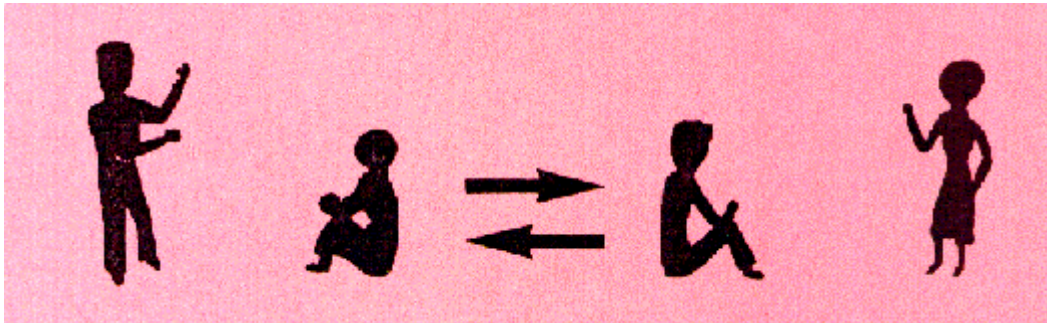


CO-COUNSELLING AS THERAPY

By Rose Evison and Richard Horobin
Second edition, 1994, revised 1999



Co-Counselling uses the healing power of emotional discharge.

Don't get stuck in distress. If you can't

LAUGH IT OFF

TRY:



STORMING



SHAKING



Throwing
up the
poison



YAWNING

Preface

The title of this booklet "**Co-Counselling as Therapy**", emphasises that whilst the methods of co-counselling can be used for therapy nevertheless "Co-Counselling" is a wider phenomenon than "therapy". Thus co-counselling is best seen as a set of processes, ideas, and a special relationship which together comprises a toolkit for personal and social change in any setting—therapeutic, educational, in the home—you name it! Whilst acknowledging this, the present booklet is specifically concerned with the application of co-counselling to therapy.

As the CONTENTS page indicates, this discussion is carried out within a conceptual structure intended to map onto the concerns of therapists and counsellors in the wider sense; and not just "co-counsellors". Indeed people whose knowledge and experience is specifically of co-counselling may find the framework adopted surprising. The reason for this particular framework is that this booklet emerged from our struggles to provide a chapter for a multi-author book called "**Innovative Therapies in Britain.**"

The book was edited by Windy Dryden and John Rowan, and published in 1988 by the Open University Press, London. It was in fact these editors who instructed us, and of course all the contributors, to use the headings seen on the CONTENTS page of this pamphlet. We found this annoying: these headings were not the ones we habitually used! Of course we also found the demand stimulating, obliging us—again and again—to think "Yes, but what do we really mean here?" The consequence of this process has been valuable to us and our readers, so at this point in time we are appreciative of the constrained format.

This second edition diverges from the chapter by more than the updating we've done. We've added more thoughts to the section on 'The change process in therapy,' and a large number of extra diagrams and illustrations. These are aimed to cover the key points about co-counselling.

Our appreciations to John Rowan and Windy Dryden for their repeated efforts to improve the clarity of our writing in the original chapter. We are also deeply indebted to earlier writers on co-counselling, in particular Harvey Jackins and John Heron.

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Published by Co-Counselling Phoenix, Change Strategies
Springbank, 20 Tomcroy Terrace, Pitlochry PH16 5JA, Scotland UK
E-mail: ChangeStrategies@CompuServe.com

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Historical context and developments in Britain

Historical context

Co-Counselling is a therapeutic process that uses catharsis to change rigid, maladaptive modes of feeling, thinking and acting. It is usually learned and practised in pairs, with each participant alternating the roles of counsellor and of client.

The techniques of this reciprocal system may also be used effectively in the more usual therapist-client dyad [Pierce, Nichols & Dubrin, 1983]. The reciprocal co-counselling relationship forms an excellent training for such expert psychotherapy.

Co-Counselling began around 1950 with the founder, Harvey Jackins, having a dramatic personal experience of the healing potential of emotional discharge. [Jackins, 1977, p. 199]

'I tried to get a man to stop discharging, but allowed him to because he was so intent on it. ...Early along the line I decided it was good for him to cry. When he started to shake I told him to quit and go back to crying. A few days later when he started to laugh I became very indignant, told him we had indications that crying and shaking helped him; to quit laughing and get back to shaking.'

Jackins, a man in his thirties from a poor farming family, was so impressed with this experience that he began to study emotional discharge processes; how to encourage them, and their beneficial effects. Although he made no general studies of other therapies, there are indications that, like Fritz Perls, he was influenced by the ideas and practice of Dianetics.

By 1952 Jackins had set up a counselling agency in Seattle, called Personal Counselors. This allied a core staff group with part-time student helpers. It was in this setting, often working with highly distressed clients, that many basic techniques of co-counselling were established.

The other characteristic feature of co-counselling—that the counsellor is always a client too—also came from the early days of Personal Counselors. Jackins [1977, p. 205] says:

'We intuitively made the decision that these counselors had to be counseled. We noticed that students who came in because they wanted to help others would be good counselors for about three weeks then became foggy with restimulation.'

Teaching in ongoing classes started in the 1950's and introduced the idea of reciprocal counselling—people worked in pairs and each person spent half the time in the role of client and half the time as counsellor. By the mid sixties there were several groups of co-counsellors established in the Seattle area.

Theory and practice developed hand-in-hand from a pragmatic base. Jackins [1973, p. 18] says they decided

'to include nothing in the developing theory ... simply because ... someone had wrote a book saying it was so.'

By the early 1960's a theoretical framework based on their own experience had been developed by Jackins and Mary McCabe; published as **The Human Side of Human Beings** [Jackins, 1965], the account uses a general information processing approach.

The theory integrated cognition and emotion, pointing out that while hurting physically or emotionally, our flexible human intelligence stops functioning. However information input from our environment is not shut down, with the result that unevaluated data gets into the memory. Such data is isolated from other memories, and when recalled it comes as chunks of feelings, thoughts and actions, rigidly tied together.

Consequently the person's flexible intelligence is reduced, and a rigid program is compulsively run whenever we meet events similar to the recorded distress experience--a process called **Re-stimulation**. Such rigid programs are known as **Patterns**. It is these patterned effects which are interrupted by emotional **Discharge**, freeing the person's flexible intelligence, and integrating the information from the original distress experiences into the person's general store.

Another conceptual achievement was to specify the conditions facilitating therapeutically effective catharsis. Namely the emotive re-experiencing of past distresses whilst also being aware of present safety. Thus expression of negative feelings without such a **Balance of Attention** is not catharsis, but rehearsal of Patterns.

The spread of co-counselling beyond Seattle resulted from the migration of teachers of co-counselling around the USA, and permeation of co-counselling through existing networks, such as Quaker Meetings. Then Jackins himself travelled around giving introductory lectures and running workshops.

By 1970 there was, distinct from Personal Counselors, a Re-evaluation Counseling organisation (RC). This name arose from the oft repeated observation that spontaneous re-evaluation followed clients' emotional discharge. The RC organisation expanded until by the 80's there were organised groups of co-counsellors, known as communities, in more than 30 countries of the world.

The primacy of intelligence led to an emphasis on formulating theory as a guide to improving practice, with new theory developing out of the best practice. Issues were addressed by running a series of workshops which combined everyone working on their distress on a topic, with a sharing of the thinking produced. One such issue was **liberation**.

'The conclusion was that we have to necessarily tackle sexism, racism, adultism towards children and other forms of oppression both inside our community and outside ... If we do not, the workshops reasoned, then the daily load of distress visited on our co-counselors by oppression is likely to make them lose their war for re-emergence even if they win battles in their sessions. [Jackins, 1977, p. 11].

This conclusion resulted in new therapeutic techniques within RC, and also in much application of Co-Counselling strategies to change institutions at grassroots level. Education, health care, child rearing, challenging sexism, racism and oppression of all kinds are areas in which many co-counsellors have been active throughout the world. Beginners classes in RC always deal with oppressive behaviour and encourage acting against it from the start.

Throughout the growth of RC, Jackins has remained a powerful central figure and has demanded and maintained that RC be characterised by consistency of practice/theory/organisation. Any sustained disagreement with Jackins meant people left or were excluded from RC. Though most of these people abandoned co-counselling some did not.

Consequently co-counselling groups outside the RC organisation became established, initially on the East Coast of the USA and in Britain. Contact between these groups was established by Dency and Tom Sargent and John Heron, and a network called Co-Counselling International (CCI) started in 1975. This too has spread, with long-standing communities in Holland and Ireland, and newer ones in New Zealand and Hungary. It lacks the organisational coherence of RC, with local groups being self-determined and very varied in style.

Co-Counselling also goes on outside any organised networks; in communes, women's groups, men's groups, and groups within the caring professions.

Developments in Britain

In 1970 Tom Scheff, a Californian psychologist, taught the first RC workshops in London. He came again the following summer, after which some of the participants were authorised as RC teachers, and a skeleton organisation was set up. John Heron, then Director of the Human Potential Research Unit at the University of Surrey, became involved and ran the first indigenous class in 1971. Heron then ran a series of beginners' workshops throughout Britain and continental Europe. Jackins subsequently came

to Europe and authorised ten more teachers. The present authors were first introduced to co-counselling at a Heron workshop in 1973.

Early 1974, after some fundamental disagreements with Jackins, Heron left RC, but continued to teach and develop the methods; as did some of the other early teachers, Savitri Shinya, Eve Godfrey, Valerie Rose who had also left for a variety of reasons. When CCI was formed there were only a few teachers of co-counselling outside RC, including by then the present authors. The first CCI international workshop was organised in Connecticut in 1975. A second workshop in England in autumn 1975 established an international committee, guidelines for CCI communities and a Newsletter.

Since that time co-counselling in Britain has expanded both within and outside RC. Currently there are about 45 CCI-style teachers actively running beginner's classes. Inside RC there are 42 organised areas, plus several dozen teachers outside organised areas.

RC in Britain takes an active part in the world organisation and in applications of co-counselling. It is not highly visible, due to a low profile policy.

CCI, with fewer resources and, in Britain, lacking coherent organisation, has been in some respects more visible. The Human Potential Research Unit has continued to teach co-counselling, and when John Heron became Director of the British Postgraduate Medical Federation he added co-counselling courses to their training programme. However the lack of organisation in CCI in the UK is leading to differences in theory and practice between different groups.

Cathartic intervention methods, in group and individual work, have been spread through the Six Category Intervention Analysis and the Facilitator Styles courses also established by Heron. More recently Rose Evison has naturalised the identification of Patterns in her interpersonal skills work in organisations. In her model of personal change strategies she uses Changing Situations, Developing Skills and Breaking Blocks, where Blocks have the same definition as Patterns. Her Blockbreaking exercises use emotional discharge to bring about change.

The present authors have been concerned to integrate co-counselling theory and practice with wider psychological and therapeutic principles. They teach classes specifically aimed at members of caring professions. Since 1983 the bookshop sale of their co-counselling manual [Evison & Horobin, 1995] has made co-counselling ideas and methods more widely available. Their chapter in *Innovative Therapies in Britain* also established a place for co-counselling strategies amongst recognised therapies [Evison and Horobin, 1989].

Theoretical assumptions

The theoretical assumptions are presented from the viewpoints of the three schools which teach co-counselling with defined concepts.

Image of the person

'The theory assumes that everyone is born with tremendous intellectual potential, natural zest, and lovingness, but that these qualities have become blocked and obscured in adults as the result of accumulated distress experiences (fear, hurt, loss, pain, anger, embarrassment, etc.) which began early in our lives. Any young person would recover from such distress spontaneously by the use of the natural process of emotional discharge (crying, trembling, raging, laughing, etc.) However, this natural process is usually interfered with by well-meaning people ("Don't cry", "Be a big boy", etc.) who erroneously equate the emotional discharge with the hurt itself. When adequate emotional discharge can take place, the person is freed from the rigid pattern of behaviour and feeling left by the hurt. The basic, loving, co-operative, intelligent, and zestful nature is then free to operate.'

[cover of any issue of RC magazine **Present Time**; see References].

This statement, originating with Jackins and his collaborators, would also be subscribed to by co-counsellors within the CCI tradition. There are however differences in the way different writers express the image of the person, and the intellectual framework used.

In John Heron's intellectual framework, existential tensions in the human condition are considered to cause primary distress; the accumulation of which leads to interpersonal tensions and hurt which he calls secondary distress. Heron says:

'Human infants have remarkable though undeveloped capacities for love, understanding and choice, but lack the information, skill and experience with which to actualise them. They await wise and loving education, but are also highly vulnerable to interference by others--the blocking, frustration, rejection or neglect of their deep human potential. The result of such interference is a line of distress in the mind-body, the emotional pain of grief, fear, anger, shame and embarrassment, together with correlated physical, often muscular tension. The effect of such distress is to suspend the effective response of human capacities--of love, understanding and choice--so that the child is left with an indiscriminating recording of the traumatic interfering reaction, including the child's own maladaptive response. These distress recordings ... are the source of unaware, compulsive, maladaptive and rigid behaviour patterns.' [Heron, 1979].

The present authors have a biological/psychological framework, and relate the image of the person to evolutionary and learning theory perspectives. Three points are taken as basic:

- Firstly human beings have a highly developed capacity for learning, which is enhanced by the ability to use symbolic representation of the world in language.
- Secondly, as their basic motivation system, humans have built-in emotional reactions to significant aspects of the world.

Positive feelings form the natural ongoing state, intensified when people are successful in mastering problems, and caring for themselves and others. Negative feelings are intermittent states occurring in response to threats to survival and well-being; they act to mobilise people's minds and bodies for action aimed at changing the situation.

- Thirdly, humans have a capacity for caring and co-operation with others; they are highly successful social animals. Some scientists are now arguing that the highly developed human brain has arisen because of the need to predict the behaviour of other members of the species. Harvey Jackins expresses this as, "The most interesting thing in life for a human being is another human being."

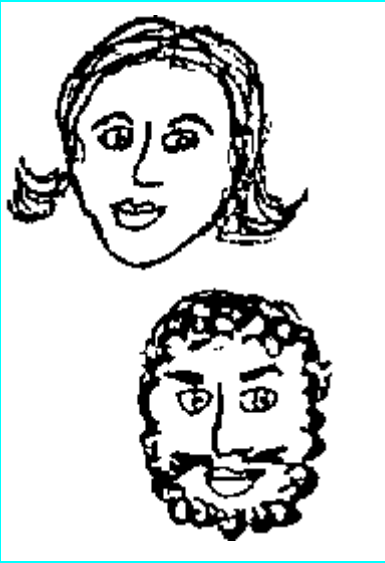

These three capacities are inter-related. Thus, our emotions are not unfortunate vestiges of our primitive animal nature; humans are excellent at learning and problem solving because they are highly

emotional, not despite it. Moreover some of our basic emotions are social, e.g. love, embarrassment and shame.

For a discussion of emotions as motivators see Tomkins [1963]. A more detailed discussion of the authors' theory is provided by Rose Evison's [1989] article on stress management and counselling psychology.

Significantly, just as recognition of threat acts to switch on negative feelings, humans have innate off-switches for inappropriate negative feelings. These processes are activated when a person perceives a threat to have ceased. The processes triggered by the off-switches are those of emotional discharge, which act to reset our mind/body systems back to a peaceful and alert baseline. The reality of the physiological reset following catharsis has been demonstrated in several studies [e.g. Karle, Corriere and Hart, 1973].

Figure 2: All human beings experience Person and Pattern modes of being

<p>Person mode</p> <p>Flexibly intelligent in thinking and acting.</p> <p>Caring and co-operative with others.</p> <p>Freely able to access store of experience and skills.</p> <p>Able to learn.</p> <p>Enjoying positive feelings.</p>	
	<p>Patterned mode</p> <p>Rigid and repetitive in thinking and acting.</p> <p>Destructive of self and others.</p> <p>Blocked from store of experience and skills.</p> <p>Only conditioned learning possible.</p> <p>Driving by negative feelings</p>

Concepts of psychological health and disturbance.

Psychologically healthy people proceed from birth to death as active learners enjoying the challenge of solving problems; they enjoy working with others; they develop their all-round potential through each stage of life; they react with appropriate negative feelings to immediate threat, physical or psychological. If they succeed in mastering a threatening situation the knowledge is added to their experience and skills. After failure, recognising when the threat is past, they spontaneously discharge their inappropriate emotional arousal. After discharge ends they have a body/mind state of alert flexibility, with maximum choice over the next task.

Psychological disturbance is considered to consist of rigid, compulsive responses—feelings, thoughts and behaviours. Such responses are termed Patterns. Unlike habits, Patterns are not under direct voluntary influence and do not change when circumstances alter. Indeed, Patterns are highly resistant to change: even when the individual, perceiving him/herself as destructive to themselves or others, tries to change. It is considered normal for everyone to have some Patterns.

The extent of psychological disturbance will depend upon how many Patterns a person has, how intense are the negative feelings involved, and how much the Patterned behaviours clash with social norms.

These concepts are assumed to apply to the more extreme manifestations of psychological disturbance, not just to those people labelled neurotics, in therapeutic diagnosis. This does not ignore psychological disturbance produced by damage to body and brain, nor assume that all psychological disturbance is reversible.

The psychologically healthy person will have very few Patterns. Such people will be expressive of positive and negative emotions with their bodies and creative in terms of problem solving and the expressive arts. They will not be subject to feeling depressed, powerless or alienated. They will have a strong sense of self-worth, while being caring and co-operative with others. They will be assertive and negotiate with others when needs clash. These ideas are expressed as the Person-Pattern model of human beings illustrated in Figure 2.

The acquisition of psychological disturbance

Psychological disturbance results when a distressing experience with no positive outcome is followed by failure to discharge the negative feelings aroused. The whole sequence is recorded in the person's memory. Subsequent reminders of the original threatening situation, arising when elements of it re-occur, result in a perception of current threat and production of the relevant distressing feelings.

These feelings then drive the negative thoughts and futile actions with which the person previously responded, as no other responses are available. The whole set of responses is labelled a Pattern. (See figure 3)

Patterns equate with neurotic responses. The normal person learns from their experience, the neurotic is condemned to repeat it. Patterns are not limited to neurotics; in normal development there will be many distressing experiences in which the child fails to obtain a positive outcome. Such experiences may be traumatic, like sexual assault, or they may be minor but occur frequently, as in the basic socialisation processes of weaning and toilet training.

Although the most influential Patterns are usually established during infancy, they can develop at any age; battle neuroses are examples of Patterns from traumatic situations to which all normals are susceptible. [Swank, 1949]. John Holt's [1964] book *"How Children Fail"* provides vivid documentation of Patterns produced in school situations.

A mechanism for the acquisition of self-punishing Patterns is shown in experiments by Stone and Hokanson, reported by Martin [1972]. In these experiments participants learned that a self-inflicted electric shock prevented a worse shock being inflicted by another person. Once learned, this self-punishing behaviour continued after the other-administered punishment had ceased, because there was no way for the person to learn that the situation had changed.

Patterns which are destructive of others arise from situations in which the child has been a victim of adult aggression. Undiscriminating input of information by the distressed child means that the words and actions of the person causing the distress is also memorised in a patterned fashion. These behaviours are then available to the victim when in later life they find themselves in the power role. Thus, those people who have been victims of oppression become oppressors themselves when circumstances give them the chance.

Wyre, in his work with sexual offenders, notes both the difficulties of changing their ingrained violence and that many of them had been victims of sexual assault themselves [Swift 1986]. In his research into child batterers Frude [1982] notes strong correspondences between the forms of physical assaults they use and the way they themselves were punished as children.

Further models of Pattern acquisition are provided by Seligman's ideas on acquisition of anxiety and his concept of learned helplessness [Seligman, 1975].

As there is no way to prevent distressing failure experiences, the key factor producing psychological disturbance is the inhibition of the emotional discharge processes. (Figure 3) Anything which prevents emotional discharge taking place will increase the chances of Pattern formation and hence increase psychological disturbance. Figure 4 shows the range of Patterns acquired by the mechanisms outlined here.

The perpetuation of psychological disturbance

After a Pattern has been established, the unevaluated data present in memory from the original situation can be triggered by a fragmentary reminder of that situation. Thus smelling hospital disinfectant can evoke the anxiety which was part of a distressing illness; a mocking laugh can bring back the helplessness experienced when being bullied by an older child. The more distressing the experience, the more generalisation of threatening stimuli is likely—a rape experience may leave a woman unable to trust any man.

This production of negative feelings through situational reminders is termed Restimulation. This is a general phenomenon, as is shown by asking people to talk through recent upsetting events in their lives, when many report re-experiencing the feelings not merely recalling them. The remainder of the associated Pattern is evoked through the feelings.

Restimulation is demonstrated and made use of in Interpersonal Process Recall, a therapist training system developed by Kagan [1980], in which viewing of interview videos restimulates memories of influential thoughts and feelings the person did not verbalise at the time. Some research made continuous physiological measurements during the initial interview and during its review. These measurements showed parallel emotional arousal between an episode in the original interview and during recall of that interview [Kagan 1986].

Figure 3: Core theory on the acquisition of psychological disturbance

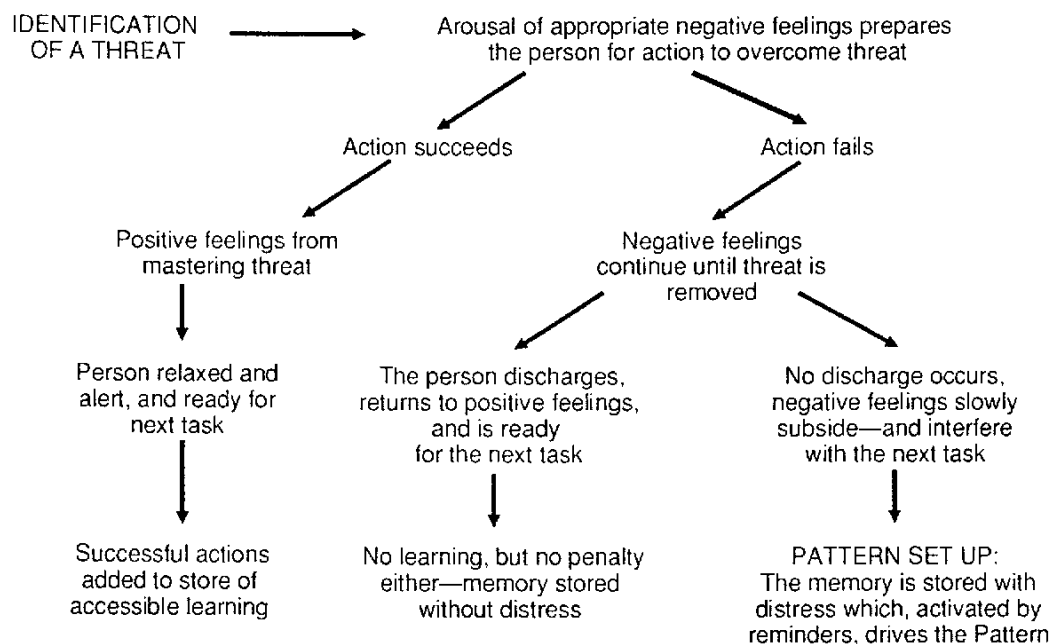
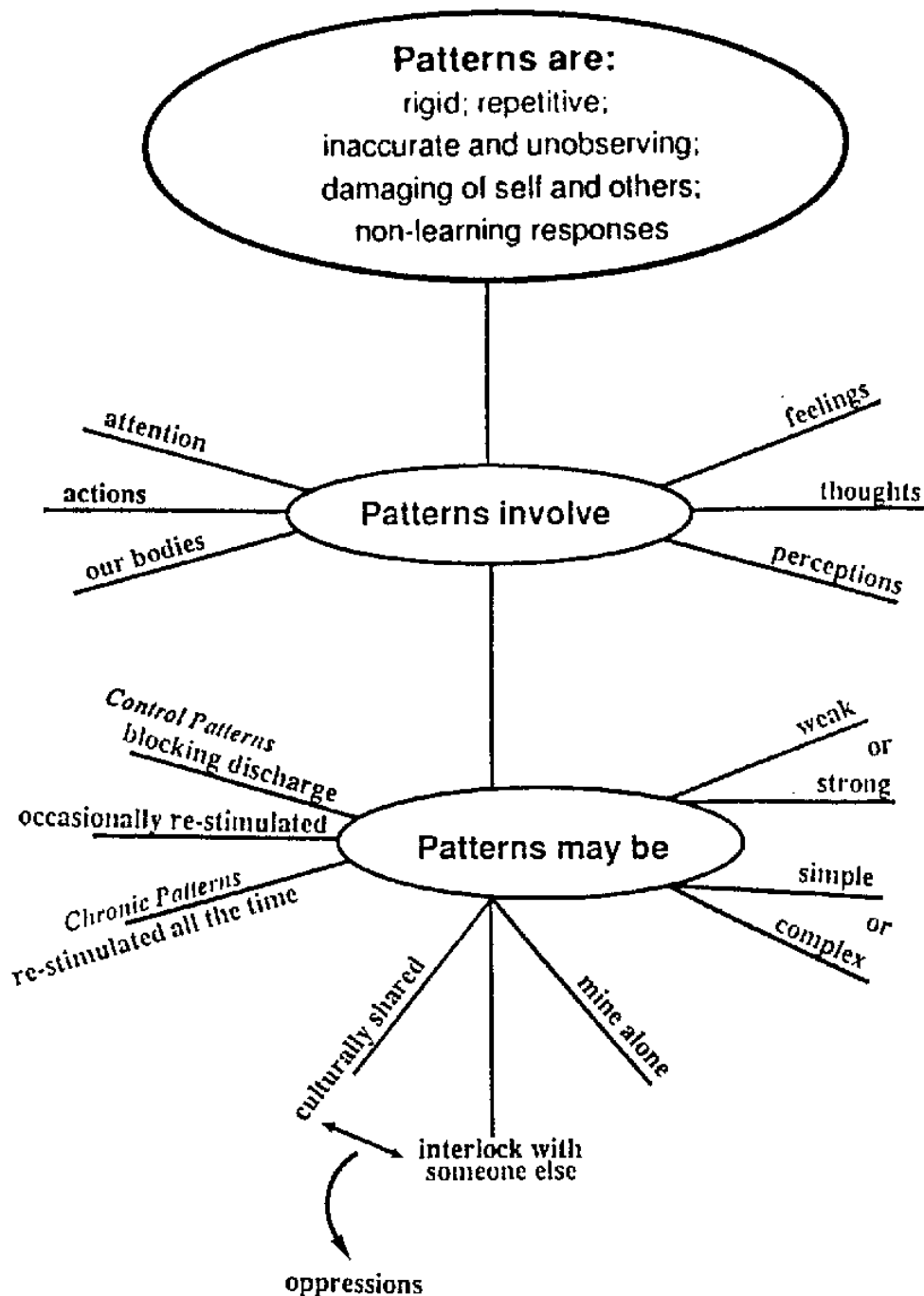


Figure 4: Psychological disturbance is expressed using the concept of Patterns



The consequences of Restimulation are always limiting. Minimally the person's finite attention span will be partially occupied by the negative feelings and thoughts; hindering perception and thinking. Mandler [1979] discusses how negative arousal takes up attention both because of the physiological arousal and because attention is compulsorily focused on the threatening stimuli. Restimulation will have more negative consequences when the Patterns driven by the restimulated feelings include self—or other—destructive behaviour.

Each time a Pattern is restimulated it is strengthened. So if the person does not find an opportunity to discharge the distress which holds the Pattern in place, the disturbance worsens throughout the life span.

Another way Patterns are perpetuated arises from the socialisation of the emotions. Discharge is reduced or eliminated, using comforting, distraction or punishment, ("There, there dear, there's no need to cry!", "Oh, look at that funny doggy!", "If you don't stop, I'll give you something to cry for!").

The Patterns acquired through this socialisation are key ones which shape the person's personality. Tomkins [1963] discusses this, linking various adult psychological disturbances to family styles of socialising emotional expression. An example is the parents' use of shame to control a child's emotional expression, which in the extreme results in the syndrome of emotions, thoughts, and actions observed in paranoia.

The Patterns directly set up when discharge is inhibited are known as control Patterns. These constitute intrinsic psychological disturbance, and because they inhibit discharge processes, they act to perpetuate existing Patterns and increase the chances of future Pattern formation.

A lack of trust in others is a further factor in Pattern perpetuation. The Patterning process is like conditioning. Modern views of human conditioning emphasise the importance of cognitive influences. When experimental subjects were told conditions had changed and punishment would no longer follow a signal, conditioned fear responses previously produced to the signal were immediately eliminated for many of them. A recent re-analysis showed that this only occurred for people who trusted the experimenter. People who distrusted the experimenter only ceased to react when they had experienced the truth for themselves, [Dawson & Schell, 1987].

In everyday life, opportunities to check that conditions have changed are often minimal; particularly in cases where a Patterned response originally pre-empted a worse punishment. Since Patterns are typically installed by those persons who give the child care and affection, so the child learns that positive figures in their life cannot necessarily be trusted. This lack of trust usually is generalised and acts to perpetuate Patterns.

A further force acting to perpetuate psychological disturbance arises when Patterns are tied into the person's self-concept. These Patterns arise when children are prevented from exhibiting spontaneous human behaviours, e.g. emotional discharge and sexual behaviour. Such inhibition can only be achieved by some form of punishment, applied on numerous occasions.

The implicit message to the child is that some important parts of him/her are not valued or acceptable. This will frequently be reinforced by explicit value judgements of goodness and badness applied to the whole person. Because such Patterns are attached to the person rather than to specifics of the person's behaviour, they are in continuous restimulation and hence thought of as part of the personality and not susceptible to removal.

Finally, many Patterns are perpetuated by being reinforced by the social and political institutions of our culture. This arises when poor self-concept Patterns key into a person's membership of a particular population group, e.g. "You're emotional and weak because you're a woman!". Although the social basis of such oppression is economic, the psychological basis is the installation of Patterns in individuals.

Thus, individual psychological disturbance is perpetuated by society's norms and institutions: black children in our society who have had inferiority Patterns installed will experience corroborating evidence in the unemployment and discrimination to which they are subject. Once such Patterns are set up, socialisation processes will ensure that they are perpetuated across the generations not just within an individual's life. (See Figure 5)

It is difficult for the psychologically healthy individual to exist without a culture which promotes health. Co-Counselling considers that an important index of health in a culture is how far it encourages positive attitudes to catharsis, without being permissive to destructive acting out.

A cathartic culture will be one providing opportunities for emotional expression with a Balance of Attention. Both inhibition of emotional discharge and encouragement of compulsive emotionality will be strong forces for perpetuating Patterns.

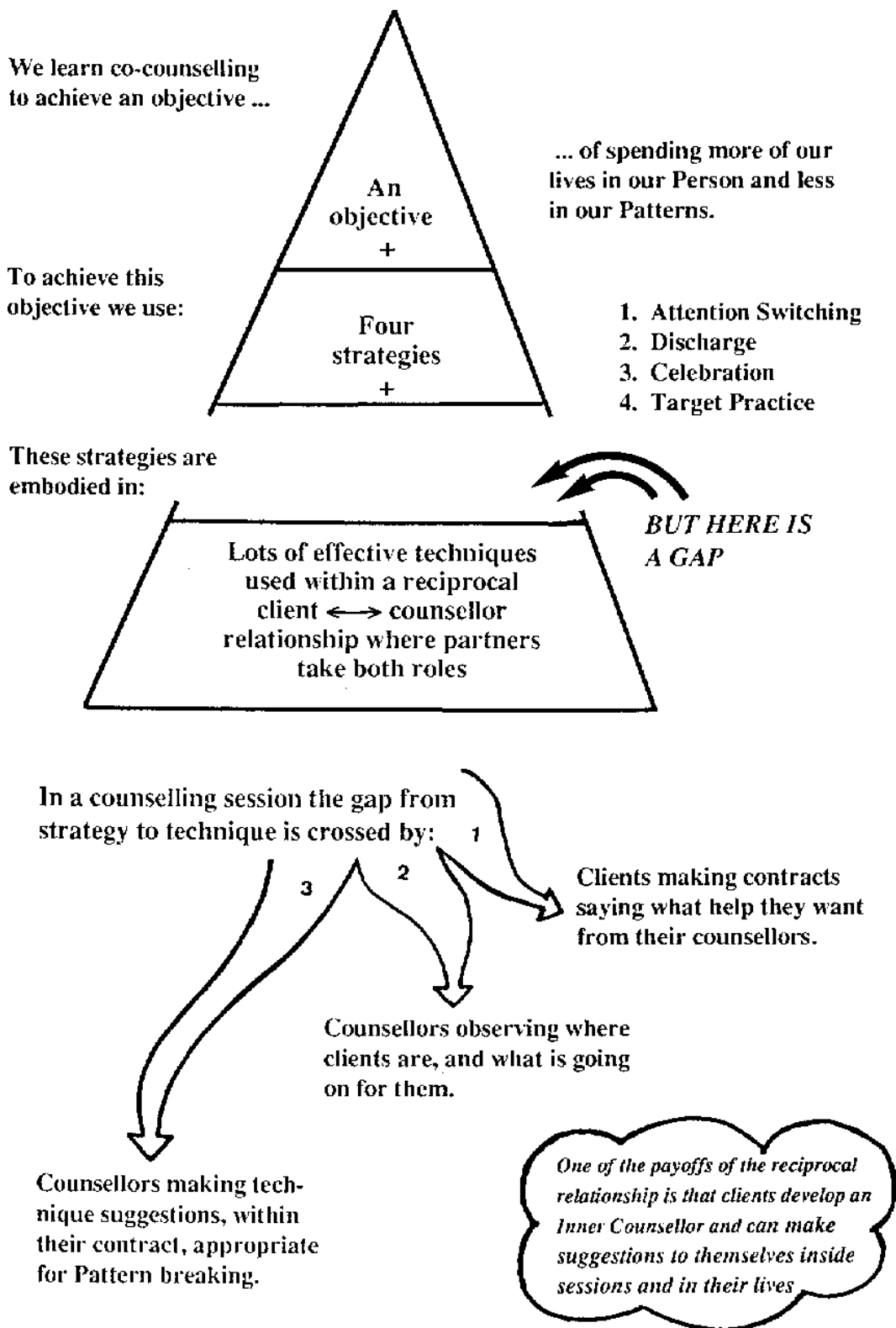
John Heron [1977] discusses the non-cathartic society. Play and sport form avenues for cathartic expression. A detailed discussion of the cathartic role of drama and religion has been provided by Scheff [1979].

Figure 5: Patterns are perpetuated down the generations



For this cartoon we thank the artist Jess Gilmour, of the National Children's Bureau of Australia, and also Peter Newell of EPOCH who provided us with it.

Figure 6: Co-Counselling strategies for facilitating change



Practice

Co-Counselling provides tools for people learning how to help themselves and others change, in order to lead more satisfying lives.

Goals of therapy

The goal of therapy is for the person to spend more time operating in the flexible, caring, problem solving mode and less in a Patterned mode—with fewer negative feelings which are inappropriate in kind, intensity or duration; with fewer rigidly compulsive thoughts and behaviours. This means disrupting Patterns, not just escaping them temporarily. To achieve this in counselling sessions the tactical aim is for the client to discharge as much as possible.

People may be motivated to use co-counselling in different ways: for emotional first aid in a crisis; for problem solving in difficult areas of their lives; to change their personalities; to be empowered to change the world--or to facilitate transcendence. However restricted the therapeutic goals of an individual are, it would always be a goal to transmit the basic theory concerning distress, patterns and discharge to that person, so that they could apply it to their life, not just in counselling sessions. Similarly, the skills used in therapeutic sessions not only form a vehicle to reach the person's immediate change goals, but learning the skills is seen as a goal in itself, since they are potentially tools for use in the world.

Using these tools, individuals can:

- become more aware of their strengths and abilities, which are then more readily available when needed, so that they can be built on and developed further;
- learn how to focus their attention where they choose, without being unwillingly or unwittingly distracted by distress;
- experience less distress from the negative events in their lives, both today's and those from yesterday which still take up time and attention; and
- break-up the destructive Patterns which inhibit their flexible intelligence and hinder new learning and creative action.

The person of the therapist

In the co-counselling reciprocal relationship, partners experience each other as client and as counsellor. The experience of the therapist-as-client adds extra dimensions to the person of the therapist. Partners-as-clients are vulnerable, struggling, human beings in need of assistance in getting rid of distresses, however successful their lives appear.

In addition, clients will celebrate self and others, discharge a variety of emotions, demonstrate emotional healing, and show changes in their lives.

The impact of this on the therapeutic relationship is threefold:

- the therapist is known as a complete human being, successfully changing;
- mutual modelling of the client role will enhance the learning of appropriate client behaviours, relative to therapy where no such modelling occurs;
- mutual trust will be built up because of the reciprocal self-disclosure involved, [Jourade, 1968, p. 26], and this facilitates therapeutic change.

Two related issues are the specific contract covering the counsellor role, and the skills and qualities found in an experienced Co-Counsellor. There is a minimum contract in which the counsellor aims to offer unconditional acceptance, by communicating a high level of supportive attention to the client and by refraining from giving: negative judgements of the client; interpretations of client's material; advice on the client's problems.

The counsellor also has responsibility for time keeping, and for assisting the client to return to a distress-free state at the end of his/her counselling session. An individual who cannot keep the contract is regarded as unsuitable for reciprocal pairs work and screening with this in mind is recommended in introductory classes.

Within CCI clients decide on the counsellor intervention contract they want. The first possibility is the "minimum" contract, described above, where no counsellor interventions are made. This is known as a 'free attention' contract. A person's free attention being all the attention they have available which is not compulsorily distracted by events outside or by distress. Such a contract is likely to be used when the client is an experienced Co-Counsellor, working with a less experienced partner. In this case clients will act on technique suggestions they make to themselves.

The second possibility is a 'normal' contract. Here the counsellor makes interventions when the client is having difficulties doing so. In the third possibility, an 'intensive' contract, the counsellor picks up every distress or discharge cue, and intervenes to facilitate more discharge. An intensive contract is used when the client is working on chronic Patterns; i.e. those Patterns which are continuously activated, examples being negative self-concepts such as "I'm not worth loving" and "I don't deserve to have what I want." Such a contract assumes the counsellor is highly skilled in offering interventions.

For all contracts, the more continuously a counsellor can give supportive attention, undistracted by their own restimulated distress, the more effectively they provide present safety. The skilled counsellor can maintain a very high level of attention on the client, will notice when their own attention is distracted, and will then refocus on the client.

If the client wants interventions the counsellor makes them on the basis of observing what is going on for the client, verbally and bodily, and offering suggestions which facilitate Discharge and break Patterns. Such interventions come from the recognised body of techniques discussed in the next section.

Typical changes occur as people progress as co-counsellors. Working with a variety of partners results in exposure to a wide range of human distresses, and the experiential learning that intensive emotional expression does not equate with being bad, mad, or out of control; contrary to the cultural stereotype. Analogously, seeing women expressing anger and men crying, serves to disrupt deep rooted assumptions concerning gender differences.

Thus, the experienced Co-Counsellor is accepting of a wide range of client behaviour, and trusts the potential for emotional healing in human beings. In line with this, Jackins [1983, p. 31] lists the following counsellor attitudes as facilitative of clients working successfully: approval, delight, respect, confidence for them, relaxed high expectations, love.

The person of the therapist, as represented by an experienced co-counsellor, can be summarised using the criteria considered desirable in a teacher of co-counselling [Heron, 1978, p. 1].

"He/she is emotionally expressive, discharges readily in all modes, is aware of and working on own chronic Patterns. He/she can offer full attention, communicate unconditional acceptance to others, is continually looking for and appreciating the person behind the Patterns. He/she is sensitive to the differences between distressed emotionality and discharge; can act to facilitate discharge, and interrupt destructive behavioural Patterns in others. He/she has a strong sense of own self-worth and can act powerfully in the world."

Therapeutic style

The co-counselling therapeutic style has a number of important strands:

A focus on catharsis. Co-Counselling assumes that all types of clients will benefit from discharging distress and breaking Patterns, and these assumptions apply to all personalities and types of problems.

Reciprocal therapeutic relationship. Co-Counsellors typically work as reciprocal pairs with a clear contract on permitted behaviours. Where people have one-way therapy, because they are too distressed to fulfil the counsellor role, there is encouragement for them to move to pairs work as soon as possible; firstly in addition to one-way therapy, and after suitable progress to exclusively reciprocal pairs.

Working in reciprocal pairs means that participants experience each other as distressed human beings in the client role and as flexible skilled human beings in the counsellor role. This direct modelling of the theory and practice supplies both genuineness and empathy to the relationship, without these having to be learned as specific counsellor skills.

The relationship is defined by a contract, which specifies the roles of counsellor and client, and is kept distinct from any personal relationship that exists outside of sessions. Any negative personal interaction between the partners in a counselling session is regarded as restimulation from past experience and material for discharge.

What are known as transference phenomena in other therapies are the subject of special co-counselling routines. In these, the client explores who their counsellor reminds them of; what about the person triggers the reminders; and then separates the person of their counsellor from the positive or negative reminders.

Explicit teaching of theory and practice. Co-Counselling validates clients' ability to think for themselves, using an explicit contract and the teaching of theory and techniques, to maximise client co-operation. People usually start co-counselling by attending classes in theory and practice; and there is encouragement to engage in ongoing study. In one-way use of co-counselling techniques the teaching will be interwoven into sessions rather than given in separate classes.

No interpretation or advice. Co-Counselling assumes that clients are the experts on their own lives; they will generate their own meaningful interpretations and make their own best decisions, after freeing their flexible intelligence to operate in those areas of their experience previously locked up by distress. Therefore counsellors do not offer interpretations or advice.

Working from strengths. This is crucial to the relationship style and involves techniques as follows:

- The counsellor communicates maximum acceptance and support for the client, being available for eye contact and offering supportive touch.
- The client is encouraged to appreciate him/herself in terms of positive qualities, skills and successes in life. In particular, towards the end of a session, celebrations coming from the client's work are sought. The counsellor will offer suitable appreciations when it is difficult for the client to think of them.
- At the end of the session it is the counsellor's responsibility to assist the client in maximising positive feelings and sense of self-worth--to make sure the client is not left in distress.

Deliberate use of Balance of Attention. The major interventions by the counsellor aim to set up the conditions for Discharge. These require the client to re-experience the negative feelings from previous upsetting events, while part of their awareness is focussed outside the distress, via and appreciation of present safety. When attention on distress is *balanced* by awareness of present safety, discharge occurs spontaneously—hence the term Balance of Attention. Present safety means there is no need for defensive negative feelings responses. So discharge represents the built-in human re-set to positive feelings. A split of attention of this balanced kind seems to be a basic feature of successful personal

change in all therapies. Thus, Holden discusses the idea as a necessary condition for primalling [Holden, 1977], and the psychoanalytically orientated therapist Paul Dewald also describes the same conditions as necessary for client change. [Goldfield, 1980, p. 274].

Explicit behavioural and emotional goals. Clients are encouraged to set goals for change in their lives. Work done against Patterns in sessions is used to provide the client with tools to combat the Patterns in their lives between counselling sessions.

Major therapeutic techniques

The major techniques can be grouped into four strategies: emotional discharge, attention switching, celebrating, and target practice. To break Patterns these strategies are usually woven together, though each is a therapeutic strategy in its own right. Emotional discharge is emphasised in this section as it is the major strategy used in co-counselling.

Discharging negative feelings moves people from a patterned state, into positive feelings, thus breaking the power of the Pattern.

Helping Discharge Happen:

Using the Discharge strategy means achieving a Balance of Attention in relation to the distresses that are being dealt with. The techniques used will depend upon clients' co-counselling skills, the material they are trying to deal with, and the state they are in when an intervention is made. Typical techniques appropriate for different client states are given in Table 1 and these will be referred to by the letters of the sections they appear in.

Underlying the choice of technique is a two dimensional model of emotions. One dimension is the hedonistic tone of the emotion--positive or negative. The other dimension is the level of physiological arousal the person has. On this model we can plot typical emotions as shown in figure 7a.

Emotions that can be directly discharged are those experienced in quadrant C--the more highly aroused negative feelings like anger, fear, grief, disgust, embarrassment. Discharge occurs when the person experiences such an emotion whilst also being aware that the bodily arousal and focused attention is not appropriate to the present time situation they are in. In this case, attention is divided between the states in the right-hand and left-hand of the figure. Discharge can be visualised as a movement across the figure from quadrant C to A or B, as indicated by the arrows in figure 7b. Techniques for achieving a Balance of Attention are described below, with the client starting in different quadrants.

Figure 7a: Examples of simple emotions plotted onto a space whose dimensions are bodily arousal and hedonistic tone.

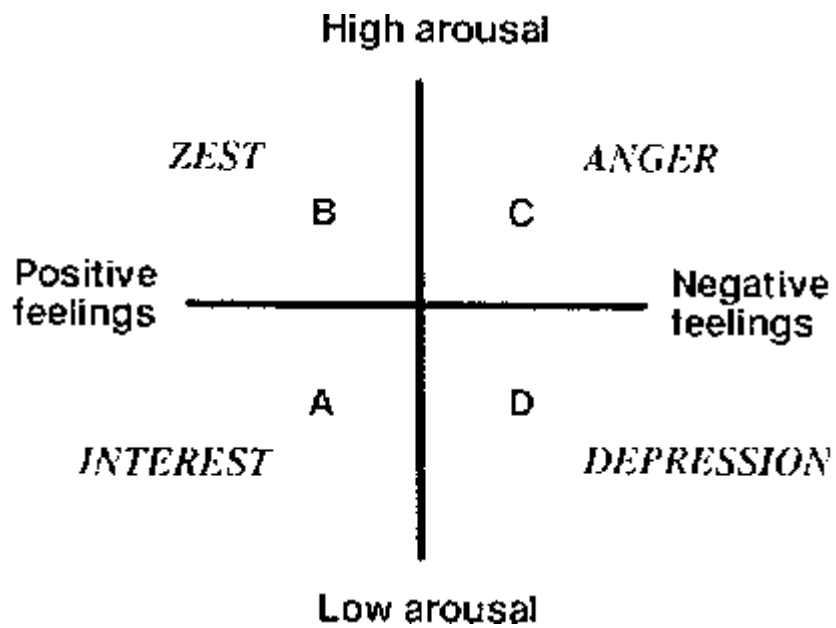
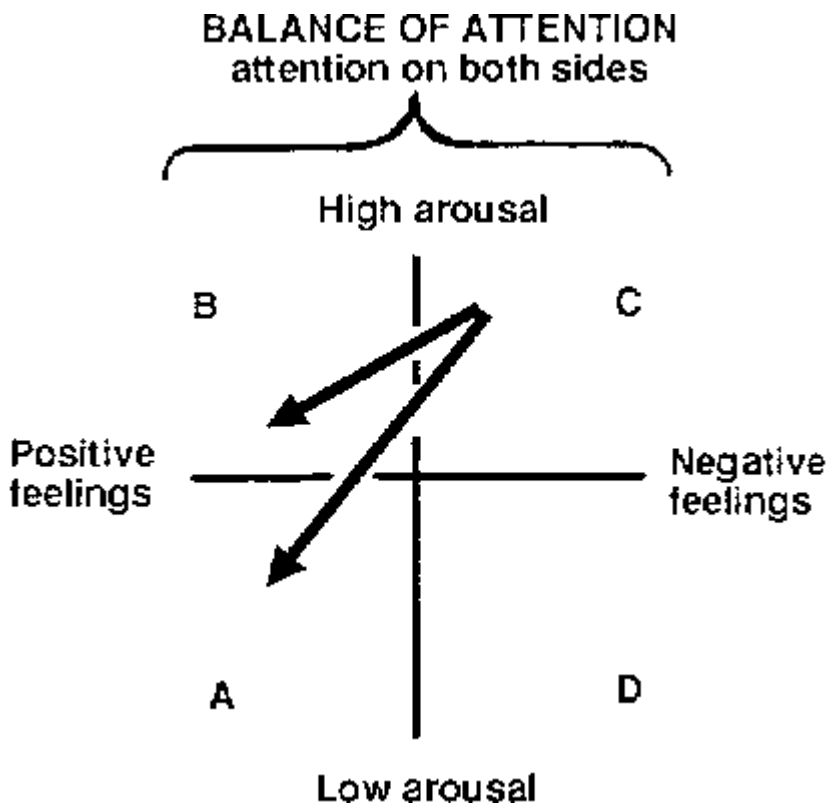


Figure 7b: The changes occurring during discharge are indicated with heavy arrows. Note that only aroused negative feelings will discharge.



(i) Increasing client's awareness of present safety.

If the client is experiencing an aroused negative feeling without discharging, their attention is all in quadrant C. The counsellor will then seek to increase the client's awareness of present safety, to direct some of the client's attention outside the distress, focusing it in quadrant B to obtain the needed Balance of Attention. Relevant techniques are given in Table 1, section A.

(ii) Increasing the client's awareness of a distressing memory.

If the client mostly has attention in A, B quadrants, then interventions use Restimulation to enable the client to re-experience the distressing feelings, thus creating a Balance of Attention. Typical techniques given in Table 1, sections B, C, D.

(iii) Increasing the client's arousal.

This is used when clients are in low arousal states, experiencing feelings typical of quadrant D. Increasing arousal transmutes quadrant D feelings into C feelings, e.g. depression transmutes into anger, anxiety into fear, alienation into grief. Direct movement from quadrant D to quadrant A is very difficult. Techniques in Table 1, sections D and E, increase arousal directly or indirectly. If the client does not appear to be dealing effectively with the distress they chose to work on, whatever is obstructing them is worked on, as this becomes the distress on top.

The techniques used in (i), (ii) or (iii) above assumes that the client is talking through recent upsetting events, which is how people beginning co-counselling will usually start. Such events involve underlying Patterns.

After working through a series of related incidents clients will typically become aware of these Patterns. Related incidents will be remembered spontaneously at times, but these can also be evoked by working on a distress theme or by the counsellor asking appropriate questions, as in Table 1, section H.

Once Patterns have been identified they can be worked with directly, without the need for talking through events where the Patterns are restimulated. The technique used is called "Direction Holding", a Direction being a slogan which precisely and powerfully contradicts a client's Pattern, provoking Discharge. See Table 1, Section J.

Directions do not have to be believed--the client has to deliver them with energy. The resultant tension between the enactment of the Direction and the distress it is contradicting provides a Balance of Attention and Discharge results. See Table 1, Section J.

Attention Switching

This moves mind and body from negative feelings into positive ones; from quadrants C and D to quadrants A and B respectively in figure 1a. Such movements result from our feelings following our focus of attention (see figure 8). Note, however, that the lower the level of arousal, the more difficult it is for the client to succeed in Attention Switching.

We can learn to switch attention to positive experiences.

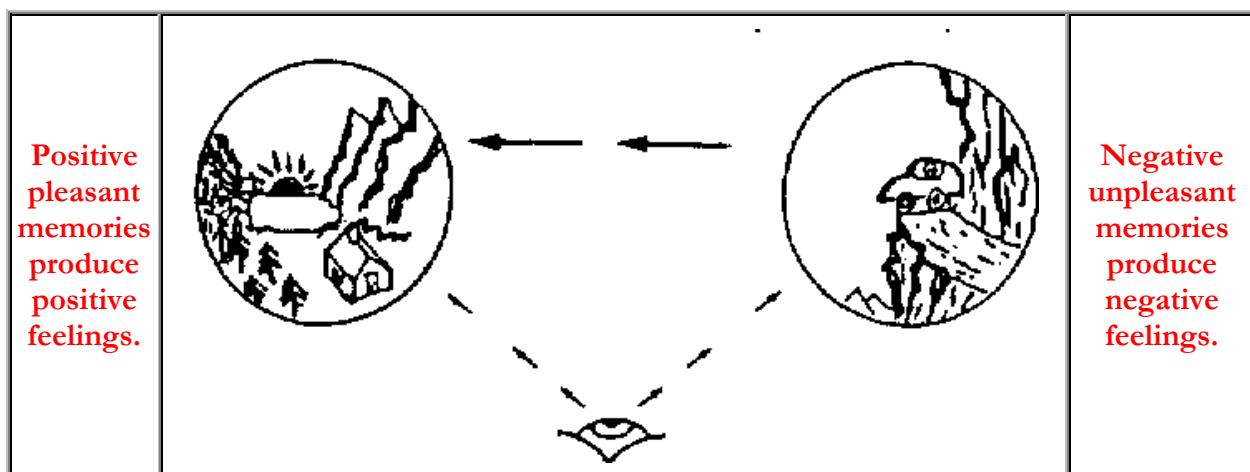


Figure 8: Our feelings follow our focus of attention

The fact that feelings follow our focus of attention is part of everyday experience. Research evidence is reviewed by Kovacs and Beck, [Izard, 1979, p. 427]. This strategy is used within sessions to enable the client to achieve a Balance of Attention. Attention Switching is also used at the end of sessions so that clients leave in the best frame of mind to face the world, and not sunk in distress. See Table 1, sections A and L.

Celebration

This involves clients attending to, and actively voicing, appreciations of their positive qualities, skills, and successes--anything mastered or learned; so enhancing self-esteem.

Celebration results in the client's positive resources being more readily remembered, so attention is less likely to be overwhelmed by distress in threatening situations. Also, although Celebration is engaged in when the client is mainly in quadrants A or B, it goes against chronic self-putdown Patterns, and hence the client will often discharge.

RC has emphasised particular celebratory type of techniques using the label 'counselling with attention away from distress.' More recently this has developed into a technique called 'the reality agreement.'

Target Practice

Target practice involves clients practising breaking Patterns, and substituting the new actions and thoughts that they wish to apply in their lives.

- Patterned responses are labelled as relevant only to past events.
- Directions on which the client has discharged in the session are identified for use when the Pattern is activated in the client's everyday life.
- Future role-play is used to restimulate a Pattern and practise interrupting it.
- The clear, distress-free thinking that occurs after discharge is applied to solving problems of Patterns interfering with tasks.

All the four main strategies are operated flexibly; the counsellor trying one technique after another until discharge starts. The counsellor observes the client carefully, identifies the distress cues in words, voice and body, and encourages repetition of whatever triggers client discharge. Figure 9 illustrates the observable differences that co-counsellors need to learn, in order to use the process as represented in Table 1.

Typically clients will discharge briefly and then cut it off. Tactically, repeated discharge on a situation or a Pattern is encouraged until no more occurs. This may take many sessions, with more than one form of discharge occurring sequentially with the same material.

Spontaneous ending of a discharge process is observable with noticeable relaxing of facial and bodily tension; clarity of thinking; access to new information about the distress, spontaneous interpretations, or ideas for action.

Fig. 9: Observable differences co-counsellors need to learn

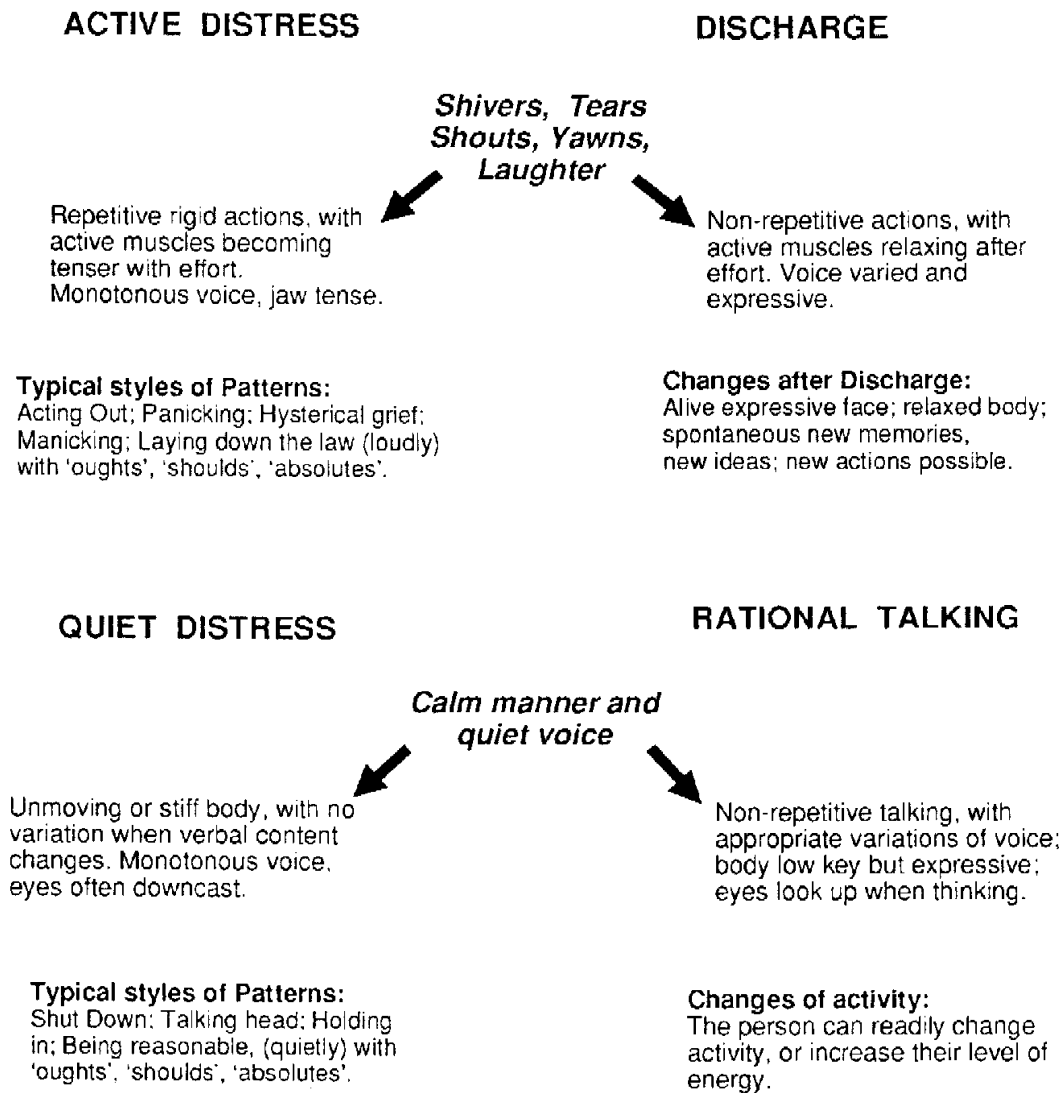


Table 1: Appropriate techniques for observable client behaviours

Client behaviour	Appropriate counsellor suggestions
1. Shut down or lost in distress. Insufficient attention in present time for Balance of Attention. Needs pulling out of hurts.	Attention Switching. Focus attention outside distress: with simple descriptive tasks: actions needing attention; requests for positive memories.
2. Unfocussed talking. Talks about distress. Asks "Why?" Rationalises. Seeks interpretation.	Focusing on Specific Events. "Tell me about a recent event that's an example." Suggest that client: talk in present tense and use literal description; role-play self in past incident.

<p>3. Whilst trying to focus on an event client:</p> <p>a. moves into past tense. b. is vague, lacks detail. c. uses indirect speech</p>	<p>Focusing on Specific Events. <i>"Say that in the present tense." "Describe the room." "What was he wearing?" "Talk directly to the person as if they're present now."</i></p>
<p>4. Gives cues for distress and negative feelings:</p> <p>Stresses or stumbles over words. Pauses. Changes facial expression or gesture-- eyes water, fists clench. Very tense in part or whole of body. Scratches. Makes aggressive or negative judgements, put-downs of self or others. Uses 'oughts' or 'shoulds'.</p>	<p>Intensify Distress Cues. Suggest client repeat distress cues; talk loudly; involve body; use counsellor to role-play words and actions which cause distress.</p> <p>Intensify by Going Against Distress Cues. Suggest client say and do the opposite of the distress words, postures, gestures; if sagging suggest bodily arousal; if very tense, suggest relaxation.</p> <p>Suggest using a parody or comic relief if distress feels heavy.</p>
<p>5. When client is using basic intensifying techniques, but not discharging as a result.</p>	<p>Demand loudness and involvement of body. Try Going against Distress; if already doing this, add a "Yippe!" to end.</p>
<p>6. Counsellor uncertain what's going on for client. Ambiguous cues. Change of expression without comment.</p>	<p>General enquiry: <i>"What's the thought?" "What's the image?" "Where are you now?" "Tell me what's on top--any order."</i></p>
<p>7. Client not progressing with chosen distress area:</p> <p>--saying <i>"I'm stuck!" "I can't." "That's silly."</i></p> <p>--in grip of Pattern which inhibits discharge. (Control Pattern)</p> <p>--Client in conflict about what they want or having competing distresses.</p>	<p>Treat client's words as cues for negative feelings, even when said as asides or earnestly -- use intensifying as in E above.</p> <p>Acting Into Discharge: acting actions which go with discharge. Going Against with physical control loosening methods: tearing up cardboard; letting out breath; loosening of body.</p> <p>Suggest two cushions: one for each side of the conflict--client works first on one then the other, allowing each side of conflict a full say and aiming to discharge on both cushions.</p>
<p>8. Giving cues for Patterns:</p> <p>a. Client verbalises an association. <i>"I'm reminded of a person/place/event."</i></p> <p>b. Client working on recent incidents in which people involved are authority figures, or suggestive of archetypes.</p> <p>c. Client's recent distress appears out of all proportion to its cause.</p>	<p>Following Pattern Connections: Encourage focusing on the association. Ask client to tell story, or talk directly to key person tough of, as appropriate.</p> <p>Useful interventions: <i>"Who does this remind you of?" "Who are you really saying that to?" "Try saying that to your father/mother."</i></p> <p>Check for earlier causes of restimulation: <i>"What's your earliest memory of a situation like this?" "How about scanning through times when things like this happened?"</i></p>

<p>9. Client discharging.</p>	<p>Encourage the discharge. <i>"Let it go!" "You'll feel better if you let it out."</i> When discharge slows down, get client to repeat the initial "trigger."</p>
<p>10. Client has identified major Pattern, particularly chronic Patterns.</p>	<p>Suggest Direction-Holding: the sustained, energetic, repetition of a Direction, with appropriate posture, gestures etc. to totally contradict distresses.</p>
<p>11. Client emerging from discharge and having lots of attention free to choose what to do. (In Present Time.)</p> <p>Client spontaneously brings up new memories, new ideas, new insights, new solutions.</p> <p>Client has plenty of free attention, and there is time in the session.</p>	<p>Encourage taking time for re-evaluation: <i>"Take some time to think out loud on that situation." "How will you be different in the future?" "What would you like to do instead?"</i></p> <p>Encourage client to follow up on these.</p> <p>Encourage: Creative thinking out loud on broadening topics, e.g. <i>"My goals for the next 5 years."</i> Specific action planning. Self expression, e.g. dancing, singing, painting.</p>
<p>12. Client approaching end of a session while still caught up in distress, or with discharge still occurring.</p> <p>Stage reached by the client:</p> <p>--Unfinished business.</p> <p>--Present distress shown to originate in past; particularly when in early childhood.</p> <p>--Client ready to consider and maximise changes in their life in the light of identified Patterns.</p>	<p>First, use Attention Switching techniques so Client finishes session with maximum attention out of distress.</p> <p>Then, suggest using Target Practice--select as appropriate to time available and the work the client has done.</p> <p>Ask for "What's left unsaid?" i.e. uncensored thoughts put into words. Then consider separately rehearsing for next time, e.g. <i>"What could you say for real, next time?"</i></p> <p>Ask for separations of present person from past distress. E.G. <i>"I'm no longer the child who had to earn love. I'm now a smart, strong, skilled adult. I can supply my distressed child with what she needs."</i></p> <p>Holding Directions in life: Directions the client has used for discharge in sessions noted for use in life situations when Patterns likely to be evoked.</p>
<p>13. End of session very close.</p>	<p>Encourage Celebration of self: energetically, with words appropriate to work done.</p>

The change process in therapy

Clients attending their first therapy session commonly hope to obtain relief from some chronic negative feeling state, and/or to deal with pressing life problems. Co-Counsellors using a reciprocal relationship may have the same motives or they may be awarely seeking new goals: wanting further education rather than therapy. Regardless of the client's initial motivation, Pattern breaking belongs with therapeutic rather than educational techniques. With regard to their abilities to function in their lives co-counsellors may be starting at different points to therapy clients, but both groups will need to break Patterns to achieve major changes.

The possible changes experienced by clients during therapy can be viewed in terms of a spectrum:

- (I) Emotional first aid
- (II) Problem solving
- (III) Personality change
- (IV) Social liberation/Spiritual openness.

Movement from (I) to (IV) corresponds to gaining increasing amounts of free attention and ability to think and act outside Patterns. Each stage represents a growth area, though in practice the areas overlap. Moreover, as further areas of distress are opened up, there can be recycling from later stages back to earlier ones.

Clients with distresses and problems dominating their lives clearly start work at stages I and II. However, even when motivation to co-counsel arises from a stage III or IV issue, the clients will need experience of stages I and II in order to learn the techniques, and to start identifying their chronic Patterns, a necessity for work in stages III and IV.

A client's progress will depend upon their starting point and on their motivation to continue; many clients will be satisfied with having dealt with the immediate crisis situations, and stop there. Such clients are likely to have learned some new attitudes and skills, though perhaps few in number. The longer the counselling process is continued the more likely it is that skills used in co-counselling sessions will be internalised, and used in everyday life.

Emotional first aid

The major work at this stage involves recovering the natural ability to discharge. When a client arrives at a session distressed, the provision of the safety contract and the counsellor's attention may be all that is needed for the client to discharge. After discharge the client experiences relief from the negative feelings, often involving dramatic shifts to relaxed positive feelings and appearance.

These shifts in feelings are often accompanied by re-evaluation phenomena--recovery of memories previously buried in distress, re-interpretation of problems, new ideas for actions. Such re-evaluations facilitate interruption of Patterns in everyday life. If work continues the interruption of Patterns becomes more frequent and sure.

Where immediate distress is deep and takes over the client's whole life, then there is encouragement to spend many hours/days discharging. Otherwise the client is encouraged to spend session time unloading distress from everyday upsets--feeling better about life in general, and stopping any further build-up of distresses and Patterns.

Thus the first important learning is that discharge is a route out of distress, with the post-discharge state being enjoyable and conducive to clear thinking. The client learns to discharge in all modes with facility, both in counselling sessions and, when appropriate, in the rest of life.

Most clients have Patterns which inhibit discharge and such control Patterns have to be tackled first. Thus many women find anger discharge difficult, many men find crying impossible--whilst for both men and women shaking and shivering are often inhibited. As facility in discharge is gained there will also be a substantial increase in laughter and yawning, both in and out of sessions.

Learning to use discharge to escape from your own distresses goes along with an enhanced judgement of when self or others are in distress; the acceptance of a wide range of emotional expression as being desirable, not indicative of craziness or lack of control; the experience of warm supportive human relationships as being normal; and the experience of hope and empowerment.

Problem solving

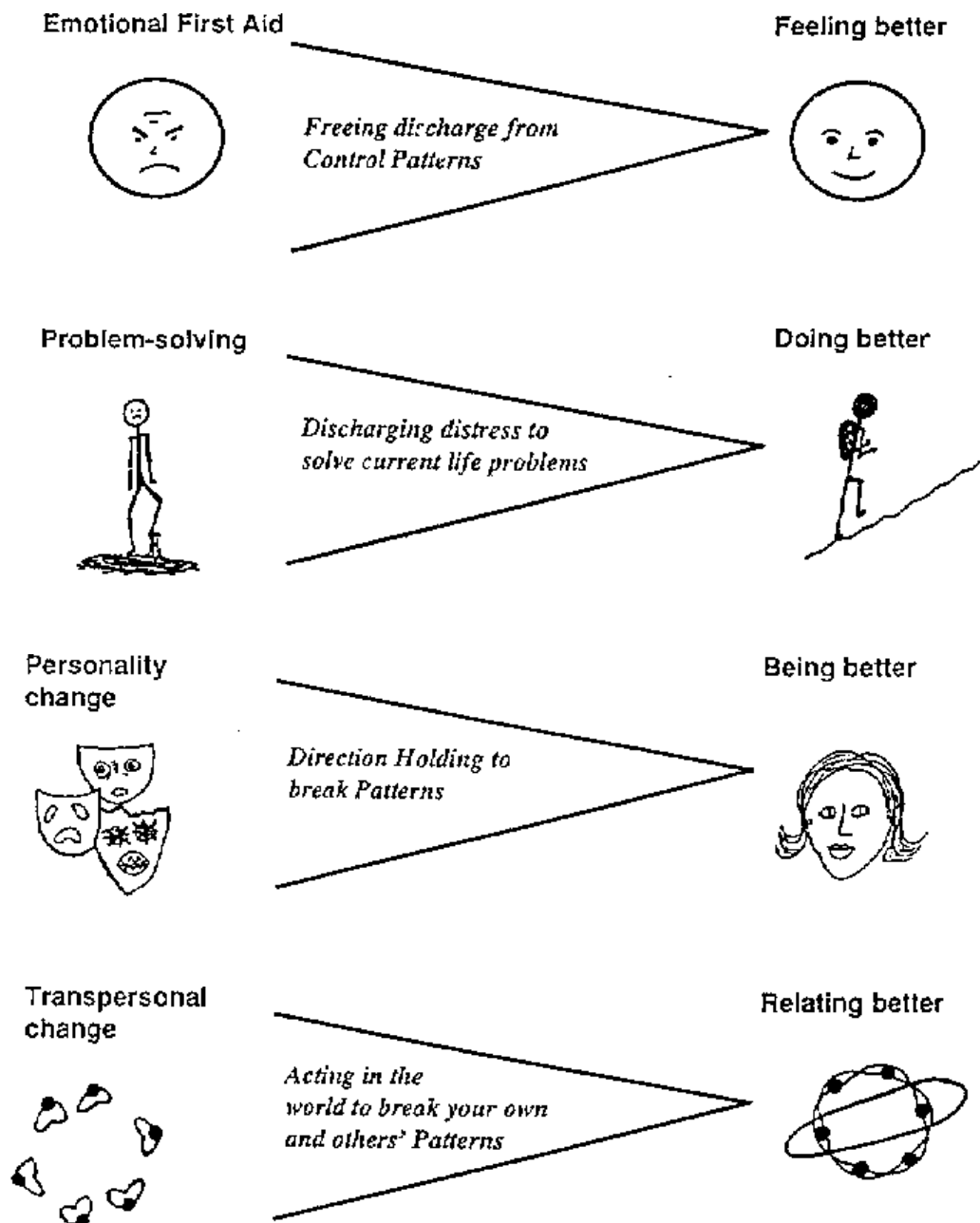
This stage evolves naturally from emotional relief as spontaneous re-evaluation occurs. However, problem solving can also be deliberately engaged in when the client has some facility in discharge. The

client is likely to focus on decisions to be made, and on being competent in particular situations, e.g. whether or not to get a new job, how to handle an important interview, or the process of obtaining a divorce.

At this stage, after discharge work in their sessions, clients will start to use Target Practice techniques to enhance Pattern disruption in their lives. A useful technique is role-playing a difficult future situation, including restimulating Patterns and then practising interrupting them. Progress will be shown by clients being able to describe changes in their feelings and behaviour in particular situations, corresponding to the breaking of the Patterns. Also the foundations are laid for more far reaching changes.

Skills learned in the counsellor role become available for use in client role. Practice in deliberate switching between positive and negative feelings states, along with the client making suggestions to him/herself, results in a part of the person's consciousness becoming organised as a "director" of other parts.

Figure 10: The change process in therapy



This director will monitor feelings and behaviour and initiate Attention Switching or Discharge as appropriate. This is like having an Inner Counsellor, who remains detached from the turmoil of the person's feelings and can intervene to change what is happening.

This Inner Counsellor transfers to life outside sessions, with individuals increasingly able to retain some free attention when highly distressed, and able to choose not to go along with Patterns.

Progress with an immediate problem in sessions will lead to the underlying Patterns becoming clearer and sometimes this will be accompanied by a change in type of discharge; fear or grief may underlie anger. Furthermore outside sessions people typically experience their feelings as more sharply focused, more intense, but lasting for shorter periods. For example tendencies to depressive feelings may be replaced by anger focused on particular events or people; anxiety may be replaced by sharply focused fears.

Scheff [1983] has demonstrated this effect on emotional arousal by analysing video recordings of therapy sessions with many short-lived anger episodes. He found that without discharge the emotional arousal produced by an anger episode declined slowly, leading to a build up when the next episode occurred before complete fading. In contrast, after the client had discharged, the emotional arousal had a sharper decline and lasted a much shorter period in total.

Clients move from tackling particular problems to attempting to interrupt the Patterns in particular areas of their life such as sexuality, or relationships, or becoming more effective at work. As skills develop and change occurs in relation to particular distresses, underlying Patterns become clearer and accessible for work, including eventually chronic Patterns.

Personality change

Personality change requires the breaking of chronic Patterns, i.e. those in continuous restimulation. Jackins uses the image of Patterns as parasitic on the person, but chronic Patterns appear to the client as "My personality," or "How the world is." Working on chronic Patterns can feel like trying to cut off an arm or leg, and many people stop co-counselling at this point. Such chronic Patterns are tackled by a combination of intensive contracts and major use of Direction-holding in sessions, and aware use of Directions when restimulated in life at large.

Specific personality changes will depend upon the Patterns worked on. General changes are that people experience an enhanced sense of self-worth, and an increased ability to take charge of their own lives. Assertive behaviour increases and apologetic or aggressive responses to others decrease. Inner Counsellors gain in strengths and expertise. Sometimes clients experience leaps and bounds in their life changes, at other times making changes will be slow and hard work, inside and outside sessions.

The need for an intensive contract puts a premium on counsellor skills, and RC has devoted much attention to improving counsellor skills, including developing methods of coaching counsellors.

It is usual for there to be a complex of Patterns which are interwoven. The 'expecting to be judged and found inadequate' is a chronic Pattern that often goes along with compulsive negative judgements of others. Such Patterns may be supported by an inability to ask for what is wanted from others, by difficulty in making choices, by feeling something disastrous has been said or done. Progress with such a complex will go along with one Direction losing its power and another being needed to continue progress.

One type of Pattern complex has been described as the 'two ends of the Pattern' or 'the two sides of the record.' These phrases describe the experiences of Patterns--like a seesaw only one end can be on top, but the ends can swap positions.

Someone may wish to live a more healthy life but find it impossible to stick to what they decide to do to achieve this. What is happening is that the person's rational choice is taken over by top-dog Patterns saying "I should/must/ought to do these things to look after myself." These Patterns, however, activate the alternate under-dog Patterns saying "I shan't/won't/can't do these things." In life and in

sessions the person bounces between the two, not succeeding in discharging either.

Successful contradiction of such paired Patterns is achieved by using self-appreciative Directions like, "I'm worth looking after." Unless Discharge can be established, clients can think they are changing, but in reality they are only pushing the seesaw up and down.

Such paired complexes underlie oppressive Patterns. They are the reason that most political revolutions only succeed in changing the group in power. To change the nature of society requires parallel personality changes through breaking of chronic Patterns. Breaking key chronic Patterns enables people to move into the transpersonal area.

Transpersonal development

This area covers Social Liberation and Spiritual openness: they are both ways in which a client interacts with issues transcending individuality. For instance, having gained a measure of freedom from his/her own chronic Patterns, the client can grasp the interactions of individual patterns and social oppressions. Although Patterns are owned by individuals they also express an unaware collective consciousness. Work on collective Patterns is done in groups who share the same experiences in society. Such work needs members of other groups to act as allies, able to stand outside and provide a collective Balance of Attention.

Breaking chronic Patterns becomes focused on acting in the world as in the use of Commitment techniques. Within sessions, Directions which express a commitment to act outside sessions are used. Outside sessions the person acts in ways that simultaneously go against their own Patterns, and against the oppressive Patterns of others.

Thus action in the world becomes a crucial therapeutic technique without which complete re-emergence of the person from their Patterns cannot occur. Many co-counsellors are active in this type of action in local government and commercial organisations and the political sphere; there are case histories in RC literature, [e.g. **Present Time**, January 1986, p. 5].

Alternatively Stage IV can involve clients in spiritual growth. Experiences of altered states of consciousness encourage clients to work in transpersonal areas [e.g. **Present Time**, January 1986, p. 54]. John Heron includes a transpersonal self as part of his model of being human, and his 1974 co-counselling manual included transpersonal direction-holding as a further-on technique. He continues to be active in developing exercises on transpersonal themes suitable for co-counselling work (1984).

This however raises the question, "Is the pattern-breaking framework of co-counselling really appropriate for transpersonal work?"

John Rowan [1993] in his book on the transpersonal in therapy, argues for a Wilbur-style developmental picture. In this view an individual needs to become integrated as a person before they can move into transpersonal experience. At this integrated stage of development, the person's boundaries are sharply defined. Transpersonal experience means transcending the boundaries between the individual and the universe--loosening both awareness of, and attachment to, the self.

Putting this into co-counselling language, such a model might suggest that the rational person equates to the integrated person stage. If Pattern-breaking produces the rational person, then the implication is that other techniques will be needed to transcend this.

Certainly Rowan, outside co-counselling, and Heron and others inside co-counselling, consider that co-counselling transpersonal work is limited, and needs supplementing with such practices as meditation.

From our personal experience we would question the implication of the limits of co-counselling. We do not equate the rational person model with a stage of personal growth. The rational person is what we are capable of becoming outside our Patterns, and thus it continues to grow as we break more and more Patterns.

The integrated stage seems to us to correspond to the beginning of Personality change, when the individual is able to accept the different aspects of their personality. This means accepting their chronic Patterns are part of themselves, not constituting isolated subpersonalities, accepting not denying what Jung called The Shadow.

In terms of experience, breaking chronic Patterns corresponds to the reduction of patterned needs, to acting smartly without having to worry or 'think' about it. Also to acting with others' needs as part of the information used to make decisions, but without compulsively putting them first.

Overall this seems to involve increases in the experience of flow--of external demands being matched by accurate actions, without extended internal conversations. Paralleling this is an extended viewpoint, less focussed on 'just me' and more on 'just here and now.'

Case example

This account charts a client's relationship with her mother over a number of years. During this period the client was regularly engaged in reciprocal counselling with a variety of partners. The relationship was a repeatedly addressed issue, though many others issues were also tackled, and in general the client experienced the changes described in the previous Section.

At the time of starting to co-counsel the client, J., was in her early thirties, married, with a child aged four; and worked full time as a teacher in Higher Education. Her marriage relationship was stable and her husband also took up co-counselling. At work J. was enthusiastic and sought to improve her skills. However, she was self-conscious and unsure of her abilities to make relationships, particularly with women. She had no close female friends. She was prone to over-conscientiousness and to be in a state of nervous exhaustion at the end of terms. Over the years she had been teaching, several depressive episodes required time off work and medication.

J. thought of her relationship with her mother as always having been difficult. She felt she could never gain her mother's approval. J. experienced herself as disapproved of for not lavishing time and money on her house; for being an inadequate housekeeper; for not producing grandchildren, and then when she did for returning to work when the child was still young. She had been frequently told by her mother that she was forgetful, thoughtless, careless and unloving.

J.'s parents lived some distance away and visits were restricted to a few times a year. It was rare for a visit not to involve her mother becoming upset and shouting abuse at J. Her mother would not only complain about J.'s current misdemeanours, but also bring up J.'s past failures and generally maintain J. was inadequate. J. was totally unable to defend herself, choked over words, and was liable to cry. In whatever way a row started, both J. and her father would become targets for her mother's blaming. After shouting, her mother usually sulked, sometimes for a day or more, until sufficiently placated by her father. During this time J. found herself helpless and depressed, and unable to get on with her own life until her mother had returned to some semblance of normality.

Other problems which emerged and appeared to be connected with the maternal relationship were:

- J. had difficulties knowing what she wanted, both in minor and major decisions; she always felt likely to make the wrong choice, and found it difficult to ask for things she wanted, feeling she did not deserve them.
- When under attack from superiors J. could not defend herself, even when she perceived the accusations as unwarranted. J. behaved as with her mother, choking and crying. This had happened with her previous employer; following which she had been very angry and found another job.

Starting counselling

Just before starting co-counselling, J. had suffered several weeks of depression after a typical episode with mother. At the training weekend, mothers came up as a topic in the group and J. did a piece of work with the teacher. In this she experienced herself as having already freed herself considerable from her mother's influence, compared with her teenage years, but also as having a long way to go. When faced with the teacher role-playing mother, J. experienced herself as giving up and being unable to hang onto her sense of self-worth.

After the training weekend J. began working in a co-counselling pair. She had great difficulty in discharging at first, so progress was initially slow. After further classes she began to gain facility in the basic processes. She worked on her mother mainly following family visits. What came up was anger at mother's current behaviour, and then anger at what she thought her mother had done to J. as a child. Discharging this anger was hard, but was slowly achieved.

After such discharge J. felt strengthened and knew more clearly that she was not responsible for her mother's distresses. J. also became more able to be with mother without anger spilling out inappropriately. Thus J.'s early co-counselling involved emotional first aid, along with skills learning and some problem solving.

Moving on from anger

The next stage occurred when J., after anger, experienced grief. She felt she had never been loved by her mother. Love had been conditional upon her mother's approval of her, and she had never been able to win that approval.

In sessions directions such as "I want your love, mummy!" and "I'm fine as I am mummy!" triggered prolonged crying. Resolution came with the re-evaluation "Of course my mother loved me--whatever I felt, she did the best she could." J. could still experience the lack of love and general need for approval from others as important but viewed this as distress arising from the past, and not currently relevant. J. was clearly beginning to work with her chronic Patterns.

At this point a key event occurred. Mother wished to be given a room in J's house to store surplus property. J. agreed to provide storage, but not the use of a whole room. One evening J.'s parents arrived with a van load of belongings, having spent the previous night packing and having then travelled all day. Mother insisted on unpacking immediately, and was not pleased when J. stated that the goods would be stored temporarily and sorted out later. Mother became more upset as unpacking proceeded and eventually said since she was not wanted she would go home and take her things with her. J. disagreed with this and said it would be better to get some sleep and then decide what to do. When mother took no notice and started re-packing the van J. actively prevented her. A long row resulted.

During this row J. broke various Patterns she had previously been caught in. Firstly, she was able to talk and respond without choking. Secondly, she refused to discuss the past failures listed by her mother, and repeatedly focused attention back to the present situation. J. insisted she was willing to do what mother wanted, namely store her property, but in the manner of her own choice.

At one point mother became hysterical and threatened to attack J., who promptly slapped her face -- something she would not even have dreamt of previously. Mother was stopped in her tracks, became more verbally abusive, and eventually rushed away into the house. By this time J. had become upset and started crying with helplessness.

Nevertheless J. could still think "What the hell do I do now? We both need tranquillising!" She was aware of the Pattern breaking she had done during the row, but knew it had not yet been enough. A final pattern breaking event was that J. left the house with her husband, went to a friend's, and stayed there overnight.

It was some time before tears stopped streaming down her face; and her friends reacted with advice not to see parents at all if this resulted. J. had a clear thought that this was not the answer, "I know what happens, my mother makes me feel and behave like a helpless little girl. The reality is I'm a mature woman with many skills, and my mother is old and ill and insecure--and if she was not my mother, I have counselling skills I could use with her." This thought produced a sense of release and calmness, and was followed by "I can go back home tomorrow and behave differently--use my counselling skills". This was indeed what happened, and, at least temporarily, the mother's behaviour was altered for the better.

A chronic Pattern has cracked

This episode was regarded by J. as spectacular Pattern breaking; J. now knew she need not be caught again behaving and feeling as a small child. In reporting the scene she was aware for the first time of the operations of her inner counsellor. She had indeed acquired a capacity to remain detached and patient with mother, and occasionally to confront her.

In counselling sessions when the issue of mother came up J. used Directions such as: "You no longer have power over me! I'm no longer part of your world, I'm no longer the little girl who had to earn her mother's love and couldn't manage it!". These progressed to "I'm still the same even if you disapprove of me". This theme was directed at others, as well as at the mother. A further step was represented by "I have a place in this universe no-one can take away."

The main Discharge was still crying, with grief at not experiencing acceptance changing into grief at having lost so much of self as a child. J. still experienced difficulties in retaining a strong sense of self-worth in the face of disapproval, and continued to work with Directions against these distresses.

Progress was indicated by an incident in which J. talked to mother over the telephone. After coping well for some time with the usual attacks, J. became distressed. Exceedingly upset she put the telephone down and looked for her husband for a counselling session.

However, alongside the upset was the knowledge of what it was all about--she'd been caught again in the little girl distress and her inner counsellor gave her instructions to discharge in order to return to her normal self as soon as possible. This took about ten minutes of intensive discharge and celebration of herself. A few years earlier recovery from such upset could have taken ten days.

Claiming to be a delightful daughter

A further stage after that of separating from her mother was claiming to have been a good daughter. This emerged after J. spontaneously introduced her own daughter to a group of people by saying "This is my delightful daughter!" In her next co- counselling session J. realised this phrase was a Direction she could use. The outcome was copious crying discharge.

Over time this Direction became believable and celebratory. In everyday life this transition corresponded to being able to act powerfully, to take responsibility for looking after both parents during her father's terminal illness, confronting her mother's disapproval whenever necessary. J.'s empowerment enabled her to cope with many hysterical outbursts from her mother, who would say she never wanted to see J. again and would not let her in to see her father.

Current relationship with mother

The current relationship with mother is more amicable than it has ever been. Mother's behaviour has changed very little, but J. is rarely caught by her mother's distress, and now has the option of taking the counsellor role. J. notices when she is becoming angry, can avoid directing anger at her mother, and can readily discharge this anger even when she is alone.

Corresponding changes have occurred with regard to authority figures in general. Recently J. confronted an awkward and manipulative administrator, who was putting her down, and denying her version of what took place. J. was able to plan a crucial meeting, remain calm in the face of his bullying, demonstrate objectively that he was in error, and secure his agreement to putting things right.

Summary of progress

In general J. has become less self-conscious, and less in need of others' approval. She is able to make satisfying relationships and has warmth and caring for a wide range of people.

Her confidence in her job skills has vastly increased, and she is less drained by demanding work, and more able to confront others when necessary.

She is still working on some aspects of her chronic Patterns. In particular, on being non- judgmental of others whilst being willing to interrupt their destructive Patterns. This corresponds to being able to act more effectively in promoting social change.

Footnote on Nomenclature

The processes and ideas outlined in this Chapter are widely described as co-counselling; Re-evaluation Counselling and Co-Counselling International being the names of international networks of co-counsellors. Within the USA the terms "Re-evaluation Counseling" and "Co-Counseling" have been registered as service marks by Personal Counselors Inc., marking the fact that RC considers its fusion of process, ideas, and organisation as unique. Such service marks have no standing outside the USA. Inside the USA term Co-Counselling has been used without being challenged for many years, by assorted groups, and can be regarded as in the public domain.

Note that the spelling of some key words varies between English and American cultures. In particular the American spelling of 'counselling' has only one 'l'. The appropriate American spelling has been used in quotations and names.

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RC Magazines For instance *Caring Parent, Classroom, Men, Recovery and Re-emergence, Sisters, Well Being, Wide World Changing, Working for a living, Young and Powerful, Older and Bolder*. Rational Island Publishers, Seattle.

Audio cassettes of the magazines are available for the visually impaired. Also available are a variety of video cassettes with counselling demonstrations--to play on European systems as well. Contact Rational Island Publishers, PO Box 2081, Main Office Station, Seattle, WA 98111, USA.

Some notes on themselves by the authors



Rose Evison C. Psychol

Exploring the universe, human relationships, and changing the world have always been important to me. Co-Counselling has enabled me to liberate my creative intelligence, my caring for others, and my joyful nature from anxiety, alienation and despair. I work as an occupational psychologist, counselling psychologist, management trainer and as a therapist. In these areas I offer co- counselling theory and practice as an effective technology for change, and myself as a guide. In all my life I laugh and love and climb mountains. I write in the hope that conceptualisation can form footholds to help others step further into their experience.

Richard Horobin Ph. D.

Three strands weave together in my life, distinct but interacting: living with people, doing science, and co-counselling. The challenge and support from the people I love form the core of my life. Doing science gives me allies across the world, experiences of transcendence, and the glee of mixing mess painting with story telling. Braided through all this, the ideas and activities and skills, which make up co-counselling form a marvellous tool kit, helping me, love and learn, and leap into the dark. And, lucky me, co-counselling is a tool kit I can hand on to others. The chapter in this book is one way of passing on the tools.