



Co-Counselling and the Depressive Mood

A. Denniss and Willms, S., “**Co-Counselling and the Depressive Mood**”, CornuCopia Publications, Edinburgh, Scotland, 2000.

conceived by

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Siglind Willms and I gave a workshop on “Co-Counselling and Depression” in May at McCoCo 2000. We would like to share the content of that workshop with you here.

Siglind Willms is a Therapist and Co-Counsellor and has run a Therapy Centre in Münster (Germany) for 25 years. She has been treating people with depression and encouraging them to take up Co-Counselling. I have been working with this topic for 20 years and after meeting Siglind started to run workshops and groups based on our joint theories. Our workshop at McCoCo was our first chance to work together.

In recent years I came to the conclusion that Co-Counselling as it was had supported me with many things, but it had not helped me to overcome depression. Siglind and I present here an approach that we believe can help many Co-Counsellors to overcome their depressive mood.

Depression may come from the following sources

1. Over-exhaustion
2. Suppressed and unowned sadness
3. Suppressed aggressive energy

We believe that people with a depressive tendency can do Fundamentals at a time when they are healthy, after they have been brought into balance by therapy or medication. They can learn Co-Counselling in the normal group with the guidance that if you have this tendency you slant your Co-Counselling in a certain way, as explained here. A maintenance dose of medication is sometimes necessary and that is fine as long as the person can listen and give attention to others.

The elements of a ‘Stay Well’ programme we suggest are:

1. **Physical Exercise**
2. **Celebration**
3. **Short sessions**, varying from 5 - 20 minutes
4. **Light catharsis**

5. **Role-play sessions**
 6. **Rational-cognitive work** e.g. Life action, Cognitive Behavioural Therapy
 7. **Support and Fun outside Fundamentals**
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1. **Physical Exercise**

Take **more exercise every day**

Walk, cycle, dance, run, climb, exercise, trampette, swim or...

(especially if you are bedridden or wheelchair bound, it is important to find any small exercises you can do.).

Use small Co-Counselling sessions to find out how you wish to do that

2. Use **Celebration** a lot

By celebration we mean that you focus your attention on and express positive and joyful qualities of yourself, others and life.

- at the beginning of sessions to raise attention and mood,
- at the end use celebrations of self and session
- celebrate throughout the day on your own, with friends work mates and family

(Spoken, written or sung – Celebrations, New and Goods, What I enjoyed.....).

If your mood lowers, use celebration more and catharsis less. This is important

3&4 **Short sessions 15 –20/25 minutes and light catharsis**

- When you Co-Counsel take bite sized chunks of your topic in mini sessions, as you would with a huge sandwich. You will get there in the end, possibly without the risk of emotional indigestion!
- If you feel **BAD** or low get your counsellor to ask what unexpressed or undigested thing you are sitting on

Why work in this way?

Long deep sessions can trigger psychotic outbursts.

On top of the low energy of depression and negative thinking, long discharge in sessions on a negative theme can send the person lower.

My experience when tired or very low or upset (and role play is not available) is that celebration and rational thinking, or moving about and switching attention can often be more beneficial than

catharsis to raise and stabilise my mood. Sometimes going to see a good film 'may' nurture a person with low mood more than digging into the past.

5 Role Play

The only time that we recommend strong discharge is in role-play where there is a time-limit on it.

It can be noted that discharging on literal description alone to set the scene may not bring relief. Taking those details into role-play and using our aggression constructively within the situation, to the persons involved, can shift us from 'victim' to a more healthy, assertive place.

It is important however ill and depressed you are or low in energy, to do this. Energy will rise rapidly even when the client feels they have no strength to do this exercise

In this Siglind recommends the expression and use of your "**Aggressive**" energy.

Instructions

Work in a group of between 3 and 5 people each having about 20 minutes.

Sequence:

1. "Literal Description"

Group gives client free attention; client goes through chosen situation, working with "Literal Description", re-experiencing the situation.

Client tells the details and triggering sentences in session of about 5 minutes

(This helps the group grasp the situation and atmosphere)

Client discharges.

One to stay out as counsellor. Client to be warned of time, attention out.

2. Client chooses counsellors as role players

and gives them triggering sentence(s). Role players already have all the relevant information from the literal description session

3a. Use of triggering sentence: "You shouldn't have....."

Role Player: "**I am Uncle Bingo, what would you like to say to me?**"

Use of full eye contact with role player, NOT a cushion

Client works, may be counselled but only if stuck

When ready move on to

3b. Use of triggering sentence if necessary: "You shouldn't have....."

Role Player: "**I am Uncle Bingo, what would you ****MOST**** like to say to me?**"

Client works

When ready move on to

3c. Use of triggering sentence if necessary: “You shouldn’t have.....”

Role Player: “**I am Uncle Bingo, in REAL LIFE what COULD you really say to me?**”

Client works

4. Finish the session in the normal way:

- Dis-identify the role players
- What was good about the session, what was good about you, attention out

Working with the literal description session first and then moving onto role play with the set prompts, makes this exercise extremely powerful.

I find that Role play can be backed up by using ‘life action’ to support the work of the session

6. Rational /Cognitive work

6a. Life Action

provides the rational structure and support for us to achieve our aims. (CCI-USA technique)

6b. Cognitive Behavioural Therapy (CBT)

It is my experience that Co-Counsellors (or anyone) on the high end of the spectrum of negative thinking may benefit from learning Cognitive Behavioural Therapy or CBT as a *complement* to Co-Counselling.

The part of Cognitive Behavioural Therapy that I find useful is the search for thinking errors in my thinking and breaking these errors down to a rational level.

Try putting your tongue out, imagine a lemon squeezed onto it.

Do you feel the sensation of the tart lemon juice?

It's entirely induced by thought!

Now conjure up a nice thought and see how your body feels.

Feeling follows thought.

I learned to analyse my thoughts with Cognitive Behavioural therapy and detect the 'Thinking Errors' in them.

These Thoughts distorted by 'Thinking Errors' made me feel 'bad' in my body.

By restructuring these thoughts and 'thinking errors' positively I find I am far more cheerful and healthy in my outlook.

Here is an example

*In the morning I awoke feeling bad. My thought was:
"I feel bad therefore I'm going to be depressed again"*

The **thinking errors** present in this statement are:

'Black and white thinking'

'Fortune telling'

'Emotional reasoning'

Emotional reasoning works like this: I feel bad in my body therefore something is wrong

To 'break down' this 'thinking error' give at least three different scenarios for why you could be feeling bad and write them down.

E.g.

- I might not have had enough sleep
- I might have eaten something that disagreed with me
- It could be something else like PMT

OR

- I might be sitting on some unprocessed stuff that I need to deal with
- I might be going to have just have '**one**' challenging day
- I might feel uncomfortable for a 'few minutes' and then sort out what is wrong with me
- It might just be a minor blip
- I might indeed be going to be depressed again!

The point of this exercise being to shift attention from negative tunnel vision to a greater variety of scenarios.

This proportionalizes the situation or puts it into perspective.

A PAT or "Positive Automatic Thought" may be adopted.

E.g.. "The day gets better as it goes on" This PAT is repeated until it is deeply embedded.

I believe that the practice of CBT on an ongoing daily basis can support and complement Co-counselling in areas which are not normally reached in 'some' people: the areas of heavily entrenched, negative basic beliefs

CBT is offered in Britain on the National Health Service for depression and other mental health disorders.

JanPieter Hoogma and I have created a structured course that is run in Edinburgh to teach people techniques to identify, breakdown and change their negative Thinking Errors. This course is called “Interrupt your Negative Thinking”

7. Support and Fun outside Fundamentals

for those who experience low mood as an ongoing challenge

A peer based support group can be run.

A positive name is essential E.g.. ‘The Stay-Well group’

This is how the Edinburgh group ran:

- The group uses the above Co –counselling techniques and methods
- And keeps the meetings short and cheerful
- Gentle, firm challenge will be made to persistent negative thinking with CBT type interventions e.g.
 - “What’s the evidence?”
 - “Give me 3 different scenarios/reasons for that”
- Difficult thoughts e.g. suicide need to be welcomed in the group in an accepting way. A light code word is used to indicate that certain thoughts are on board.
- As well as light sessions and loud noisy role-play...
- Strong emphasis on positivity and enjoyment. People are encouraged to find out what they enjoy and do it in their everyday life

Being part of a group and being totally accepted in this area of low mood, at whatever level it is experienced, seems to help people in a structured and supported way to be creative and playful.

Life actions are taken on this making it possible to take the discoveries into everyday life and on the kinds of things that got us down – like mess in the house, procrastination

People come into the group when they are fit enough to learn the techniques to ‘Stay Well’, if they dip too low to be afloat in the group the agreement is to get one way support until they are well enough to join again.

A group like this runs well alongside the co-counsellor’s other Co-Counselling activities, rather like ‘12 step groups’ at CCIs.

Enjoy staying Well

Siglind and Anne

CoColInfo Tags:

Literature tag:

Introduction >Co-Counselling applied
