



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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METHOD OF LEVELS (MOL)

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Definition: A Method-of-Levels (MOL) therapist helps people to explore their immediate experience of distress and shift their awareness to their (level of) beliefs and values assumed to produce the distress.

Elements: 1. Converse with clients about an area of current concern and focus on their experience of that concern as they describe it to the therapist. As the conversation proceeds, clients usually pause at times and may look away, shake their head, or smile. 2. On noticing these disruptions to their word flow the therapist asks clients what they've fleetingly become aware of. By asking "What popped into your mind just then when you looked away?", "What occurred to you that made you pause?", "What made you smile just now?" etc, the therapist helps to focus the client's attention on a different level of their experience. The conversation then continues until the therapist detects another disruption. A MOL therapist thus iteratively helps clients to explore current areas of dissatisfaction and other aspects of themselves that might underlie their distress. Through this kind of conversation, clients might find out, for example, that their anxiety in team meetings occurs because they want to remain friends with the team members while disagreeing with some of their views. In order to alert clients to each shift in awareness at the time it occurs, therapy conversations can appear disjointed. The therapist will often gently interrupt clients to immediately ask about what the therapist just noticed rather than let clients finish what they were saying and only then try to recapture the moment. This draws attention to disruptions right away, enabling the patient to shift awareness back to a potential source of conflict. As the conversation continues in this way clients often seem to suddenly realise something, or become quietly reflective or confused on questioning what they were once sure of. Sometimes they feel as though they've stepped back and are looking at their problem rather than being in it. When this happens the therapist asks "Is this a place we should leave it for today?" and leaves it to the client to schedule the next session.

Related Procedures: *Attention control, downward arrow technique, free association, metacognitive therapy, mindfulness, polarities experiential exercise, Socratic Questioning, thought catching, values exploration and construction.*

Applications: Individually for distressed adults, children and adolescents.

1st Use? Carey (2001)

References:

1. Carey TA (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.
2. Carey TA (2008a) *Hold that thought! Two steps to effective counseling and psychotherapy with the Method of Levels*. Chapel Hill, NC: Newview Publications.

3. Carey TA (2008b) Perceptual Control Theory and the Method of Levels: Further contributions to a transdiagnostic perspective. *International Journal of Cognitive Therapy*, 1(3), 237-255. (<http://www.atypon-link.com/GPI/toc/ijct/1/3>)
4. Mansell W (2008) Perceptual Control Theory as an integrative framework and Method of Levels as a cognitive therapy: what are the pros and cons? *The Cognitive Behaviour Therapist*. Doi: 10.1017/S1754470X08000093

Case Illustration (Carey 2001; cited in Carey 2008b)

Mia, a young woman, sought help for severe depression and anxiety she'd felt for several months. In session 1 she reported distress about how she should live her life, wanting to please her family yet also decide her own future. Her family disapproved of Mia's decisions on how to live her life but she was dissatisfied when living as they wished e.g. she liked her current job but her parents were unhappy with her choice and found a job vacancy elsewhere which they thought she should apply for but she did not want that. The therapist helped Mia explore her conflict by asking her to describe both sides of the conflict: "How do you feel when you make your own decisions?", "What's important to you about making your own decisions?", and "Have you always enjoyed your parents' approval?", "How do you know when your parents approve of you?" As Mia answered the therapist asked about distractions to shift her attention to another level: "What's going through your mind as you discuss approval just now?", "What were you thinking when you looked away just then?", "You seem to be slowing down your talking - what's going through your mind as that's happening?" At the end of session 1 Mia said she thought she should accept herself as she is before expecting others to accept her, that she'd never thought of this before, and that if she could accept herself she would solve her own problem. In session 2 Mia dwelt on her current distress despite her therapist's questions trying to shift her awareness to a level above the distress. However, in session 3 she shifted to focus on what independence meant to her, relaxed and laughed, and said she thought she should start taking her own advice by making independent decisions and being satisfied with those. In session 4 Mia said she'd reduced her contact with her parents, had joined a local social club, was exercising daily, and was thinking clearly without depression or anxiety, so therapy ended. At 10-week follow-up Mia remained improved.