

Hold That Thought: Two Steps to Effective Counselling and Psychotherapy with the Method of Levels

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This short book follows Timothy Carey's more theoretical and comprehensive introduction to the approach, *The Method of Levels: how to do psychotherapy without getting in the way* (2006). The intention here appears to be to provide a novice starter guide for those willing to consider using alternate therapy practices, without the need for formal training. The 141 pages are suffused with amusing anecdotes, cartoon drawings and regular "extra information/alternative explanation" boxes that combine to produce an affable yet engrossing read. But is the Method of Levels (MoL) another new evidence-lacking approach incongruous to accepted behavioural and cognitive principles? Or is it the start of an important new way of thinking about therapeutic practice?

The book is split into 14 chapters that loosely introduce theory (chapters 1–6) and practical application (7–14) of MoL. The endorsing foreword is provided by William Powers, whose Perceptual Control Theory (PCT; Powers, 1973) is clearly paramount to Carey's development of the technique. In the opening two chapters, the importance of "control" is established as a defining characteristic for entities or systems that live by a "process of using different means to continue experiencing the same end". In the third chapter the forces responsible for affecting people's attempts to control are described. These include "conflict", which is proposed to be the nature of most problems that persist (where two or more goals may be equally valid but are not compatible). PCT asserts that conflicts occur across different levels of people's experiences, involving at least three levels of hierarchy (Powers, 1973).

Chapter Four suggests that it is possible to gain a sense of the increasing complexity of these levels by asking "why" questions and sensitivity of levels by asking "how" questions. For example, if you ask yourself "why are you reading this review?" Then "why?" again in response to your answer, and so on, you may notice more transcendent and fundamental "levels" of thought. By asking repeated "how" questions to the same brief, you may notice an increasing objectiveness or concreteness. This correspondingly gives an idea of the hierarchical way our desires and goals are organized in these levels.

The fifth and sixth chapters introduce "reorganization" as a simple form of learning that makes random changes to control systems until control is restored (Powers, 1960, 1973). It is proposed that as learned problem solving strategies are ineffective at eliminating conflict (with both sides of the conflict being functional and legitimate), reorganization is the recommended solution. Reorganization occurs at the level of awareness and attention of a living system, therefore the role of the MoL therapist is to ensure people's attention is re-focused at higher levels. In other words, the therapist needs to assist in the attention being maintained at an elevated level once the person has reached that level of their own accord. These shifts in awareness are noticeable to the therapist as disruptions in a person's speech or flow.

MoL therapists are encouraged to assume less and enquire more about a person. Chapters Seven and Eight declare that questioning, regardless of whether the answers may seem obvious, stimulates the occurrence of disruptions. Then by asking people to examine the

thoughts they have during disruptions, attention is shifted to that level. With MoL the answers have little importance; the person's impressions of what is being said, however, are integral.

The ninth and tenth chapters focus on a questioning technique for maintaining a person's talking at higher levels. For example, when the therapist notices a disruption, they could ask "what are you thinking while you are pausing?" The response will usually draw attention to the higher level. To ensure the attention is maintained at that level, the use of questions such as "can you tell me a little bit more than that?" is recommended. People often talk about the past or future when discussing their problems and concerns but reorganization only occurs in the here and now. The therapist can help by directing thoughts to this moment with questions such as "how do you feel about those experiences now?" Techniques for managing silence and stoppages are also discussed.

Chapter Twelve explains how to employ the method when no disruptions are apparent, by asking questions about background thoughts to actively elevate people's attention to different levels. In the penultimate chapter the two principle goals of MoL are encapsulated: to encourage people to talk (about what is in awareness) and to notice and question disruption.

The final chapter advocates using MoL as a method that treats people in a way that harmonizes with how they are designed, and one that can challenge strongly held beliefs about the nature of psychological distress and the methods of helping. I believe these are valid claims. For the first part, there is certainly a tenable over-riding theme throughout of the MoL therapist "not getting in the way" and that people don't need help from "back seat drivers". With cognitive behavioural therapy the therapeutic relationship actively focuses attention methodically on conscious mental processes, whereas in MoL the therapist's goal is to help guide attention to initially unconscious higher levels of thought without agenda.

This book falls short of being a handy practitioner's guide on MoL practice, not least due to the sporadically placed extra information boxes and lack of longitudinal case-study examples. It also self-admittedly does not incorporate interpersonal conflict. Nor does it serve as a more comprehensive manual as his earlier publication (see the review by Mansell, 2006). This book is also, as its predecessor, unashamedly low on evidence. This is not to say that MoL has not been empirically evaluated, merely that any reference is absent in this work. Recent preliminary research published in this journal (Carey, Carey, Mullan, Spratt and Spratt, 2009) showed that primary care patients benefited from the developing MoL approach, although further controlled investigations are clearly required and suggested.

The perceived goal of the author, however, was to provide an accessible door through which to get willing cognitively or behaviourally minded therapists to give MoL a go. Without practitioners there will be no evidence to draw upon to aid development and to this brief I can see no fault. Given that it takes 2 hours to read from cover to cover, I would endorse the words of the author himself: "if you're sure of what you're doing as a therapist, this book won't have much to offer; if you'd like to be more certain about what this helping business entails and how you can improve the help you can provide, you might find something in these pages of interest".

References

- Carey, T. A. (2006). *The Method of Levels: how to do psychotherapy without getting in the way*. Hayward, CA: Living Control Systems Publishing.

- Carey, T. A., Carey, M., Mullan, R. J., Spratt, C. G. and Spratt, M. B. (2009). Assessing the statistical and personal significance of the Method of Levels. *Behavioural and Cognitive Psychotherapy*, 37, 311–324.
- Mansell, W. (2006). Review of the book, *The Method of Levels: how to do psychotherapy without getting in the way*, by T. A. Carey. *Behavioural and Cognitive Psychotherapy*, 34, 380–382.
- Powers, W. T. (1973). *Behaviour: the control of perception*. Chicago, USA: Aldine Publishing Co.
- Powers, W. T., Clark, R. K. and McFarland, R. L. (1960). A general feedback theory of human behaviour. Part II. *Perceptual and Motor Skills*, 11, 309–323.

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The Therapeutic Relationship in the Cognitive Behavioural Psychotherapies

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The therapeutic relationship should be of interest to all clinicians. Most of us have been trained that a good relationship is the rock upon which effective therapy is built, and if nothing else we can all recite at least three important words on the subject: warmth, genuineness and empathy. But it is easy to part ways from the topic much beyond this point – perhaps to regard it as a “given”, or of lesser priority than devoting our energies to the exploration and practice of more conceptually distinctive, technical, or “sophisticated” components of cognitive behavioural therapy.

In this new paperback edition, Paul Gilbert and Robert Leahy do a wonderful task of drawing our attention back to the neglected area of the therapeutic relationship and show us that we can benefit and enrich our understanding by a deeper analysis of the issues involved. They asked a number of eminent authors to share recent research and advance their views on such issues as: the importance of early engagement and rapport, how to deal with ruptures and boundary setting, conceptualizations of dynamic interpersonal processes in the relationship such as transference and countertransference, and matters concerning endings and problems therein.

In 12 engaging chapters, the authors introduce us to a number of thought-provoking perspectives. For example, Miranda and Andersen take on the thorny phenomenon of transference, a central construct within psychodynamic approaches but often sidelined or even ignored in cognitive therapy. They present a model of how to conceptualize transference from a social-cognitive perspective, invoking the notion that mental representations of the “self” are tied in memory to representations of “self-other” relationships. Gilbert also invites us to explore the mysterious ways that two people’s minds can influence one another; this time drawing upon evolutionary ideas and recent neurological findings such as “mirror neurons” and their possible role in our understanding of empathy. Katzow and Safran conceptualize the therapeutic alliance as a “negotiation” and offer a stage model of resolving ruptures when things go wrong. Newman reminds us that there may be a two-way interaction between alliance variables and outcome. He offers practical advice in dealing with harder-to-engage clients, including some common traps of becoming over-optimistic (and