The MOL Therapy Case Study of AF

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Method of Levels Therapy (MOL Therapy) is a new form of psychotherapy which is based entirely on the ideas of Perceptual Control Theory (PCT) by William T. Powers (1973). It has features of cognitive-behavioral therapy, experiential-client centered therapy, and psychodynamic therapy. However, rather than being an eclectic mixture, it is a theoretical application of PCT.

Previously, Goldstein (2007) presented a case study in which Q-Methodology and Personal Construct Analyses were used to evaluate the changes in a woman who was in therapy. The present study differs from this previous one in that a widely used standardized psychological test, the Millon Multiaxial Inventory 3 (MCMI3), was used to describe the change. The MCMI 3 was given before and after therapy and a computer interpreted report was generated each time. The therapist did not look at the results before or after therapy until the case record was closed. Other than providing further support for the fact that MOL Therapy can be effective, the present study explains the steps of MOL Therapy in more detail so that the reader can get a better sense of how MOL Therapy is done.

Basic Concepts of Perceptual Control Theory (PCT)

The overall picture of a person from PCT is shown in Figure 1. A person has acquired control systems which are organized in a hierarchy of control systems at 11 levels. The learned control systems help the person reach and maintain biological goals which are prescribed by genetic information.

Figure 1: The Picture of a Person in Perceptual Control Theory

The structure of a learned control system is shown in Figure 2. On the outside of the person, the input quantity is similar to the traditional idea of a stimulus and the output quantify to the concept of a response. Note that the stimulus is always a result of a person's actions plus external factors. The perceptual signal, when combined with awareness, is a person's experience of the stimulus; the traditional concepts of sensation, perception, conception and meta-cognition are included in the PCT 11 levels of perception. The reference signal is the value of the perceptual signal which the person prefers, what the person wants; it is similar to the traditional idea of motivation. The error signal results in a person taking action on the environment via the skeletal muscles and prepares the person's body for taking such action through the action of glands, hormones and smooth muscles ; error signals are similar to the traditional concept of feeling or emotion. When a control system is controlling well, the perceptual signal is kept matching the reference signal and the feedback effect stabilizes the stimulus against disturbances (the non-person sources of change in the stimulus).

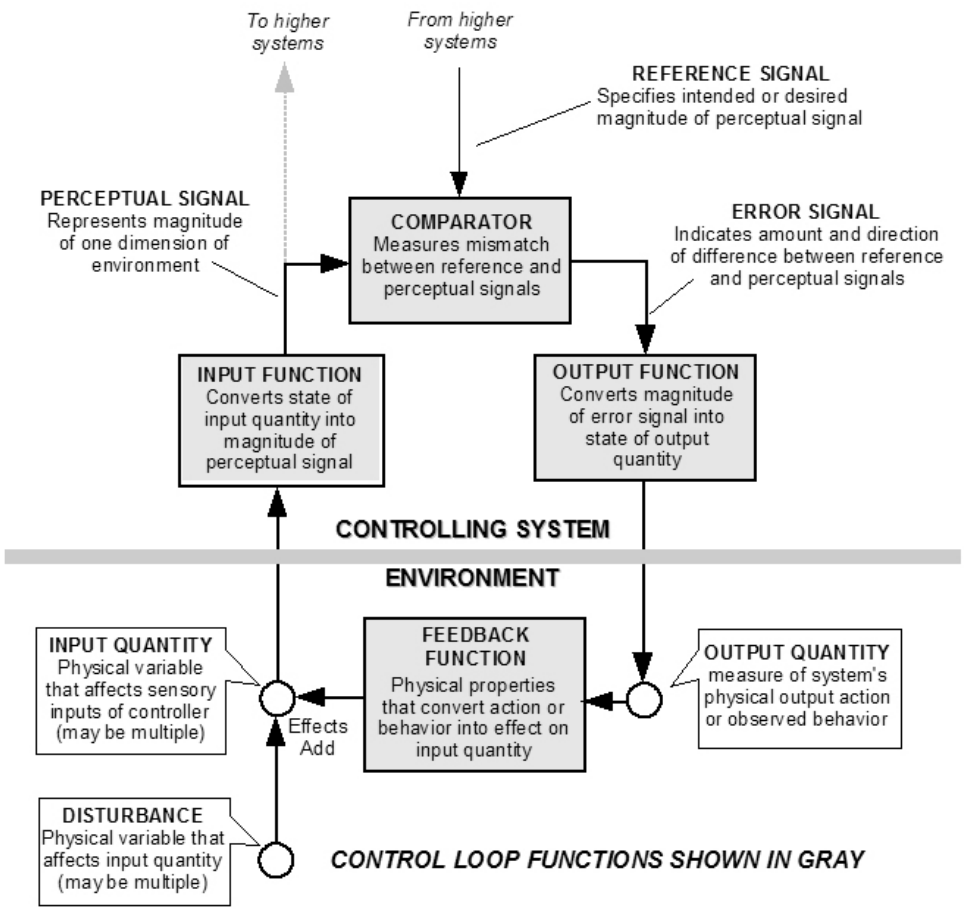

Figure 2: A Control System in the Perceptual Hierarchy.

The Role of the therapist in MOL Therapy:

The job of the therapist is to help the person become 'unstuck' so that the normal change process, called the Reorganization System in PCT, can bring about the changes in the person to solve the problems. The presence of internal conflicts, defined as a person wants but don't wants a certain perception, is believed to be the basic reason for the Reorganization Systems to become 'stuck'. The person is working on the problem from a point of view which is not productive. The job of the therapist is to help the person resolve internal conflicts. The therapist attempts to redirect a person's awareness to a different place. The desired viewpoint is one which is at a higher level than where the conflict is present. From this new perspective, a person can simultaneous view both sides of the conflict. This seems to be a necessary condition for internal conflicts to be resolved by the person. PCT informs us that it is necessary to go to a 'higher level' because the goals of the two control systems in conflict are set by control systems at a higher level, which in term are set by a still higher level.

Steps in MOL Therapy:

Figure 2: The Steps in MOL Therapy

The details of each step are described in Table 1A & 1B. Based on these steps, a therapy progress note form was created to describe what happened in each session and is shown in Figure 3. Note that the note conforms to the format of a SOAP progress note. The SO part has been replaced with the answers to the six questions.

Table 1: Steps in MOL Therapy

Table 1A: The MOL Therapy Steps

Step 1: The explorer picks a topic (Foreground). • **One that is 'a problem experience' for the explorer. Some aspect of the explorer's experience is 'out of control'—not the way the explorer wants it.** • **This may or may not be a problem for other people. The explorer has negative feelings and emotions associated with the problem experience; there are 'error signals'. The negative feelings/emotions are strong, and chronic. Awareness is drawn to the control systems which have error signals.** • **The explorer wants to improve control of the problem experience but has not been successful in doing this on his/her own. The presence of an internal conflict at the same level draws awareness to this level. The conflict cannot be resolved at this level. This is why the person has not been able to resolve it.** • **Each session stand as a self-contained unit.**
Step 2: The explorer talks about the foreground topic in detail. • **The explorer describes the topic in as much detail as possible. The guide may ask questions to help the explorer make clear what is going on inside; the purpose of the questions are to reveal the reference perception, namely, what the explorer wants/doesn't want; the guide**

explains that the answer to the questions may seem obvious but the explorer makes no assumptions about what is going on inside the explorer. The explorer is encouraged to 'be present' with his/her experience as the experience is described. The topic can be any one from the past, present or future. It can be a dream. It can be a creative fantasy. The guide asks the person to describe the way he/she experiences it as if it is happening.

- **The explorer and guide are on the alert for any words which can be thought of as expressing a super-ordinate comment or attitude about the foreground topic which goes beyond the current foreground topics.**
- **Said differently, the explorer and the guide are on the alert for any words which can be viewed as providing a larger context into which the person's description fits. The guide takes an active role in spotting higher level topics. However, the explorer decides whether the 'background topic' is the new topic to be discussed.**

Step 3: The explorer notices a higher level topic (Background topic).

- **The background topic is more general and abstract ('super-ordinate') compared to the foreground topic. The explorer may have been unaware of the background topic at the time he/she chose the foreground topic to talk about. For example, an explorer may make statements about a certain group of people without realizing that a prejudiced attitude is present and guides the statements.**
- **The higher level topic may seem to be the explorer's own reaction to the foreground topic ('an effect or result') even though it may be a cause. Without a prejudiced attitude the explorer may not make the specific statements he/she does.**
- **The higher level topic can be thought of as 'a kind of comment about' the foreground topic, even if the explorer does not express it. It provides a large 'context' into which the foreground topic fits.**
- **The higher level topic may be verbal or nonverbal. To an observer, the explorer may seem to be showing some kind of 'disruption', 'non-fluency' or 'hitch' in the flow of actions.**
- **The higher level topic may be a fleeting or momentary thought about the foreground topic,**

which may 'come and go'. If the explorer keeps in the state of the background topic, it may seem that the explorer has undergone a qualitative change.

Table 1B: The MOL Therapy Steps

Step 4: The explorer talks about a Background topic in detail

- **The guide may ask the explorer if it is OK to talk about a new topic if the guide is the one suggesting the topic switch. If the explorer is the one initiating the topic change, this asking permission is not needed.**
- **This step follows the same procedures of step 2, except the topic is different.**
- **The explorer is encouraged to stay at this higher level rather than move down back to the old Foreground topic.**
- **The new Foreground topic is the reason WHY (the goal or the result or the ends) of the explorer accomplishing the old Foreground topic.**
- **If the explorer talked about HOW he/she was going to achieve the old Foreground topic, then this would be a movement down or the means or the pathway by which the explorer was going to accomplish the Foreground topic.**

Step 5: The above process of Foreground—Background is repeated as many times as possible until the explorer cannot go any higher or has solved the problem.

- **Within PCT, the higher levels are programs, principles and systems. For example,**
  - **I play tennis.—a program level statement. A specific person and action is indicated.**
  - **Tennis is fun and provides good exercise—a principle level statement. No mention is made of a specific person or action. Perhaps, 'needs' and values are at this level.**
  - **Tennis is more consistent with who I am than golf.—A system level statement.**
- **Within MOL Therapy, it is only the 'relative levels', not the hypothesized 11 PCT levels, which are utilized.**

- **As the explorer 'goes up levels (relative)', the explorer will be talking more and more about 'self' issues and what is important for the explorer.**
- **When the explorer can observe the different 'parts of the self', the explorer is said to be in 'the Observer Self.'**
- **Being in the Observer Self feels calm and relaxed. It is hard to describe the Observer Self because there is no more 'up levels' from which it can be viewed. Reaching this state can be taken to mean that the explorer has worked through the major internal conflicts within the hierarchy.**

Step A, B, C: Conflict resolution

- **These steps can happen at any point in the session when an internal conflict is noticed. An internal conflict happens when a person wants and doesn't want a certain perception.**
- **The explorer talks about both sides of the conflict**
- **The explorer talks about what is good about both sides.**
- **The explorer talks about what is bad about both sides.**
- **This process continues until the explorer reaches a point when both sides can be in awareness at the same time.**
- **The explorer describes the way the conflict is experienced from the view which can see both sides at the same time.**
- **A resolution to the conflict is likely to happen when the above, simultaneous awareness happens.**
- **The 'up level' process can continue.**

In summary, the Q-sort in Table 2 shows a q-sort which describes what is most unlike to most like MOL Therapy.

Table 4 Q-sort of MOL Therapy Test Items

Item	WTP Time 1	WTP Time 2	DMG
025 The therapist had many suggestions about how I could solve my problems	1	1	1
023 The therapist gave me useful suggestions about how to act when I feel bad	2	2	3
001 I found that my own ideas were inferior to the therapist's ideas about my problems	3	6	4
012 In the session, I was told or shown that my unpleasant thoughts are incorrect	3	4	2
006 I was told of the real meanings of my thoughts and feelings	4	3	5
024 I was encouraged by the therapist to behave and think in a more realistic way	4	4	7
008 The therapist seemed to have more insights into my problems than I did	5	5	4
013 The therapist suggested new viewpoints toward my problems to try out	5	3	5
019 I began to understand the method that the therapist was using	5	9	9
005 I was reminded by the therapist of the social norms that apply to my actions	6	5	3
011 The therapist showed me that my present problems come from past experiences	6	5	5
002 When I was con- fused, the therapist explained things so I understood them better	7	7	7
007 I was often unable to answer questions that the therapist asked	7	7	6
014 The therapist helped me by using his knowledge of other people	7	6	6
016 I do not remember any specific questions the therapist asked	8	8	9
020 I was shown by the therapist that my desires or goals contradict each other	8	7	7
003 The therapist did not always seem to be interested in what I was saying	9	9	8
010 The therapist communicated almost entirely by asking questions	9	9	8
018 The subject under discussion seemed to keep changing	9	8	10
009 When I asked for advice, the therapist refused to give it to me	10	11	10
015 The therapist spoke less than I did during the session	10	10	9
017 I was helped to see both sides of conflicting wishes and intentions	11	10	11
021 I felt that it was up to me to resolve my problems	11	13	13
022 The therapist made me more aware of how I felt and thought during the session	12	11	12
004 The therapist brought my attention back to fleeting thoughts I mentioned	13	12	11

Table 2: Q-sort which describes what is unlike to what is like MOL Therapy.

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Progress Note

PATIENT NAME:

Session Date:

Others Present:
Modality: ☐ Individual ☐ Family ☐ Group ☐ Other

Subjective & Objective Data:
1. Is the person engaging (attends sessions, initiates topics, interested in talking to therapist, trusts therapist)? **□ Yes □ No** **ABC (The ABC is replaced by statements related to the step.)**
2. Is the person aware of thoughts, feelings and experiences as he/ she talks about a foreground topic? **□ Yes □ No** **ABC (The ABC is replaced by statements related to the step.)**
3. Is the person able to notice background thoughts, feelings and experiences as he/ she talks about a foreground topic (i.e., simultaneous self comments, at a more general level, about foreground topic being discussed)? **□ Yes □ No** **ABC (The ABC is replaced by statements related to the step.)**
4. Is the person able to/ willing to talk about background thoughts, feelings and experiences? **□ Yes □ No** **ABC (The ABC is replaced by statements related to the step.)**

5. Is the person showing any signs of learning or changing? If yes, is the person able to identify the changes taking place? If no, is the person able to identify the reasons for not changing?   **□ Yes □ No**   **ABC (The ABC is replaced by statements related to the step.)**
6. Is the person identifying and resolving internal conflicts?   **□ Yes □ No**   **ABC (The ABC is replaced by statements related to the step.)**

Psychiatric Medication:	

Assessment:
He/She is making □ No □ Mild □ Moderate □ Significant progress on his/her treatment goals.   **There are Risk Factors to: □ Self □ Others □ None.**
Plan:
Referral/outreach efforts: Next Appointment Date: Will see   **_____**   **David M. Goldstein, Ph.D.**   **Licensed Psychologist (NJ/PA)**

Figure 3: MOL Therapy Progress Note.

Case Study

The patient AF was a white male, 48-years-old. He received 18 sessions of MOL Therapy. AF was married for the second time and had two elementary-aged children. He worked in a professional capacity for a company at the beginning of therapy.

Results

Session 1—A general clinical interview was conducted. The presenting problems were one of anxiety, a problem with authority, and a self-diagnosed Attention Deficit Hyperactivity Disorder (ADHD) condition. The person was given the MCMI3 at the beginning of therapy.

Sessions 2-18 were conducted following the MOL Therapy model described in Table 1. AF was re-given the MCMI3 on the last session. Significant progress is evident in Tables 3 and 4. It shows that the anxiety disorder was resolved. It shows that the identifying and resolving of internal conflicts happened towards the end of therapy.

Table 3: Summary of Therapy Progress in Terms of MOL Therapy Steps Achieved.

Session	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Progress Rating
2	yes	yes	yes	yes	no	no	no
3	yes	yes	yes	yes	yes	yes	mild
4	yes	yes	yes	yes	yes	no	mild
5	yes	yes	no	no	no	no	mild
6	yes	yes	no	no	yes	no	moderate
7	yes	yes	yes	yes	yes	no	moderate
8	yes	yes	yes	yes	yes	yes	moderate

9	no—missed session						
10	yes	yes	yes	yes	no	no	mild
11	yes	yes	yes	yes	yes	yes	moderate
12	yes	no	yes	yes	yes	yes	moderate
13	yes	yes	yes	yes	yes	yes	moderate
14	yes	yes	yes	yes	yes	yes	significant
15	yes	yes	yes	yes	yes	yes	moderate
16	no—missed session						
17	yes	yes	yes	yes	yes	yes	significant
18	yes	yes	yes	yes	yes	yes	significant.

Table 4: MOL Therapy Case Study of AF (MCMI-3)

Just Before Therapy		Immediately After Therapy	
MCMI-3 Diagnostic Scales	BR Score	MCMI-3 Diagnostic Scales	BR Score
Disclosure	50	Disclosure	0
Desirability	47	Desirability	59
Debasement	49	Debasement	34
Schizoid	74	Schizoid	56
Avoidant	11	Avoidant	32
Depressive	77 *	Depressive	40
Dependent	60	Dependent	30
Histrionic	36	Histrionic	58
Narcissistic	51	Narcissistic	77 *
Antisocial	52	Antisocial	28
Sadistic	9	Sadistic	20
Compulsive	41	Compulsive	61

Negativistic	60	Negativistic	20
Masochistic	77 *	Masochistic	40
Schizotypal	39	Schizotypal	10
Borderline	29	Borderline	10
Paranoid	48	Paranoid	10
Anxiety	80 *	Anxiety	10
Somatoform	30	Somatoform	10
Bipolar: Manic	0	Bipolar: Manic	10
Dysthymia	64	Dysthymia	50
Alcohol Dependence	65	Alcohol Dependence	40
Drug Dependence	45	Drug Dependence	10
Post-Traumatic Stress	63	Post-Traumatic Stress	10
Thought Disorder	15	Thought Disorder	10
Major Depression	40	Major Depression	10
Delusional Disorder	25	Delusional Disorder	10

Note: * means BR score > 75 which means likely to be clinically noticeable.

Suggested DSM-IV Diagnoses:

DSM-IV Before: Axis I. 300.42 Generalized Anxiety Disorder

Axis II. Depressive Personality Traits

Self-defeating Personality Traits

Schizoid Personality Traits

DSM-IV After: Axis I. No diagnosis

Axis II. Narcissistic Personality Traits

Obsessive Compulsive Personality Traits

Discussion

The case of AF, along with the first case study described in Goldstein (2007), shows that MOL Therapy can be an effective therapy. From Figure 1 and Table 1A&B, the reader can gain a sense of how MOL Therapy is conducted. In the discussion I will present some 'background' thoughts about MOL Therapy.

The hardest thing for me to change was to give up the idea that I was going to give advice, or make suggestions which was going to solve the patient's problems. I had to trust that the person had the ability to solve his/her own problems if I helped to redirect awareness to a more productive viewpoint. I had to accept the fact that the person would come up with a solution which was best for him/her.

I had to learn and am still learning how to 'not get in the way', as Dr. Tim Carey describes it. When a therapist gives an interpretation or asks a question, this can throw the patient off the line of thinking which the patient is engaged without the therapist

meaning to do this. The therapist is trying to be helpful. However, the result can be just the opposite. It is good for the therapist to be aware of the possible negative effects of what he/she says.

Sache is one of the few studies which have provided research support for this possibility. The therapist's comments can result in the patient going up or down levels.

I was surprised by how much change took place between sessions. AF was actively working on "unfinished business" from the past. It wasn't necessary for me bring up these issues. AF worked on issues concerned with his first marriage, his mother, his difficulty working for others and his mental health. The changes in AF with respect to these past issues were unexpected and unpredictable. This is the nature of the Reorganization System.

The normal change process is a random, trial and error process. It comes into play when a person does not have a ready-made answer to a problem. In personal communication, William T. Powers came up with a 'hose model' of the structure of the Reorganization System. As shown in Figure 4, there is an involuntary component which automatically reduces 'intrinsic error signals.' The total of intrinsic error signals determines how much water is in the hose. There is a voluntary component in which a self-observer can point the hose on those control systems which have the largest error signals in the learned

control systems. When we are having a problem, we don't change everything we know,

only those things which need to be changed.

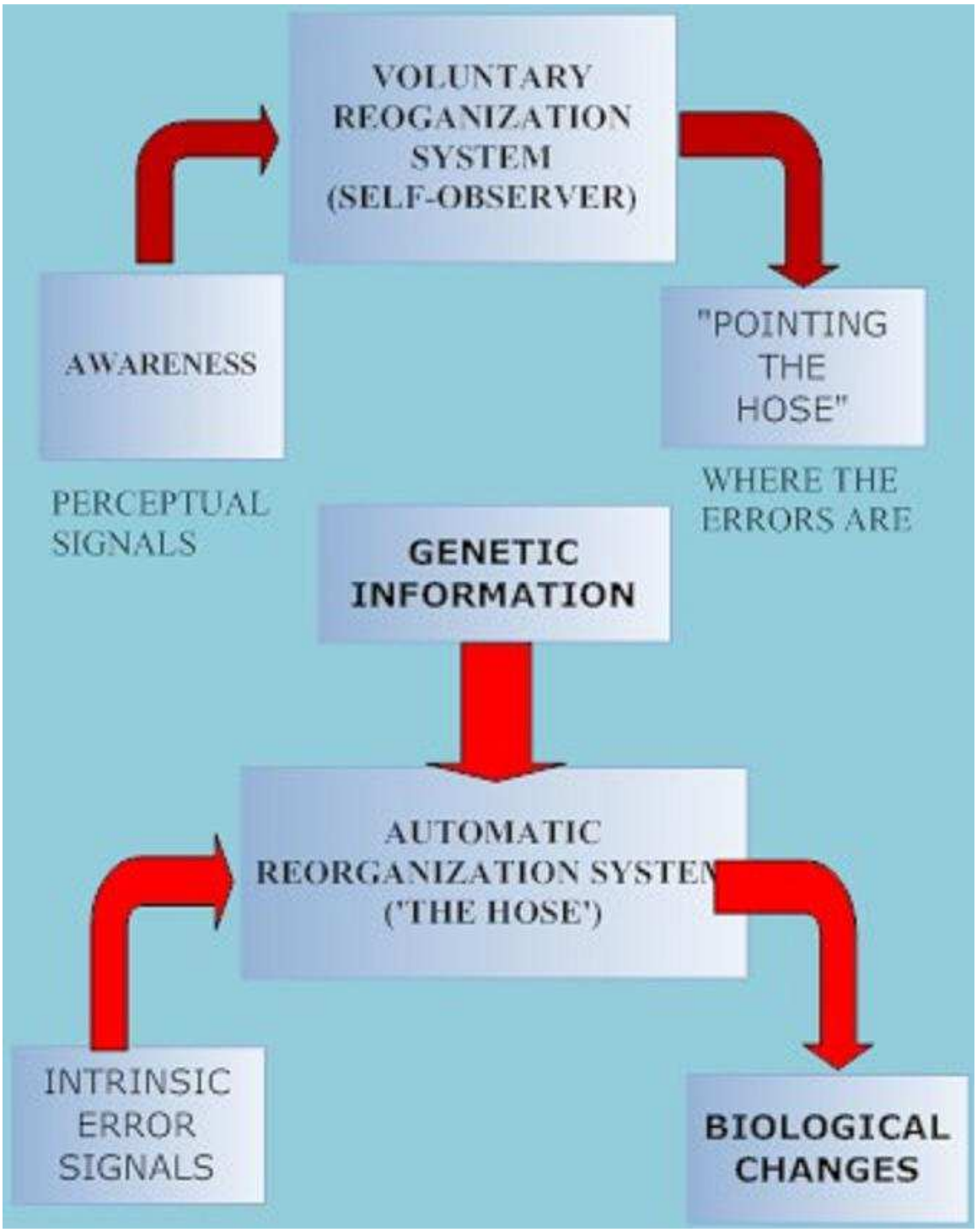

Figure 4: The 'Hose Model' of the Reorganization System

Consider the case of a newborn infant. The response repertoire is very limited. When the infant cries and flails, the parents act as the Reorganization System. They try one thing or another until they hit upon the change in the environment which the infant wants. The parents know this when the infant stops crying and flailing.

Where do we go from here? It would be helpful to have test which more directly assesses the 'going up a level' process. It would be helpful to have a test which is sensitive to a person's awareness of internal conflict. These are the key changes in the person which allows the normal change process to get on with it.

References

Carey, T. (2006). The method of levels: how to do psychotherapy without getting in the way. Haywood, CA: Living Control Systems Publishing.

Goldstein, D.M. (2007). Method of levels therapy: helping the normal change process within a person when normal change doesn't seem to be happening by itself. ***The International Journal of Healing and Caring***, 7, 1-17. Available online at: http://www.ijhc.org/site.php/arti/read/71goldstein.

Powers, W.T. (1998). **Making sense of behavior.** Connecticut: Benchmark.

Powers, W. T. (1973). ***Behavior: the control of perception.*** Hawthorne, NY: Aldine.

Sachse R. (1990). Concrete interventions are crucial: the influence of the therapists' processing proposals on the client's intrapersonal exploration in Client-Centered Therapy. Available online at: http://www.googlesyndicatedsearch.com/u/focusing?q=Sachse&sa=Search&cof=AH%3Acenter%3BS%3Ahttp%3A%2F%2Fwww.focusing.org%3BAWFID%3Adc342ddde6cbe5ac%3B&domains=focusing.org&sitesearch=focusing.org