Co-Counselling International (UK)

Intensive Counselling

John Heron

1978, revised edition 1998

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See also my:

- Co-Counselling Manual
- Co-Counselling Teachers' Manual
- Co-Counselling Teacher Trainers' Manual
- Intensive Counselling
- Suggestions for Exercises
- Catharsis in Human Development

Foreword

Part II of this manual is a revision of the original 1978 text. It lists counsellor interventions under eight different aspects of intensive counselling, and concludes with my account of the primary qualities that distinguish effective intensive counselling. Part I is a more recent model of counsellor interventions. It starts with a four-part grid which relates both the client's content cues, and the client's process cues, to the counsellor prompting the client to be active, and to the counsellor being active while the client is receptive and responsive. This is followed by an overlapping account of counsellor interventions, simply listed under 'Working with content' and 'Working with process', and taken from Chapter 7, 'Cathartic Interventions' in my book *Helping the Client: A Creative, Practical Guide,* London: Sage, 1990.

Part I

1. Diagram of the four-part grid

	CONTENT CUES *The client's story: word/image/idea*	PROCESS CUES *The client's energy: body/breath/sound*
	Client cue: What client is invited to say	**Client cue:** What client is invited to do
Counsellor prompts Client to be active	**Evasive talk or analytic talk:** how feeling, how being in the body find agenda critical incident **Stated problem:** critical incident **Stated occlusion:** imagine critical incident **Critical incident:** scan: forward or back	**Rapid speech, shallow tone:** slow down speech, deepen tone **Distress-charged sound on word/phrase:** repeat, increase, associate **Sudden deepening of the breath:** repeat, increase, associate

	earliest available memory **Critical incident:** literal description **Literal description:** psychodrama **Psychodrama:** shift level within it **Monodrama:** play internal parts **Association:** thought critical incident follow chain of memories verbalize insight/re-evaluation positive affirmation and reprogramming action planning and goal setting**:** **Slip of tongue:** repeat, associate **Sudden aside:** repeat, associate **Self-deprecation:** contradiction **Evasive pronoun:** first person **Evasive verb:** responsible verb **Dream:** literal description in present tense psychodrama monodrama: play all dream symbols **Lyrical cue:** recite, hum or sing	hyperventilate **Eyes closed or evasive:** make eye contact **Distress-charged movement:** repeat, exaggerate, find sound/words **Distress-charged rigidity:** exaggerate, find sound/words contradict, find sound/words **Matching or mismatching:** treat alike **Chronic archaic/defensive tone of voice:** exaggerate, find its words **Chronic archaic/defensive body armour:** amplify kinaesthetic micro-cues stress positions mobilization hyperventilation regression positions frozen need expressions spatial quadrants and polarities **Pensive cue:** verbalize thought, image
	Client cue: What practitioner says	**Client cue:** What practitioner does
Counsellor: acts while Client is receptive and responsive	**Stated problem:** hypnosis, suggestion **Psychodrama:** negative accommodation positive accommodation **Negative talk:** mirror with awareness **Emergence of hurt child's story:** affirm validity of the client's hurt, affirm their need for discharge and healing, their deserving of time, the	**Chronic archaic/defensive body armour and intermittent rigidities:** light holding, light contact/massage light vibration/pulsing loosen muscle groups light/strong pressure on tense areas gentle opening/extension of joints long leverages, psychodynamic

	past need for their defenses, the safety of this situation, the present redundancy of their defenses, the deep worth of their inner child, the value of this work of healing and their courage in doing it.....	osteopathy energy passes with hands, breath, eyes **Eyes evasive:** seek eye contact

2. From *Helping the Client*

Working with content. This means working with what the client is saying, with their stated difficulty, with meaning, story-line and imagery. The content may start out anecdotally evasive or analytically defensive; may evolve into talking about some real difficulty or problem area; and culminate in working on some traumatic scenario.

1. From analysis to incident. You ask a client who is busy analysing a current difficulty or problem in their life to describe a specific, concrete critical/traumatic instance of it. You gently persist until the client gets there. Then:

2. Literal description. You ask the client to describe the traumatic incident in literal detail, not analyse it or talk about it but summon the story-line through vivid recall of sights and sounds and smells, of what people said and did. Distress is lodged in imagery of all kinds, and is drawn up by its evocation. And to increase this effect:

3. Present tense account. You ask the client to describe the incident in the present tense, as if it happening now. You keep them to the texture of the scene, the imagery, in the present tense, maybe going over it several times, and with discreet questions edge them to the distressed nub of the matter. Working with process cues (see below) evident during the description will help a lot. Catharsis may occur at any point. What is certain is that the threshold of catharsis is lowering: the person is getting closer to feeling the distress.

4. Psychodrama. As the distress emotion comes to the fore through literal description of a critical incident, you invite the client to re-enact the incident, that is, to re-play it as a piece of living theatre: they imagine they are in the scene and speak within it as if it is happening now.

- You ask them to express fully in the re-enactment what was left unsaid, suppressed or denied at the time, and to say it directly to the central other protagonist (for whom you can usefully stand in). Catharsis can powerfully occur at this point.
- This is original, archetypal theatre: the person re-creating dramatic incidents from their own life in a way that enables them to abreact the painful emotion which they suppressed at the time. The past is often full of pockets of unfinished emotional pain which can be discharged by this simple and classic technique - the use of which requires good training.
- There are two points of shift where clients typically resist because each one gets closer to the distress: first, the move from analytic talking about a problem to literal description of an actual instance of it; second, the shift from this description of the scene to dramatically talking to someone in the scene. You will need gentle persistence in helping your client to break through at these two points of resistance. This kind of persistence needs to be both caring and quietly unrelenting.

5. Shifting level. If the psychodrama is about an incident later in the client's life, when they are making a charged statement to the central other, such as 'I really need you to be here',

you quickly and deftly asks 'Who are you really saying that to?' or 'Who else are you saying that to?' At this point, at the heart of the psychodrama, they can very rapidly shift level to a much earlier situation and become the hurt child speaking to its parent. They continue to use the same line but in relation to a more basic agenda. Often the catharsis dramatically intensifies as the deeper level is reached.

6. Earliest available memory. Instead of asking the client to think of a recent critical incident of a current difficulty, do a psychodrama on it and shift level within the psychodrama to an earlier and more basic incident, you can simply ask for their earliest available memory of that sort of incident, and work on that with literal description and psychodrama. Depending on how it goes and how early it is, you may get them to shift level inside that psychodrama too. Distresses line up in chains of linked experiences going right back to the start of life. However, there's no need always to shift level to earlier incidents. It may be appropriate to defuse the incident you happen to be working with.

7. Hypnotic regression. When the client states a current difficulty, you invite them to lie down with eyes closed, and then count them down from 10 to 1 into deeper and deeper states of relaxation, and further into their past toward early incidents at the start of the chain linked with the current difficulty. They recount what memories surface. Follow through with psychodrama and/or process work.

8. Scanning. When the client states a current problem, you invite them to scan along the chain of incidents, all of which are linked by the same sort of difficulty and distress. They evoke each scene, then move on to the next, without going into any one event deeply. They can start with the earliest incident in the chain which they can recall and then move chronologically forward. Or they can move chronologically backward from the most recent incident. This loosens up the whole chain and brings the more critical incidents to the fore to be discharged.

9. Imagining reality. When the content indicates that there is some trauma lodged in an incident which the client knows has happened but cannot recall (e.g. circumcision), you can suggest that they simply imagine the event without worrying whether it really was like that. Follow through with nos. 2 to 4 and process work. Hypnotic regression is another possibility here, of course.

10. Eschatological drama. When the client is talking about feeling cut off from other realms, from the sacred and the divine, you suggest that they talk directly to these realities, saying whatever they need to say. This can be very cathartic, with a re-evaluation of the relationship, leading into further transpersonal work.

11. Slips of the tongue. When a word or phrase slips out that the client didn't intend to say, you invite them to repeat it a few times, and to work with the associations and/or process cues. This invariably points the way to some unfinished business.

12. Monodrama. The client is invited to play both sides of an internal conflict which may be between the claims of two different roles they have, or more basically between their internal oppressor and their internal victim. There are two chairs, one for each side of the conflict, and the client moves from chair to chair, speaking the lines for each of their internal protagonists. This is certainly consciousness-raising, and can become rapidly cathartic if you work skilfully with the process cues on either side of the conflict.

13. Contradiction. The client is invited to use statements and a non-verbal manner that contradict, without qualification, their self-deprecating, self-denigrating statements and manner. In full contradiction, both statement and manner (tone of voice, facial expression,

gesture - arms well out and up, posture) are self-appreciative and unqualified. In partial contradiction, their statement is self-deprecatory but their manner is totally self-appreciative: it's the irony of this that is cathartic. In double negative contradiction, both statement and manner are exaggeratedly self-deprecating: the caricature implodes into catharsis.

- Contradiction challenges head on the external invalidation and oppression which the child has internalised to keep their distress and their power suppressed and denied so that they can conform and survive. You need to work deftly to help the person get it going in all its appropriate modes, verbal and non-verbal; then it rapidly opens up into laughter, followed, if you are quick on the cues, by deeper forms of catharsis.

14. Validation. At certain times, you can gently and clearly affirm the client, their deep worth, their fine qualities, their deeds, in a way that releases a lot of grief about the denial of all these fundamental truths in their childhood.

15. Giving permission. In early stages, the client often still feels the force of the old conditioning that tells them they are not allowed to discharge their distress. You can help this by gently giving them verbal permission and encouragement as they falter on the brink of release.

16. Freeing attention. When the client's talk indicates that their attention is sunk, caught up in verbally acting out or acting in, distracted or fascinated by their distress, you interrupt this to get some attention free and ready for balance by: physical process work (see below), describing the immediate environment, the use of contradiction, describing recent pleasurable experiences, moving around in or changing the arrangement items in the room. Then see what's on top (next).

17. What's on top. When the client has got some free attention and is starting to get into balanced attention, you ask them "What's on top?", that is, what recent (or remote) experience comes spontaneously to mind, however irrelevant or trivial it may appear to be. Then work as in nos. 2 to 8, or it may be that the next one, no. 18, happens quite quickly.

18. Free association down the pile. This is content determined, but it is evidenced by a particular kind of process cue, the pensive cue. As the client is working on, or describing one event, another and often earlier one suddenly comes to their mind. They may ignore it unless you spot its arrival via the pensive cue - the slight pause and sudden reflective look. Unlike scanning (above) which is directed association along an explicitly identified chain of distress-linked events, this is free association along a chain or down the pile of interlinked chains. This may lead to a primary working area for the session.

19. Dreams. One useful way of leading your client, is to inquire about their recent dreams, or about repetitive nightmares. You can work with these just as you would with a real life incident: literal description, psychodrama, shifting level, free association, and so on. You can also invite your client - in order to grasp how the dream symbolises the relation between different parts of their psyche - to become each main item or person in the dream in turn, and to let each one speak to the others and say what it wants. Pick up the accompanying process cues.

20. Quick asides. Sometimes associated material comes up as a quick aside, which is something the client says that seems to lie a bit outside the mainstream of what they are talking about. They also tend to sweep on past it as if it were not important. You pick up on the aside and invite them to go into it, associate to it, and so on. This is invariably fruitful,

but you will need a little persistence, if the client is defensively impatient and wanting to get on with their surface theme.

21. Lyrical content. When the client mentions recall of a poem, a piece of music or a song, you invite them to recite it, hum it or sing it. This can be powerfully cathartic and full of associated material.

22. Catching the thought. Again, though it is evidenced by a pensive cue, it is the content that is important. As the client is working - describing an incident, doing a psychodrama, during a pause in catharsis - a sudden thought comes to them, and they have switched briefly to the cognitive mode - some re-appraisal of an event, insight into its effects, re-evaluation of its meaning. The pensive cue alerts you to invite them to verbalise all this. This fully expressed re-structuring of awareness is the real fruit of the catharsis, not just the release itself.

23. Integration of learning. After a major piece of cathartic work that has generated a good deal of insight and re-evaluation, you prompt the client to formulate clearly all they have learnt, and to affirm its application to new attitudes of mind, new goals and new behaviours in their life now. At this point cathartic work finds its true raison d'etre.

Working with process. This means working with how the client is talking and being, that is, with tone and charge and volume of voice, with breathing, use of eyes, facial expression, gesture, posture, movement. Here, again, I emphasise training and supervised practice.

24. Repetition with amplification and/or contradiction. The client can never totally deny or contain their distress. It continually has brief outcrops in the surface texture of their behaviour, as if it is always struggling to get out, however defensively unaware of it they have had to become. And it also has a more constant grip on some of the muscular mechanisms of their behaviour and bodily being. There are four classes of cues that they can repeat, amplify and/or contradict.

24.1. Distress-charged words and phrases. You pick up on these words or phrases not because of their meaning but because of their emotional charge. Indeed the meaning may sometimes seem quite irrelevant to the work in hand. And you must distinguish between a normal expressive emphasis and a distress charge. It is words with the latter that you invite the person to repeat, perhaps several times, and perhaps louder, and even much louder. This repetition and amplification may start to discharge the underlying the distress. Or it will bring it nearer the surface and loosen up associated material - so you watch for pensive cues. Particularly potent at the heart of a psychodrama, when the individual is expressing the hitherto unexpressed to some central other protagonist from their past.

24.2. Distress-charged mobility. While the client is talking, and unnoticed by them, their underlying distress starts to move some part of their body: the feet and legs start a kicking or jerking motion; the hands and arms start a small stabbing, slapping, thumping, scratching, twitching or wringing motion; the pelvis and thighs start a small bouncing or rotating movement; the trunk, head and neck start swaying, bending, rotating; the head starts shaking or nodding; there is a sudden deepening of the breath.

- You pick up on this mobility and invite the person to develop it and amplify it and follow it into the underlying feeling. When the exaggeration is well under way, ask them to find the sounds and words that go with the movement. This can rapidly undercut more superficial content they are busy with and precipitate earlier, more basic and even primal material. The effect is particularly powerful when you

encourage your client to develop a sudden involuntary deepening of the breath into quite rapid deep breathing into the emerging feeling, with an accompanying crescendo of sound.

- Picking up on distress-charged words and movements needs to be light and deft, with only a brief time gap between the cue and the intervention. The beginner's error is to have too big a time gap, and then to ask the client why they produced that bit of movement or said that word in that tone. 'Why?' questions like this are fatal: they inappropriately throw the client into the analytic mode, and interrupt the emerging energy of the distress, which will soon reveal itself and what it is about if the person is simply encouraged to get into action.
- So for bits of distress-charged movement, the sequence is: get the action well exaggerated and energized, then find the sound that goes with the movements, then the words. Later on in the pauses invite the person to identify the context: who are they saying this to, what situation from their past are they re-enacting.

24.3. Distress-charged rigidity. The underlying distress temporarily locks some part of the client's body into a rigid state: the breathing becomes tight, restricted and shallow; the legs are rigid, the muscles locked; the thighs close tightly together; the arms are held tight to the sides of the body, or crossed tightly; the fists are tightly clenched, the arms rigid; the hands are firmly clasped; one hand or both hands tightly hold the head, or cover the eyes, or have fingers pressed over the mouth; head, neck and trunk lock together in one rigid posture; etc.

- Again, you invite the client to exaggerate the rigidity, get the distress energy right into it, then maybe find some sounds and words that articulate it, then identify its context. At any point the rigidity may break up into mobile catharsis. Or you may encourage them, after some time in the exaggerated rigidity, to put energy into the opposite mobility, finding appropriate sounds and words - and this may loosen up the discharge. So a tight fist and rigid arm is first exaggerated into even greater tension, then converted into rapid thumping on a pillow. You will need to encourage you client not to throttle back the sound, and behind that the long-repressed words.
- Whether the body cues are mobile or rigid, they may either match the content of what the person is saying, or they may mismatch it. So a clenched fist may accompany a statement of being irritated with someone, or a statement about having had a wonderful time with someone. In either case, amplify the body cue, then find the words within the action. In the case of a mismatch, experience shows that the body cue rather than the statement is telling the truth of the matter.

24.4. Chronic archaic-defensive cues. Cues in the previous three entries are intermittent: they crop up in and among the content of what the client is saying, they come and go, sometimes at a great rate of knots. But there is a class of process cue that is permanent, chronically entrenched in the client's behaviour. The class includes three species.

24.4.1. Chronic archaic-defensive tone of voice. The client persistently talks, whatever the content, with a tone of voice that pleads or complains or whines or self-effaces (this one may lower the volume too) or distances or irritates. The locked-in childhood distress is acted out through the tone and perhaps also the volume. This may extend into the chronic use of speech redundancies such as 'ums' and 'ers', 'you knows' and 'you sees', and stutters.)

24.4.2. Chronic archaic-defensive posture and/or gait. The client stands or walks in terms of permanently distressed adaptation to an early oppressive environment - the stance or

walk is embarrassed, self-deprecating, mincing, cautious, ready for flight, defiant, or stubborn, or whatever other emotional posture the child adopted to survive.

- As before, you can invite the person to exaggerate the tone (24.4.1), or posture or gait (24.4.2), get energy into it, then find out what it seems to be saying, and to whom and in what context - which will lead over into a psychodrama with more process work and, of course, catharsis. Or once amplified, the rigidity can be contradicted, and the contradiction, or opposite behaviour, can be amplified and worked with.

24.4.3. A third type of chronic archaic-defensive cue is more covert. It's a rigidity of muscular tone, or a rigidity that afflicts the free and full use of a group of muscles, anywhere in the body. It's what Reich called character armour. It's a more subtle, not so obvious, psychosomatic rigidity: it may be evident in defensive posture and gait, but only to the trained eye. Its purpose is primarily to maintain a constant inhibition of the physical expression of strong pockets of repressed grief, fear and anger. Again, you can propose that the client physically amplify and/or physically contradict this type of rigidity.

- To amplify, they can be invited to adopt a stress position, that is, to put a muscle group into sustained contraction, until the physical discomfort of doing so is strongly felt. If they go into the physical pain with deep breathing and sound, it may implode with catharsis of the underlying emotional pain.
- To contradict, they can be invited to hyperventilate, that is, to breathe deeply and vigorously with sound on the outbreath; to kick and thrash the legs, to thrash the arms, to thrash the pelvis, shake the head, all this with sound and when lying down on a mattress; to squat and pound pillows with the fists vigorously, with sound; to stand and tremble the whole body and jaw, with sound; and so on.
- This activity needs to be sustained, and to get to the right frequency of vigour. It may then become strongly cathartic, or loosen up images and material that can be worked with in other ways. This can be used as a kind of gymnastic retraining for catharsis, re-establishing muscular and behavioural pathways for the release of distress.

25. Acting into. This is just a special case of physical contradiction. The client is already feeling the distress, wants to discharge it, but is held back by conditioned muscular tension. You suggest they act into the feeling, that is, creates a muscular pathway for it, by vigorous pounding for anger, or trembling for fear. If they produce the movements and sound artificially, then very often real catharsis will take over.

26. Hyperventilation. Already mentioned, under (24.4.3) just above, hyper-ventilation requires a special reference. It is a rapid breathing which becomes defensive if it is excessively fast or too slow. There is a frequency which opens up the emotionality of the whole psycho-physical system, if it is sustained long enough. It can be used to lead the client into discharge from scratch, by working on basic character armour. Or it can be used to follow a mobile body cue, especially a sudden deepening of the breath. To prevent tetany and excessive dizziness, have the client do it in many cycles, with pauses in-between. When carried on for a sufficient period of time, this is a very direct and powerful route to primal and perinatal experiences, which may also be interwoven with transpersonal encounters.

27. Physical pressure. When the client is just struggling to get discharge going, or has just started it, or is in the middle of it, you can facilitate release by applying appropriate degrees

of pressure to various parts of the body: pressure on the abdomen, midriff or thorax, timed with the outbreath; pressure on the masseter muscle, some of the intercostals, the trapezius, the infraspinatus; pressure on the upper and mid-dorsal vertebrae timed with the outbreath, to deepen the release in sobs; pressure against the soles of the feet and up the legs to precipitate kicking; extending the thoracic spine over the practitioner's knee, timed with the outbreath, to deepen the release of primal grief and screaming; and so on. The pressure is firm and deep, but very sensitively timed to fit and facilitate the client's process. Anything ham-fisted and unaware of what their energy is doing, is intrusive. Handle with care and skill.

28. Physical extension. As the client is moving in and out of the discharge process, you can facilitate the release by gently extending the fingers, if they curl up defensively; or by gently extending the arms; or by drawing the arms out and away from the sides of the body; or by extending an arm while pressing the shoulder back; or by gently raising the head, or uncurling the trunk; and so on. All these extensions are gentle and gradual, so that the person can yield and go with them.

29. Surrender posture. Sometimes the full release of grief needs a surrender posture. If the client is kneeling, and grief is on the way up and out, gently guide their trunk forward until their head rests on a cushion on the floor, arms out to the side, palms facing up to either side of the head, fingers unfurled. After the intense sobbing subsides, raise the person gently up again to catch some thoughts and insights; then down onto the cushion again when another wave of grief comes through.

30. Vertical and horizontal. When doing body work with your client, start with standing positions, and as the process cues emerge, shift directly to work lying down. A well-timed change from the vertical to the horizontal can facilitate catharsis.

31. Relaxation and light massage. This is an alternative mode of contradicting physical rigidity. You relax the client and give gentle, caressing massage to rigid areas. Catharsis and/or memory recall may occur as muscle groups give way to the massage.

32. Relaxation and self-release. This is yet another way of undoing physical rigidities that lock in distress. You relax the client and invite them to 'listen' for movement micro-cues within their muscles in every part of their body. The micro-cue is a continuous buried impulse to move against the distress-charged rigidity. It is normally blocked and suppressed by the rigidity. But they amplify the micro-cues and start gently to stir and move their body (and perhaps their voice) in unfamiliar ways, until they break right out of the rigidity into catharsis.

33. Physical holding. You reach out lightly to hold and embrace the client at the start, or just before the start, of the release of grief in tears. This can greatly facilitate the intensity of sobbing. Can be combined with aware pressure on their upper dorsal vertebrae at the start of each outbreath. Holding their hands at certain points may facilitate discharge. When discharging fear, they can stand within your embrace, and your fingertips apply light pressure on either side of their spine.

34. Pursuing the eyes. By avoiding eye contact with you, the client is often also at the same time avoiding the distress feelings. You gently pursue their eyes by peering up from under their lowered head. Re-establishing eye contact may precipitate or continue catharsis.

35. Regression positions. When process cues suggest birth or pre-natal material, you can invite the client to assume pre-natal or birth postures, start deep and quite rapid breathing and wait for the primal experiences to re-run themselves. May lead into deep and sustained

cathartic work in the primal mode. If so, you need to keep leading them to identify the context, to verbalize insights, and at the end to integrate the learning into their current attitudes and life-style. Regression positions may be less ambitious like lying in the cot, sitting on the potty, sucking a thumb.

36. Seeking the context. When the client is deeply immersed in process work and in catharsis, you may judge it fitting to lead them into the associated cognitive mode, asking them to identify and describe the event and its context, to verbalize insights, to make connections with present-time situations and attitudes.

37. Holding up a mirror. You can lightly precipitate the discharge of embarrassment in laughter by mimicking, with loving, not malicious, attention the various self-deprecating and self-effacing behavioural cues the client is producing. If followed through deftly, with both content and process, may pave the way for much deeper catharsis.

38. Use of water. All these varieties of process work may usefully be done when the client is immersed in water, or lying on a waterbed. The stimulus of water may precipitate pre-natal and birth material.

39. Psychotropic drugs. Mescalin, LSD, can be powerful abreactive drugs if the client is properly facilitated when under their influence. See Grof's classic work Realms of the Human Unconscious (Grof, 1976).

40. Transpersonal process cue. Sometimes the client spontaneously assumes a posture or makes a gesture that has transpersonal significance, like one of the consciousness-changing postures in oriental yogas. You can ask them to repeat it, stay with it and develop it, maybe finding the words that go with it. This may generate a good deal of insight and be incidentally cathartic. It may also be the start of transmutative work (see Chapter 8).

41. Ending a session. At the end of a cathartic session, it is necessary for you to bring the client back up out of their cathartic regression into present time, by chronological progression at intervals of 5 or 10 years, by affirming positive directions for current living, by describing the immediate environment, by looking forward to the next few days, etc.

Part II

By intensive or non-permissive counselling, I mean the kind of counselling of the client that picks up every relevant cue and hones in precisely on accessible distress material the client may tend to shy away from. It is the sort of counselling the teacher uses with beginners when working with a client in front of the group, since the client is not yet in a position to be effectively self-directing. It is also an important option open to experienced co-counsellors at the request of the client to help the client deal with chronic patterns and occluded or avoided material. Intensive counselling has the following features - which overlap and interact:

1. It enables the client to get attention out, get ready for work.
2. It picks up relevant verbal and non-verbal cues in the client and converts them into suggestions for client work.
3. It enables the client to get right into distress material and stay with it, to hold a direction discharging uncomfortable distress feeling, to go back in again.
4. It enables the client to shift level, to cut from the superficial presenting restimulation to its genesis in early material.

5. It enables the client to catch and verbalise sudden thoughts and insights, to re-evaluate past events, to express understanding of how past trauma and present problems have been interlocked.
6. It enables the client to appreciate, celebrate, delight in her being.
   It enables the client to action-plan for sensitive, rational, distress-free living now and in the future.
7. It enables the client to come back into present time, away from distress.
8. It has certain primary qualities, outlined below.

What follows is a sample of verbal behaviour analysis of typical sorts of counsellor interventions under each of the above headings. This sort of analysis is in many ways misleading. Bunching the verbal behaviours under the different headings gives no idea of how a real sequence of counsellor interventions will move around creatively among the different headings. Again, the form of words to be chosen for any one intervention has many subtle variations: there are many different ways of expressing the same basic intervention. The analysis can give absolutely no indication of the great importance of timing and tone of voice. Headings 1 - 4 all interweave and overlap in practice. Despite all this, experienced co-counsellors have found it useful to do this kind of behaviour analysis as a backdrop to practical training in intensive counselling. I am indebted to participants in several recent advanced co-counselling and teacher training workshops for help in compiling the following.

1. Enabling the client to get attention out, get ready for work

- "Describe my face ... the room ... what you can see out of the window ..."
- "Describe your journey here ..."
- "Do some celebratory movement (OR body shake with sound release OR some meditation exercises OR relaxation and reverie) ..."
- "What did you have for breakfast ..."
- "What good experiences have you had over the past week ..."
- "What would you like to celebrate about yourself today ..."
- "Describe some pleasant places you know ..."
- "What are for you the simple pleasures of life ..."
- "Tell me about some minor, trivial upsets over the last few days ..."

2. Picking up verbal and non-verbal cues

- "Say that again ... and again ... louder ..."
- "Say again ..."
- "Repeat that slip of the tongue ... and again ... louder ..."
- Echo the client's word/phrase/statement and give free attention.
- "Say that without qualifications ..."
- "Try saying '...' (give contradiction, qualification-free statement) ...lightly and brightly ... with your arms out ... and add a 'Hurrah' on the end ..."
- "Try contradicting that ..."
- "Repeat that in the first person singular 'I ...'"

- "Say it directly to him 'You ...'"
- "Say just one word to him ... What's the one word you need to say to him ..."
- "What's the statement behind your question ...?"
- "Say that again and change 'Have to ...' to 'Choose to ...'"
- "Say that again and change 'Can't ...' to 'Won't ...'"
- "What movement goes with what you have just said ..."
- "Express that non-verbally ..."
- "What are you thinking ... What's the thought ..."
- Just look at and give attention to the client's gestures, movements, postures.
- Mimic the client's non-verbal patterns.
- "Exaggerate that movement (gesture, posture, facial expression) ...Let it go ...What sound goes with it ?...What is it saying? ... To whom? ... What have you got in your hand? ... What's your hand doing? (etc)"
- "Try contradicting that movement (gesture, posture, facial expression) ..."
- Offer client a non-verbal contradiction: "Try this (movement, posture, etc)"
- "Stay with that breathing ...deepen it...faster...let sound come with the out-breath..." (See also below).

3. Enabling the client to get right into material and stay with it

- "Describe the scene in the present tense and in the first person ...What's happening in it ?...What are people saying and doing?... What are the sights, sounds, smells?..."
- "Describe the scene again ...Go over it all again ..."
- "Enter the scene, imagine you are in it now ...What do you really need to say to X that you didn't say at the time, that express the feelings cut off and denied at the time ?...Speak to X directly as if he is here ... and again ...louder ..."
- "Try saying '...' to X". Offer a statement based on client cues.
- "Stay with that feeling... Accept it ...Own it ...Work with it ..."
- "Try saying '...'" Give the client a self-acceptance statement that affirms the hurt child within, the distress feeling, the frozen need, e.g. 'Daddy, I'm ten years old and I need your love'.
- "Act into that feeling ..." E.g. of anger, fear; show the client how. The client may need an anger training session to help loosen up repressive controls on sound and movement.
- "Imagine you are killing off X ... Act into it ... " Counsellor does negative accommodation to elicit primitive rage: agonise on the floor and time screams to coincide with client blows on the cushion. Encourage client to stay with it until the rage is really out.
- Give the client a powerful well-aimed anti-chronic pattern direction, and keep bringing her back to it. In general, when the client is using a verbal direction, movements, or a statement to some key figure, and this is producing copious

discharge, keep bringing the client back to it again and again - as long as it works - so that she doesn't veer away from it and close up prematurely.

- Use physical interventions to symbolise client statements about psychological pressure or social pressure: so that the client can get more readily into the psychosomatic reactions to such pressure. So press on shoulders when the client is working on "Get off my back ..." with respect to old oppressive authority.
- Use other members of the group to create psychodramas which either recreate the bad scene, or enable the child within to fulfil a frozen need, to do now what in the repressive past was never allowed. Both can aid catharsis.
- "Loosen up your breathing, let your breathing go, release the restriction ..."
- "Stay with that breathing ...let it develop ...let it go ...a little faster ...find the sound on the out breath ...louder ...". The skilled body work counsellor can combine this with physical interventions. Encourage the client to stay with, go back into, start over again, these physical processes as long as they produce copious discharge. Working with the breath will often produce a shift of level. So this is also part of the next category.

4. Enabling the client to shift level, to get to key early experiences

- "What's your earliest available memory of that type of situation?..." When the client is talking about some current problem.
- "Scan over your life from the beginning and pick up instances of that type of situation ..."
  When the client is talking about a current problem or pattern, invite her to use the regression with reverie technique to get down to its early genesis.
- "Try having a phantasy about it ... Imagine freely what is going on ...". This for some inaccessible occluded event the client wants to work on. She may suspect it occurred, or have positive information from others that it occurred, but cannot recall it.
- "Who are you *really* saying that to ?.. First thought ...". When the client is discharging on some statement she is making to someone in psychodrama about some situation in her adult life.
- "Who are you doing that to?... First thought ...". When the client is exaggerating and acting into some non-verbal cue (movement, gesture, etc) you have picked up, while she was talking about some adult life situation.
- Invite the client, at the appropriate moment, to do active body work: to hyperventilate, let out the sound, thrash the limbs, the head - on a mattress, extended over a stool, standing. This will often precipitate early distress. Can be combined with physical interventions from a skilled body work counsellor.
- Invite the client to lie down, relax, enter reverie and verbalise, then counsellor applies massage, from light and gentle to deeper and more probing as material starts to surface out of the reverie.
- Invite the client to use regression positions: thumb sucking, on the potty, in the cot with knees up and thighs open, at the breast, lying curled up dependent in mother's arms, and so on.

- Invite the client, at the appropriate time, to do birth work, re-enact birth. Then follow through into infancy and childhood. You can start with a current life problem of the client, invite her to trace instances of that problem backwards through time to early childhood, then re-enact birth, and see the problem echoed in the birth-script. Or re-enact birth, and bring the client forward at five or ten year intervals, picking up memories of life situations that echo the birth-script.

5. Enabling the client to catch and verbalise thoughts and insights

- "What's on top? ... What's coming up?... What do you want to work on ?..."
- "What are you thinking? ... What's the thought? ..." A fundamental intervention for all those innumerable moments when little behavioural cues show that a sudden thought, awareness, insight, memory, re-evaluation, has arisen in the client.
- "First thought ..." Another fundamental intervention, to be used after many questions put to the client.
  "Who are you really saying that to ?... First thought ..."
- "What incidents/associations are coming to mind about that? ..."
- "What are your early memories of that? ..."
  "What are you realising about then and now?..."
- "How did you 'choose' to survive then? ... Is that 'choice' still with you? ..."
- "What scripting did you pick up from that experience? ..."
- "Scan over your life for instances of acting out that script"

6. Enabling the client to celebrate herself

- "What would you like to say/celebrate/appreciate about the real you"
- "Say it to them ... into their eyes ...". Indicate the other group members.
- "Say '...'". Give the client a celebratory statement.
- Validate and appreciate the client.
- Invite members of the group to validate and appreciate the client.
- Invite the client to celebrate herself in movement.

7. Enabling the client to action-plan for rational living

- "What's your immediate plan to step outside that pattern/compulsion/piece of scripting? ..."
- "What's your rational choice about it ?... When you think clearly about it, outside old distress and old scripting, what plan do you come up with ?..."
- "What intelligent plan makes the fear rattle and shake within you ?..."
- "What risks are you going to take about it ?..."
- "How are you going to give more expression to the real you over the next few days and weeks? ..."
- "What joyful activities are you going to introduce into your life ?..."
- "How are you planning to make your life a celebration? ..."

8. Enabling the client to come back into present time, away from distress

- As in 6. above on celebration. But also:
- "Describe that Kleenex box/vase of flowers/picture on the wall ..."
- "What can you see around you? ... Outside the window ?..."
- "What can you hear right now ?..."
- "What are some of your favourite foods/flowers/music ?..."
  "What are you looking forward to doing over the next few days? ..."
- "Run through the twelve times table backwards ... What is thirteen times seventeen? ..."
- "Are you here, back in present time? ..."

Finally here are what seem to me to be some of the primary qualities of really effective intensive counselling

- **Timing**. The interventions move swiftly, surely, right on the mark, entering the chink in the armour just at the right moment. Sometimes they work with immediate client cues. Sometimes they seem to come out of the blue. Timing is of the essence.
- **Deftness.** The interventions are light, elegant, quick, with nothing lugubrious and heavy about them.
- **Non-attachment.** The counsellor isn't attached to her interventions, doesn't feel possessive about them, doesn't feel they must work, that the client must respond to them. They are given away freely, without attachment. The counsellor rejoices when they work, doesn't worry when they don't.
- **Trial, success and error.** If one thing doesn't work, the counsellor quickly tries something else. The counsellor has no certain knowledge about what is going on in the client, what the client needs. From the client, there are hints, clues, signs. In the counsellor there are theoretical presuppositions, guesses, conjectures, tentative hypotheses, generalisations based on prior experience. Trial, success and error bridge the gap. The counsellor tries something out. Sometimes it works, sometimes it doesn't.
- **Midwifery.** The counsellor is helping give birth to an autonomous being. It is liberation work: launching a person into intelligent and sensitive self-direction. Client autonomy is paramount. Intensive counselling is helping from without a person who is struggling from within to loosen the chains. The client is never crowded, pushed or rushed in her work.
- **Caring.** The client, the true person, gives birth to himself in response to being loved, cared for, deeply respected.
- **Free attention/empathy.** The counsellor is tuned in to where the client is coming from; has an imaginative grasp of the total gesture of the client' being in space and time; has a global sense of how he construes and responds to his world both at the conscious and the unconscious levels.
- **Acceptance.** In one way or another the counsellor accepts, doesn't negate, deny, repress, invalidate, the feelings of the client.
- **Transcendence.** The counsellor is always outside the client's compulsive, distressed estimate of his own distress, difficulties and problems. For every piece of

compulsive misery and heaviness and self-deprecation, she has a surprisingly light, elegant direction instantly on offer.

- **Firmness.** The counsellor holds gently but uncompromisingly to interventions that hone in on core material. She never lets go of them prematurely, but enables the client to stay with it, and hang in there for the full period of unloading.

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International Centre for Co-operative Inquiry

Podere Gello, San Cipriano, 56048 Volterra (Pi), Italy
email: jheron@sirt.pisa.it (John Heron)
http://www.sirt.pisa.it/icci