned, reorganization can be uncomfortable. When clients have experienced internal conflict for a long time, it is important to remember that they have probably still been controlling many aspects of their lives just fine, even though some other aspects of their lives have been conflicted. It seems that, sometimes, people adjust their lives around a conflict. In the whole network of interconnected closed causal loops of individuals' minds, many control systems continue to function successfully while other control systems are conflicted. When reorganization begins, therefore, there is a chance that control systems other than those that are conflicted will be affected. Reorganization may also affect parts of clients' lives that they didn't even realize were connected to the conflict. Reorganization is a trial-and-error process. It does not always come up with the best idea first. Clients may actually experience confusion and even some deterioration in their current ability to control as reorganizing occurs. Especially when conflicts are experienced at a high level in the hierarchy, it can be expected that lower level systems will be affected as the changes cascade down and reverberate through the network.

PCT contends that reorganization will ultimately find an effective solution when it's working in the right area. That is, intrinsic error will eventually be reduced. Many clients will find a solution quickly. Others, however, will take longer before

the right one happens along. Some clients might find the process of reorganization uncomfortable and could stop the process from continuing. If this seems to be happening, it may be important to let clients know that this can occur. If clients find that they are becoming irritable and confused as they reorganize, for example, they may terminate the relationship with the psychotherapist as a way of attempting to reduce these unpleasant feelings. If ending the psychotherapeutic relationship, however, also terminates the reorganization of the control system creating the conflict, then the clients' states of irritability and confusion may persist. The ability to persevere through the period of reorganization will result in the resolution of the conflict. A premature termination, however, will see the conflict remain unchanged and perhaps other difficulties may occur as well.

If, as an MOL psychotherapist, you are aware of how variously reorganization can be experienced, you might be able to pick up on times when clients are experiencing an exacerbation of their difficulties prior to developing a more contented state of mind. On these occasions it might be helpful to say something like "Sometimes, when you begin to discuss your problems, it can be quite normal for you to feel a little bit worse than you did before. You can feel more annoyed, or a bit sadder, or even confused. While this is certainly not very pleasant, it can be a normal part of achieving greater contentment. It can mean that we're on the right track and things are beginning to change. I'll be here to help you if you do find things getting worse. If you can stick at it during this time of unpleasantness, you'll overcome your difficulties and learn to be happy again."

You will no doubt be able to word an explanation in a way you are more comfortable with. The general idea I am illustrating with this example is that it can be helpful to let clients know what might be occurring for them and to express the idea that this is a natural part of the process. It is also important to let clients know that things won't *necessarily* get worse. It is not possible to predict the course of reorganization or how it will be experienced as it proceeds.

Also, some clients will have an expectation that a psychotherapist's job is to tell them what to do. Clients may come to you for advice and suggestions and may become frustrated at your apparent unwillingness to advise or suggest. No one, however, understands well enough the internal organizations of other people or the conditions of their environments to be able to instruct them how to behave.

Giving others advice on how it seems they should behave from my perspective will rarely provide them with meaningful information from their own perspectives. Only they know their own internal worlds, and only they have the abilities to make the worlds they are experiencing be right according to their own standards. It is the standards that need altering, not the specific actions in any particular situation—actions will alter anyway. Giving clients advice, therefore, even when they request it, is likely to get in the way of them discovering their own solutions.

Earlier I mentioned the example of a client asking how she could stop dusting and checking. The same principle I mentioned there applies with any conflict. Telling someone to do something that satisfies one side of the conflict will only serve to

“aggravate” the other side. Finally, giving clients suggestions as to how to modify their actions would indicate that you thought the actions were the problem. In MOL problems are understood differently.

Advising Aaron on how to leave his abusive wife will disturb the part of Aaron that believes she still loves him and doesn't mean to treat him the way she does. The most help we can be to Aaron (if he wants our assistance) is to provide him with opportunities of shifting his attention to higher perceptual levels so that reorganization will provide him with a solution that does make sense.

If clients ask you for advice, rather than providing them with the best advice you can come up with, as an MOL psychotherapist, you would be curious about what prompted their request.

Are you wanting me to tell you what to do?

Do you often ask other people to tell you what to do?

What occurred to you just now that prompted you to ask me for advice?

How do you feel about asking for advice?

Does it bother you to ask people for advice?

How would things be different for you if I was doing the kind of job
you expect me to do?

What is happening for you as you sit there waiting for my advice?

What is important to you about my advice?

I say more about advice giving in the next chapter.

Another aspect to MOL that clients might find unusual is that in MOL it is the client's responsibility to determine the content of each conversation. Psychotherapists are responsible only for the direction of the conversation. That is, clients decide what to talk about and psychotherapists attempt to help them shift their awareness to higher levels. Clients may be frustrated at not being told what to talk about. Clients may, in fact, tell you that it is your job to tell them what to talk about. When this occurs, you, as an MOL psychotherapist would wonder what clients are experiencing as they tell you what your job is and what their purposes are in articulating these words.

Are you wondering what my job is?

Do you have some expectations of me that I'm not living up to?

Are you experiencing some frustration at me not behaving the way
you expect?

If I were to tell you what to talk about what would I say?

Are you having trouble deciding what to say?

Do you often have troubles like this?

How do you experience this trouble?

Where do you experience it?

Can you tell me some more about the ideas you have of what my job is?

To be sure, it can be unsettling to listen to suggestions that you are less than competent at what you do. On some occasions it can be appropriate to revisit the explanation of MOL that you may have provided to them earlier. At other times, becoming aware of your own background thoughts can help you to remain focused on the task at hand and clear about why you do what you do. Solace can be obtained from the knowledge that your practices are informed by the principles of a sound scientific theory. The fact that clients have just arrived at a place where they are now questioning you about your job might be an important component to the conflict they are experiencing. Perhaps they generally have expectations about how others behave and these expectations are causing problems for them in important relationships. Again, you will be maximally helpful if you spend as much time as you can looking for *up* and helping your clients take in the view from a higher level.

Clients often say that MOL is hard work. This is perhaps not surprising, since MOL requires that clients actively experience their distress rather than just discuss it from some third person perspective. Some clients have said that they went home and had a sleep after the session; others go for a long walk. Even when a clearer head is the experience at the end of the session, it seems that the activity during the session can be taxing. Clients are explaining and describing things to you and making connections they may previously not have made. Sometimes their experiences might seem as unusual to themselves as they do to you. Discovering can be tough at times. Reorganizing a better life for yourself can take some effort. If clients talk about how hard they are finding the sessions it may be worthwhile to explore this.

What is it about the sessions that you're experiencing as hard work?

Does it surprise you that the sessions are hard work?

How do you feel about having to work hard in sessions?

How did you expect the sessions to be?

Are you bothered about the sessions being hard work?

What bothers you about that?

Finally, clients may find it irritating that you ask them about seemingly inconsequential things like:

What do you mean by happy?

Does it bother you to be sad?

You used the word 'confused' just now, is that the best word to describe your current state?

When you say you're unsure, are there any physical feelings associated with that?

What sorts of thoughts do you have about unsureness?

As you continue to question them, they sometimes get the idea that they haven't given you the right answer yet. If you suspect this might be happening, exploring their concerns about the right answer in more detail could lead to useful self-discovery.

Your inability to advise them appropriately and to otherwise conduct the psychotherapy sessions they expect, may, in some cases, lead them to question your skill and expertise, and they could even cease working with you. Again, it might be helpful to wonder curiously what the clients are experiencing when they question your capabilities. What, also, are clients experiencing when they conclude their relationships with you?

Helping clients understand what to expect from sessions they have with you may be one way of minimizing later confusion and irritation. Providing a brief rationale of the process might be useful for clarifying expectations with clients. Clarifying with clients what they can expect assists them to control their own experiences, and MOL is about helping clients achieve better control over some of their experiences. As mentioned in the previous chapter, this may be done as a standard routine or done only retrospectively on an as-needed basis. The same principle applies to other explanations and rationales. You may decide, for example, to explain reorganization only when situations arise where this information might be helpful, or you may decide to explain it routinely to all your clients. When considering whether or not a rationale is needed, it might be useful to keep in mind that the more time you spend on other things, the less time you spend on doing the only thing that matters—providing clients with opportunities to go up.

The client's experience is what is important during the MOL experience. This chapter has so far been concerned mostly with the MOL experiences of clients that they might find uncomfortable. The experiences I've described are not universal to clients, but are examples of the kinds of situations that can occur. These ideas may help you to help your clients understand what they are experiencing when you think that is necessary. I would not like these aspects of MOL, however, to overshadow the profoundly satisfying journey that MOL often is. To reach a place where you are able to gaze back down the trail of your own organization is to experience a detached contentment. When clients get to this vantage point, they often observe themselves in a way that they never have before. As an observer of themselves, their problems can seem distant and unimportant.

Clients have told me that they've begun asking themselves the same kinds of questions that I ask in sessions. Also, clients in sessions sometimes begin to spot their own up-a-level events. Clients have said things to me like "You're going to ask what went through my mind just then, aren't you?" and "While I was talking just now I had the thought . . ." This of course should be welcomed and encouraged. As MOL psychotherapists you could invite clients to let you know whenever they become aware of background thoughts. There are no tricks to this.

MOL seems to have a powerful preventive component as clients learn to direct their awareness through the psychotherapy interaction. In Chapter Eight I suggested

that MOL helps clients to get out of the mud and perhaps to remove themselves from future muddiness. Certainly more than a few clients have indicated that this is so. Further research is needed, but early results are exciting.

Here are some other things clients have said about their experience of MOL:

[My psychotherapist] led me to ask, understand and answer the questions of myself. He acted like a guide but left me to read the map.

I feel better in my mind ... I have sorted my head out.

Thanks very much for helping solve my problems. They're not all solved but it's a start and now I know what sort of questions to ask myself to [solve] the problem.

I found the answers through me and not having people tell me what I should do ... I don't pressure myself so much. I accept I am not perfect and I have been able to prioritize what's important in life for me ... It worked because I was able to talk openly without the fear of being judged.

I realized that the problems I was having didn't have to be the [center] of my life and that in fact they were only so prominent due to my allowing them to be.

I have more self-respect and self-confidence. The fundamental changes caused me to observe numerous others in my daily life.

I felt more positive, I began to realize much of my issues were self-imposed and I had the energy to get up and do things.

I accepted my thoughts and personality as part of me.

I feel able to look at things differently.

It allowed me to start liking myself.

It helped me look at how I think and talk about things.

Talking about it just sort of put me straight, clearer, and a different view ... feel better, problem not half as bad, head is better organized, feel like getting on with my life.

Able to work things out, things to think about, step back and look at life, made a big difference.

Surprised how much benefit from short time. I keep my feelings bottled up and that [little conversation] really helped.

MOL can help clients experience clarity and certainty where before there was conflict and confusion. The perspective of greater clarity will be unique for each client and it is important to allow that perspective to blossom uniquely without imposing a structure around it. Even though you as the psychotherapist have some ideas about the processes of psychotherapy, only the clients can determine what their individual psychotherapy experiences will be. While MOL often seems like an inconsequential conversation from the outside—and perhaps the transcript in Chapter One will verify that statement—it can have dramatic and pervasive effects on the inside. This simple observation is an important reminder of the distinction between the process of MOL (which is a psychotherapeutic interaction) and the process of reorganization (which is an internal individual experience). They are not the same thing, and our ability to facilitate the process of reorganization for our clients may well hinge on how clear we are about the differences between the two.

What's been said

Sometimes clients can find reorganization difficult.

Clients might want you to tell them what to do.

Discussing clients' expectations can sometimes be helpful.

Each individual client's psychotherapeutic experiences will be unique.

The big deal

When deciding how to handle any particular psychotherapy session, the only criterion should be, "Is what I'm about to do going to help this client go up and stay up, or is it likely to get in the way?"

Coming up

Various situations that occur from time to time with MOL.

Chapter Eleven

Some MOL scenarios

*T*he scenarios that I describe in this chapter are based entirely on my own experiences. They illustrate, however, some principles that will be helpful in improving the practice of MOL. There is nothing remarkable about these scenarios other than that, for some reason, they stood out for me. Perhaps as you experience MOL for yourself you will compile your own inventory of scenarios. Many of these issues have been touched on in previous chapters, but they are explored more fully on the following pages.

A tug-of-war

Sometimes as you begin working with clients you may begin to wonder if they are fully participating. Clients can sometimes be polite and cooperative but still not completely enter into the psychotherapy experience. You might get an idea that this is happening by sensing that you are in something like a game of tug-of-war with a client. Similarly, it might seem to you that a client is being resistant or you might decide the client has motivational problems.

If you notice yourself experiencing a resistant situation it is important to check two things. First, your own expectations need to be explored.

Are you expecting clients or psychotherapy to be a particular way?

Do you have references about appropriate ways for clients to engage in the psychotherapy sessions?

What is it that you are presenting to clients that they are resisting?

Second, it is important to remain curious about what clients experience as they sit in front of you.

From a PCT perspective, when clients seem to be resisting, it's likely that you're disturbing something they are controlling and they're pushing back. It may be that you're subtly trying to steer the conversation; perhaps you think you've figured out what the problem is but the client hasn't seen it yet. If it feels as if the client is pushing back or resisting, it might be helpful to check out what you are providing to the interaction that the client is pushing back against.

Clients turn up to psychotherapy for all sorts of reasons. Clients don't bring you into their worlds unwittingly or accidentally. MOL will proceed smoothly when clients employ your services so that they can describe and explore the goings-on inside

their heads and observe where this takes them. Not all clients, however, will have the same purpose. Perhaps Cheryl is coming along just to keep her partner happy. Maybe Dudley has made an appointment to see you to keep his boss off his back. When Francine explained that she had been to see several counselors but nothing they did had changed anything for her, and now her daughter and mother would have to take her problems seriously, I wondered whether it might be more important for Francine to be taken seriously by her mother and daughter than to resolve the problems she described.

Whatever their reasons for attending, you can prevent a tug-of-war from developing with clients by being clear about your role. Your role as an MOL psychotherapist involves providing opportunities for clients to attend to higher perceptual levels. For some clients this just means that your services won't be of use to them. That's OK. If you are clear about what your job is and stick firmly to this, clients will be able to decide for themselves whether or not what you have to offer is for them.

It is up to the client to decide what to talk about. A tug-of-war could be expected to occur if you as the psychotherapist try to lead clients into conversations that you think should occur but they would rather not think about at the moment or are not bothered by. As an MOL psychotherapist you'll primarily be interested in discussing those areas associated with internal perceptual conflict, but it is ultimately up to the client to decide whether a discussion of these topics takes place. A tug-of-war is only possible as long as you're holding one end of the rope. MOL is about dropping the rope.

Savannah told me she had a number of "don't go there" places in her head. Sometimes, during the middle of a conversation she would purse her lips, or slightly smile, or her eyes would mist over. She would tell me that one of those places had just popped up. In this instance my emphasis was on the nature of the "don't go there" places rather than what any particular place was.

How many of these places do you have?

What is different between a 'go there' place and a 'don't go there' place?

How do you know when one of these places has popped up?

Are you always aware of these places?

Where are these 'don't go there' places when you're not thinking about them?

Do you get the same kind of feeling with all these places?

Clients often seem to work hard at not thinking about things. Of course to not think about something you have to have a pretty good idea of where and what it is! The thing clients are working hard not to think about can often be the very thing that holds the key to reorganizing. Perhaps not thinking about the problem is preventing reorganization from dissolving the problem and is the reason the problem has endured. Rather than telling or suggesting or advising clients what to talk about, however, the MOL psychotherapist would be more interested in the *now* experience of not thinking about something. If a client mentions something about trying hard not to think about a particular thing you might be interested in knowing:

Are you not thinking about it at the moment?

How do you go about not thinking about something?

How is it for you when you're not thinking about things?

Do you ever swap thinking things to not thinking things or vice versa?

How do you feel about not thinking about it?

If clients don't want to participate in MOL, it is important to respect that decision. Perhaps this is one client for whom you are not a resource. Only individual clients can define what they will find useful. If expectations have been clarified to the extent that they can be, the most respectful thing to do in this instance may be just to call it quits. There are other clients who want your attention. For me, this doesn't mean I offer something else to clients who don't want to do MOL. From the perspective of doing what works (as suggested by PCT), there is nothing else to offer. If a client does not find what I'm offering useful at the moment, the most I can do is to leave them with the option of returning if, at some stage in the future, they think they could benefit from participating in MOL.

James came to see me because he was constantly depressed. He described having a generally low mood for as long as he could remember. When we met he was 55 years old. He reported that he felt he could get more out of relationships and his career if he wasn't depressed all the time. We commenced psychotherapy and during each session something seemed to be amiss that I couldn't quite put my finger on. During the ninth session I happened to ask him what it would mean to him if he wasn't depressed anymore. He stopped, stared at me, looked up at the ceiling, and then said, "Can I think about that and tell you next week?" This surprised me because previously he had said he wanted to reduce his depression, so I thought my question was a fairly routine one.

When next week came, James provided me with an answer. He said that he thought of his depression as like an old friend and it would be scary to think of life without it. He explained that from time to time things go wrong in his life. Some things that go wrong are important and some things that go wrong are trivial. The way he could tell the difference between important things and trivial things was that he got depressed when important things went wrong but he didn't get depressed when trivial things went wrong. If he didn't have his depression anymore he said that he wouldn't know which things in his life were important and which things were unimportant.

I was intrigued by James's story. During the session we chatted about what he had described. I could think of lots of reasons why he would be better off without his depression but, having thought about his depression from this perspective, he was satisfied with the way things were. James explained that he wanted to be a counselor and had participated in psychotherapy because he believed he should have an experience of psychotherapy if he was going to use it with other people (remember my comments about clients being in psychotherapy for lots of different reasons?). James decided he didn't need to see me again.

Sometimes clients have told me that they think they are wasting my time by coming along to see me and they wonder if I think the same way. After I explain how I think I help people and the types of things I think I can help people with, I leave it up to my clients to decide whether there is any time wasting happening.

Experiencing what is sometimes called resistance from a client doesn't mean you are unskilled, and it doesn't mean the client is recalcitrant. It simply indicates that you may have different purposes. If MOL is not going to be a useful activity for a particular client, ending the psychotherapeutic relationship will give you both an opportunity to control your individual experiences more satisfactorily. If you just do MOL, then clients will be able to decide for themselves whether or not they can use the assistance you are able to provide.

I've gone blank

Sometimes, at various places in MOL sessions, clients will say that they've gone blank. In some ways this can be disconcerting because it might seem like there is nothing to ask about. The blankness, however, can be treated like any other experience and you can set out with clients to explore being blank.

If clients tell you during conversations that they have gone blank then it would seem reasonable to assume that something has changed for them from the way it was a moment before when they weren't blank. Some ways of enquiring about the blankness might be:

Can you describe the blankness to me?

Is there any color or sound associated with the blankness?

What's your attitude towards the blankness?

When did you first notice that things went blank?

What is different about this blankness from what was going on before?

Is there an edge to the blankness?

Did something stop or change?

What made you aware of the blankness just then?

Does it bother you that things are blank at the moment?

Do you have this experience in other situations?

The blankness might be a useful place for clients to have arrived at. Perhaps they are in a state of calm, nothingness. One option would be to invite them to explore the blankness for a while. "Would you like to consider this blankness on your own for a little while? Just let me know when you have something to say."

Tell me what to do

I have already mentioned that some clients might want you to tell them what to do. I would be surprised if you have not encountered clients who enter into psychotherapy expecting you to provide them with answers to their problems (another example of client purposes). I have had clients question my qualifications because I didn't provide them with the direction they desired. There can be a certain amount of pressure in these situations that can be uncomfortable for psychotherapists who care about doing a good job. MOL, however, is about providing clients with opportunities to listen to themselves, not to the psychotherapist.

Often it can be helpful to tell clients that you don't know what the solution to their problem is . . . that is, after all, the truth. I explain that although I don't know what the solution is, I think I know what they need to do to find one, and MOL is completely focused on solutions. The MOL focus is on helping clients find their own solutions, not in encouraging them to try out solutions the psychotherapist has devised.

Again, it is important to consider what clients are experiencing when they ask you to tell them what to do.

- If you tell them what to do and nothing works, will they be able to convince other people, including you, how sick they are?
- Alternatively, if you can't come up with anything suitable, will they be able to suggest that there is nothing wrong with them?
- Do they want you to be responsible for the solution to their problems?
- Do they sincerely want to improve their current situation and believe that if they just do what you tell them then things will be better?
- Did it just occur to them that even though they'd been talking about their problems they hadn't yet come up with a solution?
- Do they invite other people to tell them what to do, and could this be one of the reasons they are experiencing problems in their lives outside psychotherapy?

Amanda was miserable and lonely after her partner left her for one of her friends. She thought she should be coping better than she was, but she knew she would feel terrible if she saw her ex-partner, and so she avoided many of the places they used to frequent and the friends they had together. She wanted to know if she should move on with her life or hide away and not face her ex-partner. Advising Amanda to do either of these things would be perilous to the pursuit of conflict reorganization.

Whatever their reasons for mentioning that they want your advice, it remains the case that telling other people how to function can be successful only by indirect means and may well get in the way of them discovering how best to function for themselves. In fact, if clients ask you for advice and this advice helps them reduce their internal error, they might just have reorganized in such a way that looking to

others for solutions will be their procedure of choice in future. In effect, what they have learned by coming along to see you is how to get advice. They haven't learned how to bump themselves up a level or two to reorganize above the levels that are stuck and therefore grabbing their attention. By providing advice, therefore, you may have inadvertently promoted their dependence. As I suggested earlier, part of the benefit of MOL is that clients can learn a way of thinking that will not only fix this problem for them now, it will also help them get out of trouble in the future.

It can be important to gain some clues as to the purposes clients have in mind when they seek your advice. If clients have improvement in functioning on their minds then it might be useful to explain MOL to them and to move into some MOL sessions if that is what they want. If clients have other things in mind, then again, if you wish to stay within your role of MOL psychotherapist you cannot be of assistance to them at that time. Clarifying at least a little bit what clients experience while they sit in front of you can help you figure out what you might do next. This isn't necessary with all clients but it might help with some.

Sometimes it is difficult as an MOL psychotherapist to sit in an MOL session and not give advice when the solution seems obvious to you. At these times it might be soothing to remind yourself of the principles of PCT on which your practices are based. You are not sitting there withholding advice for any reason other than your advice might get in the way of the clients finding their own advice. Perhaps it might be interesting to consider why the obvious solution you have arrived at isn't obvious at all to the client. Clients solved many problems as part of their normal day-to-day living before they ever came along to see a psychotherapist. They're still solving problems. The problem isn't that they can't solve problems—it's that they haven't solved this one yet. That's the problem MOL is designed to address.

Give me your opinion

Sometimes clients might ask for your opinion regarding their problems and also their progress. At the end of our first session, after telling me about his problems, Kamran wanted me to tell him if was normal or if he had agoraphobia or schizophrenia. Other clients have sometimes told me that they find it disconcerting that all I do is ask questions. Their reasoning seems to be that they have given me a lot of information and I'm not giving them anything back. It seems that some clients expect to give the psychotherapist all the "stuff" they have in their heads, and then the psychotherapist will make sense of it, sort it out, and give it back to them in a more user-friendly condition. Unfortunately, resolving internal conflict is not like spring-cleaning the kitchen cupboards or reformatting a computer.

On these occasions it might be useful to return to the purposes of MOL. Sometimes returning to the rationale behind the process will provide clients with the understanding they need.

More often than not, however, something has just happened for them at the point where they have asked for your opinion. Perhaps they think the session is coming to a close and they still don't have their problem solved. Maybe they're wondering, as

Kamran was, if what they're going through is normal. From this perspective, asking for your opinion can be approached in the same way as "blankness" or any other experience in MOL. That is, as an MOL psychotherapist you would be interested in what just changed for the clients, what they became aware of, what their experience is now, and what it was that their awareness just lit up, so that they felt prompted to ask for your opinion.

Discovering why and how

I mentioned earlier the use of why and how in the context of exploring the hierarchy of control. It often occurs during the course of psychotherapy that some clients will say that they are trying to figure out why they are experiencing particular problems. They may feel that if they just knew the reason why then they would be able to do something about it. They might want to know, for example, why they regularly feel sad.

Similarly, some clients say that they know what they want to do but they don't know how to go about it. They might say that they realize they should say no to other people who are taking advantage of them, but they just don't know how.

As with any other MOL scenario, the same principle applies. Comments by clients that they are trying to find out why or they don't know how are treated the same way as any other comment. The MOL psychotherapist asks clients to describe what it is they are wondering about and then looks for up-a-level events as indications of where to redirect their attention.

Do you have any ideas about 'why'?

How are you sorting out the right 'why' from other 'whys' that occur to you?

What do you become aware of as you're thinking about why?

For other things that you do, is it easy to discover the why?

Did you use to know the answer to why you were happy at the time when you were?

What was it that made you think of 'why' just now?

When you say 'you don't know how' what is it you're getting at there?

Has there been anything you've tried?

What's happening in your mind as you figure out how?

Is there some particular aspect of the how that you're puzzling over?

What do you mean when you use the word 'how'?

When the psychotherapist is stuck

I have experienced MOL sessions where I didn't know what to say next or I couldn't think of a question to ask. Sometimes these experiences are fleeting but at other times they linger. In some instances, the clients' problems can seem overwhelming. These experiences of stuckness and confusion certainly seem to interfere with my ability to be useful to clients.

I suggested earlier that when you have these feelings as a psychotherapist it is often helpful to go up a level yourself. That is, you might benefit by asking yourself:

What am I doing at the moment?

Am I looking for solutions to the client's problems?

Am I thinking about my own competence as a psychotherapist?

Am I thinking how dreadful the client's problems are?

Does what the client is talking about have some special significance or relevance for me?

In lots of different ways it is frustratingly easy to lose sight of what the role of an MOL psychotherapist is. I can certainly remember times when I've convinced myself that I have figured out the client's problem and, being well pleased with my cleverness, I then set out to convince the client. However the psychotherapist's only role in MOL is to help clients shift their awareness up. Curiously, I've found that when I am clear about that role, and work hard at sticking to it, I seem to have much more satisfying MOL sessions ... and the clients seem to as well.

Before each session I set goals about what I want to experience, and at the end of the session I evaluate the extent to which I experienced the goals during the session. The goals are about what I will be doing not about what I expect clients to be doing. By setting and evaluating goals about things like doing the job well, about going up a level when I feel frustrated and stuck, about reminding myself of what my role is, and about attending to disruptions, I can continually learn and improve my practice of MOL.

Progress is slow

Sometimes it might appear that nothing is happening. Perhaps clients come in session after session with the same or similar problems. They might even seem satisfied with their progress, but from where you sit there may be nothing significant happening. This can become a frustrating situation where you may be tempted to question your worth as a psychotherapist. The notes in the last section will be relevant if this occurs.

A few other points are pertinent here. First, it could be helpful to wonder what clients in this situation are experiencing. Perhaps change is not important to them and they are in psychotherapy for other reasons. The reason they are satisfied might be completely different from the reason you expect.

Secondly, what might seem like nothing on the outside might be big changes on the inside. When reorganization occurs, the result can often be just understanding something in a way that they never thought of before. Often the insight that seems so profound to them might have been trivially obvious to other people.

The solution that occurred to Patrick in Chapter One might not seem monumental to all other people. The point from an MOL perspective is that as far as

Patrick's solution to his problem is concerned, other people don't matter. Only he matters. If the solution is valuable to him then that's good enough. In MOL you are there for the clients' benefit, they are not in psychotherapy for your benefit. It is the client's idea of progress that is paramount. The message here again then is to be clear about your role.

What is relevant and what is not?

What is the business of the psychotherapist and what is not?

Do you have ideas about the way in which clients should change and the amount of change that should be occurring in each session or between sessions?

It is perfectly appropriate to have whatever ideas you want to have about change. In an MOL session, however, it is entirely inappropriate to make a client responsible for your expectations. If you have expectations about how clients should be, then you are frustrating yourself when you don't experience what you expect. The good news is, if you want to reduce your frustration, you now have the ability to take yourself up a level or two and do something about it.

I'm trying, I'm trying

People don't try, they do. And what they do is they control. People don't even try to control, they just control. Trying to control suggests something is getting in the way of efficient control. If clients in MOL sessions suggest they are trying, it will be useful to wonder about what might be getting in the way. It will also be helpful to explore their experience of trying.

What happens for you as you try?

How do you know you're trying?

What sorts of thoughts go through your head as you try?

What would happen if you didn't try?

What feels different between trying and not trying?

Does it bother you to be trying?

What bothers you about it?

Trying from this perspective would be seen as just another experience to explore in MOL. Trying would not be a problem itself, because you are not expecting the client to do anything. Therefore, they don't need to convince you that they are putting in a lot of effort.

How long has it been this way?

The length of time clients have been experiencing their problems is sometimes important. If clients have been experiencing their difficulties for a long time, then they will have adjusted many other areas in their lives to accommodate the difficulties.

Let's suppose that over the last four years Lily has been too frightened to go out of the house for any length of time and yet has maintained a happy marriage and a successful business. If this is the case, then it is highly likely that she has many areas of her life functioning well. Perhaps the fear associated with leaving the house has been around for so long that it is not much of a big deal to her anymore.

For one reason or another, Lily may be ambivalent about ever changing her situation. Maybe Lily finds it easier to live with her problem than with what she imagines she would have to go through to solve it. Perhaps the main reason Lily has appeared in psychotherapy is that her husband has just secured a lucrative promotion. Her attendance at events such as company dinners at fancy restaurants and family days in city parks is now expected. Perhaps eliminating her fear is more important for Lily's husband than it is for her.

Even when a client mostly wants to eliminate a problem, there can sometimes be a part of the client that doesn't want to eliminate it. With our PCT understanding of conflict, this makes sense. Before the control systems were pitted against one another, they were probably functional for the person. For Patrick there were benefits associated both with pursuing financial gain by selling now and with providing support to his partner by selling later. A good case can probably be made that if the situation was *all* bad, it would have been eradicated through reorganization long ago.

I'm often left in bewildered awe of the remarkable mystery of perceptual hierarchies. I don't expect to understand very often why people prefer some of the activities they do, but I can respect that they do prefer them. Danielle came to see me with an extreme and intrusive fear of other people's hair, but not of her own. She had arranged the home she shared with her twin sister in such a way that she was able to be sure she would not come into contact with other people's hair. She never took her shoes off unless she was in her own bed. She had her own special chair in the lounge room which was hers exclusively. She would often spend an hour or two cleaning the bathroom before she could use it if she knew her sister had used it before her.

Danielle told me that her hair was a different color from the other members of her family. Upon exploring this, I asked her what would happen if she dyed her hair the same color as the rest of her family. (This was an exercise in imagining intended to explore what significance there might be in having hair of a color different from the rest of the family. As a general guideline, after some imagining or remembering exercise, I ask something like "What stands out for you just now as you imagine or remember that event?") She looked horrified and said that would be dreadful. When I asked if she could tell me more about the dreadfulness that just occurred to her, she said that if her hair were the same color as that of other family members then she wouldn't know which hair to be terrified of and which hair not to bother about.

As we explored Danielle's experiences I got some appreciation of the extreme distress she endured if she thought she had come in contact with another person's hair. Her condition was so debilitating that she was unable to find employment and was classified as disabled.

During our discussions I discovered that Danielle was a gifted artist. As we explored her experiences she reported that she realized that her fear of hair was part of her current lifestyle. She went on to explain that if she wasn't afraid of hair, she would need to get work to support herself and then she wouldn't be able to paint. Danielle didn't make any more appointments to see me.

This story is not intended to suggest that Danielle was fabricating her fear of hair or that she had consciously decided to fear hair. During the time we spent together I didn't ever get the idea she was pretending about or even exaggerating her current experiences. The point is, that although some of her fear was problematic for her, some of it was also helping to keep important aspects of her life the way she wanted them to be. I mentioned earlier that even though conflict is debilitating for the control systems involved, some people organize their lives around the conflict. Sometimes it can seem harder to reorganize than to live with the conflict.

Often it can be the case that clients don't exactly like where they are now, but anywhere else seems even worse. For James, whose depression was an old friend, a life without depression seemed worse to him than his life with depression. Similarly, Danielle believed she would be worse off without her phobia of hair. Of course, these would be wonderfully interesting ideas to explore through MOL. But that exploration could happen only if the person who owns the idea wanted to explore it that way. We never really know the experiences of another—we know only what they tell us. I could never tell, for example, how closely James's use of the term "old friend" was the same as the way I would use the term "old friend," so I don't know if he meant what I would mean if I were describing something as an old friend. Luckily, in MOL we don't need to know that. MOL is about clients journeying through their own internal circuitry to explore and discover for the purpose of reorganization—it's not about psychotherapists verifying the truth or validity or reality of what clients are telling them. It's also not about psychotherapists deciding how clients lives should be lived or determining which parts of their lives should be considered problems and which parts are satisfactory.

The point of MOL is not to turn people into superbeings. MOL is just about helping people reorganize conflicts so that they can experience a more contented existence. People can still be as quirky and idiosyncratic after MOL as they were before it. They'll just be less conflicted—that's all. In MOL there is no expectation of "normal" that we are trying to move people to. There is just an expectation of unconflicted, and we provide opportunities for people to get themselves to that state. MOL enables people to give themselves a "psychological massage" so they can get back up and continue playing the game in whatever way they want to play it.

The longer people experience difficulty, the more time they have to become accustomed to the difficulty. These ideas are speculative, of course, and need to be clarified by future research, but it might be useful to entertain the idea that people with long-standing problems might have much that is working in their lives and, therefore, much that would be disrupted if reorganization should arrive at the level creating the context for the conflict.

Other problems and other MOL uses

The ideas of this section may not exactly fit in this chapter, but I thought their inclusion was important, and I couldn't figure out where else to put them, so here they are.

In Chapter Four, I alluded to the fact that conflict is not the only problem that people who control their perceptions can run into. Figure One in Chapter Four provides some clues as to the other kinds of problems. For example, problems can occur when disturbances are, as Marken says, "insuperable," meaning that they are too great for the actions of the control system to oppose. Disturbances d are greater than the maximum output q_0 of which the control system is capable.

Skidding in a car on an icy road, or being run into from behind while stopped at the traffic lights, or having someone you are close to die are examples of the disruption of control due to overwhelming outside physical forces. It is simply the case that bad things happen in this constantly changing world that we busy ourselves in. Knowledge of PCT and MOL won't stop bad things happening anymore than knowledge of bacteria and viruses will stop you getting sick. Feeling bad is, occasionally and perhaps unfortunately, part of being alive.

When your car skids it is probably quite appropriate to be a bit shaken up. When you're rammed from behind it is likely to be the case that you'll watch your back more than you did before. When someone dies you may well be wracked with grief. Ordinarily, these aren't the sorts of experiences that call for the corrective and restorative interventions of MOL. MOL is not used to protect humans from being human.

Generally, when bad things happen, people feel bad. Then, they pick up the pieces and rejoin the party. When this occurs, as it usually does, MOL stays on the shelf. However, MOL might become appropriate if the "shaken up," or "back watching," or grief, linger to the extent that the person does not pick up the pieces and is unable to resume partying. At these times something else might be occurring that could warrant investigation from an MOL perspective. Perhaps the unfortunate incident that happened has resulted in the person becoming conflicted. While there is no reason to expect that would necessarily occur, it remains a possibility.

Another problem that can occur for people is a lack of knowledge or information. This would correspond to an absence of a reference in Figure One. When people are in situations that are new or unfamiliar they can flounder and become disoriented. Discovering that you have lost your luggage after arriving in a foreign country where you don't speak the language and are unfamiliar with their customs may be a situation where you have a lack of references for what you should do next. Losing your job and not having the skills for further employment may be a similar situation. At times like these, a bit of local knowledge or some useful pointers in the right direction would probably help a lot.

In these situations, after a time of flailing around, people generally get themselves back into the swing of things. Sometimes you may have clients come to see you because they genuinely need advice. Perhaps they didn't see the sign on your door and mistook you for a vocational counselor. If it is genuinely just advice that they need, then the quicker they resume their search for an adviser the quicker you can get back to doing MOL with those who need it, and the quicker they'll get the information they are seeking. As with insuperable disturbances, however, if the state of what seems like a lack of knowledge endures, you might wonder whether there is something preventing them from obtaining the knowledge they say they are seeking.

When Lance came to see me, he said he was depressed because he had lost his job, the job he had been placed in was not to his liking, and he didn't know what other job he should apply for. Superficially, then this could have been a task for a vocational counselor. As I clarified the situation with Lance, however, I discovered that he had worked in a highly specialized position in a factory. It was the only job he had ever had, he had occupied the position for 27 years, and he liked the job immensely. He particularly liked the fact that he was the only person in the factory who did this job. With changes in technology and procedures Lance's job had disappeared. He had been offered other positions and had eventually taken one, but his new position did not provide him with the satisfaction and fulfillment he had derived from his previous employment.

As we discussed Lance's experiences, he told me that he actually didn't want to be working at all. When his job had disappeared he thought he should just retire, but he also felt a sense of obligation and duty to his family and wanted to take some kind of work to continue to provide for them. What seemed in the first instance like a straightforward vocational problem was actually a straightforward conflict.

The moral of these scenarios is that not all problems of humanity have conflict as their source. As Herbert Marcuse observed, if the only tool you have is a hammer; you'll see everything as a nail. MOL is not a panacea for all human troubles. It is a process for helping people shift their awareness to different places in their perceptual hierarchies. This seems to be particularly useful for resolving internal conflict. Many, but not all human problems result from internal conflict. Most conflicts that occur are not particularly devastating and do not persist. It is when problems of living persist that the hypothesis of a lurking conflict should be considered.

The sporting arena is a target rich environment for identifying conflicts which lead to decrements in performance that can ruin a sporting performance, but do not otherwise compromise the business of living. MOL could have amazing applications in sports psychology to assist athletes to clear their minds and enter the arena with the focus and resolve that comes from an unconflicted attitude.

I mentioned in Chapter Eight that MOL can have an almost meditative effect at times. In Chapter Nine I discussed the option of rescheduling when clients arrive but don't have anything to talk about. While rescheduling remains an appropriate option, another option to consider would be to offer clients a "tune up" whenever they do not have any particular problem to work on (this should be distinguished from the situation I discussed earlier of avoiding talking about a particular problem). The idea here is just to begin an MOL session as a journey through their hierarchy beginning in the same way with whatever thoughts they're aware of. The process is still exactly the same with going up as the goal. The only difference in this instance is that, in the absence of conflict, drifting up the levels might proceed more smoothly and there might not be a spot where you need to ask about both sides of a particular experience. This exercise can be valuable for clients in helping them place their awareness at a high level and consider themselves from this vantage point for a time. It may not be a view they are used to.

Throughout this book so far I have used adult examples when discussing the application of MOL because I have had very limited experience using this process with children. In principle, however, there is no reason why MOL couldn't be used to help children and adolescents resolve internal conflicts in the same way that it is used to help adults.

In Chapter Three I mentioned that MOL would not be useful when the aim is to solve a problem that someone else has decided a child is experiencing. In situations, however, where the child is experiencing a problem MOL might become the method of choice. Perhaps Jemima's parents have separated and while she dearly wants to go and spend time with her father she does not get along with her father's new partner. My friend and colleague Richard Mullan conducted an MOL clinic for about 18 months with young people from approximately ten to eighteen years of age. He achieved the same beneficial results with these young people as he does with the adults he works with.

One day, not long after I began learning about hierarchies and awareness I had the opportunity to visit a preschool classroom in connection with some work I was doing in the school. I struck up a conversation with Ryan in the book corner. Ryan was four years old and I was interested in exploring whether he could shift his attention up a level or two. We had two brief conversations. The first one went like this:

Ryan: I like trains.

Tim: What is it that tells you to like trains Ryan?

Ryan: Because my dad loves trains so I love trains.

Tim: And what tells you to love the things that your dad loves?

Ryan: I just get a feeling that says to love them.

I perhaps could have gone on to ask Ryan to describe the feeling he had just mentioned but we began to discuss other things. Our second awareness shifting exercise involved the subject of books. This is how the conversation proceeded:

Ryan: I like reading books.

Tim: What tells you to like reading books Ryan?

Ryan: Because I see the books and that goes into my brain and that tells me to think about the books.

Tim: What tells you to think about the things that you see?

Ryan: Because I come to school everyday and the books are here.

Tim: What tells you to come to school everyday?

Ryan: School's just a part of life.

These two conversations are certainly not very profound but they do illustrate the point that even young children may be able to redirect their awareness with practice. Richard's work along with the dabbling I've just presented to you certainly seems to suggest that the application of MOL to problems experienced by children and adolescents is an area awaiting further development and investigation.

There are surely other scenarios that we will discover in the future as we learn more about the practice of MOL, but this survey might be useful even though it could change. None of these potential situations are unfathomable in MOL. Many of them overlap, and the courses of action are often remarkably similar. An awareness of some of the things that can happen may help you negotiate them when they occur. Ultimately, knowing what can occur may be useful in doing more things right more of the time when you participate with others in MOL. In all cases, the principles of PCT remain the same and the practice of MOL is unaltered. Your only task is to help clients reach a place or perspective from which they'll be able to generate solutions to the conflict of incompatible goals when that is what they are currently experiencing.

What's been said

Some scenarios I've experienced as I've practiced MOL are:

A tug-of-war

I've gone blank

Tell me what to do

Give me your opinion

Discovering why and how

When the psychotherapist is stuck

Progress is slow

I'm trying, I'm trying

How long has it been this way?

I also described:

Other problems and other MOL uses

The big deal

Despite the different situations that can arise in psychotherapy the process of asking about “now” experiences and looking for an “up” direction remains the same.

Coming up

Finishing touches.

Chapter Twelve

A final word

I began this account by claiming that much of what psychotherapists currently do in psychotherapy may well be getting in the way of clients making themselves better. PCT offers the technology to rectify that situation. PCT is an elegant scientific explanation of the process of being. With PCT we are able to understand more clearly what it is that people do. With a clearer understanding of what people do we might now be able to help them do it more effectively whenever they want our help. Experience thus far with MOL suggests that we might get in the way less often during psychotherapy and we might be useful more often.

To understand PCT is to understand that behavior (or action) does not need to be explained. Control does. Focusing on control of perception rather than on behavior, the variable means of control, has important implications for the helping professions. In this book I have attempted to explore some of these implications for offering help to people who are experiencing psychological problems.

My proposal in this book is that chronic internal perceptual conflict is the only significant psychological problem because it destroys the ability of the opposing control systems to control their perceptual inputs. Living control systems have an inbuilt reorganizing mechanism that is able to resolve internal conflict. At times, however, reorganization occurs in places that has no effect on the persistence of the conflict.

MOL is an activity for directing awareness to the appropriate place in the perceptual hierarchy where conflict can be reorganized. I have suggested that, to the extent that clients who are experiencing conflict are helped at all in psychotherapy, it is because their awareness has shifted to the appropriate level. At the moment it seems that this is mostly occurring inadvertently or unknowingly. As I mentioned earlier, I believe there is now an opportunity to rely on science rather than serendipity for the effects that are achieved in the treatment of mental illness. PCT provides that opportunity.

The only issue in psychotherapy then is “How can I best help clients to go up a level?” If you want to be more effective more of the time, just help clients to go up a level more of the time and stop doing anything that does not provide such help.

There is much concerning MOL to investigate. As more psychotherapists use the approach we might get a better understanding of the process. We might also discover other applications of the approach. MOL could, for example, be a valuable approach to teach to school students in peer counseling programs. Perhaps also in education, students might find some learning tasks easier by shifting their awareness. I also mentioned previously that MOL might be a useful meditative activity as a way of exploring one's own organization, and it may be amazing in sports psychology.

In the interaction of psychotherapy many things will vary. The number of sessions clients have will vary, the frequency with which they attend their sessions will vary, the duration of sessions will vary, the problems clients bring to psychotherapy will vary, and the reasons clients bring a psychotherapist into their world will vary ... to name a few. While many things will vary during the interaction of psychotherapy, one thing remains unchanged. The thing that works in psychotherapy is constant. What works is the process of shifting awareness to higher levels so that reorganization can change the control system that is creating the conflict. Effective psychotherapy allows this process to happen with as few distractions as possible, and ineffective psychotherapy interrupts this process. MOL is a way of allowing the constant process of change to occur despite all of the variation surrounding it.

There has never been a more exciting time for helping people with psychological problems. Perhaps now you might understand the conversation I had with Patrick differently from how you did when you first read it. There is at last the opportunity to understand the psychological problems we currently call mental illness with a confidence and decisiveness that is beyond compare. The road to new adventures lies before us, and I for one am eager to begin the journey. Although the ultimate destination is uncertain, the direction to travel in is not. With PCT as its bedrock, psychology might well become the most noble science of all. The possibilities seem unbounded. I look forward to the stories we might swap should we meet along the way.

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

ideas and opinions about how they should be living their lives or do you see it as caring to provide to others opportunities to figure out for themselves their most satisfactory ways of conducting the business of living?

Can I use other methods or must I use MOL exclusively?

When considering what approach to use, it may be useful to keep in mind that the real name of the game is to help people resolve distress as efficiently as possible. People sometimes wonder if they must use MOL exclusively or if they can use other techniques from time to time. My answer is that you should use whatever you think you need to use as a psychotherapist to help people as well as you want to help them.

In my clinical work I've found that, so far, all I've needed to use is MOL. I'm not saying that there haven't been times when I could have done things like advised, or suggested, or interpreted, or diagnosed, or introduced skill-building activities, or given educative information, or provided explanatory diagrams. There have been bountiful opportunities for me to unleash any one of a number of common psychotherapeutic strategies. I just haven't needed to. That is, I've found that these routine psychotherapeutic strategies were not necessary for me to use in order to help people.

Up to this point I've not needed to adapt MOL or adopt other methods, but psychotherapists are different. If you have a technique which is more efficient than MOL, less stressful, theoretically defensible, and both ethical and legal, then of course you should use that! We are not in the business of MOL for MOL's sake. We are in the business of helping people. The reason I have gone to such lengths to describe MOL is because, at the moment, it seems to me to be the most efficient and direct way of helping people in distress and it has the most plausible scientific rationale I know of. In fact, I cannot understand how another technique would be justified theoretically but my lack of understanding should not be a barrier to your exploration. As I said in Chapter Two, I hope this book is not the final word on MOL. What a wonderful position we would be in if, through the introduction and application of MOL, we encouraged the discovery of more efficient methods of helping.

Perhaps the most useful question to consider then is not "Can I use other methods or must I use MOL exclusively?" but, rather, "Why do I want to use methods other than MOL?" Exploring the answers to that question that lie within your own perceptual hierarchy might be instructive.

Is it really the case that the content the person describes is unimportant?

Like answers to so many other questions, the answer to this question depends on your point of view and how you understand the "content" you hear another person producing. Is there a tendency perhaps to assume that words you hear from another are descriptors of some "real" state of affairs? Based on this assumption, it is your job to understand this real, but unsatisfactory, state of affairs and then to take it, and mend it, so that it is once again satisfactory.

I know from my own experience that the words I utter at any given time are often only a slice of the totality of the experiences I'm aware of at that point. When I'm asked at work how my weekend was, I give an edited version of the events that transpired, and what I describe will differ depending on whether I'm talking to a boss, or a friend, or a client. Similarly when I'm asked for my opinion on a new piece of art, or a new item of clothing, or a lavishly prepared dinner, or a lovingly drawn stick figure, I select one from the many opinions I might have at that time.

I assume that the clients I work with are built like me, and so I understand the words that they push my way are only a part of their attempts to control some of their experiences at that time. I don't ascribe any exalted status to the particular words they utter. When I work as a psychotherapist, however, I do need something to work with, just as when Margaret makes bobbin lace she has particular equipment that she uses. The "equipment" that I use in psychotherapy is the information provided to me by the client I am working with. So it is probably necessary to have some content for at least some of the psychotherapy session, but the specific details and the accuracy of the content are less important. No matter what you hear coming from the mouth of the client, ask for more detail, watch for disruptions, and then ask about the disruptions as a way of shifting the client's attention to a background thought and perhaps to a relevant higher perceptual level.

To demonstrate the inconsequentiality of the content that is spoken, I introduced an activity at the workshop. People formed psychotherapist/client pairs to begin the activity. We had seven pairs on one occasion and eight on another. The client began talking and the psychotherapist began MOLing. After approximately 90 seconds I summoned my most commanding presence and said sternly "ding ding." This was a signal for each psychotherapist to stand up and move along to the client on their left. The client continued to talk about their problem and the MOL psychotherapist continued to ask about foreground thoughts, spot disruptions, and ask about them. It took about ten to fourteen minutes to complete the activity with each psychotherapist MOLing each client for about 90 seconds.

Each psychotherapist only heard a snippet of each client's story, yet the psychotherapists reported that they were able to pick up the conversation and keep MOLing as they had been. Perhaps even more interestingly, the clients said that they were able to go up levels and some even came to helpful realizations and insights. More than one of the clients said that initially they felt the need to recap for the incoming psychotherapist, but after two or three psychotherapists they just kept talking and were able to continue the process without recapping. For the people involved, this was a dramatic illustration of how unimportant the particular content that the client provides actually is.

Can I use MOL with couples or groups?

Conducting couples psychotherapy and group psychotherapy is a common way of helping others. However, since MOL is a technique for helping individuals explore their individual perceptual hierarchies, I can't conceive how MOL would work with a couple or with people gathered in a group. Of course, limitations to my imagination should not stop creative psychotherapists from exploring MOL applications with couples and groups. My thinking, however, is that people who are experiencing internal perceptual conflict benefit most from the focused attention of a one-on-one interaction.

In the case of a couple, it seems to me that it would be exceedingly difficult to ask each member of the couple to talk about whatever is at the front of their mind, to look for disruptions, and then to ask them about these when they occur. An MOL psychotherapist is spontaneous, flexible, and responsive to the immediate goings on of the client. I can only see this process being compromised if the psychotherapist needs to oscillate between two clients at the same time. This difficulty, to my way of thinking, would be increased markedly in a group situation.

Another complicating factor is that, for MOL to work, clients need to be able to talk freely about the happenings of their mind. If Abiola and Malika are having difficulty in their relationship, then it is at least possible that each of them has thoughts about the other from time to time that they would find difficult to talk about with the other present. Certainly, in some situations, it helps couples enormously to learn how to talk to each other openly about the matters that concern them. If Abiola doesn't know how to talk about his feelings then perhaps some instruction on emotional expression would be useful. It may be the case, however, that Abiola wants his wife to make her own decisions in life but also wants her decisions to be the same as his. In this case Abiola would be in conflict and the way for him to resolve this conflict is by shifting his attention to higher perceptual levels. Abiola, however, is unlikely to allow his awareness to drift unrestrictedly if he is concerned about offending or hurting or otherwise disappointing Malika.

Maybe the time to do couples psychotherapy is after each member of the couple has had the opportunity to resolve whatever perceptual conflicts they are experiencing individually. Once this has happened, however, perhaps the couple would be able to resolve whatever difficulties remained between them without the help of a psychotherapist.

The same thinking that I've applied to a couples situation applies to group situations. The likelihood that each member of the group would be prepared to talk freely and the psychotherapist would be able to help each of them shift their awareness up their individual hierarchies is slim to say the least. This is not to say at all that couples therapy and group therapy is not helpful for some people. It's just to say that MOL is not the way to be helpful in these situations.

How important are the questions I ask?

A constant theme throughout the workshop centered on the fact that it was the intent behind the questions that were asked, rather than any particular sequence of words, that was important in MOL. Still, some participants wanted to make sure that they were asking useful questions and weren't continually saying the same thing. In anticipation of this concern I endeavored to provide a variety of questions throughout this book.

An illuminating lesson was learned, however, when participants at the workshop commented on their experiences when they experienced MOL as the client. Almost without exception, these clients said that they couldn't remember what questions they had been asked by the psychotherapist. Even when they could remember a particular question it wasn't that they remembered being asked the same question repeatedly but that that particular question caught their attention because of the way it was phrased or the area it asked about.

It seems then, that adding variety to the questions you ask may be more for the psychotherapist's benefit than for the efficient provision of MOL. In one of my first experiences with MOL I remember explaining the process to a friend of mine and telling him that I wanted to experience it from the client's perspective. I said to him that I wanted to just talk about a particular topic and after listening for a little while I wanted him to say "What do you think about _____?" and to insert a little bit of whatever it was I had just said. To my surprise the activity worked well. I was able to shift my perspective to what seemed a broader point of view and I developed an attitude I hadn't thought of before. I certainly wouldn't recommend adopting the "one question" approach to MOL but my experience, along with the reports from the clients in the workshop, seem to indicate that compiling a vast repertoire of questions to deliver might not be one of the important aspects to learning MOL. It's more important to know when to ask and why you're asking than it is to know what to ask.

Can MOL techniques improve your normal daily conversations?

MOL is a specific method of helping people shift their attention to higher perceptual levels. It seems especially useful for resolving internal conflict and is also a neat means of self-discovery. There is nothing magical about MOL, however, (apart from the magic of an accurate theory underpinning it) and I don't think of it as a way of helping people win friends and influence others. Since learning MOL, I think I have become a much more effective psychotherapist. I'm certainly much clearer about my role as a psychotherapist and what I can do when I am in this role.

Outside of psychotherapy, however, I think I communicate in pretty much the same way I always did. I probably notice people's disruptions in routine conversations where I didn't before, but I don't ask people about them in an effort to direct

their attention away from our current conversation. I think of MOL as a specific kind of conversation and I would need to obtain people's permission before engaging them in this way of talking. When people turn up for psychotherapy I can accept that they are implicitly giving their permission by initiating the psychotherapeutic relationship (and if I am unsure I explicitly ask them before beginning MOL), but when I chat with friends on the phone, or ask the lady behind the counter for an olive and goats cheese ciabatta, or explain to the mechanic that my brakes seem spongy at the moment, I'm not thinking about what they might find as they explore their perceptual hierarchies.

MOL is not a way of talking generally. It is a way of helping those people who want to be helped to shift their attention to places that will bring about a resolution to their conflict or an experience of increased self-understanding.

Can MOL be used to manage people more effectively?

Much of what I wrote about in the section above will be relevant here. I don't think of MOL as a way of managing people—I think of it as a way of helping people resolve internal conflicts. It is certainly the case that people who are being managed experience conflicts from time to time. Perhaps Marcus wants to apply for a promising promotion but doesn't want to leave the happy and productive team he is a part of. MOL may well help Marcus resolve this conflict. Given the nature of many managerial relationships, however, and the fact that if people experiencing MOL are concerned about what they say to the person conducting MOL, it may be the case that managers are not the best people to conduct MOL with those they are managing. If Marcus thinks it's important to present himself in a particular way to his manager, then he will be limiting the things he talks about and the places in his mind he explores during the process.

In some cases, perhaps it is the manager who could benefit from MOL. Perhaps Kylie wants her team to increase their productivity but also wants to maintain the friendly relationships she has established with them. In this situation, Kylie might find it very useful to reorganize her way to a different point of view.

MOL is a process for helping people develop their own new perspectives and insights. It is not a method for convincing others to act in particular ways or persuading people to adopt attitudes and mindsets that appeal to others. MOL will help people live their own lives more contentedly. It won't help people live the lives that other folk have decided they should live.

These are some of the topics that we discussed and explored at the MOL workshop. Perhaps some of them have prompted you to think of other issues or scenarios that haven't been covered here. I would be delighted if you were able to use what I have described throughout this book to scrutinize and clarify these topics for yourself.

Appendix

MOL DVD transcript

*T*his transcript is a written record of the MOL session on the DVD which accompanies this book. The transcript has been provided to help clarify any difficulties you might have in following the conversation. I have endeavored to keep the transcript fairly accurate. For example, I have used ellipses (three dots . . .) where there are pauses in the dialogue, and I have used parentheses and italics to indicate nonverbal aspects of Richard's behavior such as laughing, nodding, and looking away. Set apart from the dialog, I have included comments of mine which might help you as you watch the DVD to understand what I was intending with the questions that I asked. Not every question I asked has a commentary associated with it but a sample of them do.

I asked Richard two kinds of questions. At all times in the transcript I was either asking Richard about whatever seemed to be at the front of his mind, or asking him about something else he had become aware of that seemed to be disrupting his current stream of thought. You should see much of what you have read about in the book being played out in this DVD. This MOL session, however, is not a role play and it is not made up. You are watching a real person going through a real MOL session with a real problem. At the end of the transcript, Richard details what the consequences of this session have been for him so far since this session.

There is always more than one way to conduct an MOL session. As you watch the DVD, you might think that you would have asked a different question than I did or asked questions in different places and at different times. Your judgment may be just as valid as mine. Apart from asking about foreground thoughts and then redirecting attention to background thoughts when they become apparent, there is very little else to be specified in MOL. There are no "right" questions to ask and there is no "best" time to ask them. Perhaps with a different MOL psychotherapist Richard would have arrived at the same place or perhaps he would have landed somewhere different. With MOL there is no right place to lead clients towards other than the place of up. Hopefully you'll see that happening in this DVD.

At the end of the MOL session, Richard and I had a brief discussion about how we each experienced the session. Initially I had switched the video off, but then, I thought it might be of interest, and also of some benefit, to hear what we had to say, so I switched it back on again and let it run while we discussed the session. That discussion, however, is not included in this transcript. I hope this transcript and the DVD help you find your own ways of assisting people to go up whenever they want to do that.

T: Okey doke, so ... have you got something ... on your mind to talk about ... already Richard or ...

R: Umm ... Well I wanted to talk about ... the difficulty I'm having at ... at present with ... trying to decide whether ... to go home to Ireland ... to have the kids near ... their grandparents or whether just to ... stay and make it work in ... in Fife.

T: Uh-huh. So you're having difficulty trying to decide that?

R: (*nods, sighs*) ... Well I have been having difficulty at (*frowns*) hmm.

At this point Richard went to say something that I didn't notice. You might think when you watch the DVD that Richard's frown and "hmm" indicated a shift of awareness to some background thought. You are probably right. In hindsight I would probably have asked about this if I'd noticed it. Never mind, you work with what you pick up on—and work hard to pick up on as much as possible.

T: So can we just talk about that for a ... you — you described two sort of alternatives is is that — is that how it how it seems like going home ... and living next to or sort of beside your parents with your kids or staying here.

R: Mmm.

T: OK ... and you're ... tossing up between ... is — is one of those in the front of your mind at the moment? Like are you on one side more than another?

R: Well ... when I think about it just now I just think ... I'm not going, I'm not going home, I — I don't — I can't see myself at home anymore ... whereas I used to ...

T: Can you talk a little bit more about the ... staying here, the not going home?

I butted in here because I wanted to help Richard keep his attention on the staying here side of the conflict for a little while.

R: Umm ... yep ... I think we have everything that we ... want here ... apart from ... an extended family. ... Umm ... I think Fife is a lovely place to live. I — I'm really happy in my job, Gillian's really happy in her job. Umm. The kids seem really happy at nursery. We're getting to the stage where ... umm, our eldest will be umm, beginning pre-primary nursery umm ... and that'll be ... that I think'll make it more difficult for us to — to go home.

T: So is that ... talking about the going home side again now?

R: Mmm. (*nods*)

T: Or is that still ... is that still about being here?

R: ... No that's still about — still about being — because it's going to be here, you know, the longer it goes on, I guess, the — the harder it's going to be to go home, but so [T: Mm-hmm.] — so the more likely [T: Mm-hmm.] — it is that we're going to end up staying, umm ...

- T: Uhh — So the longer you're here the more likely it is you'll stay here.
- R: Yep
- T: Uh-huh, uh-huh. So are there things about staying here that you like?
- R: Yep.
- T: Mm-hmm. Like the — the things you — your job and ...
- R: Mm-hmm.
- T: Uh-huh. So what about not ... what about going home ... were there things that you were going *to*, or — or was it just at a time when you felt bad and you wanted to get away from here, or what — what is — what's on the going home side?
- R: (*sighs*) You mean wh — why would I go home, or ...
- T: Mmm. Well wh — when — when you think about going home what ... where does your mind go to?
- R: (*chuckles*) I think about Umm ... rather than hav — (*laughs*) rather than — the first thing that comes into my head is, rather than having the parents just telling you what — what they think you should be doing over the phone, that you'll actually be there and they'll be telling you (*laughs*) what you should be doing right in front of them, and probably —
- T: Mmm. So is that something you wanted to get more of, or ...
- R: (*laughs, shakes head*) No ... no, I would run a mile from that.
- T: Ohh. So is that on the going home side, or ...
- R: (*shaking head*) No that's — that's on the why I should stay here side.
- T: Ahh. OK so that's still on the ...
- R: Mmm ...
- T: Mm-hmm. Is ... so have you not ... is there still more to talk about on the staying here side?
- R: ... Ohh I could talk a lot about staying here ...
- T: Uh-huh.
- R: I could go on for quite a while, it's just that you asked me about the other side.
- T: Yeah, yeah.
- R: I could go on a lot a lot on the staying here side.
- T: Uh-huh. And ... so even — even with — that I asked you about the other side but ... you kind of ... seemed to come up with a *not* the other side.
- R: Mmm. (*nodding*) Mmm ... I'm aware of that. (*laughs*)
- T: What — what are you aware of just now?
- R: Well, you know — uh ... it seemed a simple thing for me just to — to talk about going home, and the first thing that came into my head was a reason not to.
- T: Mmm.

- R: Umm. So now I'm trying to think about the reasons why I *should* go home.
- T: Uh-huh. You're trying to — is ...
- R: Well obviously when I start ... going by what just happened, when I start to think about ... going home, it's reasons why I shouldn't that come into my head.
- T: Ahh. Uh-huh.
- R: So ... presumably I should be trying to think about why I should be going home.
- T: Uh-huh.
- R: What are the good things about it, or ...
- T: And is that not easy to do at the moment?
- R: (*sighs*) Well, just not — not very much happens when I think about it ... I mean, I ... I think it would be really good for the kids to be nearer their grandparents ... Umm. I think it would be really good to be able to pop round and see my mum and dad whenever I wanted to, or to drop the kids off ... Umm. (*sighs*) ... so that Gillian and I could go shopping, or [T: Uh-huh.] out for a meal or ... to the cinema or ...
- T: So are these reasons to go home?
- R: Mmm. Yep.
- T: And — and is it ... do you have the same sense of trying now that you're talking about —
- R: No I'm kind of getting into the swing of things a bit. (*smiling*)
- T: Ohh, uh-huh.
- R: I know there are reasons there, I mean I — and I know that [T: Mmm.] I could go on talking about those and ...
- T: So — so, but like being able to drop the kids off and — and being near your grandparent — near ...
- R: (*nodding*) Mmm, and my brother and — and I can see kind of ... the future then ... well I can't *see* the future but I — I would imagine that whenever the kids are at school it'll be a lot easier in terms of babysitting and ... after school and ... picking them up and stuff like that ... Umm ... and that — what just comes into my head is, that just sounds as if I'm using the grandparents, you know, that I'm [T: Mmm.] hoping to use the grandparents.
- T: So is that another reason to go home?

When Richard commented about how things sounded I wondered if this indicated a shift of awareness so I made a comment to keep him talking about that. It didn't seem to go anywhere though and we kept talking about reasons.

R: ... Umm. That's kind of neither, isn't it, because it's probably a reason to stay here, because it's certainly not a reason to go home. If that's the reason I'm going home, then that's not — not what I'm interested — I wouldn't — to go home for that reason that would be ridiculous.

T: Mmm. Mm-hmm.

R: Mmm.

T: So is there anything else on the — on the going home side that you [R: Umm.] can think about at the moment?

R: I can think about family get-togethers and — umm — Ireland's a lovely place, it's a great place to bring up kids I think ... Umm. The schools are great ... The countryside's lovely ... Now there's reasons not coming into my ... why I shouldn't go (*laughs*) [T: Ohh.] home again it's like ...

T: What — what reasons ...

Here Richard seemed to be doing a lot of the work himself in terms of switching between the sides of the conflict—as he talks about one side, he becomes aware of the other side—so I thought the best thing to do was to help him keep talking about it.

R: Ohh, I was thinking there's nothing to do (*laughing*) in Ireland it's like ... for the kids it's very little there ...

T: Uh-huh. So, even [R: that ...] when you were saying [R: Mmm ...] that it's a great place to bring up kids ...

R: I was thinking that's a lot of ... that's a load of nonsense. (*laughs*)

T: Really?

R: Well, over here we've got like Deep Sea World, the zoo and umm ... safari parks and umm ... just ... I could ... I just could go on and on. I mean there's lovely cities, and [T: Mm-hmm.] umm, museums, and [T: Mmm.] there just seems to be so much for the kids over here, [T: Mmm.] whereas I know in Ireland that there just ... there's some things — and I'm not ... knocking it ... overly I just think ...

I noticed Richard slowing his speech as he was talking and I speculated that this might mean that he had become aware of other things while he was expressing these ideas. I thought he might benefit from looking at this a bit more closely.

T: Did it sound like you *were*, just then?

R: Mmm.

T: Uh-huh.

R: Just giving Ireland a hard time ... and I've always done that, which is why I moved over in the first place. But I ... didn't ... particularly ... want to stay in Ireland ...

T: Uh-huh.

R: (*nods, grimaces, looks away, laughs, puts head down*)

T: What happened for you just then?

Given what Richard had just been talking about and then his reaction of laughing, looking down etc. it seemed that Richard's attention had shifted to something else that he might find useful to explore so I asked him to tell me what had happened.

R: Ohh, I just (*clears throat*) ... I feel so guilty for saying things like that, you know, I just — I should ...

T: Saying which bit?

I said this in an effort to help him keep his attention at the place he'd just arrived at.

R: Ohh ... Just knocking Ireland, you know, and saying it's a ... you know ... the things that come into my head about it ... I just think, well, you're Irish, and you should be proud of it, [T: Uh-huh.] but I don't, you know, I'm not particularly ... proud of it ... I guess.

T: Proud of being Irish?

R: (*sighs*) ... I *am*, in a way, but ... you know ... I left Ireland [T: Uh-huh.] for a reason. I didn't leave it ... on a whim. I just didn't decide to get on the boat and then ... You know, I left — there was a plan, there was ...

T: So you'd — you'd thought about leaving Ireland, like ... it wasn't a — a spontaneous ... your friends didn't ... from Edinburgh didn't call up and say ... why don't you come over and ... you just ...

R: Nuh. (*shakes head*) No, it was a it was pl — I think it was planned ... relatively well I mean I — I knew that I would go to university in Ireland, I knew I wasn't ready to leave home ... at that ... age ...

With Richard slowing down here I wondered if there was something else going through his mind while he was talking. I made a note to come back to this if I needed to.

R: ... but when I was at university I — I — just, the more I was there, the more I didn't want to be there. The more I thought "No, I gotta get out of here!" so ... Umm. And then I went over to Edinburgh to see friends. Edinburgh was perfect, so [T: Mm-hmm.] and it still is.

T: So had you — when you went over to Edinburgh, had you planned ... not to go back to Ireland? Like, were you going with sort of ... check it out with a view to — to living there, or ...

In the context of MOL I'm really not that interested in how or when Richard decided to move to Edinburgh but I am interested in him keeping his attention at this place for a little while until another up direction presents itself.

R: I think I'd already decided that I — I wasn't going home to Coleraine to live. Umm, I didn't really like Belfast. And there's just *more* in Scotland.

T: Mmm.

R: It's just better.

T: Mm-hmm. So does that ... do you get the same ... kind of feeling of guilt when you — when you say it that way?

R: (*sighs*) No, I think that sounds reasonable. That's the way it is. That's ... I'm not knocking it, I'm just stating facts, or something.

T: Mm-hmm. So what what was it about what you were saying before that was ... knocking it?

Richard seemed to be uncomfortable with the idea that he was knocking Ireland so I wanted to see if there was anything about this that was worth exploring.

R: It was like being ... derisory or something.

T: Uh-huh.

R: You know, that whole ... Umm. (*sighs*) Like a lot of people when they leave Ireland ... umm ... start ... to look down their nose at it. (*smiles*)

Richard's smile at this point seemed somewhat incongruent with what we'd been talking about so I was interested to know if he'd become aware of something else while we'd been talking.

T: Ohh.

R: Umm.

T: What were you smirking about just then?

R: I just can't believe I'm saying this out loud. (*laughs*) I'm ...

T: Really?

R: Mmm. (*nods*)

When you watch the DVD you might think that it looked like Richard was about to say something else here. If I'd noticed what Richard did at this point I might have asked him about it. This is another place where another psychotherapist might have followed a different thread.

T: Is that ... you wouldn't normally say this out loud?

R: Not getting videoed, no. (*shakes head, laughs*) I would say it to *you*, I think.

T: Yeah.

R: If I wasn't getting videoed I would.

T: But not on video.

R: M-Mmm. (*shakes head*)

T: Ahh.

R: It's a real ... (*nods head, tightens mouth, looks away and then back*)

I took Richard's nonverbal activity here to indicate that he was aware of things in his mind that he was not talking about at that moment. It didn't concern me that he wasn't talking about them but I did think it would be useful for him to keep his attention at this spot for a while.

T: What — what were you just ... Did you just kind of notice something then, or ...

R: (*nods, smiles*) Hmm. I'm trying not to — I'm trying not to say it now. (*laughing*) Yeah, I know — I mean, I just noticed that it's ... there's an arrogance, or a ... Umm ... (*looks down*) a snootiness or something about ... that Ireland's seen as a ... (*looks away, smirks*) backwater or something. (*laughs*)

This seemed to be another shift of focus so I wanted to check it out.

T: Did you just get the same thing then?

R: Mmm. (*nodding*) ... And I'm very uncomfortable with that, very uncomfortable.

Being uncomfortable is often a good thing when the reorganization of conflict is the goal so I thought Richard would find it useful to keep his attention on the area of discomfort.

T: With Ireland being a backwater?

R: No with — ss — with actually thinking it.

T: Ohh. In — in what sense?

R: Because it's not a backwater at all.

T: Ohh.

R: That is, it — it's certainly ... different in many ways, but it ... (*shakes head*) I — I don't feel very good at all about ... (*sighs*) calling it that.

T: Ohh. Uh-huh. Is it — is it like not true or ss — is that ... like, are you lying when you say that?

R: ... (*rocks head from side to side, shrugs*) Hmm. I kind of am and I'm — I'm not.

T: Ohh.

R: I think ... (*grimaces, nods*) part of it is true ... Hmm ... (*laughs, puts head down*) Hmm ... I wasn't expecting to say that! (*laughing*)

At this point it seemed that Richard had become aware of something significant so I thought it would be helpful to have a look at it.

T: Ohh. You weren't expecting to say that?

R: No. (*laughing*)

T: Huh.

R: So I'll ... I think "Yep, part of it's true." I think "You know, Ireland isn't somewhere I want to bring up my kids."

While Richard was talking here it appeared that he was beginning to compose himself again and get onto something he was more comfortable with. I thought it might be more worthwhile to spend some time staying with whatever it was he got to a moment ago so I butted in and asked a question to invite him to go back to the previous idea.

T: Hmm. Can you just ... describe what — what happened for you then ... what ... you were kind of laughing, and then it ... sort of back to [R: Ohh It's j —] business as usual, or something like that.

R: Yeah it's kind of switched ... So I felt a lot better or something about it then. I thought "Ohh I can talk about this without maybe talking about that," or ...

T: Mmm. Mm-hmm. So, what — has something changed for you just now ... aaare you looking at something ... different, or looking at the same thing differently, or ...

R: *(slight frown)*

T: Where are — where are things for you?

R: ... I think there are there are things I think ... about Ireland but ... mostly I think ... it's — it's just umm *(clears throat)* ... it's like a mythology in my head, or something like that. It's like ... y — just something I've created.

T: Ireland is?

R: No the — my thoughts about it.

T: Ohh. Ohh. Uh-huh.

R: *(looking away)* Mmm. *(looks back)*

While Richard was looking away I considered it would be helpful to just let him sit with whatever he was aware of at that time. When he looked back to me, I asked him about his thoughts.

T: How does that ... thought ... sit with you?

R: Ohh. I'm back again to feeling uncomfortable about it ... I was thinking ... you've just brought me back to it again, or something, [T: Mm-hmm. Mm-hmm.] whereas I had moved a bit and thought [T: Mmm.] ohh, that's alright, I can deal with that, or [T: Aaah!] ohh, getting away from it again now, so that's good. Mmm. *(nods)*

T: Uh-huh. So the mythology you were uncomfortable with ...

I asked this question to help Richard keep his attention at that place where he was feeling uncomfortable.

R: Maybe I just don't know whether it's true or not. Maybe it's kind of ... I — I don't know ... because I've been away from Ireland for so long ... I don't know what I would be going back to if I was going back to what I left then ... that wouldn't be good. But I don't know that, I don't — I mean obviously it's not ... what I left, because that was a long time ago so it's different now.

- T: Mmm.
- R: ... (*eyes move around, shakes head*) Mmm. It just seems ... (*nods, pulls mouth down*) Mmm.
- T: How do you feel about not knowing?
- R: ... (*frowns*) Mmm. I like to know what I'm ... going into, getting into.
- T: Mmm ... Like with everything, like ...
- R: (*frowns, nods, sits back, then forward again*)
- T: ... like if you're going to a movie, would you like to know — you wouldn't just go to a ... kind of a movie if you didn't know what was on, you wouldn't just turn up at the cinema and ... say "I'll go to that one."
- R: No, I wouldn't do that. (*laughing, shakes head*)
- T: What about, like, if it's restaurants, would you just go to a restaurant ... that you didn't kind of know?
- R: (*shakes head*) No I would find out about it first.
- T: Ohh.
- R: (*nods*)
- T: And like parks and things, if you're going somewhere on the weekend, would you just ... kind of ...
- R: Mmm. I have, well, I have done that ... I've certainly ... just headed out in the car and arrived places, you know, and it's been really good ... Anytime it's been — I've been spontaneous, or spontaneous things have happened, then it's been really ... worth it. (*looks away*)
- T: Mm-hmm.
- R: And I hate planning ahead. I hate having to have things ready in my head so that ... I know what's happening.
- Around about here, with Richard looking away, and pausing, and first talking about wanting to know what he was getting into but now talking about hating planning, I got the idea that something significant was happening for him so I asked questions to help him stay with these thoughts.*
- T: Mmm.
- R: Because it never works out that way. (*shaking head*) And then I feel really stupid about it, and ... think "Why can I just not — stop planning things, and having them right in my head, and ..."
- T: So is that ... everything — you're talk — planning everything or — or have you just got some specific things in mind ... at the moment?
- R: Mmm. (*looks away*) I'm thinking of ... this. (*gestures from me to him*)
- T: Ohh.
- R: Umm.
- T: And you're planning.

R: I was — was aware of — of (*sits back*) shortly before it ... kind of “Ohh, what will I say” and ... “What will we talk about” and ...

T: Mm-hmm.

R: It's just so stupid! Umm ... and I was aware of that, kind of switched it a bit at the time, so sometimes ... I can ... switch it off, but ... most times I get myself quite wired up about it.

T: About the planning?

R: Mm-hmm. (*nods*) About trying to get things right, or ... making sure I'm prepared, or ...

T: Mm-hmm.

R: And I know it's counterproductive, I know that ... it actually prevents me from ... cause then I'm just so aware of ... trying.

T: So when — when you plan, what — what do you like to ... like, what you wear, and where you're going to go, and ... how much money you'll spend, and ...

I asked this to provide him with the opportunity to look at planning in more detail. It's planning that seemed to be in the front of his mind just now so I tested to see if asking him to look at this more closely would lead to anywhere beneficial. I could also have asked him about the counterproductive comment and that might have been useful too. In this instance, however, it was the planning I picked up on.

R: ... Yep. (*nodding, then frowns, shakes head*)

Here Richard seemed to start to say something. I didn't notice this at the time but picked it up later while watching the DVD. It looks like he is really thinking about something so perhaps I missed another chance here.

T: And do you write it down? Do you have a little ... list, or ...

R: No, I just try to keep it all in my head ... It's not so much what I wear or anything ... it — it's more ... umm (*sighs*) ... like major things in life ... and ... relationships ... people ... work ... that kind of ...

T: You plan that?

R: (*shaking head*) The word “plan” sounds a bit daft there, but [T: Mmm.] I certainly think a lot about it.

T: Have you got a better word ... a word that ...

R: Pre-empt, or ...

T: Mm-hmm.

R: 'cause if it was planned, that would work out well.

T: Mmm.

R: Because you could (*sighs, smiles*) ... I can't plan ahead that's ...

T: What ...

Richard's pausing, sighing, and smiling together with this statement about not planning seemed to indicate another shift of awareness. I asked him things to assist him to stay with this for the moment.

R: The problem is I can't ...

T: Mmm.

R: You can't plan ahead, so plans ... (*stops, shaking head*)

T: Is that why "pre-empt" sounds like a better word?

R: (*nodding*) Well, that's just ...

T: When you pre-empt ...

R: I think that's just hedging it, because "pre-empt" is kind of just referring to the same thing about trying to prepare the ground beforehand, or ...

T: Mmm.

R: and things that I'm thinking ... there are things you need to plan ahead for like gardening or stuff, you can't just go out into your garden [T: Mm-hmm.] and — and ... things will happen. You have to prepare the soil, and ... [T: Mmm.] umm ... well, I don't know much about gardening, but I can imagine that you can ... there are things there that you need to plan for and prepare and be organized about, and s — systematic and ... but there are other things that you can't plan for like ... whenever ... people are involved, for example, you don't ... (*looks away and then looks back*) you can't plan for that, 'cause ...

When Richard paused, looked away and then looked back I was curious as to whether or not he'd just become aware of another idea.

T: What were you ... thinking of just then?

R: I was thinking of ... because ... I was thinking of living things, but ... and then I was thinking (*laughs*) well, gardening is living things [T: Ohh.] so you can't even plan for that because ... you've got the weather, and [T:Uh-huh.] droughts, and ...

T: So what when you talk about planning, what — what sense do you have of ... of — of having a plan? Like ... like every ... when you — when you make a plan do you mean every little step, and how exactly it'll turn out at the end, is that what you've ...

R: (*shakes head*) Doesn't feel like that. It feels more of a — a vague ... understanding of ... what I'm going to say, and [T: Mmm.] how it's going to come across and ... but not to have I wouldn't I wouldn't go down to the very words I'm saying or anything I would just have an idea in my head and ...

T: Mmm. Like, have you got some ideas about how today's gonna ... gonna go at work?

Here I was working at getting specific and staying in the now.

R: ... (*looks away, pulls mouth down, shakes head*) Not really.

T: Hmm ... Is that — Is that usual for you not to ... to turn up at work without ... a — without a plan, or without a ...

R: I — I don't know I ... apart from, to know where I'm meant to be on a specific day, I don't really plan. (*sighs*) Umm.

T: You don't plan?

I wanted to help Richard stick with this idea because it seemed to be at odds with what he'd just been saying. I checked to see if anything would come from considering this apparent incongruity.

R: (*laughs*)

T: (*laughing*) Can you describe what's happening?

R: (*laughing*) Well I'm thinking maybe ... I'm thinking this sounds ridiculous, 'cause maybe what I need to do *is* plan ... maybe the planning is what I need to be doing, and that's what I'm not doing, which sounds just so stupid now.

T: Ohh. Yeah, yeah what — what ... what are you looking at just now that ... you've kind of got that going over in your mind?

R: Mmm. I was kind of thinking about the things that I do try and pre-empt or ... well it's kinda — it's important ... to pre-empt. It's important to be ready for stuff, and to know what you're doing, and ... I can't — I can't just turn up and ... expect ... Like I can't turn up for training and expect just to be able talk off the ... top of my head or, uh, without knowing ... what the subject is or — or what I'd like to say about that subject, or ...

T: And are you saying that that's what you do? Or...

R: (*nods*) That is what I do.

T: Ohh. But you — you — do you think you plan or ss ... I'm not kind of sure where ...

R: (*shaking head*) Neither am I.

T: 'Cause you certainly sound clear that you — planning's important ... and then — and you were talking a minute ago about ... that you — you like to plan and ... and I think we even got on to this with the not knowing. Y — y — you're really uncomfortable ... with not knowing about things, so you like to plan and pre-empt and ... but now you are you sort of ... thinking something else?

Richard seemed to be in quite an interesting place right about now so I summarised a little bit to help him keep his attention on all that he'd just been discussing.

R: I'm not sure what I'm thinking ... Hmm. (*raises eyebrows, sighs*) I guess I'm trying to ... decide what things ... Well, I'm not trying to decide now, I'm trying to figure out are — are there things I have to plan for, and that's important, and that's essential to do that, and that's about being umm ... on top of things or ... prepared for things ... and there are things I can't plan for ... and ... that I would be better ... therefore not to plan for, just to ... take them as I meet them.

- T: Mmm. Mmm.
 R: I just don't know how I decide between those two.
 T: Ohh. Have you not decided?
 R: ... (*shakes head*) I don't know. I can't think of any examples that I'm trying ...
 (*pulls mouth down, shakes head*)
 T: Ohh. So there are some things ... that you should plan for and some things you shouldn't?
 R: (*sighs*) Well yes, I know that [T: Mm-hmm.] is accurate ... I just don't know how to decide or how even to ... I can't even think of what ...
 T: Mmm.
 R: I can a wee bit. (*laughs*) I can — I can kinda — it just seems a bit muddy or ... Umm.

Just now Richard was looking down and seemed to be really focusing on something in his mind. So I asked him about this to help him keep his attention on this experience.

- T: What are you sort of going through just now?
 R: Well, I'm trying to get it right in my head or ... I'm trying to look at it, but I just can't seem to ...
 T: Look — look at what?
 R: Look ... trying to decide about wh — how — what would I need to know in order to decide what I can and can't plan for.
 T: Mm-hmm. And so, are there particular, like, images or something you're looking at, or ...
 R: Well ... Mmm. I'm thinking of, like — socially is the one that keeps coming up.
 T: Uh-huh.
 R: Umm ... You know that ... I would ... sit and ... not ... well, I would I would sit and worry about it.

With Richard pausing and then seemingly contradicting himself I guessed that he'd become aware of some other thoughts in his mind as he was speaking just then.

- T: Were you going to say “not worry about it” just then?
 R: Mmm. (*laughs*) So I would sit and worry about it ... Umm.
 T: And is that the planning?
 R: No. (*shaking head*) I think (*laughs*) — yeah, (*nodding*) I think I've maybe thought about it as planning beforehand, but (*shaking head*) I think it's probably just worrying about it.

It would probably have been reasonable at this point to draw Richard's attention to the fact that he looked to be shaking his head and nodding at almost the same time. It may have been interesting and useful to explore that branch. Again, however, that wasn't the path I followed.

- T: Ohh.
- R: 'Cause I am I — I do know that ... it never turns out that way, and I don't — it's not as if I plan to say something and then [T: Mm-hmm.] I go "Ohh hello, I'm [T: Mmm.] Richard Mullan." What's next, "I'm a ..." [T: Mm-hmm.] You know, it's not what happens.
- T: Mm-hmm.
- R: I just go out and do it when I have to do it ... but I still worry about it beforehand and try and figure it out and ...
- T: So is that a third ... thing then ... in you were t — t — kind of talking about either planning or not planning things ... So, is there planning, not planning, and worrying ... as well?
- R: Mmm. (*nods*)
- T: And so worrying is different from planning?
- R: ... (*sighs*) ... Mmm. (*nods*) It must be. (*shakes head*)
- T: It must be? Are — are you not ... are you kind of [R: Well I think —] telling yourself it should be or not — not sure?
- R: I think I thought that worrying and planning were the same thing umm, but that can't be ... There'll have ... there are things that, umm, you need to worry about but you can't plan for ... there are things you can plan for, and not worry about ... and that there are things that you can plan for and worry about.
- T: Mmm.
- R: (*shaking head*) So ... presumably they're two different things then.
- T: Mm-hmm.
- R: I worry a lot. That's what I'm thinking — thinking, (*nods*) I worry an awful lot, you know I —
- T: How do you feel about that — that describing yourself that way?
- R: ... (*sighs, shakes head*) ... Mmm. Pretty sad, or something, you know, it's ... Why would I do that to myself, or what why am I like that? Why can I not be ... something else? Why can I not ... not worry?
- T: Mmm. Who's asking those questions?
- R: (*raises eyebrows, shakes head*) Well, what's coming into my mind is the worrier is asking it.
- T: Hmm ... So are they worrying kinds of questions?
- R: You know, like troubled or ... that kind of "troubled about," and now I'm troubled about being troubled, [T: Mmm.] and so I'm troubled about that. (*laughs*)
- I reckoned that talking about being troubled and laughing along with that might indicate that Richard had become aware of something interesting so I asked some more about this area.*
- T: (*laughs*) What — what made you say that?

R: Well, I'm kind of having a look at ... that ... kind of w — worrying about worrying and ... about worrying ... You know, would it just go on and on and on, or is it backwards and forwards, or is it round and round, or ... does it just go on forever. I mean, that would just — that would just keep ... I get the impression I would just keep thinking "Ohh, I'm worrying about that too, and that, and that, and that, and that, and that ..."

T: And like ... pulling out just example after example, or something, is that what you mean?

I'm asking this question here to help him keep talking about this and stay focused on this particular area for the moment.

R: Well, now I'm just kind of thinking about worrying, and [T: What are you thinking about that?] being troubled about that.

T: So you're troubled about worrying?

R: (head down) ... (sigh) ... (shakes head, sighs) I seem stuck in something. It's like, you know, I — I'm troubled about worrying, but I don't think I worry enough.

During the long silence here before Richard started talking I just let him sit with his thoughts without interrupting the work he seemed to be doing by asking a question.

T: And there's — is there a sense of stuckness there?

R: (sighs) I don't know, it just feels ... I think it's coming into my head, you know, that I think, "Well, I should have worried more about that. If I could have ... if I had worried more about ... these kinds of things, I would have prevented those from happening." [T: Mmm.] And if I ... but the thing that's preventing me from worrying about those things is worrying about these things, and ... these things are things I don't need to worry about.

T: Mm-hmm.

R: ... (looks away, laughs, shakes head, looks back at me) I've just been worrying about the wrong things!

This appeared to be a big idea so I thought it would help him if he stayed with this for a while.

T: Is that how it seems, when you put it like that?

R: Mmm.

T: So is that like not ... it's not the amount of worrying but the — the focus of your worrying or something?

R: Mmm. (nods) Mmm. It's certainly not the amount, because I think I've got a ... capacity to worry i — in indefinitely, or ... i — infinitely, or I think I've got an endless capacity to worry and probably can function very well at that ... Umm. It's just I've been worrying about the wrong things.

- T: Mm-hmm. So you can function very well while you're worrying.
- R: Mmm. (*nodding*)
- T: Hmm ... How does that feel to hear yourself say that?
- R: Seems right.
- T: Mm-hmm.
- R: (*nodding*) Kind of "Yep, that's just what — that just seems ... that's the way it is."
- T: Mm-hmm.
- From watching the DVD it looked like Richard began to say something here that I didn't notice during the session. Maybe that would have been something interesting to ask about.*
- T: So you can function very well while you're worrying but you're just worrying about the wrong things.
- At this point I'm asking these questions to help Richard keep his attention in this area.*
- R: Mmm.
- T: Is that —
- R: And I'm not bothered about that. I am — am actually ... quite happy being a worrier and ... and being troubled ... I'm not even particularly bothered about that.
- T: Mm-hmm.
- R: I think that's my lot in life.
- T: Hmm.
- R: But the problem has been that ... I've been worrying about — the things I've been worrying about have prevented me from worrying about the things that I should have been worried about.
- T: Ha — they prevented you? What ...
- R: Well, it's like I've spent so much energy worrying about these things, worrying about ... if everyone else is alright, or if things [T: Mmm.] are going well, or ... that it's actually stopped me worrying about the things that I've been wan — I — that I should be worrying about that are actual things that ... if I'm doing my job properly as a parent or a ... friend or a ... brother or a whatever. Mmm. (*nods*)
- T: ... Mmm. Where — where'd you get to just then?
- R: Mmm. (*shaking head*) Just seemed ... to make sense, which is ... (*pulls mouth down, puts hands out*)
- T: ... And you didn't kind of finish that ... out loud. Is there something — did you sort of finish it off?

- R: (*shaking head*) Well, I'm not really sure what happened. I kinda just thought ... it's maybe time to worry about ... (*nodding*) those other things [T: Hmm.] for a change.
- T: Mm-hmm.
- R: If I put as much energy into worrying about those, (*laughs*) ... then I would be being what I want to be, like, the type of person I want to be, and the type of dad I want to be, or ... (*nods, pulls mouth down*)
- T: And — and is that — have you not thought about it in that way before?
- R: (*sighs, shakes head*) No I haven't ... (*looks up, nods*)
- T: ... Should we maybe leave it there then?
- R: Mmm. (*nodding*)
- T: OK.
- R: Thanks.

This demonstration is a fairly typical example of the kinds of things I do in an MOL session. The results, from the client's perspective, are not always as dramatic as this, but in each session I just set out to do the two things I mentioned at the beginning of the transcript, namely, asking about whatever seemed to be at the front of Richard's mind, or asking him about something else he had become aware of that seemed to be disrupting his current stream of thought. In each MOL session, that's all I do. If Richard came back for another session at some time in the future, I would start off the same way and continue to ask those two kinds of questions for as long as the session continued. Although sessions with different clients are different, and different sessions with the same client are different, from my perspective I'm just doing the same thing every time I do MOL. I do the same thing because, based on the principles of PCT, it seems to be the most straightforward way of being as helpful as possible while getting in the way as little as possible.

In an effort not to leave too many questions unanswered, I asked Richard if he would write about his experiences after the MOL session we had. On August 18, 2005, approximately two months after we had the MOL session that you've seen on the DVD, this is what Richard had to say:

A reflection on MOL

Richard J. Mullan

It's a remarkable thing always to have known something but never to have experienced it. My own moment of clarity, my eureka, when suddenly the most obvious concept finally became obvious, was just like that. Since that experience of solving a significant problem occurred, there has not been a day that has passed when I did not become aware of a statement that was beginning to change how I viewed myself and the world. The variety of situations, relationships and decisions to be made that were now viewed differently seemed endless. When will it stop? Just how much of my life does this new knowledge apply to?

One question remains: How did I not see it earlier? I had tried, Oh I had tried for a long time to see it, to change things so I would be less stressed, anxious, distressed, but nothing I ever did made the blind bit of difference. In fact, the more I tried to fix things the worse things became. The fact that the answer was so simple, so straightforward will, I believe, always baffle me. One thing is for sure, I could never in a million years have predicted the solution, and yet it looked so familiar when it did occur to me. Sometimes I wish it had happened sooner, but I know that the events preceding it had to occur in order for the change to happen. Even if I try hard to find the problem now, it isn't there. I couldn't rush it or make it happen, and my helper in all of this could not have prevented it from happening even if he had wanted to. When it finally began, Tim just needed to step out of the way and allow the process to play itself out.

In many ways it happened as quickly as I have described it above, as a very sudden—I would say instantaneous—moment when all became clear. From another perspective I can also see that it is a long process in which it is very difficult, if not impossible to identify a beginning to it and even an end. Since “the moment” occurred, everything seems different and things are still shifting about, nuzzling into place where they fit and being cast off where they appear alien. I wouldn't describe myself as happy or peaceful or calm, and anyone who knows me even a little bit well would certainly not describe me in these terms, but I am struggle free. Life is glorious once more.

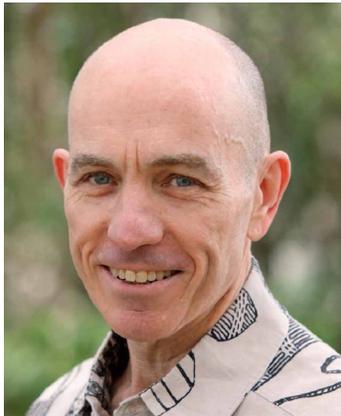
References and further reading

- American Psychiatric Association, (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: American Psychiatric Association.
- Asay, T. P. & Lambert, M. J. (1999). The empirical case for the common factors in therapy: Quantitative findings. In M. A. Hubble, B. L. Duncan, & Miller, S. D. (Eds.). *The heart and soul of change: What works in therapy* (pp. 23-55). Washington, DC: American Psychological Association.
- Bourbon, W. T. (1995). Perceptual control theory. In H. L. Roitblat & J. A. Meyer (Eds.). *Comparative approaches to cognitive science* (pp. 151-172). Cambridge, MA: MIT Press.
- Bourbon, W. T. (1996). On the accuracy and reliability of predictions by perceptual control theory: Five years later. *The Psychological Record*, 46, 39-47.
- Bourbon, W. T., Copeland, K. E., Dyer, V. R., Harman, W. K., & Mosley, B. L. (1990). On the accuracy and reliability of predictions by control-system theory. *Perceptual and Motor Skills*, 71, 1331-1338. [See Runkel (2003) *People as Living Things* pp. 81-87]
- Bourbon, W. T. & Powers, W. T. (1993). Models and their worlds. *Closed Loop*, 3(1), 47-72. [Reprinted in Runkel (2003) *People as Living Things*, Chapter 8]
- Breggin, P. R. (1991). *Toxic psychiatry*. New York: St Martin's Press.
- Breggin, P. R. & Cohen, D. (1999). *Your drug may be your problem: How and why to stop taking psychiatric medications*. Reading, MA: Perseus Books.
- Carey, T.A. (1999). What makes a psychotherapist effective? *Psychotherapy in Australia*, 5(3), 52-59.
- Carey, T. A. (2001). Investigating the role of redirecting awareness in the change process: A case study using the Method of Levels. *International Journal of Reality Therapy*, 20(2), 26-30.
- Carey, T. A. (2001). The Method of Levels: Offering a different approach to peer counseling programs. *International Journal of Reality Therapy*, 21(1), 13-16.
- Carey, T. A. (2002). Rebecca: A case study of Perceptual Control Theory. *Psychotherapy in Australia*, 3(8), 56-59.
- Carey, T. A. (2005). Can patients specify treatment parameters? A preliminary investigation. *Clinical Psychology and Psychotherapy: An International Journal of Theory and Practice*, 12, 326-335.

- Danziger, K. (1990). *Constructing the subject: Historical origins of psychological research*. Cambridge, UK: Cambridge University Press.
- Danziger, K. (1997). *Naming the mind: How psychology found its language*. Sage: London.
- Dawes, R. M. (1994). *House of cards: Psychology and psychotherapy built on myth*. New York: The Free Press.
- Dineen, T. (2000). *Manufacturing victims: What the psychology industry is doing to people*. Montreal: Robert Davies Multimedia.
- Dowling, J. E. (1992). *Neurons and networks: A guide to neuroscience*. Cambridge, MA: Belknap Press.
- Dowling, J. E. (1998). *Creating mind: How the brain works*. New York: W. W. Norton & Company.
- Eisner, D. A. (2000). *The death of psychotherapy: From Freud to alien abductions*. Westport, CT: Praeger.
- Fisher, S. & Greenberg, R. P. (Eds.). (1997). *From placebo to panacea: Putting psychiatric drugs to the test*. New York: Wiley.
- Forsell, D. C. (2000). *Management and leadership: Insight for effective practice*. Menlo Park, CA: Living Control Systems Publishing.
- Gribbin, J. (1998). *Almost everyone's guide to science*. London: Weidenfeld & Nicolson.
- Healy, D. (1997). *The antidepressant era*. Cambridge, MA: Harvard University Press.
- Healy, D. (1998). *The psychopharmacologists II: Interviews by Dr David Healy*. London: Chapman & Hall.
- Healy, D. (2000). *The psychopharmacologists III: Interviews by Dr David Healy*. London: Arnold.
- King, R. (1999). Treatment of depression: Do we know what we are doing? *Psychotherapy in Australia*, 5(3), 14-17.
- Kirk, S. A. & Kutchins, H. (1992). *The selling of DSM: The rhetoric of science in psychiatry*. New York: Aldine de Gruyter.
- Luborsky, L., Singer, B., & Luborsky, L. (1975). Comparative studies of psychotherapies: Is it true that "everyone has won and all must have prizes"? *Archives of General Psychiatry*, 32, 995-1008.
- Mansell, W. (2005). Control Theory and Psychopathology: An Integrative Approach. *Psychology and Psychotherapy: Theory, Research and Practice*, 78(2), 141-178.
- Mansell, W. (2005). *The bluffer's guide to psychology*. London: Oval Books.
- Marken, R. S. (1992). *Mind readings: experimental studies of purpose*. Gravel Switch, KY: Control Systems Group.
- Marken, R. S. (1997). The dancer and the dance: Methods in the study of living control systems. *Psychological Methods*, 2(4), 436-466.
- Marken, R. S. (2001). Controlled variables: Psychology as the center fielder views it. *American Journal of Psychology*, 114(2), 259-281.
- Marken, R. S. (2002). Looking at behavior through control theory glasses. *Review of General Psychology*, 6(3), 260-270.

- Marken, R. S. (2002). *More mind readings: Methods and models in the study of purpose*. St Louis, MO: New View.
- Marken, R. S. (2003). Error in skilled performance: A control model of prescribing. *Ergonomics*, 46(12), 1200-1214.
- Marken, R. S. & Powers, W. T. (1989). Random-walk chemotaxis: Trial-and-error as a control process. *Behavioral Neuroscience*, 103, 1348-1355.
- Mayr, O. (1970). *The origins of feedback control*. Clinton, MA: The Massachusetts Institute of Technology.
- McClelland, K. (2004). The collective control of perceptions: constructing order from conflict. *International Journal of Human-Computer Studies*, 60, 65-99.
- McPhail, C., Powers, W. T., & Tucker, C. T. (1992). Simulating individual and collective action in temporary gatherings. *Social Science Computer Review*, 10, 1-28.
- Ost, L. G. & Westling, B. E. (1995). Applied relaxation versus cognitive behavior therapy in the treatment of panic disorder. *Behavior Research and Therapy*, 33, 145-158.
- Powers, W. T. (1973, 2005). *Behavior: The control of perception*. New Canaan, CT: Benchmark.
- Powers, W. T. (1979). The nature of robots part one: Defining behavior. *Byte*, 4(6), 132-144. [Available as a pdf-file at www.livingcontrolsystems.com]
- Powers, W. T. (1989). *Living control systems*. Gravel Switch, KY: The Control Systems Group.
- Powers, W. T. (1992). *Living control systems II*. Gravel Switch, KY: The Control Systems Group.
- Powers, W. T. (1998). *Making sense of behavior: The meaning of control*. New Canaan, CT: Benchmark.
- Powers, W. T. (1999). A model of kinesthetically and visually controlled arm movement. *International Journal of Human-Computer Studies*, 50, 463-479.
- Read, J., Mosher, L. R., & Benatll, R. P. (Eds.). (2004). *Models of madness: Psychological, social and biological approaches to schizophrenia*. London: Routledge.
- Reber, A. S. (1995). *Dictionary of psychology* (2nd ed.). London: Penguin.
- Richardson, G. P. (1991). *Feedback thought in social science and systems theory*. Waltham, MA: Pegasus Communications.
- Robertson, R. J. & Powers, W. T. (Eds.). (1990). *Introduction to modern psychology: The control-theory view*. Gravel Switch, KY: The Control Systems Group.
- Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry*, 6, 412-415. (reprinted in 2002 in *Journal of Psychotherapy Integration*, 12(1), 5-9).
- Runkel, P. J. (1990, 2007). *Casting nets and testing specimens: Two grand methods of psychology*. Menlo Park, CA: Living Control Systems Publishing. .
- Runkel, P. J. (2003). *People as living things*. Menlo Park, CA: Living Control Systems Publishing.

- Smith, M. L., Glass, G. V., & Miller, T. I. (1980). *The benefits of psychotherapy*. Baltimore: John Hopkins University Press.
- Szasz, T. (1997). *Insanity: The idea and its consequences*. New York: Syracuse University Press.
- Szasz, T. S. (1974). *The myth of mental illness: Foundations of a theory of personal conduct*. New York: Harper & Row.
- U.S. Congress Office of Technology Assessment. (1992). *The biology of mental Disorders*. US Government Printing Office, 13-14, 46-47.
- Valenstein, E. S. (1973). *Brain control*. New York: John Wiley & Sons.
- Valenstein, E. S. (1986). *Great and desperate cures: The rise and decline of psychosurgery and other radical treatments for mental illness*. New York: Basic Books.
- Valenstein, E. S. (1998). *Blaming the brain: The truth about drugs and mental health*. New York: The Free Press.
- Van de Rijt, H. & Plooi, F. (2003). *The wonder weeks: How to turn your baby's 8 great fussy phases into magical leaps forward*. The Netherlands: Kiddy World Promotions B.V.
- Wampold, B. (2001). *The great psychotherapy debate: Models, methods and findings*. Mahwah, NJ: Lawrence Erlbaum Associates.

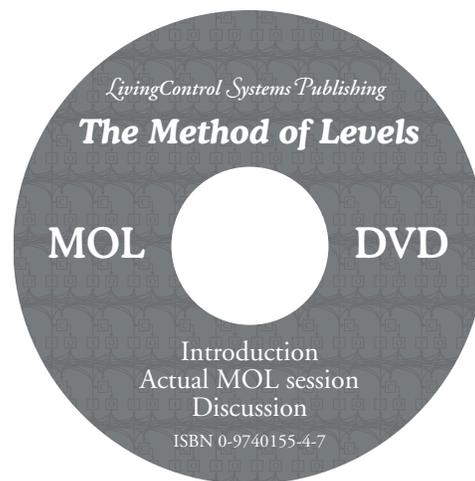


Timothy A. Carey

As of March 2020, Timothy A. (Tim) Carey is Director, Institute of Global Health Equity Research and Andrew Weiss Chair in Research on Global Health at the University of Global Health Equity in Rwanda. <https://ughe.org/>

Tim's MOL website is www.methodoflevels.com.au

Tim's Psychology Today blog www.psychologytoday.com/us/blog/in-control



The DVD depicted here holds a 2 minute introduction by Tim Carey, the 33 minute MOL session that is transcribed starting on page 155 and a 12 minute discussion Tim and Richard had following the session. The DVD is no longer available by mail.

Download [MOLdvd.iso](#) and burn your own DVD. See link below. Alternative, much smaller video files are also available at this location.

Files are located at: http://www.livingcontrolsystems.com/mol/mol_videos.html

About the author

Timothy A. Carey began his professional life as a preschool teacher. He then obtained a Graduate Diploma in Special Education for the Severely to Profoundly Multiply Handicapped and taught in special schools. His training in special education provided him with the opportunity to focus on behavior management. He began working as a behavior management advisory teacher in primary schools and then secondary schools assisting both teachers and students to negotiate their school days more satisfactorily. While never relinquishing his passion for teaching, he pursued undergraduate and then postgraduate studies in psychology at the University of Queensland. Along the way he got married in Las Vegas and rode shotgun in a helicopter through the Grand Canyon to start his honeymoon. He also watched the sun set over the Golden Gate bridge as the 20th Century came to an end.

His PhD research investigated the obscure but dramatically important topic of counter-control—something first mentioned by B. F. Skinner—culminating in the award of a PhD in Clinical Psychology. From that research he has published articles on countercontrol with his friend Tom Bourbon. He has also published a book about a school discipline process with his wife Margaret and has published other articles as well, mostly about the Method of Levels.

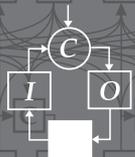
With a shiny new PhD he travelled half way round the world to work as a clinical psychologist in Scotland where he set about learning as much as he could about the Method of Levels. At the current time he is in Scotland still. He lives in a 300-year-old house in a little fishing village on the east coast. He is currently studying for an MSc in Mathematical Statistics and continues to investigate the Method of Levels. One day he might finish studying but he doesn't ever want to finish learning.

What people say about this book

I find Dr. Carey's book of the Method of Levels an invaluable resource that I consult regularly. It is a remarkable document of one individual's quest to apply the principles of Perceptual Control Theory to the practice of helping others with distressing problems. It provides me with the opportunity to reflect regularly on my own practice without instructing me and has enabled me to be clearer about my role as a psychotherapist. It has truly opened my eyes to psychological distress from the perspective of the patient and it serves as a constant reminder that it is patients who get themselves better.

I could never say it is easy reading in that it has resulted in my questioning of fundamental principles regarding psychological problems and human functioning, but I have never looked back as I feel I am becoming a more competent and understanding therapist. I am now more clear about my role in helping people. I would like to thank Dr. Carey for his relentless search to answer some of the most important questions about the psychological treatment of humans who are having problems in living and for passing them on in such an inspirational style.

Richard Mullan, Cognitive Behavior Therapist



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