

**PSYCHOLOGICAL EMPOWERMENT OF FEMALE VICTIMS
OF SPOUSAL ABUSE THROUGH PHILOPHONETICS**

Melanie Yankasamy

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**PSYCHOLOGICAL EMPOWERMENT OF FEMALE VICTIMS
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Declaration

I, Melanie Yankasamy, declare that this dissertation titled: **PSYCHOLOGICAL EMPOWERMENT OF FEMALE VICTIMS OF SPOUSAL ABUSE THROUGH PHILOPHONETICS** is the result of my own research and all sources have been acknowledged by means of references.

Melanie Yankasamy

13 December 2010

Dedication

To my cherished parents

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I would like to thank the following people who made this study possible:

- My supervisor Prof. Thwala for your guidance and continued support throughout the study.
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- Baby – you are the best (Noodles)!

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Abstract

Spousal abuse is a public health concern and is common in all races and ethnicities. It may take on various forms such as; physical beating, verbal/ emotional/ psychological abuse, sexual abuse, or financial abuse. Women often remain in abusive relationships for financial security, fear of further harm, and because of social stigmatization. This study focuses on the psychological empowerment of female victims of spousal abuse through philophonetics. Philophonetics-counselling is a therapeutic intervention which appreciates the complexities of the human form. It is an approach that offers the possibilities of healing and experiencing the fullness of what life could be. Seven female victims of spousal abuse participated in the study and these participants reside in the Rustenburg area. A qualitative approach was utilized, with data being analysed applying hermeneutics. The results indicated the success and effectiveness of the philophonetics modality. Each participant disclosed and described significant shifts in their production of the imprints (IT) of abuse. Self help tools were given so as to ensure that participants could prevent further IT's from entering their body, and thereby heal themselves. Findings in the current study show that the utilization of such a modality is effective in empowering the target population. It is therefore recommended that the process of empowerment through philophonetics be continuous. Key terms: spousal abuse, victims, domestic abuse, domestic violence, intimate partner abuse, empowerment, philophonetics, imprints.

Table of Contents

Declaration	ii
Dedication	iii
Acknowledgements	iv
Abstract	v
Chapter 1: Introduction	1
1.1 Introduction	1
1.2 Statement of the problem	4
1.3 Aims and Objectives	4
1.4 Significance of the study	5
1.5 Conclusion	5
Chapter 2: Literature Review – Spousal Abuse, Empowerment and Philophonetics	6
2.1 Introduction	6
2.2 Spousal Abuse	6
2.3 Power and Control	9
2.4 Cycles of violence	10
2.5 Effects of abuse	13
2.6 Empowerment	14
2.7 Psychological Empowerment	15
2.8 Philophonetics	16
2.9 Rationale of Philophonetics	23
2.10 Pushing Away Sounds	24
2.11 The Application of Sounds	26
2.12 The Head/Brain and Heart	26
2.13 Self help tools	29
2.14 Tools for Self Management	29
2.15 Bringing it together: Abuse and Philophonetics	31
2.15.1 Abuse – A Public Health Crisis	31

2.15.2 Other Therapeutic Modalities	32
2.15.3 Why Philophonetics?	34
2.16 Conclusion	36
Chapter 3: Research Methodology	37
3.1 Introduction	37
3.2 A Qualitative Approach	37
3.3 Ethical Considerations	39
3.4 Research Approach	40
3.5 Sampling	40
3.6 Data Collection	41
3.7 Hermeneutics	42
3.8 Conclusion	43
Chapter 4: The Results - Themes and Sub-themes Elicited	44
4.1 Introduction	44
4.2 Verbal/ Emotional Abuse	45
4.2.1 Jealousy verses Control	46
4.2.2 Discrimination	47
4.2.3 Guilt	47
4.2.4 Low Self esteem	47
4.3 Physical Abuse	48
4.3.1 Beating	48
4.3.2 Things being thrown	49
4.4 Sexual Abuse	49
4.4.1 By Abuser	49
4.4.2 Abusers exploitation	50
4.5 Past Trauma	50
4.5.1 Previous Exposure	50
4.5.2 Cycles of Abuse	51
4.5.3 Fear verses Love	51
4.6 Somatization	51
4.7 Effectiveness of the Philophonetics Modality	52
4.7.1 Kesville	52

4.7.2 Abigail	54
4.7.3 Joanna	56
4.7.4 Melody	57
4.7.5 Leah	59
4.7.6 Selena	60
4.7.8 Chloe	62
4.8 Conclusion	63
Chapter 5: Discussion and Conclusion	64
5.1 Discussion	64
5.2 Strengths of the Study	67
5.3 Limitations of the Study	68
5.4 Recommendations	68
5.5 Conclusion	69
References	70
Appendices	80
Appendix A: Inclusion Criteria	80
Appendix B: Explanation of the Study	81
Appendix C: Consent Form	82
Appendix D: Semi-structured Interview	83
Appendix E: Semi-structured Interview if IT is in Vital Organs	87
Appendix F: Summary Sheet of Phonophonetics Intervention	92

Chapter 1: Introduction

1.1 Introduction

First and foremost it would be crucial to define the relevant concepts entailed within the study. In terms of the Domestic Violence Act, 1998 (Act 116 of 1998) domestic violence means physical abuse, sexual abuse, emotional, verbal, psychological abuse, and any other controlling or abusive behaviour towards a complainant. According to Warshaw (1993) and Fisher (1990), domestic violence can take the following forms: physical violence (including direct physical violence ranging from unwanted physical contact to rape and murder); mental or emotional abuse (verbal threats of physical violence to the victim and the self, ranging from explicit, detailed and impending to implicit and vague as to both content and time frame, and verbal violence, including threats, insults, put-downs, and attacks); and psychological abuse (which may also involve economic and/or social control, such as controlling victim's money and other economic resources, preventing victim from seeing friends and relatives, actively sabotaging victim's social relationships and isolating victim from social contacts). Baldry (2008) suggests that these behaviours against women are not simply men becoming angry and performing violent acts against her, but rather, it is a systematic and deliberate attempt to maintain power and control in the relationship.

According to Women's Aid Federation Northern Ireland (WAFNI) (2007) and Brewster (2003), in some relationships, violence arises out of a perceived need for power and control. Abusers' efforts to dominate their partners may be attributed to low self-esteem or feelings of inadequacy, unresolved childhood conflicts, the stress of poverty. Hostility, resentment toward women (misogyny), hostility and resentment

toward men (misandry), personality disorders, genetic tendencies and socio-cultural influences, may be among other possible causative factors of the abusers' domination efforts. Abusive partners may use a number of different tactics to try to exert power and control over their victim. Abuse is a misuse of power and a violation of trust (WAFNI, 2007 & Brewster, 2003).

Conferring to Breckner and Bearman (1999), the current generation yearns for acceptance, loving relationships and deep intimacy, and end up believing lies that sex satisfies the hunger within because of their hunger for relationships. Breckner and Bearman (1999) further suggest that people are profoundly sexual beings. Heise (1994) states that victims of spousal abuse remain in such relationships because of various reasons, such as: the fear of being homeless, going hungry, being alone, fear of being traced and brought back to the abusive environment, being killed, the inability of being able to care for or protect their children's needs and social stigma (being publicly exposed of personal secrets). It is such victims that need to be psychologically empowered.

Zimmerman (2000:43-44) positions that empowerment is a process whereby individuals struggle to reduce personal powerlessness (real or imagined, or learned helplessness, alienation and a loss of a sense of self control, Rappaport and Hess, (1984) and dependency by having increased control over their lives (Lord & Hutchison 1997; Rappaport, 1987). Brammer, Abrego and Shostrom (1993:57) state that empowerment is a process in which one grows in life skills, develops an awareness of how power dynamics are played in their personal life's context, shows a sense of identity with similar others, participates in the community, and supports the empowerment of others (Perkins & Zimmerman, 1995) . So, with empowerment

comes wisdom, not just knowledge of facts and correct judgement in life matters, but the power to perceive truth, and the ability to make the best use of the knowledge of that truth. Through personal empowerment, one gains the ability to further empower others, to exert control over ones personal satisfaction and to make ones own decisions. Philophonetics has been found to be effective with cases of anxiety, depression, sexual abuse and burnout. Usually individuals who had been subjected to emotional abuse develop psychological disorders such as depression and anxiety (Sherwood, 2007).

Therefore to be psychologically empowered for the victims of spousal abuse means to gain perceived control over one's environment. A related aspect of power is the ability to meet situational demands. Thus, enhanced feelings of self-efficacy or perceived competence is also considered an integral part of the empowerment experience (Menon, 1999). The current study aims at psychological empowerment through the utilization of the philophonetics modality. This modality claims that a reflective purpose and sense lie beneath the internal and external life of every individual which every single person is potentially equipped to deal with, and it makes the use of encounters and the prospects accessible on each one's life expedition (Tagar, 2001; Tagar, 1995).

For the purpose of the current research, the focus of this literature will be based on domestic abuse. Domestic abuse is broadly defined as a pattern of abusive/ violent/ violation behaviours in an intimate relationship (Summers & Hoffman, 2002). These relationships (domestic/intimate) involve a married couple, a former married couple, partners living together, a life partner or short-term partner, sexual partners, or dating

relationships (South African Police Service 1994; Domestic Violence Act 1998; Chalk & King 1998). The terms: domestic violence, domestic abuse, spousal abuse and intimate partner violence/abuse will be used interchangeably in this literature. For the purpose of this literature, these terms specifically refer to females as being the victims and males the perpetrators/offenders.

1.2 Statement of the problem

Female victims who are abused by their partners need to be psychologically empowered. The current researcher has observed that victims of spousal abuse (who have not been empowered) have either been murdered by their spouse, committed suicide as way of escape, or the victim has had no control over the abuse progressing toward their children.

1.3 Aims and objectives

The aim of this research is to describe the impact observed following the use of the phonophenetics modality of the participants. Empowerment is an indicator of the success of the modality.

In so doing, the objectives of psychological empowerment are focused on the cognitive domain of the victim by;

- i. Dealing with self-efficacy issues,
- ii. Dealing with areas of which victims experience powerlessness, and
- iii. Building up victims' judgement skills so that they will acquire the skill necessary for decision-making to achieve desired goals.

1.4 Significance of the study

This study is aimed at benefiting all the respondents of victims of spousal abuse. All participants should be able to take control of circumstances of which they once felt powerless in. This study hopes to ensure an increasing ability of all participants overcoming social stigma - and being able to live their own self sufficient lives.

Once the study is completed, it is hoped that the information gained will be published in the University of Zululand library so as to provide additional knowledge to what is already in existence.

1.5 Conclusion

This chapter was concerned by the introductory part, as well as the problems that are going to be addressed, aims and objectives, and the anticipated significance of the present study.

Chapter 2: Literature Review – Spousal Abuse, Empowerment and Philophonetics

2.1 Introduction

This chapter covers the necessary literature concerning the concepts of abuse in the context of philophonetics counselling modality.

2.2 Spousal Abuse

Abuse is a violation of individuals human and civil rights by any other person, people or organizations. Abuse may be a single or repeated occurrence of violation to other person's rights (Rinck, 1990:1).

Intimate partner abuse may be defined as the ongoing, debilitating experience of physical, verbal, emotional, and/or sexual abuse in a relationship, and in certain cases associated with increased isolation from the outside world and limited personal freedom and accessibility to resources. Partner abuse can be subtle or overt, and occur intermittently or continuously (Livingston, Grant-Stuart & Sokhela, 2006).

Intimate partner abuse has various forms:

- Physical abuse,
- Verbal, Emotional and Psychological abuse,
- Sexual abuse,
- Financial/ Economic abuse, and
- Controlling or Domineering,

That is committed by one partner against the other within a marriage or other intimate relationships (Yoshihama, Horrocks & Kamano, 2009).

Physical abuse may be defined as any act or threatened act of physical violence towards a victim (Domestic Violence Act 1998), and may present itself as: throwing things, punching the wall; pushing, shoving, grabbing, throwing things at the victim; slapping with an open hand; kicking, biting; hitting with closed fists; attempted strangulation; beating up (pinned to wall/floor, repeated kicks or punches); or threatening with a weapon or assault with a weapon (Livingston, Grant-Stuart & Sokhela, 2006).

While physical abuse was an operational definition of abuse, Margolin, John and Foo (1998) extends that abuse goes beyond physical injury and emphasizes psychological battering (which they indicated as destruction to animals or property).

Verbal, Emotional and Psychological abuse may be defined as a pattern of degrading or humiliating behaviour of one partner against another (Domestic Violence Act 1998). It refers to various types of psychological violence and non-physical aggression (Ali, 2007). These acts may present as repeated insults, ridicule or name calling; repeated to cause emotional pain; obsessive possessiveness or jealousy, which constitutes a dire invasion of privacy, liberty, integrity or security (Domestic Violence Act 1998), threats of harm against the victim; threats of harm against people the victim cares about; physical and social isolation; deprivation or intimidation (Livingston, Grant-Stuart & Sokhela, 2006). Emotional abuse is has a significant

negative impact on the victim and it plays a role as an antecedent of physical aggression (Margolin, John & Foo, 1998).

Sexual abuse, according to the Domestic Violence Act 1998, refers to any conduct that abuses, humiliates, degrades or otherwise violates the sexual integrity of the other person. Sexual abuse involves forcing the victim to perform sexual acts against their will; pursuing sexual activity when the victim is not fully conscious; hurting the victim during sex, assaulting or mutilating the victim's genitals; or forcing the victim into having unprotected sex (Livingston, Grant-Stuart & Sokhela, 2006). Sexual violence may be seen as a marker of more severe violence (Coker, Smith, McKeown & King, 2000).

The Provincial Government of the Western Cape (2006) describes Financial/Economic abuse as the prevention of a victim from getting or keeping a job; forcing the victim to hand over his/her salary; making the victim ask for money; forcing the victim to sign for debts or loans; gambling all the household money; employment without paying a salary; deliberate damage to property or possessions of the victim; or not allowing the victim access to family income (Provincial Government of the Western Cape: 2006).

Control and domineering in an abusive context is defined one partner having complete dominance over the other in all facets of their life thereby being able to get what they want (Smith, Davies & Seagal: 2009). For example; their friends and family relationships are monitored. Telephone calls are recorded, spending has to be

accounted for, behaviour is watched, and religion is followed according to the 'dominant' partner's request.

2.3 Power and Control

Abusive relationships are predominantly about power and control, and the abuse is usually recurrent with an increase in frequency and severity over time (Livingston, Grant-Stuart & Sokhela, 2006).

Battering, according to Coker, Smith, McKeown, and King (2009:553), is defined as a process in which one person of an intimate relationship experiences psychological vulnerability, loss of power and control, and entrapment as a consequence of the 'abusers' effort to exercise power through the use of physical, sexual, psychological and or moral force .

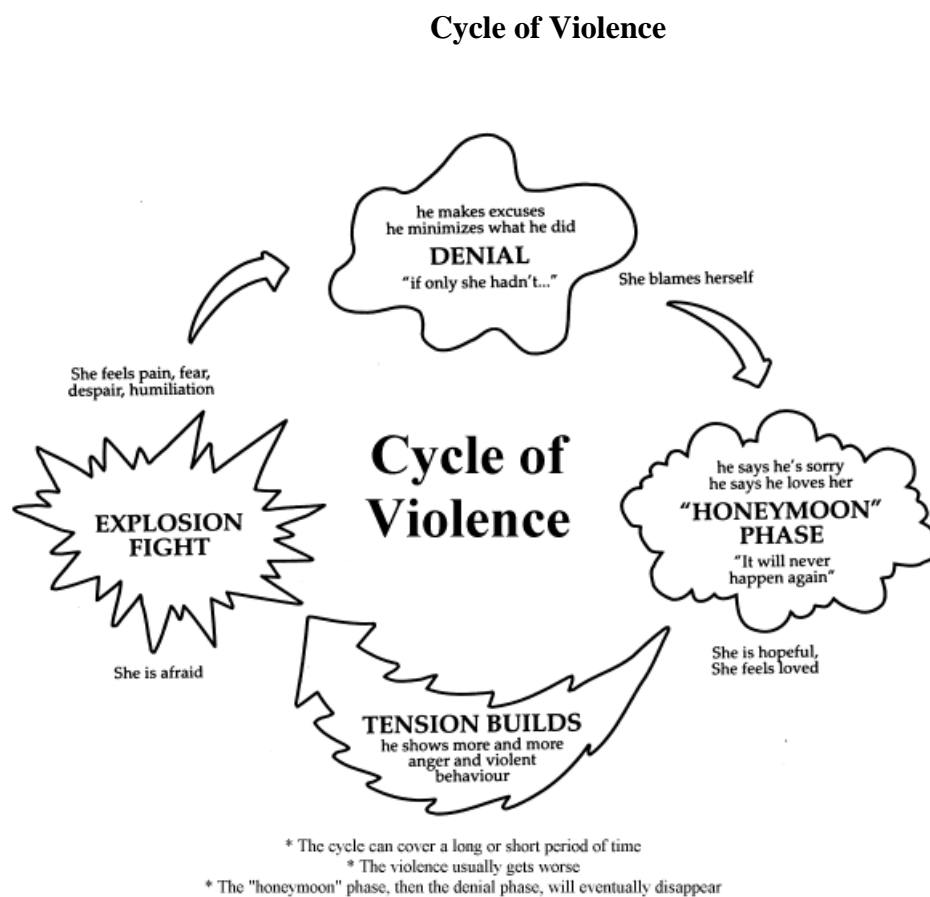
The central dynamic of intimate partner abuse is power and control in the context of a patriarchal society. Domestic violence is reflective of a man's need to have complete control over his female partner, and in general, to have social control over women (Straka & Montminy, 2008).

Costa and Babcock (2008) states that men who abuse their intimate partners respond differently to relationship conflicts when compared to men who are non-violent. Men attribute negative intent to their wives behaviors that elicit jealousy, rejection, abandonment, and potential public embarrassment. According to Costa and Babcock (2008), violence may be used to maintain power and control, and abusers may use emotionally aggressive communication styles while engaging in conflictual discussion

with partners. Straka and Montminy (2008) state that if power and control is successfully achieved through psychological abuse, then the need for physical violence may be absent.

2.4 Cycles of Violence

While there are various authors that write about the cycles of abuse, the following literature is abstracted from Fisher (1990: 8-9), which provides a detailed explanation of the cycles of violence in intimate relationships.



The cycle of abuse was developed by Lenore Walker in the 1970's based on the social cycle theory to explain patterns of behaviour in abusive relationships (Walker, 1979). The theory entails that if an abusive relationship is established it soon becomes a predictable repetitious pattern of abuse regardless of the nature of the abuse. The

social cycle theory argues that events and stages of society and history repeat themselves in cycles.

Phase One: Tension Building State

This phase is prior to an overtly abusive act. It is categorized by poor communication, passive aggression, rising interpersonal tension and the fear of triggering outbursts in one's partner. Victims modify their behaviour so as to prevent their partner from an outburst (Walker, 1979). *He attacks her verbally with insults, put-downs, accusations. Minor battering incidents occur. She tries to calm him, trying to anticipate his every whim. As tension builds, she becomes more passive, he becomes more oppressive. She blames herself for not being able to control the situation. Nothing she tries works and a feeling of hopelessness begins to grow within her. The tension becomes unbearable* (Fisher, 1990).

Phase Two: Acute Battering Incident

Tensions that build up in Phase One erupt in violence. The incident is usually triggered by an external event or by the internal state of the man, rather than by the woman's behaviour. It is during this stage that the woman is most likely to be sexually assaulted, physically injured, or killed (Fisher, 1990). This is the active phase of violent and abusive incidents whereby the abuser attempts to dominate their partner through the utilization of abuse (Walker, 1979).

Phase Three: Honeymoon Stage

After the acute battering incident, the man becomes extremely loving, kind and contrite. He tells her that it happened because he had a bad day at work or had too much to drink. He begs forgiveness and promises it will never happen again. He tells her that he still loves her and needs her more than ever. For a time he becomes the

perfect husband, father, lover, friend. As their relationship deteriorates, his loving behaviour is increasingly important to her. For a time he seems like the man she fell in love with. The "Honeymoon" stage also causes the woman to doubt the abuse ever took place, or if it did, to think that she caused it. The purpose is to invalidate the memory of the abuse. Guilt also holds her. They both believe she is responsible for his future welfare, or, if she leaves, for breaking up the home. However, if she stays, it is not long before the loving behaviour gives way to small battering incidents, and a new cycle of violence begins (Fisher, 1990). As Walker (1979) describes, this phase is categorised by affection, apology or even ignorance of the incident. There is an apparent end of the violence with assurances that it will never recur and the abuser promises to change as he showers her with affection and love (Walker, 1979).

Over time, the cycle of violence changes as the honeymoon time turn out to be shorter; and denial, tension and violence upsurge. The couple soon only practices affection and tenderness through a honeymoon stage, after a beating. The absence of other closeness in their lives makes them progressively anxious and hopeful during the honeymoon phase, especially as the time period squatter and violence rises. The cycle thus develops into a deception and although there is hope during the quiet stages that it will end, it does not (Fisher, 1990).

While Fisher (1990) puts forward the theory of the cycle of abuse, Jin, Eagle and Yoshioka (2007) relate that Bandura's social learning is used to explain the relationship between early experience of family violence and intimate partner violence. Characteristic engagements are acquired through the reflection of others and are sustained through social rewards is the fundamental of this perspective. *Thus, children who watch their fathers beat their mothers or who are physically abused by*

their parents may have learned that a person can overpower the other and get what he wants by violence at home (Jin, Eagle & Yoshioka: 2007:212).

2.5 Effects of abuse

Violence against women is a public health problem, and it is a violation of human rights (World Health Organization (WHO), (2007); Burke, Lee, and O'Campo (2008); WHO, (2009); Yoshihama, Horrocks, and Kamano (2009), which has short term and long term physical health and mental health consequences for women and their families (Coker, Smith, McKeown, & King, 2000; Margolin, John & Foo, 1998).

The prevalence of intimate partner violence is not relative to race, ethnicity, or socio-economic groups (Bauer, Rodriguez, & Perez-Stable, 2000). But, while race and ethnicity may be insignificant factors in the incidence and consequences of intimate partner violence, they may, according to Ramos, Carlson, and McNutt (2004), influence the experience of women in abusive relationships.

Violence against women may result in physical, sexual and reproductive, and mental health problems (WHO, 2009). Injuries may be fatal or non-fatal: death (honour killings, murder, results of abortions, suicide), sexual and reproductive health (sexually transmitted infections), risky behaviours (having unprotected sex, victimization of others), physical health problems (headaches, back pain, abdominal pain, fibromyalgia), and mental health problems (depression, post traumatic stress disorder, stress, eating and sleeping disorder, anxiety and substance abuse (Ramos, Carlson, and McNutt, (2004) may be the results of intimate partner violence (WHO, 2009; Burke, Lee, & O'Campo, 2008). In addition to these effects, abuse during pregnancy is significantly associated with pregnancy complications such as low

maternal weight gain and anaemia (Burke, Lee, & O'Campo, 2008). Women may also often experience gynaecological and gastrointestinal problems (Krantz & Nguyen, 2009).

Over time, psychological abuse effectively destroys the self-esteem and self-confidence of a woman (Straka & Montminy, 2008). Coker, Smith, McKeown, and King (2000) add that physical abuse limits severity may ultimately result in the victim's inability to work.

A study done by Burke, Lee, and O'Campo (2008) revealed that infants born to mothers who experienced violence during their pregnancy were significantly likely to develop health problems and be hospitalized by age 2 months. This indicates that children exposed to violence are inevitably affected.

2.6 Empowerment

Empowerment refers to increasing the spiritual, political, social, or economic strength of individuals and communities (Zimmerman, 1995: 569).

Schreuder and Coetzee (2006:8) defines empowerment as a strategy that gives people more responsibility for decision making and more involvement in controlling their processes.

According to Nel, Van Dyk, Haasbroek, Schultz, Sono, and Werner (2004), empowerment is an umbrella term which refers to education, training and

development activities to which people may be exposed to uplift and enable one to act more effectively.

Empowerment as a theory includes processes and outcomes. These processes and outcomes vary in their outward form as there is no single standard that can find meaning for all people in all contexts. Empowerment is therefore specific to context and population (Zimmerman, 2000). *Empowerment processes* – are processes whereby the fundamental attempt is to gain control, obtain needed resources, and to be able to critically understand an individual's social environment (Zimmerman, 2000). *Empowerment outcomes* – is the operationalization of empowerment so that the consequences of people's attempts to gain greater control, or the effects of interventions designed to empower participants can be studied (Zimmerman, 2000).

2.7 Psychological Empowerment

According to Zimmerman (2000), psychological empowerment is referred to as the empowerment at an individual level. When referring to psychological empowerment, beliefs about competence, efforts to exert control, and an understanding of the socio-political environment is involved.

It might be expected that an empowered person exhibit a sense of personal control, a critical awareness of their environment, and the behaviours necessary to exert control.

Empowerment theory, research and intervention link individual wellbeing with the larger social and political environment (Perkins & Zimmerman, 1995), which is strongly linked to Bandura's social learning theory (1979). Empowerment research

attentions on classifying competences and explores environmental stimuli of social complications. Empowerment-orientated interventions thus heighten personal security and aim to amend complications, offer opportunities for participants to develop knowledge and skill, and participate professionally as collaborators and not as commanding authorities (Perkins & Zimmerman, 1995).

2.8 Philophonetics

'A language exists, common to all humankind beyond our separate languages, ancient and fresh, known to all and forgotten by most, in which all mother tongues are united. Babies speak it in their cradles, poets in their secret places, lovers in very special moments and mothers as they give birth. It is the language composed of human speech, consonants and vowels and their combinations, prior to their composition into existing words, the phonemes. Some thirty-five to forty strangely sounding noises, having no specific meaning in any dictionary when taken one by one, but which carry the whole of human communication throughout the all known and unknown history around the globe, humanity's universal language,' (Tagar, 1991:48).

Philophonetics-counselling (now known as Psychophonetics) is a modality of therapy developed from Humanistic Psychology and Rudolph Steiner's Anthroposophia (Psychosophy), which was created by Yehuda Tagar in the 80's in England and Australia (Tagar, 2003: 91), and the Expressive Arts (Persephone College, 2008). Rudolph Steiner's Anthroposophia, on which the philosophical and scientific ground of philophonetics is based, claims that a profound purpose and meaning underlies the inner and outer life of every individual, as each is potentially equipped to deal with, makes the use of challenges and the opportunities presented on each one's life journey

(Tagar, 2001; Tagar, 1995). Philophonetics means literally 'love of sounds' and broadly defined as 'conscious relationship to one's experience. Philophonetics counselling includes sensing, movement, visualizations and the sounds of human speech and their role of explicating, expressing, and transforming experiences (Tagar, 2003). It enables clients to move into direct, conscious communication with their internal dynamics and patterns; to release, transform and heal them, and to create through these process deeper and healthier relationships with one-self, others, the person's environment (Persephone College, 2008).

Gawler and Tagar (1996) states that Psychophonetics start from the premise that experiences are real events which occur within the human psyche and body, thereby leaving traces of imprints (IT), impressions and storages in a real substance. These IT's of experience, in turn, modify new impressions, thereby leading to new experiences, which are going to be perceived, interpreted, processed and stored in different ways (Gawler and Tagar, 1996).

Psychophonetics (Philophonetics-Counselling) combines counselling, artistic expression, body-awareness and self-observation as parts of the therapeutic process of which the client is in charge, being the soul source of information, observation, choices, direction and action. It is an innovative process which specializes in the modes of non-verbal communication which enables people to go beyond the limitations of verbal expression and access directly feelings, emotions, reactive patterns, old defences and new potentials, embedded in the deep layers of the living body (Sherwood, 2000). It can be applied effectively to a wide range of issues in the areas of personal development, relationships, emotional, mental, psychosomatic and

spiritual dynamics including: recovery from addictions, craving and dependencies; abuses; reactive patterns of behaviour; depletion, exhaustion and fatigue; panic attacks; fear and anxieties; sexual issues; depression and grief. It provides effective, short-term, client centred strategies of counselling, with long-term self management skills for clients (Persephone College, 2010).

The role of the therapist is to provide a range of useful possibilities, points of view, exercises and practical tools for achieving goals defined strictly by the client. A skilled, positive and imaginative listening and active encouragement to access one's inner resources are the main tools for philophonetics-counselling to work (Persephone College, 2008). In philophonetics counselling, the client is an expert, that is, the healing is based on the client's personal experiences. Throughout the therapeutic process, the client is in charge of the process, being the sole source of information, observation and action. The role of the therapist is to provide a range of useful possibilities, points of view, exercises and practical tools for achieving goals that are strictly defined by the client (Gawler & Tagar, 1996; Sherwood,2000).

Through a relaxed, warm, non-threatening skilled conversation the broad picture of the clients situation is being unravelled, laid out in front of him, non-judgementally observed, accepted and listened to. Often this is the first time that the client has given him/herself a special time to fully share what is in his/her mind, heart, gut and body and be sympathetically listened to even by the counsellor. A counsellor becomes for the kind to be sympathetic, objective, supportive professional friend who a limited time, gives focused, caring and undivided attention. That by itself is a great relief,

release, deepening, breathing and perspective- creating experience (Persephone College, 2008).

Based and many years of experience this method has shown that the following a professional claims can be made:

- Everyone has the potential to acknowledge what happens within their body and soul
- Everyone is as potentially strong as the blows they may have received, having therefore the potential power to take charge of their life.
- Everyone has the adequate quality needed for their personal well-being (Persephone College, 2008; World Harmony, 1997).

Taking into account these professional claims, Thwala (2008) states that a common picture needs to be drawn between the therapist and the client. Meaning, that a there needs to be a common understanding of what the IT /problem is.

Following the creation of the common picture (Tagar, 1996) between the client and the counsellor, the client will be invited to make an operational wish (Sherwood, 2004; Thwala, 2008) regarding the content shared. The clients wishes could be their desire to get rid of the wretched headache; neck and shoulder tightness; negative thoughts they are helplessly pestered by ; tension and mistrust between them and a friend, unexpressed anger with colleagues; disappearance of joy from relationships; nasty arguments with their families or the general depletion of energy in their lives. Wishes can also include the deep desire to re-connected to their true inner self,

feelings, inner-child, inner-woman, inner-man; to re-create an inner environment of safety, warmth, love; to re-discover a sense of direction in life, a sense of meaning and purpose, to discover their new vocation, to access their creativity or to find harmony in life (Persephone College, 2008). Wishes cannot involve the possibility of others changing, but applies only to the client as it is the only client that is present (Thwala, 2008).

According to Tagar (1995), exhaustion, depletion, fatigue, and unexplained constant tiredness could all be traced back to the particular inner blocks which prevent the flow of life health-bearing energy in the body and in the soul.

Most of the above patterns have the origins and dwelling places in the unconscious such as the regions of your emotional, body and habitual patterns in life, to which normally one may have no direct conscious access (Tagar, 2001). This is the limitation of verbal communication, whereby origins maybe in the dimensions of thoughts, words or pictures. In order to become conscious of the inner dynamics underlying one's condition, these patterns must be accessed directly to the conscious, in their own modes of being and communication (Sherwood, 2007).

Through the instrumentality of sensation, with which every emotional experiences can be traced to its origin through the traces it leaves in the subtle dynamics of the body and through the instrumentalities of gesture and movement which can directly express the sensation - the dynamics of Experience can become observable and accessible for a change and treatment. The expressive gesture and the movement enhance the imaginative ability inherent in everyone, to create precise mental pictures which can

reveal the inner psychosomatic dynamics underlying the condition in question. Spontaneous visualization becomes a powerful, reliable mode of knowing. a sensation of a headache, shoulder tightness, knotted stomach, pained neck - can all be friends and it expressed through the clenching of the first, contorting of the whole body and with the help of holding the breath, then releasing it to what sounds (Ggah, Pshh, Dah, Bah, Ffah). Releasing makes possible for the origin of these tensions to be traced through the range of imaginative pictures that emerge, enabling exploration, encounter at and release of the deeper layers and patterns of response which regularly cause the tensions. The observation of the bodily processes accompanying the mental ones can easily reveal that in the connections, enabling a process of healing and expression. These practical tools becoming a method of self -care whereby one's experience becomes self-knowledge and problems become opportunities for personal growth, empowerment, healing and expression (World Harmony, 1997).

According to Thwala (2008), and Tagar (2003), the major Philophonetics-counselling modes of knowing and communication are as follows:

Sensing: is the ability to receive and to retain impressions both from the outer end the inner worlds. Every human experience leaves a trace of impression in the texture of a bodily memory. The trace can be rediscovered and be called to consciousness at the will of the client with philophonetics-counselling processes at any point with great precision, even many years after the event (Tagar, 2001). The phenomenon of sensing elicits information about others, the world, and the self (Sherwood, 2007).

Movement and gesture: through philophonetics every human experience can be directly expressed in a movement or gesture by almost every kinetically functioning person, and be universally understood (Steele, 2004; Tagar, 2001).

Visualizing: Is the process of authentic, spontaneous activity using the power of imagination to create a representation of the inner experience. Through visualization every human experience can become precise, which is a reliable inner picture, once the appropriate perspective for this process is established (Tagar, 2001). Every human experience may become an observable inner picture through the creator's (client's) perspective (Sherwood, 2007).

Sounds: the sounds of human speech, consonants and vowels, are forms of vibrations which can directly echo in and simulate the whole range of human experience, which lives in the body in forms similar to the vibrations of the sounds of speech. Experiences show that sounds in the depths of inner experience form all levels and periods of human existence (Sherwood 2007:19). There are also a group of sounds that are useful for specific types of release and sometimes for naming certain types of attacking inner forces. They are the fricatives or explosive and steam releasing sounds, made by combining a particular earth sound with a particular fire sound and with no vowel sound in between them: For example, G-H; Kss; T-Ch; T-Sss; D-J; P-Fff; P-S; P-Sh; etc. (Steele, 2004). The vowel sounds are different from the consonants. It is an interesting exercise to become aware of where the vowel sound originates in the body and to explore how the expression of the vowels can possibly relate to and stimulate our faculties of imagination, inspiration and intuition. For instance, the experience of seeing a beautiful sunset and the feeling that arises within

may be enhanced by responding aloud with the ‘aaah’, ‘ooo’ or an extended ‘w-ow’ or with whatever sound/s that come naturally with that feeling. This articulation may serve as a beginning of being inspired to paint the scene or to write a poem or to imagine a future holiday or to realize intuitively that it is time to go and live by the sea. The emphasis here is that by engaging in an exploration of the different vowels, this activity could help to identify more clearly what is being evoked within one’s soul life through this experience of the sunset. It may be a yearning, a knowing or maybe excitement for a future possibility. The sounds can be a source of release and of healing in our life body as we experience them as events taking place within us, as subtle vibrations (Steele, 2004; Sherwood, 2007).

These are the main modes of knowing and of healing, alongside verbal counselling, used by philophonetics-counselling. Out of these generic tools of both intra-personal and inter-personal communication – a whole range of therapeutic sequences has been woven, serving the exploration, the empowerment and the resourcefulness needs of clients in psychotherapy (Tagar, 2001).

2.9 Rationale of Philophonetics:

Philophonetics implies that awareness of one’s experience involves two major activities: (1) is a direct contact with any layer of experience through the process of re-experiencing it, and (2) a perspective created by the reflection of a re-experienced material in the form of an imprint.

This newly created perspective becomes in turn a ‘window’ into awareness of the surrounding world. Before that perspective is created – a person may be bound to

project their un-owned experience into it, colouring all their perceptions with their past imprints. Objectifying personal experience leads to the ability of observing the world objectively. In every human being lives the potential for a full awareness of their content of experience. Layers of absorbed experience, digested and conscious as well as indigested and unconscious – are all present in the inexhaustible storage capacity of the subtle vibration-based human life body. These stored experiences emerge to awareness in two major ways:

- Either into the forefront of awareness, as sought or as spontaneous recollection; or
- Form the ‘back’ of our consciousness, by controlling emotions, imbuing feelings, triggering reactions, colouring perceptions, and influencing our thinking, without declaring to our awareness the source of the influence (Steele, 2004).

Both these ways of accessing stored experiences are passive as far as choice making awareness is concerned. These two ways in which experience accesses awareness has its own ‘choice’, triggers and stimuli, rather than ways in which awareness is accessing experience at the clients’ own initiative, choice and time (Persephone College, 2008).

2.10 Pushing Away Sounds

Philophonetics is considered to be a form of holistic healing, which means that the body, mind and soul are taken into consideration when it is applied to an individual (Persephone college, 2008). This is based on the beliefs that feeling involve the soul, and thus the mind and the soul help to deal with the physical problem, the imprint (IT). The difference between philophonetics and many other counselling modalities is

that the former is concerned with sharing and benefiting society and not with capital gain, which is a focal point for most other modalities. Philophonetics counselling aims at producing a healthy society (Persephone College, 2008).

The client is in charge of all the therapeutic processes during philophonetics counselling (Tagar, 2001). An individual physically enters into an experience, and imagines it in their mind. The power of imagination is considered to be equivalent to the power of the mind (Persephone College, 2008).

Philophonetics counselling should not be used when a person is medicated (Thwala, 2008) as it is considered that when a person is on medication, one is not counselling the true person but rather, the result of the medication (Tagar, 2001). The focus is on the individual and that which they have control over, thus, the focus is on the person and his/her experiences (World Harmony, 1997).

According to Steiner, the body does not lie, and thus a problem or an issue (felt as a form of discomfort) can be located in a specific area of the body. This problem is then imagined in the body and a 'snapshot' is taken of it in the body, this is called the imprint (IT). The IT is assigned a size, colour, sound and shape. This is done using visualization (Persephone College, 2008). It is important to empower the client so that he/she can communicate and face the problem situation because when a client is caught unaware with a stressful situation, the problem (IT) usually targets an individual's vital organs, such as the brain or the heart. For example, when someone close to an individual unexpectedly dies, it may be described as a dagger in their

heart. It is important that the statements the client makes start with 'I am', as this further empowers the client (Tagar, 2001).

2.11 The Application of Sounds

With regard to therapy, working with body awareness, gesture and visualization of the sounds can then address and enhance the bodily memory of experience and access untapped inner resources. The capacity of sounds to resonate with specific imprints of experience makes them a powerful therapeutic tool as they can stimulate the experience of invasion, of inner and outer pressures, impositions, abuse, criticism as well as the experience of protection, pain, release, nurturing and all aspects of desired inner strength. Sound therapy in combination with the other non-verbal modes is also effective for the practice of creating personal boundaries and for asserting one's own power, presence, rights, speaking and expression (Steele, 2004).

2.12 The Head/Brain and Heart

In the process of Philophonetics counselling, a problem, referred to as the imprint (IT), is visualised in the body. Clients generally then locate that IT in some bodily part such as the stomach, a finger, or the liver (Persephone College, 2008). However, at times, it could be that the client may locate the IT in their head, brain, or heart. In such cases, dealing with the IT may be more complex and needs to be managed in a more sensitive manner (Persephone College, 2008).

When the IT is in a general location such as the stomach, pushing away sound can be used to throw away the IT (Steele 2004). This is basically a simple and direct way of dealing with the IT, but if the imprint is in the head, brain or heart, the problem cannot

merely be thrown away. This is because the head and the heart are considered to be the most vital organs in the body and the body cannot function without either of them (Tagar, 2001). In other words, if the imprint was located either in the brain or the heart and one would use the pushing away sounds to throw the IT away, in principle, one would be throwing their brain or heart away.

To deal with an IT that is located in either the brain or the heart, one should try and assist the client to relocate the IT to another area in the body, a location whereby pushing away sounds can be used to push away the IT (Steele, 2004). Alternatively, the client can try to completely dissolve the IT from its location in the brain or heart. To achieve either of these results, soothing sounds are used to try and encourage the client to use imagery to focus on the IT in its current location and try to either relocate it or to dissolve it (Steele, 2004). Most soothing sounds are related to the natural elements, such as: the wind blowing and waters running. Colours of the earth are also effective (Thwala, 2008).

The power of the individual's imagination is used to choose a colour that makes him or her feel alive; for example, yellow from the sun, the client must invite the sound and/or colour and use a particular gesture to illustrate the colour or sound (Persephone College, 2008; Steele, 2004). At the same time, the therapist makes gestures to 'shower' the client with the colours and sounds. If the client cannot think of a sound to use, then the therapist may offer a variety of possible options and let the client chose the ones that makes them feel comfortable.

It is important in the process of working with the imprint and trying to remove it from one of the vital organs to remember to work at the pace of the client. The client must not feel forced to continue if they are exhausted; the client should also be the one who sets the pace for the therapy session (Persephone College, 2008). If the client becomes exhausted or chooses to end the session before the imprint has been moved or dissolved, it is important to ensure that the client will be able to manage their daily living tasks and that they do not leave the session in a worse state of mind than that of which when they started (Tagar, 2001).

If the therapy session ends before the imprint is relocated, the client should be provided with some form of protection from the IT. What can be done, for example, is that if the problem was in the heart, then a wall of some sort can be built around the heart to contain the problem until the client comes again (Persephone College, 2008). Such a wall will prevent the imprint from spreading to the rest of the body, and should the client choose not to come back to therapy for another session, then the IT is contained until they feel ready to confront it again.

According to Sherwood (2009), one must check to see whether the client is ready to continue the session. When doing phonophenetics counselling it is essential to remember that the client is in charge of the progression of the session. Get verbal feedback from the client about their drawing. When the pain is in the heart or head, the client needs empowerment as the head and heart are vital (life) organs and cannot be thrown away. If the pain is in the vital organs, it should be moved or dissolved using soothing sounds. Concentrating on breathing is pivotal to ensure relaxation, therefore inhaling and exhaling in sequentially is focal (Sherwood, 2009).

2.13 Self help tools

Based on Rudolph Steiner's Psychosophy, Philophonetics is a method of self-development, life coaching, counselling, consultancy and psychotherapy. The major modes of Philophonetics counselling of knowing and communication involve: sensing bodily sensations, expression through movement and gesture, visualization of internal dynamics, and the sounds of human speech (Tagar, 2001). Self help tools are the skills learn in philophonetics counselling that the client takes home with them to prevent new imprints from entering the body (Thwala, 2008). For example, the client will be shown gestures of pushing away negative comments from others so as to ensure that the IT will not enter the body. This gesture may become internalized and the client will imaginatively block out the negative IT form the body without having to actually show bodily gestures.

2.14 Tools for Self Management

There are seven groups of tools for self management (Persephone College, 2008):

1. *Conditioning* – this tool is about reconnecting the body and soul. Connection occurs through the instrumentality of sensation, with which every emotional experience can be traced to its origin through the traces it leaves in the subtle dynamics of the body and through the instrumentalities of gesture and movement which can directly express the sensations. This process is also referred to as the 'Enter – Exit – Behold' sequence. By this method, the dynamics of experience become observable and accessible for change and treatment. The expressive gesture and the movement enhance the imaginative ability inherent in every one, to create precise mental pictures which can reveal the inner psychosomatic dynamics underlying the condition in question.

Spontaneous visualization becomes powerful, reliable mode of knowing. A sensation of a head ache, shoulder tightness, knotted stomach, and pained neck can all be sensed and expressed through the clenching of fists, contorting of the whole body and with the help of holding the breath, then releasing it with sounds (GGah, Pshh, Dah, Bah, FFah), (Persephone College, 2008).

2. *Exploration* – this process results in the location of the pain, identification of the colour, size and shape of the imprint. In this way, a shift occurs from the experience of controlling unconsciousness to consciousness observation. This process begins from the moment one releases the imprint with a sound. By releasing the imprint in the form of a sound, it is possible for the origin of these tensions to be traced through the range of imaginative pictures that emerge, enabling exploration, encounter and release of the deeper layers and patterns of response which regularly cause tensions.

The action phase always starts with an exploration of the lived experience of the conditions explored in the conversational phase. A common starting point is to choose a moment in life whereby the issue that is central to the clients experience is recalled in the present as a lived experience and a practical focus to be explored further. From that moment on the nonverbal modes of communication (and sequences) are utilized creatively and adapted to the particular client's situation, in that particular time and place. The non-verbal skills learnt in the sessions can be practiced and experimented with by the client, and used for self-management and self care between sessions and after therapy is completed. The skills learnt are empowering as self-management tools for clients to take charge in their every day life situations (Persephone College, 2008).

3. *Empowerment* – this process involves encountering, confrontation and guarding, and mobilizing internal resources for a soul-immune-enhancement. The client develops an understanding of their power to control their reaction to the environment. One is as strong as the blow he/she receives therefore, the individual has the potential power to take charge of their own lives (Persephone College, 2008).
4. *Resourcefulness 1* – nurturing, providing to one’s inner being what they can provide to others
5. *Resourcefulness 2* – accessing, invoking resources within one’s spirit, previously unavailable to one’s life.
6. *Restoration of boundaries* – overcoming the previous methods of reactions (internalization of a negative experience) and owning one’s projections
7. *Expression as healing* – speaking revives thinking, feeling and will through the act of conscious expression. The observation of bodily processes accompanying the mental processes may reveal inner connectedness, enabling a process of healing and expression (Persephone College, 2008).

2.15 Bringing it together: Abuse and Philophonetics

2.15.1 Abuse – A Public Health Crisis

Violence against women is a public health problem, and it is a violation of human rights (World Health Organization (WHO), (2007); Burke, Lee, and O’Campo (2008); WHO, (2009); Yoshihama, Horrocks, and Kamano (2009), which has short term and long term physical health and mental health consequences for women and their families (Coker, Smith, McKeown, & King, 2000; Margolin, John & Foo, 1998). Women need to be empowered as there is a great possibility of revictimization

(Iverson, Fruzzetti & Shenk, 2009; Stapleton, Taylor & Asmundson, 2007; Logan, Cole, Shannon & Walker, 2007).

2.15.2 Other Therapeutic Modalities

Many therapeutic modalities can be and have been utilized as an intervention for victims of spousal abuse, however, only a few have been selected for the benefit of this study.

According to Iverson, Fruzzetti and Shenk (2009), difficulties in regulating emotion is a central component of psychological problems. Dialectic Behaviour Therapy (DBT), for women of domestic violence, focuses on emotional regulation; as emotional dysregulation may produce dysfunctional coping responses (for example, substance abuse). Abused women are susceptible to revictimization, and therefore, skills to help them discriminate safe from unsafe partners, is an essential part of the treatment. DBT, according to the study of Iverson, Fruzzetti and Shenk (2009), showed a significant reduction in depressive symptoms, hopelessness, and universal psychiatric distress as well as improved social adjustment (Iverson, Fruzzetti & Shenk (2009).

Disclosure to clinicians at primary health care facilities as a possible source of intervention indicated barriers of communication, according to the study done by Rodriguez, Sheldon, Bauer and Percy-Stable (2008). Clinicians/ physicians focus on screening and discussing the occurrence of physical symptoms of the abuse, and then treat the symptoms. Their study reveals that the communication barrier between the physician and the patient resulted in the patient perceiving the physician as lacking

interest in discussing the abuse and patients being concerned about confidentiality (Rodriguez, Sheldon, Bauer & Percy-Stable, 2008).

While abused women frequently utilize medical services for emotional and physical health issues, the abuse of women is not identified by all general practitioners. Hegarty, O'Doherty, Gunn, Pierce and Taft (2008) implement the Trans-theoretical Model of Change which has been applied by professionals for smoking, alcohol and substance use cessation, weight loss and other lifestyle issues. While the model has five stages; pre-contemplation, contemplation, preparation, action and maintenance (stages implementing change for a positive outcome for a healthier lifestyle), results of the study indicated that some women report significant turning points, while other women accept that they will remain in their situations and never improve as their partners will never change (Hegarty, O'Doherty, Gunn, Pierce & Taft, 2008).

In treating Post Traumatic Stress Disorders as a result of spousal abuse, Stapleton, Taylor and Asmundson (2007) applied Exposure Therapy, Relaxation Techniques and Eye Movement Desensitization and Reprocessing (EMDR) (cognitive psychotherapeutic techniques). While the interventions were effective, Stapleton, Taylor and Asmundson (2007) stated that further studies needed to be conducted so as to assess the efficacy of the different interventions for battered women with PTSD (Stapleton, Taylor & Asmundson, 2007).

As a social intervention, gaining a protective order against the abuser may appear beneficial, as they may reduce the victims' level of danger and exposure of further victimization. The limitation of this intervention is that women often depend on the

abuser for financial security and often tend not to pursue a violation of the order (Logan, Cole, Shannon & Walker, 2007).

Supportive networks may be a pivotal factor in a women's ability to recover from abuse by a spouse or intimate partner. The type, source, amount, and quality of support received influence the victims' behaviour as well as their mental health. Support networks are community programmes which aid in the reduction of isolation of victims', which the abuser may have enforced, and it is a major factor in helping women become safe and free from abuse (Bosch & Bergen, 2006). Non-supportive persons (often families) hinder women from accessing resources, this thus assists in keeping them bound in abusive relationships. While the services and support systems are available, it is either unknown to people or inaccessible, or inadequate in helping the women become free, as a result they continue to live in fear (Bosch & Bergen, 2006).

2.15.3 Why Philophonetics?

Philophonetics counselling is a relatively new therapeutic modality developed in the 80's (Tagar, 2003). While other therapeutic modalities focus on single aspects of the effects of abuse, that is the mind or the body, philophonetics focuses on all aspects of a human being, and is based on Rudolph Steiner's Anthroposophy. The anthroposophical dimension is a four-fold model of a human being. According to this model, the human being integrates spirit into the model of the body and mind of the somatic. The four-folds of the model is the physical body, the etheric, the lower layers of the mind consciousness or energetic layers where the experiences of antipathy and sympathy are stored, which was termed by Steiner as astrality, and the

creative unique individual conscience or the I AM has the capacity to link a person to the transpersonal world and is often referred to as the spirit (Sherwood, 2007).

The physical body: According to Sherwood (2007), the physical body is viewed as the product of the mind and feeling states and is the part of experience which can be observed or touched.

The etheric: The etheric or the life body is the interpenetrating of the physical body. It is an outline of an additional subtle vibration of the physical body and is accountable for the life and health of the physical body sending the energy needed to repair, nourish and maintain life processes in the physical body. The well being of the body and its organs are dependant on this force, and they are dependant on its vitality. The etheric is strengthened by water, healthy eating, sleeping and rhythmical bodily patterns, and having contact with nature (including the sea, wind, birds (Thwala, 2008)). Physical, mental and emotional stresses drain the etheric (Sherwood, 2007; Steiner, 1997).

The lower layers of the mind consciousness – astrality: The lower layers of the mind are described as the place where all vibration patterns of experiences are stored. Steiner (1997) referred to it as astrality (or the energetic system which holds the IT of experiences which are driven by antipathy and sympathy). The conscious forces rise from the sleep's unconscious, for example, water which arises from hidden and mysterious springs. Consciousness in sleep is the same as when awake. The astrality awakens sleep, and is the aspect of the human being which provides the gateway to experience through senses and becomes the storehouse of experience (pleasant and

painful). Defence mechanisms merge from the effort to survive and evade pain on the astral level (Sherwood, 2007).

The I AM: The I AM is the highest level of human consciousness (Sherwood, 2007; Steiner, 1997). It is the individualised level of consciousness that may be referred to as the soul (system) and spirit (transpersonal), and it is an integrative process (Sherwood, 2007). The psychological health and well being depend on the capacity of human beings to insert their I AM into personal experiences and to assimilate and process all experiences in significant ways so that no experience remnants being cut-off, denied, repressed or hidden away and not dealt with (Sherwood, 2004).

2.16 Conclusion

Concepts of abuse were discussed in the context of philophonetics counselling modality, and much literature was noted concerning the implementation of the philophonetics modality.

Philophonetics tools enhance expression to specifically design processes of exploration, empowerment and resourcefulness of psychological, psycho-spiritual and psychosomatic content in a client-determined-direction (Tagar, 2003).

Chapter 3: Research Methodology

3.1 Introduction

This chapter covered the manner in which data was collected.

3.2 A Qualitative Approach

This is a qualitative research study. According to Medurić (2009), a qualitative approach is based on individual's personal experiences and through the qualitative approach an ample source of information is provided. A space inside psychology becomes open to act dynamically so as to link personal experience with social action when qualitative research is concerned (Parker, 2005).

The qualitative approach employs research methods such as participant observation, archival source analysis, interviews, focus groups, and content analysis (Struwig & Stead, 2001).

Qualitative research is about understanding the participant's perspective (beliefs, feelings, emotions, meanings) in their context. Since behaviour does not occur in a vacuum, it is essential to understand participant's environment or social context. It is pivotal to note the process of how prior events play a role in the individual's thoughts and behaviour patterns (Struwig & Stead, 2001).

In collecting data within a qualitative approach, the following types information may be gathered; words, pictures, drawings, paintings, photographs, films, videotapes, music and sound tracks (Struwig & Stead, 2001).

Reliability

Reliability as defined by Struwig and Stead (2001), is the accuracy, consistency, and stability of a measurement Struwig and Stead (2001), and the observations or results between periods of time and across different contexts, or methods which achieve the same stability (Mudaly & Goddard, 2006).

Reliability will be addressed through observations and interviews. The current researcher will note and memo the description of thoughts and or interpretations of the observations, and ensure the participants understanding of the questions during the interview.

Validity

Validity refers to how trustworthy and credible the study is (Struwig & Stead, 2001).

To confirm validity in this study, the following means of validation will be utilized:

- Descriptive validity: the information will be factually accurate and comprehensive, having no content omitted or distorted when being reported.
- Interpretative validity: Participants' meanings and or perspectives will be accurately reported.
- Theoretical validity: There will be an agreement between the researcher and participant about concepts or theory used to refer to the phenomena, and
- Triangulation: whereby information from various sources, analysis methods and the probability of multiple investigators will be utilized.

3.3 Ethical considerations

All psychologists and research professionals must comply with the 'Ethical Code of Professional Conduct' as it is a requirement of the Health Professionals Council of South Africa (HPCSA) (HPCSA, 2003).

The principle of voluntary participation requires that people will not be coerced into participating in research. Closely related to the notion of voluntary participation is the requirement of informed consent, this means that prospective research participants will be fully informed about the procedures and risks involved in research and must give their consent to participate. Ethical standards will ensure that participants are not put in a situation where they might be at risk of harm as a result of their participation. There are two standards that are applied in order to help protect the privacy of research participants. Almost all research guarantees the participant's confidentiality; they will be assured that identifying information will not be made available to anyone who is not directly involved in the study. The stricter standard is the principle of anonymity which essentially means that the participant will remain anonymous throughout the study. The rights and dignity of all participants will be respected, therefore privacy, confidentiality, and autonomy of all participants is imperative. Participants will in no way be humiliated or feel exploited.

To ensure that participants are not misled about the study, an adequate and accurate nature of the study will be provided so that participants will be single-minded and voluntarily become respondents. Participants will not be deceived by the study. And Proper acknowledgement will be given to authors for the use of their recorded work. Referencing will be noted. Validity and reliability for internet use will be recorded.

3.4 Research Approach

The type of approach used for the current study is Action research. Action research occurs as participants and the researcher work together in making decisions in the research process. It is used to empower disadvantaged communities, and social justice is an imperative guiding principal (Struwig & Stead, 2001). Empowerment may be seen as a 'vanguard', which refers to the researcher as leading the oppressed and overcomes their cause against their oppressors (Parker, 2005).

The current research focuses on empowerment of female victims (the oppressed) of spousal abuse (the oppressor), and therefore action research is appropriate for the study with the philophonetics modality being utilized.

Philophonetics modality is an intervention of empowerment, whereby negative energy is exited from the body through gestures, movements and sounds.

3.5 Sampling

As the research aims at empowering female victims of spousal abuse, purposeful sampling techniques were utilized. Neuman (1997) states that one might not know whether the selected participants is representative o a greater society in purposeful sampling, but it appears to be the most suitable method for acquiring data for this particular study.

With purposeful sampling, participants are selected non-randomly but they are selected for a particular reason (Struwig & Stead, 2001). To be included as a participant in the study, one would have had to be aged 18 years and older, female, a

victim of spousal abuse from Rustenburg, and reside in the Rustenburg area. Participants had to be of a sober mind, not under any psychotic medication, and not under the influence of drugs, alcohol or other medications. Inclusion criteria are noted in Appendix A. Seven female victims of spousal abuse participated in the study and a brief history of each of the participants was provided. All seven participants were from the Rustenburg area.

The main questions asked were highlighted by the following themes; operational wish, snapshot and description of imprint pre-, unblocking / soothing sounds, snapshot and description of imprint post and feelings after the implementation of philophonetics.

In accessing participants, social workers, counsellors and leaders of social gatherings were approached to identify the target population.

3.6 Data Collection

The research study was explained to all participants (Appendix B) and thereafter if they agreed to participate in the study, a consent form (Appendix C) was issued to the participant and the participant was requested to sign.

Individual semi-structured (Appendix D or E) interviews were utilized. By applying this method, the respondents had the opportunity to speak freely and openly about issues which they wished to further discuss (Struwig & Stead, 2001).

During individual interviews, the researcher implemented the Philophonetics intervention. The modality entails a pre- and a post assessment (Appendix F) which monitored the effectiveness of the modality. Participants verbalized and expressed their feelings and the impact of the modality. Through philophonetics intervention, much psychological data was gained.

Observations were made during the interview and documented and transcribed accordingly. And, a pivotal focus is on life experience and its somatic effect.

3.7 Hermeneutics

Addison, Terre Blance and Kelly, and Wilson and Hutchinson's (as cited in Meduric, 2009) method of hermeneutic analysis will be utilized in this study:

***Step 1: Familiarisation and Immersion:** In this stage the researcher is working with texts rather than with the lived experience. The researcher needs to immerse herself in the world created by the text so that she can make sense of that world.*

***Step 2: Thematising:** Step 2 requires the researcher to infer themes that underlie the research material.*

***Step 3: Coding:** occurs when similar instances are grouped together under the same theme.*

***Step 4: Elaboration:** In this stage, the researcher explores the generated themes more closely ... to gain a fresh view and deeper meaning ... and might entail changes in the coding system. Dialoguing occurs between what the researcher reads and the contexts.*

Step 5: Interpretation and Checking: this refers to the final account... that relates to the research question... it is also good practice for the researcher to reflect on her role in the whole process.

3.8 Conclusion

Data was collected using a qualitative approach. The ethical code of conduct was acknowledged when samples were taken, and data collected. Hermeneutics was explained as to the process of analysis.

Chapter 4: The Results -Themes and Sub-themes Elicited

4.1 Introduction

The following themes and sub-themes were elicited in the study:

- Verbal/ Emotional Abuse: Jealousy verses Control, Discrimination, Guilt, and Low Self-esteem
- Physical abuse: Beating, and Things being thrown
- Sexual Abuse: By Abuser, and Abusers exploitation
- Past Trauma: Previous Exposure, Cycles of Abuse, and Fear verses Love
- Somatization
- Effectiveness of the Philophonetics Modality: Operational wish, Snapshot and description of imprint pre-, Unblocking / soothing sounds, Snapshot and description of imprint post, and Feelings after the implementation of philophonetics.

The Names of the participants have been altered to ensure confidentiality. The participants are acknowledged as:

Kesville is a 40 year old English speaking woman, and is a secretary for a marketing company. She is in a relationship for almost eight years.

Abigail is a 40 year old woman. She speaks Afrikaans and English, and is unemployed. She is married for twenty years.

Joanna is a 46 year old woman. She speaks Afrikaans and English and is unemployed. She was married for twelve years.

Melody is a 39 year old woman. She speaks Afrikaans and English. She is currently unemployed, but used to work as a nurse.

Leah is a 42 year old woman. She speaks Afrikaans and English, and is a project manager. She is married for twenty years.

Selena is a 53 year old woman. She speaks Afrikaans and English. She is a sales assistant. She is married for 25 years.

Chloe is a 49 year old woman. She speaks Afrikaans and English. She is a pensioner as she has a 'heart' condition. She is not married, but is in a relationship. She speaks about her previous abusive relationship which ended 16 years ago.

4.2 Verbal/ Emotional Abuse

One of the main types of abuse that the woman in this study experienced was verbal/emotional abuse. The participants voiced their experiences of verbal and emotional abuse and a clear indication was identified as to specific types of verbal and or emotional abuse experienced.

Leah

He says I'm sleeping with other men's' outside... He says me a lot of words in front of my children... He says me I'm sleeping around and that I'm sleeping around with men who got 'dik' balls and every thing...

Joanna

... use those vulgar words on me all the time... He used to call me names... He used to bring other women home and tell them I am the maid at home and he used to sleep with them in our bed...

Abigail

My husband, he is bring me down all the time...

Kesville

...he picks on my family, it hurts so much and I have to pretend like it doesn't matter. He calls me all sorts of derogatory names...

4.2.1 Jealousy verses Control**Melody**

...is like most of the time jealousy ja, of my boyfriend. My boyfriend ja, is very jealous. It was my first relationship ja, he is very jealous... Ja, we can talk with someone and he gets angry. Sometimes when he is far and I don't even answer the phone he gets really mad ja. Then he will become very angry because what I'm doing or where I am or with who I am that can't answer my phone then he gets angry and accuses me of cheating on him, or that I am a whore who sleeps around. He must know everything I a doing all the time ja. He can tell me what I can do or what mustn't I do. I ... Ja, I feel very controlled

Abigail

He doesn't let me talk to people. He doesn't let me to go to church. I mustn't talk to people. The pastors mustn't come to my house, he say I'm sleeping with them. I don't know what must I do because if I come to the church he ... say I must go sleep with the pastor. . In the nights he throw me out of the bed, I sleep on the floor. He puts off the lights. I can do nothing.

4.2.2 Discrimination

Melody

...and I can't have babies and he always ridicules me that I cant have children. But ja he knows the doctor said I cant have children because I'm sick but he ja he just calls me sick...

4.2.3 Guilt

Selena

I often wonder what did I do wrong that he would say such bad things to me. I often go to bed crying every night because I think about things that he is said.

Kesville

I should have known better.

4.2.4 Low Self-esteem

Selena

My my husband often says things that really hurt full and it makes you feel like that I'm not good enough... make you feel like you're not worth anything. He often tells me I'm fat and then I'm not good enough and it's been happening for a while

so I really feel like I'm useless. These were down hurtful. I have been married for 25 years and for almost the last 16 years since after my its second born was born he's been saying nasty things to me.

4.3 Physical Abuse

Physical abuse was much experienced by the participants and the predominant types were indicated.

4.3.1 Beating

Joanna

He used to hit me... It was so terrible that I had to be under police protection... When we have sex it could only be if he beats me up first. Some part of my body had to be bleeding or my lips was bust open all the time... Then he would let them sleep with me and beat me up because he say I'm enjoying them better.

Leah

My husband abuses me. At one stage it was so bad that I had to use sunglasses to work... because I must sleep with him. If I say no, he is beating me.

Kesville

...he used to pinch my arm really badly if we were in public and I did something he didn't approve of... beating came next... this bruise here... was last week... I must tell him he is the best ... after being beaten...

Abigail

He hits me... if I come to the church he hit me... and he hit me all the time

Chloe

That man used to hit me. He abused me many times... You see my husband he used to beat me up a lot across my left side of my face in my head. So that is why I cannot hear in my left ear... He used to hit me and I used to fall to the ground... He used to hit me against the cupboard.

4.3.2 Things being thrown

Kesville

He used to just throw things at me at first.

4.4 Sexual Abuse

Sexual Abuse plays a phenomenal role in the lives of the participants. They have experienced detrimental sexual exposure.

4.4.1 By Abuser

Kesville

Then the asshole wants sex! He hurts me so bad.

Abigail

If he slept with me then he say other guys also slept with me.

Leah

...he wants to sex me every day. He wants to have sex with me everyday. When I don't want to have sex with him, he tell me I got a man outside... I'm just sleeping with him because he must sleep with me, but I'm not in love with him. I'm just sleeping with him because I must sleep with him. If I say no, he is beating me.

4.4.2 Abusers exploitation

Kesville

What's worse is when he calls his friends to come watch, or if he is done then he will ask if they want a go at me. If they say yes, I have to just lie there. Then when everyone is gone I must tell him he is the best with the biggest cock, after being beaten up for screwing his friends.

Leah

He took to me a sangoma and he left me there for a month, and he abused me there...

Joanna

...He sometimes used to bring his drug friends home and tell them he will let them sleep with me if they gives him some lines. Then he would let them sleep with me and beat me up because he say I'm enjoying them better...

4.5 Past Trauma

Past Trauma still has an impact on the participant's lives.

4.5.1 Previous Exposure

Chloe

...it was along time ago. I don't know for how long it was that I was in that relationship, but that man used to hit me... I wish that when I think about the past it didn't have to still hurt me and cause me pain

4.5.2 Cycles of Abuse

Kesville

Of everything. I should have known better. He was so charming. And, my previous relationships... in the past relationships, I knew it was coming after the first slap... Same damn shit, just different people. I saw a psychologist for the past relationships... I just can't believe that I fell into the same trap again.

4.5.3 Fear verses Love

Abigail

I wish to leave him and not be scared because I don't love him I stay for the children, but they are old now.

Leah

I'm so scared of him, I don't know why. I don't love him like the time when I was young and I did love him.

4.6 Somatization

Somatisation was the result of abuse in two of the participants.

Joanna

... Every time I think about him I feel to vomit...

Chloe

...You see my husband he used to beat me up a lot across my left side of my face in my head. So that is why I cannot hear in my left ear. He used to hit me and I used to fall to the ground...

4.7 Effectiveness of the Philophonetics Modality

The following themes highlight how each participant becomes empowered through the implementation of the philophonetics intervention. Each participant will be indicted individually highlighting the following themes:

- Operational wish
- Snapshot and description of imprint pre-
- Unblocking / soothing sounds
- Snapshot and description of imprint post
- Feelings after the implementation of philophonetics

4.7.1 Kesville

- Operational wish

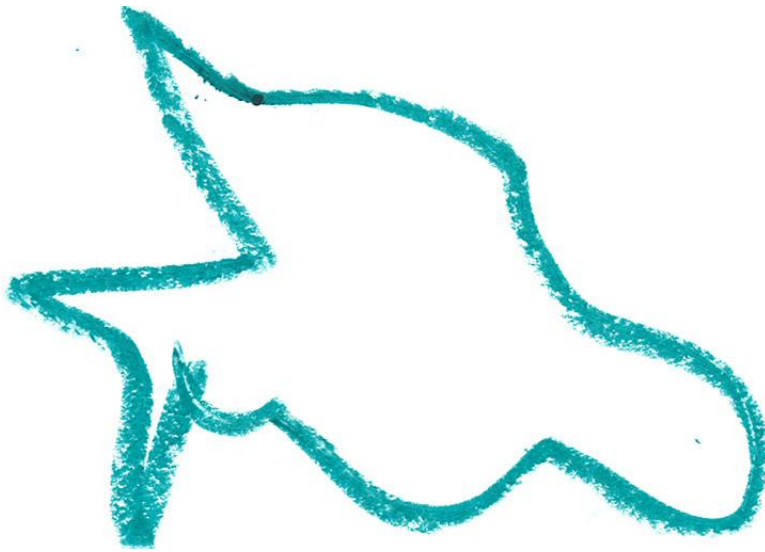
Kesville's initial wish was *I want him to die!* It was then explained to her that it is important to realize that we cannot change or wish things upon other people, as they are not present, but that she is here and therefore we can work with her and what she desires to change in her own life. She then expressed *I wish I could have the strength and power to face him. To be able to stand up for myself. To have the confidence enough to say stop!*

I just want to be in control of my own life. The theme elicited from her wish is to gain power and control over her own life.

- Snapshot and description of imprint pre-

Kesville located the imprint as being *Right inside of my heart... Okay... it is green in colour. It looks quite ugly actually as it doesn't have much of a describable feature. It looks almost as big as my heart. It has pointed ends and round ends... It has sort of a*

piercing sound. Sort of a pi(ss) noise. Its kind of a dragging s at the end...Mmm, sort of similar to a snake noise, but its very piercing to me.



- soothing sounds

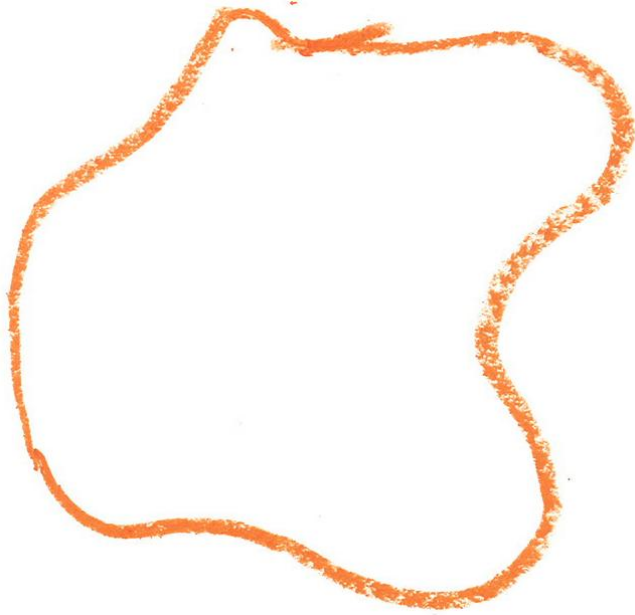
I so absolutely love the sound of the wind... Whooo...

- Feelings after the implementation of soothing sounds

I can't believe that I feel so relaxed. And, I sort of feel so light. I actually feel different from when I came in here... Yes, my whole body feels different...

- Snapshot and description of imprint post

In my stomach. This is just so interesting. While the picture is still quite big, I think. It is sort of like a moving thing in my stomach. I cannot understand how come the colour has now changed to orange, I just know that I feel so much better. My heart, when I was there now was like I could actually see the blood pumping as compared to before when all I could see was the pain. It sounds like ooh.



- Unblocking sounds

B sounds, sounds right.

- Snapshot and description of imprint post

I see it still in my stomach... it I like this small little orange circle. But the sound is not quite there anymore.



- Feelings after the implementation of philophonetics

I actually feel like a huge burden has been lifted from my shoulders. Thank you so much

4.7.2 Abigail

- Operational wish

I wish to leave him and not be scared because I don't love him I stay for the children, but they are old now. I don't have to stay but I am scared cause he say he will find me. I really wish to leave him. I wish he can't say everything I do... yes, I want my own life now. I'm tired of him hitting me and tell me I'm sleeping with the pastors and church brothers. The theme of gaining personal power and control is highlighted.

- Snapshot and description of imprint pre-

I feel very sore in my heart... It feels like this black mark is piercing my heart. It is just there. The sound of the imprint is Wha!

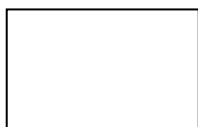


- Soothing sounds

I love the sound of wind and when dandelions fly past... Sh...wish... is the sound reflected.

- Snapshot and description of imprint post

I can't feel any pain in my body... The pain is not my heart, it feels different. I could not find pain any where in my body. It doesn't feel painful anymore; it feels like, like, I can't explain it. It feels like when you have butterflies in your stomach. The picture is white on my heart, because it feels like there is not pain any more, you can't really see it in the drawing because that is, is how I feel in my body and in my heart. There is no more pain. But I feel relief.



- Feelings after the implementation of phonophenetics

I feel like I can't explain. But, I feel like what my husband is not to matter to me right now. I feel nice.

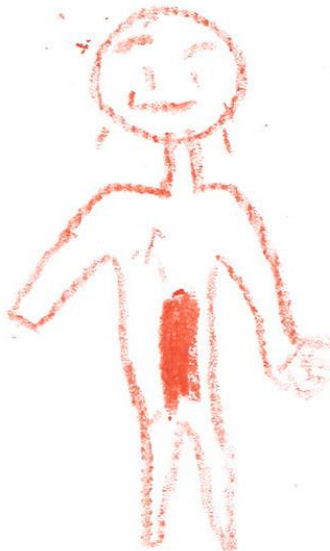
4.7.3 Joanna

- Operational wish

I wish to be happy again. I wish to feel free. The element of wanting to be free indicates breaking away from the control of another, thereby eliciting the theme of gaining control over one's life.

- Snapshot and description of imprint pre-

I feel it in my stomach... I have drawn my body. And here where it is dark is the pain. It is like a scribble but it is a big hurt in my stomach. I drew red because I feel aggressive... it's like a noise like a bang!



- Unblocking sounds

I think the B sound will be good for me.

- Snapshot and description of imprint post

I'm still seeing it in my body, in my stomach, but the pain is not too much like before. It feels better. The pain is in my stomach. It is small in this area. It's yellow, not red like before and its not hard and big like before. It doesn't sound like bang now. It is like shhh... I feel relief now. Thank you.



- Soothing sounds

I like the sea... Ssssssssssssssss was the sound given to the calming effect of nature.

- Feelings after the implementation of philophonetics

I am tired, but I feel free like a bird... I really feel like a weight is come out from me... That feels so mmmm lekker calm.

4.7.4 Melody

- Operational wish

I just wish to have my own power and control of my own life... power and control as a theme is voiced out.

- Snapshot and description of imprint pre-

I felt it in my stomach... Ja, its like this black block, its not big. But you can see there is two blocks. But there is a flower in one but its its black mos. I don't know why it feels like its black even the flower... How can we say,it sounds like when you hear it you feel, you just feel it like moving, like making, like say, it like feel like you look like you are dizzy. Sometimes things come like dizzy. It makes sound like Ghoua

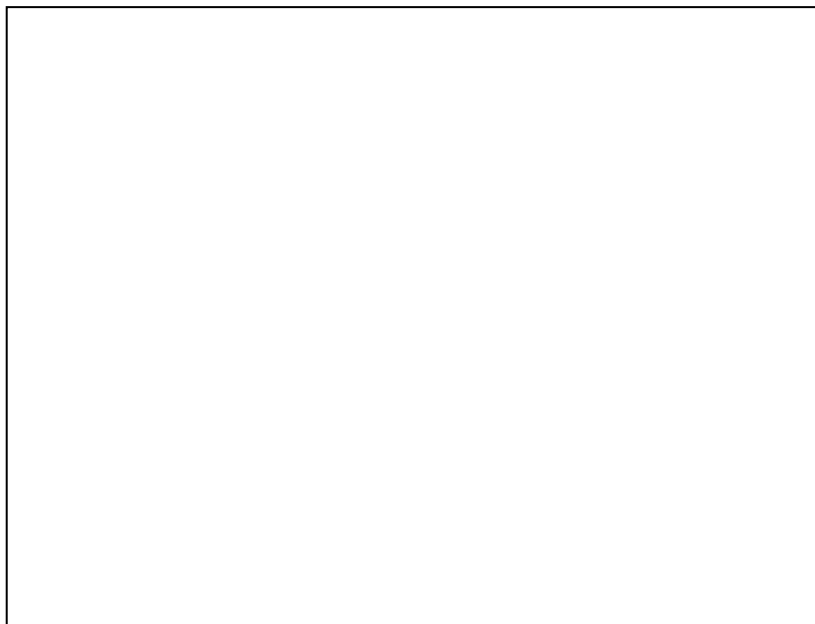


- Unblocking sounds

G, ja that sounds right

- Snapshot and description of imprint post

It's in my stomach, but it feels much lighter... But you can't see it mos. But it feels light. It is white and it still has two blocks. But, this time it feels happy. It's big, with big happiness, its not so much pain now. No noise this time even. Even the flower is white this time, its liken an open flower this time But it's a happy relief picture I feel. I feel like there was a see flowing through this flower. It was so peaceful.



- Soothing sounds

It's like whooo...referring to the calming element of the sea...

- Feelings after the implementation of philophonetics

I feel it its like coming. It's like releasing itself from my body. I feel like I haven't got that, that what you call it, that like stress that's pushing you down... I feel good. I feel good after a long time.

4.7.5 Leah

- Operational wish

I would like to be strong for myself. I love to have strength to tell him that he don't own me. There is a need to gain personal power and control of her life.

- Snapshot and description of imprint pre-

I feel it here ...under my stomach... It is like this pink thing that is like, mmm... like it is round-ish, with this bumps. It is like ugly cause it got no shape really... It is like something getting out of me. Like its paining and moving, but like its coming out. It sound like Awh. Awh, awh!



- Unblocking sounds

I think I can choose the 'D' sound...

- Snapshot and description of imprint post

...it is still here, the area below her stomach on the left side... It is now like this yellow piece. It is just plain. It is like a soft feeling. The size is almost like the other one, but it feels different, the other one was hard and this yellow one is soft. I feel like in my stomach it is free. Like I can feel things can be moving there. Like before I was feeling stiff, now it is like moving. Even now I was looking for a sound. And it sound like sh. It's not hard.



- Soothing sounds

Oooh. I love ... the beach... Like cush! Is the calming sound of the beach.

- Feelings after the implementation of philophonetics

I'm feeling like tired because I didn't realize how much of my energy I was using. My body feel tired but in my mind it is feeling like free.

4.7.6 Selena

- Operational wish

I would like to see peace, love, and enjoy. I wish I could just tell him how it hurts me every time he says these bad things to me. I just wish I had the courage to tell him. I

wish I had power enough in me to just tell him. The theme of power and control is then raised.

- Snapshot and description of imprint pre-

I feel it under my ribs... It is like a red cloud, which is not too big but it is very painful... It's a loud and powerful sound... It sounds like a bho!

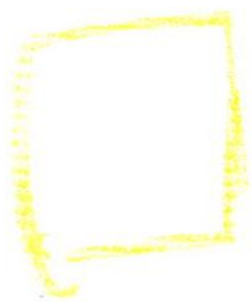


- Unblocking sounds

G, G sounds nice and powerful. It feels like a fighting noise.

- Snapshot and description of imprint post

I can't feel anything. It's like gone... I feel it in the same place, but it is not so painful... It is a yellow plain cloud. Even the sound is like ooh. And it feels like it is just there, but it doesn't hurt like when I pictured the pain as a red cloud.



- Soothing sounds

I love the sound of wind... Like whooo is the sound identified.

- Feelings after the implementation of phonophenetics

I feel so light... That feels so nice. Thank you...

4.7.7 Chloe

- Operational wish

I wish that when I think about the past it didn't have to still hurt me and cause me pain. I feel controlled by my past abuse and now I just wish that I could be free again.

The element of power and control is once again a highlighted theme.

- Snapshot and description of imprint pre-

In my head... I have drawn my head from the back you see. It is the pain that I was feeling there ... it was from my head to my neck on the left side. You see my husband he used to beat me up a lot across my left side of my face in my head. So that is why I cannot hear in my left ear. It has this like banging sound of when he used to hit me. Like Bha-Bha. A black crayon was used to draw the imprint.



- Soothing sounds

...the sound of wind is very soothing for me... like whooo-whoop...

- Snapshot and description of imprint post

In my lower back ... It is now just like this small yellow ball that is in my lower back. I can't feel any of that pain in my head or neck. It's gone from there. It is like it moved from my head to my back and even in my back it is not hurting it is just like there. I'm feeling very happy... Tha! Is the sound of the imprint.



- Unblocking sound

...the B sound

- Snapshot and description of imprint post

There is no pain in my body. My body is feeling free. I can't see a pain anywhere in my body. I was trying very hard, but I can't see any pain.

- Feelings after the implementation of philophonetics

Thank you Jesus. Thank you Lord. Thank you Jesus. Thank you Lord...My ear was blocked I could not hear in my left ear, but now that when you was blowing by my ear, I could hear you. Thank you. Thank you. I can hear in my left ear again. Thank you that you was blowing past me. I can hear... I feel so much better. I am feeling so free.

4.8 Conclusion

Seven female victims of spousal abuse participated in the study and a brief history of each of the participants was provided. All seven participants were from the Rustenburg area.

Chapter 5: Discussion and Conclusion

5.1 Discussion

Seven female victims of spousal abuse participated in the current study. While they all may have fit the criteria of being abused and having their human rights and dignity violated, each participants experience is unique. Upon the analysis, the data revealed many common themes that existed among participants.

Emotional and verbal abuse was common among participants. Literature states that abuse is used as a tactic by the abuser to gain power and control over the abused. The result is often psychological vulnerability, loss of power and control, entrapment (Coker, Smith, McKeown, & King, 2009), a destroyed self-esteem and self-confidence (Straka & Montminy, 2008), and feelings of guilt. It was evident through the study that the female victims of spousal abuse were psychologically vulnerable, had loss of personal power and control, they felt entrapped and that their self-esteem and self-confidence were destroyed. Painting a successful picture through the phonetics modality was established as the participants' imprints had shifted their self-described perceptions had evolved new meaning.

Kesville, Joanna, Leah, Abigail and Chloe experienced physical abuse. Control and power was exerted against these women through the use of violent behaviour against them. Violence in the relationship maintained the abusers use of power and control, and emotional aggression which may have projected when a conflictual discussion is at hand (Costa, & Babcock, 2008). The above mentioned women had become accustomed to what became their life's routine, however, through the empowerment

procedure, they seemed to have gained personal power and control and felt that they were able to take responsibility for what could happen to them and showed that they were able to stand up for themselves.

Sexual abuse was a brutal experience for some of the participants; however none of the participants reported any related physical injuries to the type of abuse. Woman reported that their husbands or partners would offer them to others for sexual services, and there after be beaten up for their sexual engagement with others.

While participants may have not all mentioned the patterns the abuse takes, they have mentioned previous exposure to abusive relationships and or having a history of being with different partners that abuse them. Despite the trauma of the abuse experienced woman stay in abusive relationships for the sake of their children. They fear the abuser, often without verbally explaining, but perhaps because of threats made. It is possible that woman stay because of the fear of social discrimination, which could also cause woman to silence themselves about what happens to them. The honeymoon phase could impact on the reason she stays. The cycle of abuse start at the tension phase, going into an acute battering incident, which leads to the final phase, the honeymoon phase (Fisher, 1990). Perhaps women believe that the loving, kind and contrite attitude abusers portray as they plead forgiveness, and making promises to change, is what keeps her in the relationship, or she stays because of an innate need to be loved, accepted, and desires deep intimacy.

Abuse may affect a person at the physical and psychological level. An indication of Chloe's hearing loss due to physical abuse or Joanna's nausea relating to the physical

and sexual abuse she experienced is indicative of the psychological impact of the abuse and its progression into the body.

Physical, sexual, verbal/emotional/psychological abuse and moral force were used to exercise power and control in intimate relationships. Despite the trauma of the abuse experienced woman stay in abusive relationships for the sake of their children. They fear the abuser, often without verbally explaining, but perhaps because of threats made. It is possible that woman stay because of the fear of social discrimination, which could also cause woman to silence themselves about what happens to them. The honeymoon phase could impact on the reason she stays.

Based on this study, it appears that the different types of abuse occur simultaneously. Physical beating was often the result for the victim not wanting to perform sexual acts or after the victim was sexually exploited. Verbal/emotional abuse often occurred during sexual abuse. It would appear that a single form of abuse is not isolated from another, except in the case of verbal/emotional/psychological abuse which may occur by itself.

The philophonetics modality of intervention was implemented so as to psychologically empower (Thwala, 2008) female victims of spousal abuse. While abuse may, over time, detrimentally destroy the self-esteem and self-confidence (Straka & Montminy, 2008), and cause a woman to be psychologically vulnerable, having a loss of power and personal control (Coker, Smith, McKeown, & King, 2009), empowerment aims at a person gaining a sense of personal control and exerting power over their own lives (Zimmerman, 2000). Philophonetics modality

was an appropriate intervention for this study as the belief is that every person has the ability and potential to take charge of their lives. The participants had proved a restored self-esteem and self-confidence, decreased psychological/emotional abuse susceptibility, and had gained a sense of power and personal control over their lives.

Through the process of the interview, the effect of the philophonetics modality was evident as described by the participants. Participants experienced shifts concerning the imprint. The size, shape, sound and colour had either changed, or the location of the imprint had moved indicating that the aim of the study had been met.

When asked about their operational wishes, each person in their unique way, desperately required gaining back their personal power and control. This of course, was prior to the implementation of philophonetics. After the 'empowerment' process, participants emphasized feeling relaxed and free (an element of power and control). They had feelings of energy leaving their body thereby feeling lighter after expressing burdens being lifted. A general sense of feeling 'good' was cultivated through philophonetics.

Participants identified the calming effects of nature, particularly the sea and wind. Self-help tools allow for the participants to block out negative imprints from further entering into their bodies.

5.2 Strengths of the Study

Women were empowered (gaining power and control). The study gave women the ability and freedom to express what they were feeling. Truth about what happens

‘behind closed doors’ was a major strength to this study as it creates greater insight about the reality of victimized woman, and is thus a benefit to literature. Participants defined the reliability and validity of the philophonetics modality through their descriptions of its effect, or change in snapshots of imprints. Self-help tools will further empower the participants, and they can introduce it to community members thereby empowering the community. Which is indicative of the objectives of psychological empowerment as the participants felt empowered in dealing with self-efficacy issues, areas of which they experience powerlessness, and were able to build up their judgement skills so that they could acquire the skill necessary for decision-making to achieve desired goals.

5.3 Limitations of the Study

The sample size was small and therefore a true reflection on society cannot be generalized. The themes that were elicited in the study is a reflection on personal experience and not the experiences of community/society as a whole. Minor methods of gaining data were executed. Time and access to participants at a suitable time for both researcher and participant were a major limitation.

5.4 Recommendations

Findings in the current study show that the utilization of such a modality (philophonetics) is successful in empowering the target population (female victims of spousal abuse). Based on the study, it is recommended that the process of empowerment through philophonetics be unrelenting. A greater sample size may elicit greater data and thereby allowing for a greater reflection on the community. More time should be allocated so as to empower a greater sample, thus, if more mental and

or primarily health care professionals can be trained in the modality and placed into the community, then additional empowerment can transpire. Psycho education will have a fundamental role to play in the empowerment of the community.

5.5 Conclusion

Women experience abuse uniquely and at various degrees/severity levels, and it may be categorised in specific types, but, it is essential to acknowledge the uniqueness of every single experience. The fact that ‘snapshots’ revealed different sounds, shapes, colours, sizes, and locations is indicative of the uniqueness of experience.

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Appendices

Appendix A: Inclusion Criteria

Participants had to meet the following criteria:

- Participants had to be aged 18 years and older,
- Female,
- A victim of spousal abuse from Rustenburg, and
- Reside in the Rustenburg area.
- Participants had to be of a sober mind,
- Not under any psychotic medication,
- And not under the influence of drugs, alcohol or other medications.

Appendix B: Explanation of the Study

My name is Melanie Yankasamy. I am currently doing a research project. This is an academic project as well as a therapeutic process. The focus of this project is to psychologically empower female victims of spousal abuse. Spousal abuse may be physical, sexual, emotional, financial, spiritual, and even isolation from others.

Confidentiality will be maintained throughout the process and the information disclosed will solely be utilised for academic purposes.

Are you willing to participate in this research project?

If participant agrees, please would you sign this consent form?

Appendix C: Consent Form

PSYCHOLOGY DEPARTMENT



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3886

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CONSENT FORM

I, _____, **HEREBY AGREE TO PARTICIPATE IN THE RESEARCH STUDY ENTITLED:**

PSYCHOLOGICALLY EMPOWERING FEMALE VICTIMS OF SPOUSAL ABUSE THROUGH PHILOPHONETICS,

AND THAT THE INFORMATION DISCLOSED WILL BE KEPT CONFIDENTIAL AND WILL BE UTILIZED SOLELY FOR RESEARCH PURPOSES.

SIGN: _____

DATE: _____

Appendix D: Semi-structured Interview

How old are you?

What language do you speak?

What is your occupation?

What is your marital status?

For how long are you married/ in this relationship?

Can you tell me about your married life/ relationship with reference to how you have been abused?

What do you wish to see happening?

What we are going to be doing now is an empowering intervention which has a 20 percent verbal phase and an 80 percent non-verbal phase.

Here is the space where the non-verbal phase will be done. (*Indication of the space*)

Here, we will not speak about anything. If the need arises, in which you feel the need to say something, please indicate it to me. You, or you and I will go back to our chairs and discuss what is happening.

This is the place where, you will enter and exit. The 'enter' phase is whereby you will experience, and the 'exit' phase is when you will shake 'it' off (*an indication was made*). And when you sit down, you will behold, that is to discuss what you have experienced in the 'enter' phase.

We as human beings are made up of body, mind and soul. When we experience things, we often experience them on these levels. As we have spoken much about the abuse, what I would like for you to do is to step into the 'enter' phase. When you are there, I would like for you to close your eyes and sense where in your body you experience the pain of the abuse. This pain will now be called the imprint. While you are there, in the 'enter' phase I would like for you to take a 'snapshot' of the imprint.

When you take a 'snapshot' of the imprint, I want you to sense the size, shape, colour, and even the sound that it has. It is important to note where in your body the imprint lies. Once you have sensed in your body the imprint, you shake it off, come sit here, draw it on the page and we will discuss it, the 'behold' phase. Do you have any questions concerning what you should do?

You can proceed whenever you are ready.

(Goes into the 'enter' phase, 'shakes-it-off' as she exits, then comes and sits down as she beholds)

Have you located the imprint?

Where do you sense the pain or imprint?

Can you draw what you have sensed?

Can you describe what you have just drawn?

What sound does it have?

(Repeats the sound given to ensure accuracy of the sound of the respondent's imprint)

Now, what we are going to do is unblock the imprint using an unblocking sound. The aim is to 'push' away that negative energy that is stored in your body because of the abuse and to empower you to be able yourself to attain your wish. Do you have any sounds which you could use to block negative imprints from entering your body, or a sound that you can use to push away the negative imprint from your body?

When choosing a sound, it must be powerful. It must not be a sound that will drain you or take away all your energy.

Can I make a suggestion?

A K, G, D, or B sound. Does any of these sounds appropriate to you, or that you think you would be able to use?

Now, that we have determined which sound you will be using to push-away the imprint and at the same time block further imprints from entering your body, you will also have to identify a body position which you will use to react to the imprint. I will become the imprint and throw the sound you gave me of the imprint, the _____ sound, at you in any angle. You will then have to block the imprint with the _____ sound, so that the negative energy which I throw at you does not re-enter your body and so that you push away negative energy from your body So, identifying an enabling body posture will be essential to ‘fight-back’ the imprint

A suggestive posture - indication of right leg in front of left, but separated, with hands raised in front of chest and palms facing away from self, and you can fight like this: hands pushing forward to block the sound and indication of the imprint.

When you are ready we can enter, if you feel tired or drained – we can come back and discuss what you are experiencing.

When you are ready, we can proceed.

How do you feel?

As you have sensed before, the location and ‘snapshot’ of the imprint. Would you ‘enter’ and experience in your body the imprint. When you are done, you can shake-it-off as you ‘exit’. Then you can behold- as we will discuss your experience.

Where is the imprint located?

Can you draw it?

Can you describe it and explain the difference?

What sound from nature calm you?

Sounds like flowing waters, rain, wind, or birds, etc

Can you make the sound of (the identified natural element) for me?

Repeats sound to ensure accuracy

Now that we have determined which sound calms you, we can use it to empower you for when you leave here. We can go into the allocated area and you can imagine a peaceful setting while I will provide for you the sound of the wind.

When you are ready, we can proceed.

Researcher and respondent enter and researcher provide the respondent with the _____ sound as she circles around the respondent waving her hands up-and-down as they are spread open. Researcher provides the energy for about three minutes.

When you go out from here, you can always use what you have block it with gestures. For example, by placing your right hand across your chest and your left hand raised up in the blocking experienced here. We cannot control other people and what they say to us, but we can control how we react. Whenever you feel like negative energy might enter your body you can just position so as to say to the negative energy: you cannot enter my body again. You can even do these gestures in your mind through imagination.

Thank you for your response and participation to the research study.

Appendix E: Semi-structured Interview if Imprint is in Vital Organs

How old are you?

What language do you speak?

What is your occupation?

What is your marital status?

For how long are you married/ in this relationship?

Can you tell me about your married life/ relationship with reference to how you have been abused?

What do you wish to see happening?

What we are going to be doing now is an empowering intervention which has a 20 percent verbal phase and an 80 percent non-verbal phase.

Here is the space where the non-verbal phase will be done. (*Indication of the space*)

Here, we will not speak about anything. If the need arises, in which you feel the need to say something, please indicate it to me. You, or you and I will go back to our chairs and discuss what is happening.

This is the place where, you will enter and exit. The 'enter' phase is whereby you will experience, and the 'exit' phase is when you will shake 'it' off (*an indication was made*). And when you sit down, you will behold, that is to discuss what you have experienced in the 'enter' phase.

We as human beings are made up of body, mind and soul. When we experience things, we often experience them on these levels. As we have spoken much about the abuse, what I would like for you to do is to step into the 'enter' phase. When you are there, I would like for you to close your eyes and sense where in your body you experience the pain of the abuse. This pain will now be called the imprint. While you are there, in the 'enter' phase I would like for you to take a 'snapshot' of the imprint.

When you take a 'snapshot' of the imprint, I want you to sense the size, shape, colour, and even the sound that it has. It is important to note where in your body the imprint lies. Once you have sensed in your body the imprint, you shake it off, come sit here, draw it on the page and we will discuss it, the 'behold' phase. Do you have any questions concerning what you should do?

You can proceed whenever you are ready.

(Goes into the 'enter' phase, 'shakes-it-off' as she exits, then comes and sits down as she beholds)

Have you located the imprint?

Where do you sense the pain or imprint?

Can you draw what you have sensed?

Can you describe what you have just drawn?

What sound does it have?

(Repeats the sound given to ensure accuracy of the sound of the respondent's imprint)

Now, what we are going to do is form an edge around the imprint or what we can also do it move the imprint away from your head and neck into another location of your body. The aim is to empower you to be able yourself to attain your wish. Can you identify any sounds from nature which could be used either cover or form an edge around the imprint, or a sound which could be used to relocate the imprint in another area of your body?

Sounds like flowing waters, rain, wind, or birds, etc

Can you make the sound of nature for me?

Repeats the sound made by the respondent to ensure accuracy

Now, that we have determined which sound you will be using to covering up the imprint, or relocating it, we can go into the allocated area as you can imagine a peaceful setting while I will provide for you the sound of the natural element.

When you are ready, we can proceed

Researcher and respondent enter and researcher provide the respondent with the _____ sound as she circles around the respondent waving her hands up-and-down as they are spread open. Researcher provides the energy for about twelve minutes.

How do you feel?

As you have sensed before, the location and ‘snapshot’ of the imprint. Would you ‘enter’ and experience in your body the imprint. When you are done, you can shake-it-off as you ‘exit’. Then you can behold- as we will discuss your experience.

(Goes into the ‘enter’ phase, ‘shakes-it-off’ as she exits, then comes and sits down as she beholds)

Where is the imprint located?

Can you describe it the drawing?

(When the Imprint has shifted location to another area in the body, the unblocking procedure begins.) Now, what we are going to do is unblock the imprint using an unblocking sound. The aim is to ‘push’ away that negative energy that is stored in your body because of the abuse and to empower you to able yourself to attain your wish. Do you have any sounds which you could use to block negative imprints from entering your body, or a sound that you can use to push away the negative imprint from your body?

When choosing a sound, it must be powerful. It must not be a sound that will drain you or take away all your energy.

Can I make a suggestion?

A, K, G, D, or B sound. Does any of these sounds appropriate to you, or that you think you would be able to use?

Now, that we have determined which sound you will be using to push-away the imprint and at the same time block further imprints from entering your body, you will also have to identify a body position which you will use to react to the imprint. I will become the imprint and throw the sound you gave me of the imprint, the _____ sound, at you in any angle. You will then have to block the imprint with the _____ sound, so that the negative energy which I throw at you does not re-enter your body and so that you push away negative energy from your body So, identifying an enabling body posture will be essential to 'fight-back' the imprint

A suggestive posture - indication of right leg in front of left, but separated, with hands raised in front of chest and palms facing away from self, and you can fight like this: hands pushing forward to block the sound and indication of the imprint.

When you are ready we can enter, if you feel tired or drained – we can come back and discuss what you are experiencing.

When you are ready, we can proceed.

How do you feel?

As you have sensed before, the location and 'snapshot' of the imprint. Would you 'enter' and experience in your body the imprint. When you are done, you can shake-it-off as you 'exit'. Then you can behold- as we will discuss your experience.

Where is the imprint located?

Can you draw it?









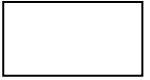


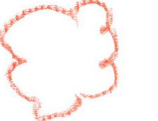



Can you describe it and explain the difference?

When you go out from here, you can always use what you have experienced here. We cannot control other people and what they say to us, but we can control how we react.

Whenever you feel like negative energy might enter your body you can just block the imprint with gestures. For example, by placing your right hand across your chest and your left hand raised up in the blocking position so as to say to the negative energy: you cannot enter my body again. You can even do these gestures in your mind through imagination.

Thank you for your response and participation to the research study.

Appendix F: Summary Sheet of Philophonics Intervention

Respondents	Location		Colour		Shape		Size		Sound		Soothing/Pushing away Sounds
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	
<i>Kesville</i>	Heart	1.Stomach 2.Stomach	green	1.Orange 2.Orange		1  2 	The size of her heart	1. Big 2. Small	Pissss	1. ooh 2. none	Wind- Whooo / B sound
<i>Abigail</i>	Heart	Heart	black	white			Small but piercing	small	Wha	None	Wind- Sh...wish
<i>Joanna</i>	Stomach	Stomach	red	yellow			Big	Small	Bang	Shhh	B sound / Sea- sssssssssssss
<i>Melody</i>	Stomach	Stomach	Black	White			Not big	Big	Ghoua	None	G sound / Sea- whooo
<i>Leah</i>	Below stomach	Below stomach	Pink	Yellow			Big	Big	Awh	Sh	D sound/ Beach- cush
<i>Selena</i>	Under ribs	Under ribs	Red	Yellow			Not big	Not big	Bho	Ooh	G sound/ Wind-whooo
<i>Chloe</i>	Head	Lower back	Black	Yellow			Small	Small	Bha-bha	Tha	Wind- whooo-whooo

Nb. When the IT was located in the head or heart, soothing sounds were used first. When IT was located elsewhere in the body, pushing away sounds were used first.