



Chapter 3: Catharsis and human interaction

A. The management of catharsis

There is a mistaken assumption in our society that cathartic release in the client should be under the direction of the "therapist". This strategy has only a restricted though important application. There are other strategies of much wider educational relevance.

- 1. One-way direction by another.** The counsellor initiates, directs and manages the client's cathartic release. Technical competence lies almost exclusively with the practitioner. This is the traditional model of psychotherapy. It is relevant in my view only to those who have chronically disabling degrees of distress such that they cannot initially take charge of the process themselves, or engage effectively in some form of co-counselling.
 - This is the therapy model of personal development and is still applied to many people who could, from the point of view of their own growth, more usefully engage in self-directed release on a basis of reciprocal support with their peers. Adult education, extended to include the cultivation of emotional and interpersonal skills, will progressively take over, I believe, a lot of the old domain of psychotherapy.
- 2. Two-way direction by each other.** Two trained people work on a reciprocal basis and take it in turns to direct and facilitate the discharge process in each other. This is equivalent to non-permissive counselling, the "intensive contract", in co-counselling. This is particularly valuable at a later stage for trained co-counsellors, when the client's deep-seated systematic evasions and defences are to be interrupted and broached. The counsellor supportively but persistently encourages the client to "hold a direction" against chronic distress, where the client tends to ease away from it, and avoid it.
- 3. Two-way self-direction.** Two trained co-counsellors work on a reciprocal basis, each taking a turn as both counsellor and client. The client is fundamentally self-directed applying cathartic techniques to herself, with the sustained, supportive aware attention of the counsellor. Technical competence is in the hands of the client and applied by the client to herself. This is the "free attention" or "attention only" contract in co-counselling.
 - It may be modified by a contract which invites the counsellor to make suggestions only when the client has lost her way, has shut down, is blocking: but it is still the client's privilege to reject these suggestions if she judges that they are inappropriate. This is an "occasional intervention" or "normal" contract.
 - These two contracts constitute permissive co-counselling: permissive in the sense that the client has freedom and space to learn how to make the techniques effective on herself. It is essential in the start of co-counselling: it breaks up dependency and creates a relation of

interdependence between co-counsellors in which the creative skill of the client in working on herself is paramount. It enables a person, *qua* self-directing client, to acquire a high degree of emotional competence, to take charge of and become self-reliant in the discharge of her distress emotions. Skill in self-directed cathartic release needs to be well established before frequent non-permissive co-counselling is developed.

4. **Solitary self-direction.** A trained co-counsellor works alone, using her skills to elicit her own cathartic release. She may use a mirror, thus combining client and counsellor roles simultaneously.
5. **Combinations.** The above four types of management can be combined in all kinds of ways, sequentially and concurrently. Two important sequences are:
 - The heavily distressed and disoriented or deluded client starts off with one-way directive counselling from another, until she has discharged sufficiently to have a stable focus of attention outside her distress. She may then move on to co-counselling - two-way self-direction - and start to take charge of her own development.
 - Permissive co-counselling, in which persons are building up their skills as self-directing clients, may after a period lead over into non-permissive co-counselling. The self-directing client can be effective in dissolving a wide range of distorted behaviours through the discharge process, yet may thereby come to see chronic distortions that need additional intervention from outside - from a very sharp, insightful, persistent but supportive counsellor.

B. Techniques of catharsis

It is not my purpose here to give detailed account of cathartic techniques. A survey of the range of cathartic interventions is given in [Co-Counselling Manual. John Heron, 3rd revised edition 1998](#) and in *Helping the Client* (Heron, 1990). I will indicate here four basic categories of technique. See also my [Intensive Counselling](#).

1. **Witnessing cathartic release in others.** There is a powerful phenomenon of triggering in cathartic groups. One person attains cathartic release together with the disclosure of past drama and trauma, assisted by the group facilitator in front of the rest of the group. The revealed drama together with strong emotional discharge will often precipitate the discharge of related material in other persons in the group. This is simply catharsis induced in the audience of a drama: here the drama is that of the client working out past hurts from her real life; those who identify most strongly because of similar incidents in their own past lives will tend toward their own discharge. This route to catharsis I call **external ideational**. The imagination of the audience is fired by a story line with a strong emotional charge, and the emotions of the audience respond accordingly.
2. **Internal ideation.** The client works with spontaneously generated associations ideas and memories, using a simple array of techniques to follow the associations through to a point at

which emotional discharge of distress emotions is available. The techniques include:

- Relaxation and reverie (as, for example, in autogenic therapy).
- Active imagination, guided phantasy, conscious dreaming, the spontaneous development of archetypal symbols.
- Literal, evocative description of traumatic incidents.
- Conscious exaggeration of unconsciously held posture, gesture and facial expression.
- Repetition of emotionally charged words and phrases.
- Contradiction of defeatist and self-deprecatory statements, tones of voice, facial expressions, postures and gestures.
- Re-enactment of past traumas, giving full expression now to emotions that were repressed at the time.
- Celebration and appreciation of the truly human self.

All the while the client is picking up the sudden thoughts and memories precipitated into consciousness by any of these simple techniques. By using these methods to generate discharge from the first available distress material, from the tension that is "on top", such discharge leads to the spontaneous emergence of further material, and so on, until the client settles down to the main working area for the session. A review of this approach is given in my [Co-Counselling Manual](#) (Heron J, 1998). This approach may, of course, be under the control either of the client as in permissive co-counselling, or under the control of the counsellor as in non-permissive co-counselling.

3. **External mobilisation of body energy.** This is the external somatic approach, in which the therapist or counsellor or helper makes direct contact with the body of the client in order to release physical tension and restriction of energy as a means of precipitating emotional discharge. Such contact may involve:

- Manipulation of the limbs.
- Various forms of light massage.
- Deep pressure nerve manipulation.
- Deep friction or pressure on tense musculature.
- Pressure on acupuncture points and other trigger points.
- Pressure on the chest to stimulate and regulate breathing.

And so on. All these physical contacts may be supplemented by verbal instructions to the client to do this or that with bodily movement or breathing or vocalisation, and to disclose and discharge any emotional distress material that is made available by the physical procedures. The work of Reich, of L.E. Eeman, and of other body therapists, has by now well established the power of body methods in precipitating powerful discharge of early infantile distress, and in loosening up memories that may be worked on by methods of internal ideation.

4. **Self-directed mobilisation of body energy.** The client engages in a variety of vigorous bodily movements and breathing rhythms and vocalisations, on a purely voluntary and self-directed basis, as in bio-energetics, without any external physical interventions, in order to

precipitate emotional discharge or loosen up memories for working on by other methods.

5. **Combinations.** The above may all be combined in a variety of sequences. And they are all compatible with the client being self-directed (as in permissive co-counselling): this applies to the external somatic approach also, so long as the client decides when, where, in what manner and for how long the counsellor applies physical contact. In short, all these four methods can be used separately or in various sequences by any of the four different ways of managing catharsis mentioned above (**A. The Management of Catharsis**). Even in solitary self-direction, a person can use externally applied physical pressure on herself, although of course this can only be done to a limited degree. See also the comment on **physiological correlates of distress** (Chapter 7, B. Disabling personal distress in the child 5). All the above methods go for emotional discharge intentionally. Complementary to all of them, and perhaps more important and basic than any of them is:
 6. **Building the human centre.** This is the process of decathexis, of disidentification from distress and discharge, in order to affirm, actualise and celebrate the capacities of the authentic human. This process is undertaken for its own sake, as an end in itself: the affirmation and creation of the values of the self-determining human being in a relation of mutual aid with other self-determining humans. Its secondary and incidental effect is that by taking attention away from distress without repressing it, it makes such distress more available for discharge at other times, see: Balance of attention (**Chapter 2, B. Components of cathartic release 1**). Methods of building the human centre have been mentioned in several of the preceding sections of this chapter. They include:
 - In co-counselling sessions or in group work:
 - Verbal celebration of self and others.
 - Non-verbal celebration of self in various forms of movement and dynamic yoga.
 - Transpersonal techniques and exercises.
 - In daily life: creative thinking and choosing - intentionally stepping out of distress-bound, compulsive, distorted behaviour. This, in turn, leads over into new forms of community action.

C. Catharsis and community

A cathartic society would, in my view, represent a very mature phase in human development. Its members would be sophisticated humans in the best sense, combining four skills. They would be able to:

1. Control all kinds of emotions when appropriate.
2. Express positive emotions when appropriate.
3. Discharge distress emotions when appropriate.
4. Transmute distress emotions when appropriate.

Some features of such a society may be:

1. From the earliest years children are encouraged to take charge of their emotions: their human capacities are given unqualified validation, support and facilitation; their distorted behaviour patterns are interrupted, but in a supportive way; their need for catharsis is fully accepted and supported with skilled interventions, while they are also trained to manage the process themselves and to accept and support it in others - with a due sense of appropriate time and place. And this applies in the school as much as in the home.
2. Where people start to take charge of their emotions, can distinguish between compulsive distorted behaviour (in its many subtle guises) and intentional human behaviour, and can understand their distresses and discharge them, then they also start to take charge of their lives, to be responsibly self-determining. Authoritarian social structures become irrelevant and intolerable. The leader moves in the direction of facilitator of decision-making in a community of peers. In organisational processes, there is greater emphasis on delegation, open communication, genuine consultation, participation in decision-making, and consensus.
3. The educational process abandons the exclusive pre-eminence given to intellectual and technical competence, finds ways of giving space for the acquisition of emotional and interpersonal competence, and facilitates self-assessment and self-direction as central to learning. The process of learning - in its intellectual, affective and elective domains, relating self and peers - is as important if not more important than the product. Education and community action and involvement are more closely interwoven. Affective education replaces old-style psychotherapy.
4. The helping professions start to deprofessionalise themselves in the sense that their function becomes increasingly that of training a whole range of peer self-help groups in the community, from co-counselling to mutual technical and social aid of various kinds.
5. The dramatisation of distress through ideological stereotyping and scapegoating of political and economic opponents is seen for what it is, so that increasingly rational roles and values can overlap in the same person: thus the same person, through social re-organisation, may combine in different ways at different times and with different weightings, the roles of worker, manager, owner; or with respect to different political issues the values of the radical and of the conservative.
6. Nuclear families dissolve more into communal interaction. Neighbourhoods become dynamic communities involved in social, aesthetic and political action.
7. Gender rigidities are dissolved, so that men are liberated from the straightjacket of the masculine stereotype, and women from the feminine stereotype - with much greater reciprocity and equivalence of role and function.
8. Sex-positive attitudes abound. With the weight of repression lifted, sex is seen for what it is, the imaginative and loving celebration of human life, its only regulative norm being the minimisation of personal distress and the maximisation of human flourishing.

In general, those who on a basis of reciprocal support accept catharsis as a necessary (though not sufficient) means of liberating their distress-occluded potential, will also need to find new ways of living, working and creating together in community, new forms of social and political action - in

order to give that potential adequate expression.

Two distortions can occur.

1. A person may turn to personal growth as a way of avoiding the issues of social, political and economic change: we then have a warm, loving, open, authentic person, who is in some way parasitic on a repressive social system which she is in no way committed to change. She gives no thought to the big structures, to the issues involved in changing them, or to plans to change any social structures big or small.
2. On the other hand, a person may turn to political radicalism in part as a defence against dealing with repressed distress emotions: in this case revolutionary fervour may to a significant degree be the acting out of denied emotions, the chronic fears and angers of childhood interference. When such a revolutionary comes to power, we may expect to see the repression acted out in the classic form of an oppressive dictatorship on behalf of the masses.

The complementary poles of personal growth and social change both need independent attention: neither one can be a substitute for the other, nor, I believe, does either one have any necessary precedence over the other - rather they are correlative and mutually supporting activities.

The discharge of anger is sometimes objected to by social radicals on the grounds that it defuses social action, takes the mainspring out of its motivation. I believe this is a delusion. The problem for most people is to get in touch with the anger that is denied by the repressive social system of which they are a part. To start to discharge such anger is, in my view, to start a momentum **toward** effective social action. Once the discharge process begins and some insight into the repressive social structure is gained, then the person can start intentionally to re-channel some of the energy into relevant action. If there is no catharsis at all, there is the much more real danger that repressed anger from many sources, personal and social, if it does not lead to depressive alienation from all social effort, may lead to compulsive social action that is ill-judged, misplaced and relatively ineffective, or simply destructive.

D. Catharsis and orgasm

Reich thought that the repression of sexual emotions lay at the root of rigid, inhuman and oppressive social systems. This is too exclusively a somatic approach and is only part of the story in my view: it is the whole range of distinctively human capacities as such that are occluded by distress, and the resultant distortion includes a distortion of the sexual function. I would like to suggest here both an authentic sex-negative theory (as against old style and repressive sex-negative theories) and a sex-positive theory.

1. **The authentic sex-negative theory** The orgasm cycle is quite distinct from the cathartic cycle, in the sense that orgasm as such does not unload fear, anger, grief, embarrassment, from the psychosomatic system, whereas catharsis does. The number of orgasms a person has, appears to have no effect on the reduction of distress-distorted behaviour, whereas I

believe that the number of cathartic sessions a person has, does effect such a reduction. An orgasm is occasionally followed in some people by a spontaneous cathartic release of tears, or laughter or trembling; but in most people most of the time I do not think it does. So it cannot be argued that orgasm is a reliable prelude to catharsis.

- A person in whom the cathartic function is denied, and distress emotions repressed, is likely to undergo a distortion of the sexual function. The repressed distress displaces into compulsive sexuality. Nor is the displacement difficult to understand: the purely somatic release of orgasm temporarily diverts attention from the ache of buried distress, but without reducing or unloading that distress - hence the need to have another orgasm soon. The result is a compulsive, repetitive use of sexual release as a maladaptive anodyne.
- The corollary, of course, is that the level of sexual tension and arousal may be falsely inflated by the displacement of repressed feeling into the sexual function, so that the person is seeking and obtaining sexual release to a degree that has no relation to her real physical needs, but bears blind witness to early interrupted personal needs and the distress that surrounds them.
- The compulsive sexual behaviour itself will show symbolic maladjustment: the person blindly acts out in the present unfinished emotional business from the past. Thus the petty or emotional rapist blindly acts out against a succession of women, his repressed anger against his mother and the frustrated longing she imposed upon him. An older woman has a series of disruptive affairs with younger men as she blindly acts out the grief and anger and interrupted love at the death of her eight year old son. And so on. The sexual longing is but the leading edge of an unidentified distress and frozen need that give the longing its direction and much of its motive power.
- The underlying distress may be early repressed personal distress due to the negation of sexuality in childhood: the child's need to share love and joy playfully through the whole of its body including the genitals, may have been grossly interrupted by parents or siblings. Hence a hidden incest compulsion: the interrupted need for love, together with grief and anger at its interruption, genitally fixated and oriented to a member of the family - this whole constellation being repressed and denied, while at the same time being repetitively projected in a blind manner, and with disastrous results, into the adult social world.

A more general displacement occurs from frustrated nurturance into sexuality. Nurturance I define as the expression and sharing of the human capacity for loving and being loved through the body by touching, holding, embracing, stroking, caressing, where sexual arousal is absent, minimal or entirely secondary and marginal. Human beings of all ages have strong nurturance needs I believe, and they are distinct from sexual needs. Nurturance needs and sexual needs may be fulfilled in relative independence of each other: nurturance without sex, or sex without nurturance. Or the fulfilment of one may lead over into the fulfilment of the other. Or both may be fulfilled simultaneously, as when sex becomes the celebration of tenderness and love.

- In the non-cathartic society there is a strong tabu on the expression of nurturance needs,

and a general tendency to conflate physical contact with eroticism. The resultant frustration and repression of needs for warm, human, non-erotic contact between men and men, men and women, women and women, is displaced into compulsive sexuality - which further tends to confirm the false assumption that sustains it. Thus both men (especially) and women may have a compulsion to be sexually successful and active, without any competence in the physical celebration of mutual tenderness as such of which sexual interaction may or may not be the eventual expression.

In co-counselling, where sexual attraction arises in the context of what was initially a co-counselling relationship, I always suggest that the attraction is made explicit, is acknowledged and then worked on by cathartic techniques to see whether it is the presenting indication of some unidentified early material. What appears as sexual attraction may resolve into a frozen need for nurturance and tenderness for and from someone earlier in life, into incest fixations, or into other unfinished emotional business. Once these things are dealt with, and their underlying tensions reduced, then the sexual attraction diminishes, and the idea of acting on it becomes irrelevant.

If the sexual attraction is acted on without intensive counselling on it to find out whether it is distress driven, then the result can be a psychological and interpersonal mess. The sexual relation that results can be a collusive, self-perpetuating avoidance of unidentified distress, which, however, continually distorts the relation emotionally from behind the scenes. The couple thus become compulsively locked, as it were, in a series of emotionally defensive and distorted embraces; and are mystified to know why they cannot relate in a rational, loving and aware way.

The sexually wise person appears to be one who, in her encounters in life, can distinguish between sexual interest, in herself and in the other, that is rooted in hidden distress; and sexual interest the expression of which is a true celebration of human values.

There appear to be three different types of sexual encounter:

- Compulsive attraction rooted in distress: it is wise not to act on it, but this is difficult if the distress is entirely repressed and undischarged.
 - Genuine attraction rooted in human values, where the total circumstances are such that it is appropriate to celebrate these values by consummating the attraction.
 - Genuine attraction rooted in human values, where the circumstances are such that, while it is always appropriate to enjoy the sexual emotions as such, it is inappropriate to act on them. Those concerned choose to acknowledge and appreciate the emotions, but not to consummate them.
2. **The sex-positive theory** In the realm of authentic human encounter and intimacy, sexual activity is a celebration of many things singly or in any variety of combinations, serial or simultaneous.
- The celebration and sharing of friendship.

- The celebration of mutual tenderness, love, affection, nurturance.
- The celebration of life, energy, vitality.
- The celebration of the aesthetic: sexual interaction as one of the great dynamic plastic arts - two human forms interwoven in elegant and dramatic variations of mobile intimacy; celebration of the beauty of the body.
- The celebration of human joy and delight in being, the sharing of personhood.
- The celebration of the playful.
- The celebration of the comic and the absurd.
- The celebration of passion, desire, lust.
- Celebration of the dynamic ease of the animal.
- Celebration of the transpersonal and sacramental: sexual interaction as a means of attunement to wider realities, to archetypal principles of being, to the divine - as in Tantric yoga.
- Celebration of parenthood, of the procreative process, of the generation of new life.

In the non-cathartic, repressive society, either by condemnation or pursuit, sex is given a kind of weighting it does not deserve. There is a remorseless, a lack of freedom and lightness, of being at ease, both in the proscription and in the permissiveness. In the emotionally open society, sex may be seen as one of the many delights open to humans, one of many possible ways persons can share and celebrate their human identity - and so it becomes an elegant option, related to a physical need but not bound by it.

The human body can be seen, for consciousness, as five life rhythms, overlapping continuously in time: the heartbeat, breathing, eating and excreting, waking activity and sleeping, sexual arousal and sexual quiescence. The five rhythms increase, from first to last, their time cycle: or, to put it in other words, they decrease their frequency - the heart beats very fast compared to the slow rhythm of waking and sleeping. The five are also, roughly speaking, in an ascending order of flexibility or amenability to voluntary control and variation. Nowadays by biofeedback methods people can learn directly to influence the rate of the heartbeat. But these voluntarily induced variations are small compared to the variations a person can induce in the breathing cycle, which again are small compared to the ways in which a person can choose to alter the times between eating. The greatest flexibility attaches to the sexual function: a person can vary enormously the times between its satisfaction, without causing any physical dysfunction. Each of the other four cycles has an outer time limit: to attempt to extend the cycle beyond that limit leads to physical dysfunction or death.

The very great flexibility of the sexual function, combined with its ecstatic, convulsive consummation, has probably produced in human beings throughout history a purely internal anxiety about its management. The primary external constraint has been that of childbirth, apart from venereal disease. Put the internal anxiety and the external constraint together and, with displaced distress of other kinds, we get the genesis of most of the restrictive norms, tabus and shibboleths that have constrained human sexuality in the past.

Today with theories such as those proposed in this work we can understand and resolve the internal anxiety and the displaced distress. Childbirth is now entirely under voluntary control. Venereal disease is eliminable. Perhaps for the first time in history, human beings can claim fully the heritage of the flexible ecstasy of their bodies. In a society where human beings take charge of their emotions, take responsibility for their lives, and act very awarely in relation to others, we may expect that this claim will be taken up in all kinds of sensitive, exciting and imaginative ways.
