

# **The impact of Phonophonetics Counselling on Sexually Abused Children**

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**BY**

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**The impact of Philophonetics-Counselling on Sexual Abused  
Children**

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the degree of Masters in Clinical Psychology  
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Zululand**

**November 2010**

(i)

## **DECLARATION**

**I, undersigned hereby declare that this thesis is my own original work and has not previously in part or in its entirety been submitted at any university for a degree.**

**Signature**

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**Nomazinga Faith Manzini**

**Date**

**30 November 2010**

## **DEDICATION**

**This thesis is dedicated to my parents and the participants who saw me through this academic exercise.**

## **ACKNOWLEDGEMENTS**

I thank God almighty firstly for life and for providing me with the opportunity to complete this degree.

I would also like to thank my supervisor Professor J.D. Thwala for guidance and assistance throughout the research project.

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Thank you to all the individuals for their participation and availability.

## **ABSTRACT**

Philophonetics Counselling is a modality of counseling and psychotherapy based on Rudolf Steiner's Psychosopy, created by Yehuda Tagar in the 80's in England and Australia. It applies the powerful sensory, emotional and psychosomatic responses to the sound of speech-in association with body awareness, movement and visualization-as extensions of the conventional component of the psychotherapeutic interaction (Tagar, 2003; Lifschitz 2002).

The purpose of this study was to investigate the effectiveness of Philophonetics Counselling on sexually abused children between the ages of 12 and 17 years. This study was conducted in the Bloemfontein area of Free State and Piet Retief area of Mpumalanga. The nature of the research is concerned with the applicability of the modality to individuals under the age of 18 years, and the individuals' psychological responsiveness to the modality. Data was collected during and after counseling session, by means of drawings, sound, gestures and movement. Ten (10) individuals participated in the study and the age group of the participants was between 15 and 17 years.

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## CHAPTER 1: INTRODUCTION

### 1.1 Introduction

Literature suggests that South Africa is one of the countries with high rates of sexual violence in general and specifically against young individuals (Bhana, Peterson, & Mckay, 2005). Estimates suggest that 119.5 women per 100.000 are raped every year. In particular, girls under the age of 18 constitute approximately 40% of the reported rape and attempted rape cases nationally, with 12 to 17 year olds being particularly vulnerable. This reflects the highest rape ratio per 100,000 of the female population. Adolescent girls in South Africa experience a high rate of forced sex, ranging from 39% to about 50% (Bhana, Peterson, & Mckay, 2005). A number of therapeutic modalities have been successfully applied to clients who present with sexual traumas locally and internationally (Masimula, 2008:45; Sherwood, 2000; Tagar, 2001). A new modality namely Philophonetics counselling, has recently gained popularity in the South African context, bringing about remarkable improvement in depressed clients (Masimula, 2008).

It is widely recognized that preadolescent children may engage in a variety of sexual behaviours with their peers, often referred to as 'playing doctor'. Such behaviours are thought to be innocuous aspects of human development. Less widely recognized until recently, however, is the fact that children from this same age group may engage in sexually aggressive behaviours towards their peers that may be comparable to acts of sexual abuse perpetrated by adolescents or adults (Gilbert, & Sperry, 2004).

The high rate of sexual violence against girls in the 12-17 year age group indicates a need for programs to reduce the risk of girls within this age group becoming victims of such abuse. Furthermore, early adolescence is developmentally a critical period to introduce programs to reduce the risk of boys becoming perpetrators of sexual abuse. While attitudes and behaviours about sex and gender are learned from an early age, adolescence is a critical age for entrenching normative sexual behaviours. Studies which have attempted to understand the dynamic underpinning of the high rate of sexual abuse of both women and girls in South Africa, have focused their recommendations largely on the need for gender awareness

programs at the level of individual attitudinal change aimed at altering the dominant traditional notions (Bhana, Peterson, & Mckay, 2005).

The literature on childhood sexual abuse includes two generations of scholarship (Bhana, Peterson, & Mckay, 2005). The first generation studies examined the short-term and long-term impact of Child Sexual Abuse. Child Sexual Abuse has consistently been linked to a range of difficulties including Depression, Dissociation, Post-Traumatic Stress Disorder, Personality Disorder and Substance Abuse. The second generation studies focused on identifying background variables and potential factors that mediate or moderate direct associations between Child Sexual Abuse and negative psychological outcomes. These variables included perceived social support, family environment, coping strategies and Child Sexual Abuse-related variables such as the age onset, relationship to the perpetrator, coerced abuse and duration of abuse (Bhana, Peterson, & Mckay, 2005).

Sherwood (2000), as cited by Tagar (2001), observed that most models for dealing with sexually abused survivors in therapy are entirely or substantially based on verbal counselling techniques. Although these models differ substantially in their analysis of a etiology and in their therapeutic goals, they tend to neglect body work.

## **1.2 Theoretical Background to the Study**

Philophonetics Counselling is a theoretical framework which was coined by Rudolf Steiner in the early 20<sup>th</sup> century. It includes Sensing, Movement, Visualizations and the sounds of human speech (Lievegoed, 1993; Steiner, 1997; Steiner 1999). Philophonetics enables clients to move into direct, conscious communication with their internal dynamics and patterns, to release, transform and heal them, and to create through this process deeper and healthier relationships with themselves, with others, with the environment and with their universe. Philophonetics has a significant contribution to make to personal, professional and spiritual development and has been applied by individuals, organizations, businesses and communities (Tagar, 2001; Tagar, 2003; Sherwood, 2007).

The four major models are (Sherwood, 2000: 27):

- The Feminist Theory model, which emphasizes re-establishing the client's sense of power over her life.
- The Traumatic Stress Theory goal, which releases the stress of the trauma and alleviates associated problems, including the development of positive affiliative bonds.
- The Self Development Theory, which highlights the search for the true self and the dismantling of the false defensive self.
- The Loss Theory, which focuses on recognizing and grieving over the losses of family, childhood, security and self.

All of the above approaches focus primarily on the verbal mode of communication as their major mode of operation. Sherwood (2000) highlights the tendency of survivors of sexual abuse to swing from denial and numbing phases, where their defences regarding the trauma causes dysfunction,, to flooding phases in which feeling overwhelmed by the memories of the trauma is experienced as debilitating. She also assesses the relative benefits and limitations of the major known techniques of addressing this condition in light of these polarities (Sherwood, 2000).

While the Stress Coping techniques help to integrate the crisis and its impact upon the client's life, they ignore the associated emotional and bodily trauma. The therapeutic Technique is limited to symptomatic associated behaviour and verbal communication. The Psychodynamic techniques facilitate entering the underlying dynamics of the condition, but fall short of facilitating a change in these dynamics. The Expressive techniques support the client entering the area of pain, but they are limited in terms of enabling the client to ward off the invasion, and bear the risk of flooding.

### **1.3 Motivation for the Study**

The phenomena of sexual abuse of children and its future implications for people's adult life, is widely acknowledged as a major underlying factor in a whole range of personal, family and societal dysfunctions, from mental illness to drug abuse, and crime. There is a rising need for psychological intervention to help sexually abused children to deal with their experience in such a way that they can heal and live confidently.

#### **1.4 Statement of the problem**

Child sexual abuse in South Africa is rated highest in the world, with 12- to 17-year-olds being particularly vulnerable. Tagar (2001) states that the imprints of past sexual abuse are permanent; they are imprinted in the pre-verbal dynamics of the living body and can appear at any time in the present in response to a conscious trigger through the non-verbal interventions of philophonetics counselling.

#### **1.5 Aim**

The aim of the study is to evaluate the impact of philophonetics counselling in dealing with sexually abused children.

#### **1.6 Significance of the study**

While philophonetics counselling has been widely used with individuals above the age of 18, the present study concentrates at the lower level of psychosocial development. This is more likely to contribute towards the future studies in helping children at an early age.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 Introduction**

#### **2.1.1 Definition of 'children': who is counted as a 'child'?**

Children' are defined as young people up to the age of 18. This definition follows the age range defined by the African Charter on the Rights and Welfare of the Child (1990:3) and the UN Convention on the Rights of the Child (1979). While the age of 18 is generally accepted as the age of majority in most countries, legal provisions vary between nations and government systems and affect the protection of children, decision-making concerning children, legal accountability of children, and the capacity to consent that is imputed to children. In South Africa, for example, a child may consent to medical treatment such as HIV treatment and termination of pregnancy, without parental consent, from the age of 14 onwards. On the other hand, rape or sexual assault perpetrated against a person under the age of 16 has to be reported to the police (Kistner, Fox, & Paker, 2004).

Although the interpretation of the term 'childhood' differs between cultures and countries, what is common to all is the idea that childhood is the period in early life marked by rapid growth and development. It is also a period of dependence usually on parents and family for immediate physical needs such as food, clothing and shelter, as well as emotional, social and intellectual support and care. Childhood is a period of physical growth, psychological development, and development of intellectual, social, spiritual and emotional characteristics. The circumstances within which this growth takes place can limit or enhance childhood development and influence psychosocial well-being in adult life (Kistner, et al., 2004).

#### **2.1.2 Defining 'child sexual abuse'**

Kistner, et al. (2004), define child sexual abuse as a sexual violation perpetrated by a person who holds, or is perceived to hold, power over someone who is vulnerable. Because sexual abuse involves an abuse of power, children are more vulnerable than adults. Child sexual abuse involves an adult or significantly older person who interacts with a child in a sexual way for purposes of psychosexual gratification and for the assertion of power and control. The

legal age of consent to sexual intercourse is 16 (Kistner, et al., 2004). The statutory definition of rape, as proposed by the South African Law Commission in the new Sexual Offences Bill, extends to sexual intercourse with a child where the age difference under the age of 16 is three or more years between partners, irrespective of consent.

Childhood forcible sexual abuse is to be operationally defined as all forms of contact sexual abuse (sexual kiss, sexual touch, and/or oral/anal/vaginal intercourse) where the perpetrator used physical force to intimidate or dominate the victim (male or female) or achieve sexual gratification (Madu, & Peltzer, 2000). This must have taken place before the victim completed the age of 17 years. This definition is in line with that of Davison and Neale (1996), which defines rape as forcing sexual intercourse or other sexual activity on another person.

## **2.2 The Effects of Violence, Abuse and Trauma on Childhood Development**

Traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love and community. They shatter the construction of the self that is formed and sustained in relation to others (Herman, 1992). Mental health in children is defined by the child achieving the expected cognitive, social and emotional development milestones. These children will have secure attachments; healthy social relationships and effective coping skills (The Surgeon General's report on Mental Health, 2004). Introduce a traumatic event into a child's life and it has the ability to stunt such normal developmental processes, and may also result in such children experiencing attachment difficulties. Children with attachment difficulties are "at risk of developing behavioural and social problems, poor self-esteem and general adjustment difficulties" (Senior, 2002).

Herman (1992), points out that traumatized individuals will relive the specific traumatic event long after it has occurred. This repetitive intrusion into the survivor's life can arrest normal development. Children who are abused or experience traumatic events are likely to exhibit a range of behavioural, emotional, social and cognitive problems. Other symptoms associated with abuse in children are insecure attachment, psychiatric disorders such as post-traumatic stress disorder, conduct disorder, ADHD, and depression, as well as impaired social functioning. (The Surgeon General's report on Mental Health, 2004).

A number of studies focusing on the impact of violence on children have found that children do possess incredible resilience and that they are able to overcome traumatic experiences -

provided that they receive proper support. Angles and Shafer (1997), point out that it is important to note that all children do not react in the same way - responses to experiences of violence and abuse are determined by their individual experiences, background and the cultural context. Hence the ability to overcome negative experiences is based on some of the following factors which have been found to influence and shape responses to violent and traumatic encounters, namely: past experience, social support networks, psychological vulnerability and familial support.

### **2.3 Philophonetics in comparison with other modalities of psychotherapy**

Developed by Steiner, a psycho-philosopher of the early twentieth century, the Philophonetic model integrates the spirit, body and mind of the somatics within the human being. It includes the physical body, the etheric, the lower layers of mind consciousness or energetic layers, where the experiences of antipathy and sympathy are stored, Steiner termed astrality and the creative unique individual consciousness or I/ I AM. Philophonetics-Counselling is a modality of therapy developed from Humanistic Psychology and Rudolf Steiner's Anthroposophia (Psychosophy) and the Expressive Arts. Philophonetics means literally 'Love of Sounds' and broadly 'Conscious relationship to one's experience'. Philophonetics-Counselling extends the conversational counselling interaction to include Sensing, Movement, Visualisations and the Sounds of Human Speech (Lievegoed, 1993; Steiner, 1997; Steiner, 1999).

Lifschitz (2002), states that the sound of human speech forms the foundation of all human languages. Put together this makes a fairly small number of units, 35-40, capable of endless sub-divisions. The bulk of them are universally shared between all languages. Long before the development of words-based vocabulary, every child goes through a phase of expressing themselves in sound through babbling, in gestures and gesticulations. The deep connection between experience, sound, gesture and communication is established at the dawn of our consciousness. Later on this awareness becomes absorbed into the communication through words and phrases, but the sounds are still there, at the foundation of it all.

Sounds of speech enable clients to move into direct, conscious communication with their internal dynamics and patterns; to release, transform and heal them, to create through this process deeper and healthier relationships with oneself, with others, the environment and one's universe (Lievegoed, 1993; Steiner, 1997; Steiner, 1999).

Lifschitz (2002), considers it reasonable to assume that our deepest experiences are stored in our sub-consciousness in some relation to the sounds of speech. It is also possible to assume that the connection between sounds and experience does not vanish once we start using words, but remains active in the deep layers of our emotional experience.

The body, mind and spirit have each been confined to their own closet with their respective expert keys of medicine, psychology and religion. Human experience has been belittled in the face of rational analysis. Alienated from their experience, human beings have increasingly sought meaning in fragmented and distorted realities: their bodies through consumerism and materialism; their minds through narcissism and hedonism, their spirits through addictions and cynicism (Sherwood, 2005 & 2006).

Reconnection with the alienated parts of ourselves, with each other, with our communities and with our environments is the call to healing across many disciplines. In psychology we have the emergence of new perspectives seeking this integration: transpersonal psychology, ecopsychology, Buddhist psychotherapy, somatic psychotherapies and holistic psychotherapies. Core to these new perspectives is the notion of integration, that all is connected within, between and around us (Burstein, 1988; Sherwood, 2005 & 2006).

The experiential and expressive therapies recognize the human quest for wholeness and see humans as aware, experiencing organisms that function holistically and attempt to give meaning to the parts of their experience (Perls, Hefferline & Goodman, 1951; Gendlin, 1974; May 1981; Yalom 1989). Lifschitz (2002) reports that not all approaches to psychotherapy resort to the exploration of deep experiences and not all of them assume that exploration necessarily leads to improvement. But within the range of approaches to psychotherapy which incorporate the exploration of deep experience, often in connection to the exploration of earlier biographical layers as an essential part of the psychotherapeutic process, it could be assumed that the sounds of speech, so deeply interwoven within these layers, could play a significant role.

In Psychophonetics, emotional, sensory, kinesthetic and visualization modes of awareness and expression extend the reflective, intellectual awareness into the broader dimensions of human experience. Memories, defense patterns, learned responses; deep seated trauma, energy blocks, as well as creative, spiritual and human relationship resources beyond the

access of intellectual reflection become readily accessible for exploration, expression, release and transformation through Psychophonetics' rich range of therapeutic sequences (Tagar, 2003). It has been demonstrated to be highly effective in accessing, releasing and recovering from deep seated trauma and abuse (Tagar, 2001; Tagar, 2003).

Philophonetics counselling is an innovative process that specializes in the modes of non-verbal communication which enable clients to go beyond the limitations of verbal expression and access emotions, reactive patterns, old defences and new potentials which have become directly embedded in the deep layers of the living body. It is a method of exploration, expression and transformation of inner experiences. Throughout the therapeutic process the client is completely in charge, being the sole source of information, observation, choices and action. The client is the one who ultimately knows the truth of their own experience. 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. Skilled, sympathetic, positive and imaginative listening and active encouragement to access one's inner resources are the main tools of Philophonetics Counselling work (Shearer, 2002; Tagar, 2003; Sherwood, 2005 & 2006).

Philophonetics counselling starts from the premise that experience is a real event taking place inside the human psyche and body, leaving traces, imprints, impressions and storages in a real substance. These imprints of experience, in turn, modify the way in which new impressions, leading to new experiences, are going to be perceived, interpreted, processed and stored (Lifchitz, 2002). Steiner (1997), states that the very substance of the vital forces of the human body is made of the confluence of sounds-vibration, inaudible to ordinary hearing. The perception of articulated sounds of speech brings to consciousness these formative dynamics in the human constitution, in which, as outlined in Steiner's psychological model, all memory is stored. The body, thus, becomes the map of all the experiences a human being has had in the lifetime. Tagar, (2003), Sherwood (2006) concur in the popular understanding that "the body does not lie".

For further clarity, Steiner (1994) further described in detail the four layers of a human being and their energetic interpenetration as follows: (i) The physical body, connected to the mineral

kingdom, (ii) the etheric to the plant kingdom, (iii) the astral to the animal kingdom and (iv) the I / I AM to the human/spiritual kingdoms (Sherwood, 2006). The interconnectedness of all the layers of the human body, make life experiences visible, identifiable and manageable under an experienced psychotherapist (Steiner, 1994; Tagar, 2003; Sherwood, 2006).

### **2.3.1 The physical body**

The physical body is seen as the map of the mind and feeling states and is that part of our experience that can be clearly touched and observed. It is of the same nature as the mineral kingdom and, upon death returns to the mineral kingdom (Sherwood: 2006).

### **2.3.2 The etheric**

Interpenetrating the physical body is what Steiner termed the ether body, the *etheric* or the life body which is a template on a more subtle vibration of the physical body and is responsible for health of the physical body: repairing, nourishing and maintaining life processes. (Steiner,1997). The etheric is strengthened by water, good eating, sleeping and rhythmical bodily patterns, and contact with nature, particularly water sources as it has a strong relation to the plant kingdom and the element of water (Bott, 1996). Physical, mental and emotional stresses drain it, as do lack of exercise and a sedentary indoor lifestyle.

### **2.3.3 The lower layers of mind consciousness: astrality**

This is described as the lower layers of mind consciousness, where all the vibrational patterns of our experience are stored. Steiner (1997) names it the *astrality* or the energetic system which holds the imprints of our experiences driven by antipathy and sympathy. The *astrality* is the aspect of the human being which provides the gateway to experience through the senses and becomes the storehouse of experience both pleasurable and painful. Steiner's (1999) collection of essays titled *A Psychology of Body, Soul and Spirit*, points out that this astrality is not some kind of fixed container but rather an inner dynamic, mobile, developing, flowing relationship between the outer world, mediated by the senses through the physical body, and the most intimate realms of inner consciousness.

The lower part of the astral body is akin to the animal kingdom and is driven by the basic drives for food, sex, water and safety. The higher part of the astral body is the bridge into the

human soul-life and when freed from aversion and desire, becomes motivated by compassion. This is known in Buddhism as compassion mind (Steiner, 1999).

It is a great challenge for human beings to purify this layer of the astrality so that our behaviours are not driven by loves and hates, but rather by skilful means which arises when compassion is active. This requires one to be fluent in the languages of sensing, sounding, gesturing, breathing and visualising if one is to communicate with these contents of one's self (Steiner, 1999).

If one does not communicate with these contents, then aspects of our experience may become cut off and be denied and suppressed. We build defence mechanisms against these painful experiences and project hatred, pain, anger, abandonment onto other persons. The projection or defence mechanisms separate us from ourselves, others and the world. It is a recipe for depression on the one hand and narcissism on the other. It produces unsustainable personal, family, and community actions (Steiner, 1999).

#### **2.3.4 The I AM**

The I AM refers to the reflective nature of human consciousness. It has many names across different traditions and many layers are distinguished within it. Steiner (1997) defined the *I or I AM*, as the highest level of human consciousness. It is the self-aware human consciousness. Steiner, (1994) argues that just as the physical body has its centre in the brain, soul experiences have their centre in this *I AM*. Within the *I AM* is the transcendent principle of spirit which connects the person to the highest meanings.

The resources of the human spirit are situated within the I AM. This includes the capacities to rise above pain, limitations and darkness of experiences and to bring back hope, healing and growth. It is the capacity of the human being to envision new realities out of reflection on past experiences. This part strives for what Maslow (1968) terms self-actualisation. And it brings to us the capacity to access resources of strength, courage, determination, love, joy and other qualities which Maslow (1973) named the higher order values".

This *I AM* also comprises the domain of each human being and captures our individual essence. The stronger the *I AM*, the stronger the ability to connect to transpersonal resources and meaning. In all religious traditions, the term *I AM* is employed to relate to connection with

the transpersonal, that within the human which is divine (Fox, 2000). The relationship and functioning of these particular bodies is further detailed by Steiner (1999) in his work: *Body, Soul and Spirit*, and Bott (1996) in his work: *Spiritual Science and the Art of Healing*. The claim made by Psychophonetics is that every human experience, from every stage in one's life, from every level of awareness - leaves a trace as it registers itself and as it is being stored in the substance of the subtle body. Consequently each of these experiences could be traced, expressed and communicated through what is defined as Experiences-Literacy. Its position in relation to one's awareness can be determined with the process of Experience-Awareness, and a sound or a sound combination could be found to match precisely this experience through the process of Sound-Naming. Matching the right sound with the right experience, providing it with a channel of expression, with a tool for further exploration and with the means with which to review and re-create consciously the way in which past experiences, imprinted in the body in a new way, are going to affect experiences in the future (Lifschitz, 2002).

To the core of one's experience, what Rudolf Steiner called the '*I AM*', the whole content of the experience arrives from the outside, including impressions reached from one's own body, memories and emotionality. A powerful desire for making sense of one's experience is fundamental to the psychological dynamics in the light of Psychosopy. Only a direct encounter between experiences and the '*I AM*' will satisfy this fundamental need to give meaning to one's experience. The creation of that direct contact with one's experience is the basic facility for self-orientation. The first tool people apply to this task in modern day humanity is the five ordinary senses and the reflective intellect which organize their impressions (Lifschitz, 2002).

According to Lifschitz (2002), experience does not respond directly to the five ordinary senses and the reflective intellect. Experience has its own, unique modes of operation, and which are not verbal. For experience words on the words on the whole are second hand modes of communication. Philophonetics identifies four major forms of non-verbal communication through which every aspect of experience can be accessed, expressed and communicated:

## **2.4 Forms of nonverbal communication**

The nonverbal forms of communication form the larger part (80%), of phillophonetics counselling and it uncovers all the traumatic life experiences a human being may not be ware of.

#### **2.4.1 Sensing: an energetic language, expressing and transforming experience**

Sensing refers to the human ability to sense the flow of energy within and around the Hearing, Sounding (intonation), Concept (the grasping of) and I Am. Over and above that division, the act of perception is usually a combination of some senses, and the capacity to sense holistically is designated in the framework as Sense-Ability (Sherwood & Tagar, 2000).

Human Sense-Ability is capable of receiving and retaining impressions both from the outer and inner worlds. Every human experience leaves a trace or impression on the texture of our Sense-Ability. That trace can be re-discovered and be called to consciousness at will with the Phillophonetics-Counselling processes (Sherwood & Tagar, 2000).

#### **2.4.2 Movement and Gesture an energetic language: expressing and transforming experience**

Gestures are the primary map of the thinking/ feeling life. Tagar (1999) proposed that every human experience can be directly expressed in a gesture by every functioning person and be universally understood. Gesturing and moving is the ideal way to enliven learning processes for it engages all the non-verbal languages of sensing, breathing, visualising, and sounding. It is a method of bodily learning that uses acting, creativity, imagination, insight and movement to connect with one's own body and feelings and to connect with the feelings of others. Movement as dance is also very important to enliven the etheric body and to release blocked emotions in the astral body (Sherwood & Tagar 2000).

#### **2.4.3 Visualising an energetic language: expressing and transforming experience**

Visualising is the firstborn of the imagination, the faculty of the soul whose companions are intuition and inspiration. It is through visualising that we can create new possibilities and accurate pictures of inner situations with which they can grasp, comprehend and explore their

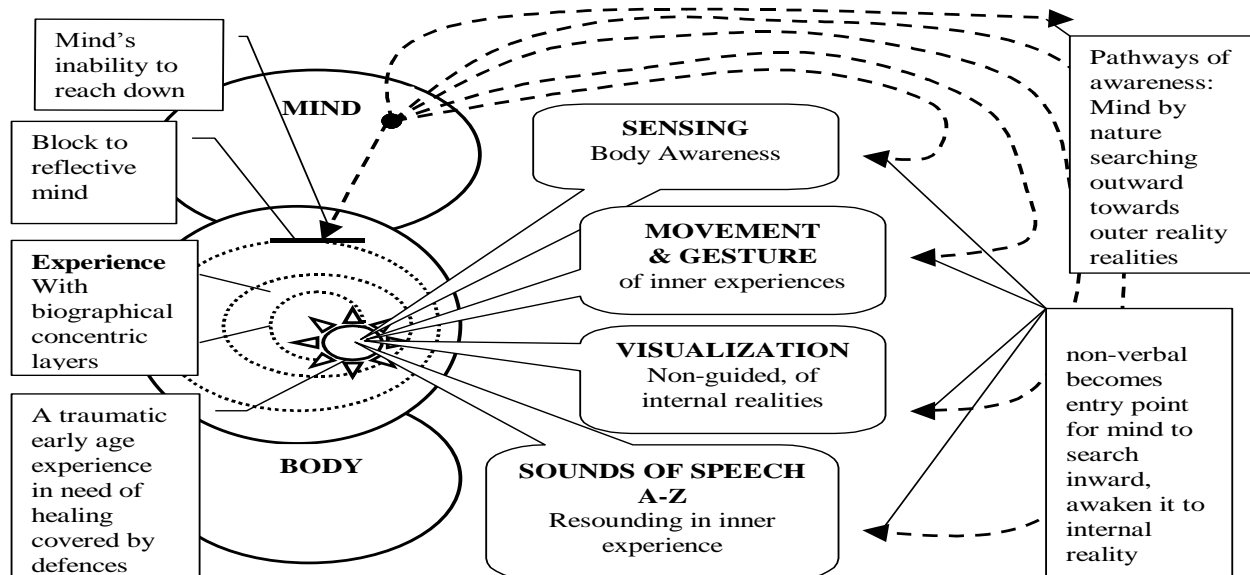
inner reality. The pictures require an inner activity in order to come into being, and people continuously do it half consciously. In Philophonetics this is being refined and encouraged as a major means of communication with oneself and with the counsellor. This is not guided imagery, but authentic, spontaneous, organic activity of visualizing in one's imaginative capacity a created representation of inner experience (Sherwood & Tagar, 2000).

Once created, this visualization can be remembered, reflected upon, connected with other perceptions, and be conceptualized. These visualizations can then be projected and externalized verbally, pictorially, through movement and gesture and so forth. This capacity is a source of information about the inner content being explored. The activities of Sensing and Gesturing enhance that ability remarkably (Sherwood & Tagar, 2000).

#### **2.4.4 Sounding an energetic language: expressing and transforming experience**

Knoblauch (2000) cites Loewald's (1977) theory of language formation which shifts focus from Freud's word thing model to an acoustic field in which words always have a somatic impact, both pre- and post verbally. As early as 1921, In *The Alphabet*, Steiner propounded the importance of the sounds of human speech impacting as vibrations on the fourfold human being. He defined his holistic theory of sound experience, claiming that the dynamics of the sounds of speech provide the whole structure of the human constitution. The physical body is shaped by the forces of all the sounds, the etheric by the forces of the vowels, the astral by consonant sounds and the I by vowels. Vowels express the inner experience of the persons, while consonants are the way in which the personal relationship to the outer world is expressed. Steiner, in *Speech and Drama* (1924, reprint 1986), proposes that every aspect of human experience can find its counterpart in a sound pattern and that the sounds of human speech are capable of representing in their many different combinations, the entirety of human experience.

#### **The Major Philophonetics-Counselling Modes of Knowing & Communication:**



The Visualization/ Orientation is made possible through Psychophonetic's - a process of Perspective-Creation with regard to one's own experience that we call: '**enter-exit-behold**' in which a sequence of focusing, sensing, movement and visualization enable people to view their own experience-**imprints** as if watching them on a screen in front of them, very often for the first time (Sherwood, 2004) .

Precise details not only of what took place in the external sense come to light through this process, but also precise details of the internal dynamics that resulted from the event become conscious through this most central therapeutic sequence of Philophonetics. People can behold what happened to them and inside of them for the first time (Sherwood, 2004).

Following the Perspective-Creation explorative process as described above, the client can visualize/ discover in the observed abused body a spot that has not been contaminated, a pure place where their being is preserved in the body, even during the abuse (Sherwood, 2004; Sherwood, 2000; Tagar, 2000; Tagar, 1997).

Through this spot they can start the return, which is referred to as the "The Landing Pad". It appears to the visualization of the client in all sorts of locations, such as in the heart, in the throat, in the middle of the forehead, inside the head, in the toes, in the belly, in the clenched fists. It is always a specific, clearly located place. They can give it a colour and it is always a

pure, beautiful colour: radiant blue, green, pink, golden. They can imagine returning to the experience which is called the “IT”.

Psychophonetics Counselling has a sequence of six clusters of resources which become available through a constructed process of **re-visiting past imprints/ ‘IT’** with present awareness in an encouraging, safe environment (Shearer, 2002):

1. Perspective, orientation, understanding of past, present, internal and external situations
2. A strength with which to encounter, confront, obliterate, clear and ‘Recycle’ presences of other people and their impact from the imprinted past experience, to the outside of the person’s personal space.
3. A new ability for identifying the lack of protection, guardianship, boundary between one’s vulnerable being and the outer world, and the ability to create and implement a new boundary which could serve oneself for the rest of one’s life, healing the old exposure as well as replacing the old obsolete defences that were places to address it in the past.
4. A new resource for the ‘cleansing’ and the purging of the toxicity, can be invoked into being, created, practiced and applied by the recovering client. A combination of visualization, movement and sound form a special Psychophonetics sequence for this purpose.
5. A new resource for caring, loving, nurturing, warming and claiming one’s rights is becoming available in the appropriate phase in the recovery process, enabling a practical “Self Re-Parenting” of the “Inner Child” by the relatively more mature adult or adolescent.
6. A ritual of return to the imprint of the vacated body of the child can be constructed and conducted, applying the new resources outlined above, through the ‘Landing Pad’, healing the toxicity, to reversing the pattern of departure from the body.

Goldberg (2002), states that most traditional interventions put a lot of emphasis either on the emotions and or the intellect/behaviour and exclude the body. This results in the clinician being incompetent to deal with the physical aspect of trauma, the tendency to believe that the physical is a medical issue and the clinician’s own discomfort with dealing with the victim’s body. Goldberg sees these points as pitfalls in successfully treating trauma with traditional therapeutic techniques. He points out that Psychophonetics offers a holistic intervention for the victim e.g. emotional, spiritual, psychological, sensual and physical releases.

## **2.5 Conclusion**

Shearer (2002), reports that the experience of a therapeutic session with this modality is very different from that of a traditional counselling intervention. Sensing, gesture, sound and visualization are highly effective tools which may be used easily and readily by children as well as by adults who are not articulate or who may be required to use language in therapy.

Clients from traditional African communities for whom communing with ancestors is an integral aspect of their spiritual practice, will readily identify with the spiritual principles of Phonetics counselling. Phonetics Counselling gives an edge over most western type of psychological interventions which do not emphasize the spiritual element of humanity (Mongale, 2002)

## **CHAPTER 3: METHODOLOGY**

### **3.1 Introduction**

This section dealt with methodology and research design of the study and the next chapter covered the important results of the study.

### **3.2 Methodology and design**

#### **3.2.1 Research design**

The study was qualitative in nature and ten (10) participants were referred by Tespongo Thuthuzela Victim Center sub-division of National District Hospital Free State for sexual abuse counselling and Piet Retief District Hospital. This research design aimed to uncover the impact of Philophonetics Counselling when dealing with sexually abused children.

#### **3.2.2 Sampling**

The researcher employed the convenience sampling technique in selecting the participants for the study. Ten (10), participants between the ages of 12 years to 17 years, both males and females participated in the study. The age range of 12 to 17 years was used purposely for the first time in the South African context to check if the results could be compared to the individuals older than 18 years of age. Literature Sherwood, (2006) and Tagar, (2003), in their international studies, have recommended participants of 18 years and above in philophonetics counselling, claiming that that have more life experiences. This notion was also supported by (Lievegoed, 1993). As demanded in philophonetics, the researcher ensured that the participants were not taking any psychiatric medication at the time of the study as this would interfere with conscious decisions and experiences of the participants. Convenience sampling was employed in the study (Gravetter & Forzano, 2006). The participants were selected on the basis of their availability and willingness to participate in the counselling interventions.

#### **3.2.3 Data collection**

The data was collected by means of the following tools:

- i) Crayons of all colours.

- ii) Two blank A4 sheets of paper.
- iii) Short interview during the verbal phase

In philophonetics counselling, crayons and two blank A4 sheets of paper are main modes of gathering information from clients. It is advisable for the psychotherapist to use two similar chairs, a small table, pen, and paper to write down sounds agreed upon during the verbal phase which is ten percent (10%) of the whole counselling session.

The main reason for using crayons is that philophonetics uses visualization and clients are expected to use the power of their minds to see in their body where (location) the imprint or IT is. They are also expected to describe the colour, size and shape of the imprint. This is the artistic way of sensing into the physical body and making visible what is emotionally affecting the client.

#### **3.2.4 Data Analysis**

The researcher used qualitative content analysis to analyze collected data. Content analysis in this study involved verbal feedback which was given by the client or participant after the nonverbal phase. This verbal reports were further associated with the drawings provided by the clients at a lesser extent though as the study aimed at looking at the impact of Philophonetics counselling.

#### **3.3 Ethical considerations**

Participants were given the right to withdraw from the research at any time without penalty and without providing a reason. Participants were informed that they could also require their data to be withdrawn from the study at any time. Participants were assured that all personal information would be treated with the utmost confidentiality and that they would remain anonymous to readers of the study.

## **CHAPTER 4 : RESULTS AND DISCUSSION**

### **4.1 Introduction**

In this study ten participants were offered individual Philophonetics counselling. However, not all the participants completed the 4 sessions that were offered. None of the participants were taking psychiatric medication at the time of the study. This chapter will focused on discussing and analyzing the pre- and post therapy sessions, comparing the location, colour, size and the shape of imprints or the IT, provided by the participants.

The study participants were between 15 and 17 years of age. During the first session, the researcher introduced herself to each participant. She then explained the modality as well as the consent form in detail to the participants. The participants were given the opportunity to ask questions and clarify matters that were unclear to them prior to the intervention. After signing the consent form, rapport was established and relevant history was taken to ensure that only 20% of time was spent on the verbal mode of Philophonetics counselling. The rest was nonverbal body work interventions.

The enter-exit-behold sequence forms the integral part of Philophonetics counselling, Sherwood (2006) and the researcher as the therapist at the time of the study demonstrated to the participants how the sequence if followed. Steiner (1993) maintains that the therapist is the active participant in therapist as both teacher and the therapist. This was done to demonstrate equality between the participant and the researcher in a counselling session.

#### **Below is a key for symbols used in the study:**

C = refers to client or participant

i = refers to the number of the client or participant

S = refers to the session

1 = refers to the number of session

OPW = refers to operational wish

IM = refers to the impact of Philophonetics intervention

CL = Colour

## **4.2 Results and discussion**

**Ci** Was a 15 year old female participant whose imprint was located in the heart.

S1: OPW = Her operational wish in this session was to remove pain from her heart.

S2 = Pain lessened and imprint shifted into the stomach.

IM = Less pain and relief.

S1:CL = Black square.

S1:CL = Pink circle.

S2:CL = Black with shades of pink changed into pink with few shades of scattered black.

It was interesting to note the shift of the imprint from the heart to the stomach and the energy that the participant had to drive away the pain. This concurs with literature Sherwood, (2006) and Tagar, (1993) where it is safer to forcefully drive away an imprint if it is outside the vital organs such as the brain (head) and the heart.

The reader is referred to Appendix B for the two drawings of the imprint in the first session. A progress was observed in the form of colour change from black to pink. In session two, black borders were still observed which turned into a circle with light borders of black traces. On the whole, a relief was noted.

**Cii** Was a 15 year old female whose imprint was located in the heart.

S1:OPW = Her operational wish was to be free from fear.

IM = No improvement.

S1:CL = Black.

The reader is referred to Appendix B for a single session that was attended by this client. It was important to note the small size with a very thick texture of a black colour which a negative impact of phonophonetics counselling.

The client came only for one session and she felt she was not benefiting from the intervention.

**Ciii** Was a 15 year old female whose imprint was located in the heart.

S1:OPW = Her operational wish was to be free from rage.

IM = She felt some relief but the residues of rage were still there. The imprint migrated to the left hand and it was then that she felt relief.

S2 = IM: Hurt was lessened and the imprint migrated to the finger tips of both her hands.

S3 = IM: She felt in control.

S4 = IM: Mentally and emotionally she felt strong. The impact felt by her was positive.

S1:CL = Red and violet which changed into blue and violet.

S2:CL = Orange with more red and less black.

S2:CL = Black, green and red.

S4:CL = Green with patches of red which changed to green.

This client co-operated very well and she managed to visualize the imprint and its impact in her physical body. She displayed a strong power of imagination and visualization which are regarded as the pillar of body work (Sherwood & Tagar, 2000; Sherwood, 2006).

There was a remarkable progressive change of colour and shape of the imprint which signified a lot of breathing space from the first to the eighth drawing. The moments of struggles and successes were clearly depicted by colours and use of space. A power of imagination and visualization was well gestured.

**Civ** Was a 17 year old female whose imprint was located in the heart.

S1:OPW = Her operational wish to feel normal and whole again.

IM = She regained light.

S2 = Imprint shifted to the upper part of the heart and later to the upper part of the stomach.

IM = She regained strength.

S3 = IM: She felt in control.

S4 = IM: She had more confidence and self-appreciation, however had feelings of hopelessness still.

S1:CL =Black.

S2:CL = Black with blue parts; blue with little black.

S3:CL = Blue.

S4:CL =Blue.

This client also managed to use the philophonetics tools to her advantage. There was a clear indication of visualization, execution of the power of mind and spirit-body coordination. Seven drawings clearly indicated control with regard to the use of space and connectedness with nature.

**Cv:** Was a 17 year old whose imprint was located in the heart as well as in the stomach.

S1:OPW = She wished to be free from pain.

IM = She had strength to block pain but felt no improvement.

S2 = IM: She felt stronger.

S3 = She reported that she needed to be referred to another professional therapist as there was no total healing, however she reported that breathing was helpful.

S1:CL = Black.

S2:CL = Black.

While there was no total healing from this client, it was important to note some gains of the intervention and the assertiveness to make a choice of moving on. Literature maintains (Sherwood, 2006; Tagar, 2000; Steiner, 1994) that the client is in charge of the therapeutic activities. A black colour was observed throughout however there was some breathing space at the last one. For more imprint clarity, the reader is referred to Appendix B.

**Cvi:** Was a 17 year old male whose imprint was stuck at his back.

S1: OPW = He wished for cleansing.

IM = He had mixed feelings but there was a slight improvement.

S2:IM = He reported feeling uncomfortable with the non-verbal intervention and he requested to end the session as there was no success or improvement.

S1:CL = Brown which changed to blue-violet.

S2:CL = Brown.

It is important to note that although the client participated for two sessions, the non-verbal intervention made him feel uncomfortable. Imprints from the back need a lot innovative, creativity and skills from the therapist (Sherwood, 2006).

**Cvii :** A 17 year old female whose imprint was located just below the heart.

S1: OPW = She wished to heal from pain.

IM = She felt better and there was a sense of relief.

S2:IM = The pain lessened and she felt empowered.

S3:IM = She felt better and she celebrated successful breathing.

S1:CL = Red which changed to green.

S2:CL = Red.

Healing for this client was obtained within three sessions and breathing seem to have worked well for her. Light and sweet colours reflected a lot of improvement in the three drawings in Appendix B.

**Cviii:** A 15 year old female whose imprint could not be located in the body.

SI:OPW = Her operational wish was to heal from pain and anger.

IM = She felt better.

This was a classic case of the magnitude of her molestation as well as the age which according to Sherwood (2006) would advisably not be involved in phonophenetics counselling due to the limitations of life experiences. In three drawings there was a remarkable non-verbal participation which yielded positive results.

**Cix:** A 16 year old male whose imprint was located in the mind (head).

S1: OPW = He wished to let go of pain and humiliation.

IM = He felt powered up and angry at the same time.

S2:IM = He had ambivalent feelings and wanted to act out his anger towards the perpetrator.

S3 = He was extremely angry and containment had to be done. Therapy was consequently discontinued.

S1:CL = Black

S2:CL = Black and red; black and brown.

While success of the interventions could not be achieved, it was important to learn that the client managed to externalize hurt, however in a destructive way. If skilfully handled, with time and experience of the researcher and therapist, this client was more likely to benefit from the modality. Mindfulness (Sherwood, 2000), helps in speaking from the "I AM " that allows for the body-mind-spirit connection.

**Cx:** A 16 year old female whose imprint was located in the heart.

S1: OPW = Her operational wish was to heal from pain.

IM = She felt relief.

S2 = Imprint migrated into the chest.

S3: IM = She felt calmer and the imprint migrated to the stomach and shoulders.

S4: IM = She became emotionally strong and the imprint moved to her hands and the pain slowly faded away.

S1:CL = Red.

S2:CL = Red and violet; brown.

S3:CL = Orange.

S4:CL = Peach which changed to yellow.

This client gained a lot from using her power of imagination. The use of different but light colours, were indicative of the strides that were made by the participant during the non-verbal intervention.

### **4.3 Summary**

The sixteen (16) and seventeen (17) year old males who participated in the study managed to engage in both verbal and non-verbal phases of philophonetics counselling. They also used a variety of colours and reported a positive impact of philophonetics. In view of the results of this study, it can be safely claimed that South African studies of this nature, so far, concur with international literature which claims that there is no gender difference with regard to effectiveness of philophonetics (Sherwood, 2005; Steiner, 1999; Tagar, 2001).

Seven (7) out of ten (10) participants located the imprint in the heart as opposed to two (2) participants who located the imprint on the backside of the as well as in the mind while the last one could not locate it anywhere in the body.

While the age of the participants was below eighteen (18), which is recommended by international literature Sherwood, (2000, 2005, 2006) and Sherwood & Tagar, (2000); Tagar, (1999, 2000, 2001, 2003), the present study was the first of its kind to investigate the impact of philophonetics counselling in ages below eighteen. Eight out of ten participants, (80%) reported the positive benefits of philophonetics interventions.

While there was a mixture of colours used in the study, black was used by five (half) of the participants. The black colour is associated with misfortune or bad luck (Sherwood, 2006). Lighter colours refer to success, life and control.

#### **4.4 Conclusion**

While the modality worked fairly well with a number of clients, some found it difficult to cope with. The chapter dealt with the important results of the study. The next chapter covered the conclusion and recommendations of the study.

## **CHAPTER 5: CONCLUSION, LIMITATIONS AND RECOMMENDATIONS**

### **5.1 Conclusion**

Adults within the immediate or extended family of a child perpetrate most child sexual abuse. Thus, children commonly know the sexual abuser, who is often a highly trusted family member with a position of authority and with wide access to the child. Most cases of sexual abuse involving children are never revealed because of the victim's feelings of guilt, shame, ignorance, and tolerance, compounded by some physicians' reluctance to recognize and report sexual abuse, the court's insistence on strict rules of evidence, and families' fears of dissolution if the sexual abuse is discovered. Despite their familial roles, sexual abusers often threaten to hurt, kill, or abandon the children if the events are disclosed (Sadock & Sadock, 2003).

According to Sadock and Sadock (2003), the incidence of sexual abuse is much higher than was previously assumed. Children may be sexually abused as early as infancy and as late as adolescence. Sexual abuse has been reported in schools, day care centres, and group homes, where adult caretakers are major offenders.

The participants who could not attend all the sessions as planned and those who found phonophenetics counselling uncomfortable for them, could be better explained by international literature (Sherwood, 2004; Tagar, 2000; 2001) that emphasize that fact that the participants should be above the age of eighteen years.

### **5.2 Limitations**

This study, like all research studies has limitations that need to be acknowledged. One of the critical issues is that the sample size consisted of only ten (10) participants. A sample of this size means that the results cannot be safely generalized to the rest of the population.

Convenience sampling is considered a weak form of sampling because the random process in selecting the sample of the population is not used. There is little control over the representativeness of the sample (Gravetter & Forzano, 2006).

### **5.3 Recommendations**

The present study has provided a platform for further research into holistic psychological intervention for sexually abused children. It is recommended for future research that this research study be replicated on a larger population of sexually abused children, to provide a larger scope of the effectiveness of the modality. It is envisaged that future studies relating to this study could draw from and expand on findings outlined in the present study. The researcher, as a novice therapist was supposed to be monitored by an expert phonetics counselling psychotherapist for some of the developments that took place during the interventions, especially Ciii who could not locate the imprint, as well as the use of colours.

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# APPENDIX A

## Philiphonetic Counselling Sessions

### Client i: Session 1

Client i is a 15 year old female. Rapport was established and the modality was explained in detail to the participant as well as the consent form where the client gave consent. During The verbal phases she stated that the traumatic incident (IT) took place in July 2009, when she was visiting Pongola with her friend, brother-in-law and a friend to the brother-in-law. The client was requested to make an operational wish which is based on what can be done in the here and now. Her operational wish was that she wanted the pain to be out of her heart. The client was asked to enter into the experience and take a snapshot of the imprint-the colour, size, shape, sound and location. The client exited the sequence and reflected the imprint (pre-intervention) on the blank A4 sheet of white paper provided. The imprint was located in the heart; the imprint was a black square which symbolized darkness; the sound of the imprint was a loud "Ga.. Ga.." aiming at her heart. The client was asked to give an alternative sound to wash off the imprint. "Hha... hha..." was used by the client to wash off the pain from the heart.

The second sequence of the intervention was done in an uncontaminated and safe space in the room, where movements, sounds and gestures were used. After this sequence the client reported that she felt some sense of relief. The client re-entered the experience and (post-intervention) took a snapshot and reflected the imprint on the A4 blank sheet of paper provided. The location of the imprint was outside the heart, but still in the body, the imprint was a pink circle. The shape and colour of the imprint reflected the sense of relief felt by the client. The client was empowered and an imaginary safe place was built around the client and it was filled with happy people and soft music.

### Session 2

In the second session the client and researcher reflected on the first session, the client stated that she still felt the pain and that the memory of the event was still troubling her, however the first session had lessened the pain. After the first enter-exit-behold sequence the client reflected the imprint (pre-intervention) as located just close to the heart, a black square with

shades of pink, this showed that the client was still experiencing the pain but it seemed to be becoming less heavy on her heart. The imprint made the same sound, "Ga.. Ga.." but the volume had decreased. The client used "B... B.." as an alternative sound, which was used to push away the imprint.

The second sequence of the intervention was done in an uncontaminated and safe space in the room, where movements, sounds and gestures were used. The client reported she felt something moving, something being taken away. The client re-entered the experience, (post-intervention) took a snapshot and reflected the imprint on the blank A4 sheet of paper provided. The location of the imprint was in the stomach; the imprint was pink with a few shades of black scattered on the sheet. A powerful sound was employed to force the imprint out of her stomach. The B.. B.. was used and the client had a lot of energy working as a team in fighting the imprint. At the end of the session, the reported feeling relieved and light in her entire body. The client was empowered and an imaginary safe wall was built around her and it was filled with happy people and soft music.

### **Client ii: Session 1**

Client ii is a 15 year old female. Rapport was established, the modality explained in detail to the participant as well as the consent form and the client gave consent. During The verbal phases she stated that the traumatic incident (IT) happened in May 2010, she was waiting for her mother to pick her up from school, when one of the pupils attacked her while she was using the bathroom. The client was requested to make an operational wish which is based on what can be done in the here and now. Her operational wish was that she wanted the fear to go away. The client was asked to enter into the experience and take a snapshot of the imprint- the colour, size, shape, sound and location. The client exited the sequence and reflected the imprint (pre- intervention) on the blank A4 sheet of white paper provided. The imprint was located in the heart; the imprint was a small black circle which symbolized her anger, pain and fear. The sound of the imprint was "Bo... Bo..". The client was asked to give an alternative sound to take the imprint out of her heart. Hhaaa... Hhaaa... sound " was used by the client to wash the pain sound away from her heart.

The second sequence of the intervention was done in an uncontaminated and safe space in the room, where movements, sounds and gestures were used. The client reported she still felt

angry and was very much in pain. The client re-entered the imprint (post- intervention) took a snapshot and reflected the imprint on the blank A4 sheet of paper provided. The location of the imprint was still in the heart. The imprint was a black circle and there were no changes to the imprint. The client was empowered and an imaginary safe place was built around her and it was filled with flowers and her mother to guard against the pain from harming her.

### **Client iii: Session 1**

Client iii is a 15 year old female. Rapport was established, the modality explained in detail to the participant as well as the consent form and the client gave consent. During The verbal phases she stated that the traumatic incident (IT) happened 3 times when she was 8 years, she was visiting her neighbours and she was sexually abused by the neighbour's older son. The client was requested to make an operational wish which is based on what can be done in the here and now. Her operational wish was for the rage she feels to go away. The client was asked to enter into the experience and take a snapshot of the imprint-the colour, size, shape, sound and location. The client exited the sequence and reflected the imprint (pre- intervention) on the blank A4 sheet of white paper provided. The imprint was located in the heart; the imprint was a red and violet heart which symbolized her rage and bruises; the sound of the imprint was "Du Du" aiming in her heart. The client was asked to give an alternative sound to block the imprint. "Ahh.. Ahh.." sound was used by the client to squeeze the pain out of her heart.

The second sequence of the intervention was done in an uncontaminated and safe space in the room, where movements, sounds and gestures were used. After this sequence the client reported that she felt relieved, but the rage was still there. The client re-entered the imprint (post- intervention) took a snapshot and reflected the imprint on the blank A4 sheet of paper provided. The imprint was located in her left hand and it was a blue and violet circle. The shape and colour of the imprint reflected the sense of relief felt by the client. The client was empowered and an imaginary safe place was built around her and it was filled with her mother, close friends and family, church and a soccer ball team.

### **Session 2**

In the second session the client and researcher reflected on the first session, the client stated that she still felt bruised by the events; however the first session had lessened the hurt. After the first enter-exit-behold sequence the client reflected the imprint (pre- intervention) which was now a memory, it was an orange circle mostly red and partly black in colour; the red colour signified that the client was getting over it and black colour signified rage. The imprint made a fast “Du.. Du..” sound. The client used “Bha.. Bha..” as an alternative sound, which was used to push away the imprint.

The second sequence of the intervention was done in an uncontaminated and safe space in the room, where movements, sounds and gestures were used. The client reported she felt more chilled and in control. The client re-entered the imprint (post- intervention) took a snapshot and reflected the imprint on the blank A4 sheet of paper provided. The location of the imprint was in the finger tips of both hands and the imprint was a black square filled with mostly green and partly red; the green colour signified her getting to her comfort zone and trying to overcome the rage and be more in control, the red signified the rage that is barely there. The client was empowered and an imaginary safe place was built around the client and it was filled with her mother, close friends and family, church and a soccer ball team.

### **Session 3**

In the third session the client reported that she felt much more in control and in peace. She also reported that the rage was fading and she could now protect herself. She stated that the imprint was now like a cassette, and the sound was a slow and quieter “Du Du” and the location was in her palms. She requested a humming sound with her hands open to finally allow the pain to be splashed into an acid around her. At the end of the session empowerment was made and a safe wall was built around her. She reported feeling at ease.

### **Session 4**

During the last session the client reported that she felt mentally and emotional strong, she no longer felt the intensity of rage and the bruises she had before. She felt she was more in control and had a sense of a healthy life and well-being. The client entered into her body (pre-intervention), took a snapshot and reflected the imprint on the blank A4 white sheet of paper

provided. The whole body was filled with a green in colour with small patches of red on the outer part of the imprint, green is her favourite and it signified a peaceful state of mind, body and spirit, the small patches of red signified the residues of rage that was no longer in control. A sound of a waterfall was used to remove all the red patches which were still found in her body. The Hhaa.. Hhaa.. sound was used to her satisfaction.

The second sequence of the intervention was done in an uncontaminated and safe space in the room, where movements, sound and gestures were used.

The client re-entered the experience (post- intervention) took a snapshot and reflected the imprint on the blank A4 sheet of paper provided. The imprint had faded away and, the client used the green to reflect how she felt after the intervention. The client was empowered and an imaginary safe place was built around here and it was filled with powerful green trees.

#### **Client iv: Session 1**

Client iv is a 17 year old female; she was hired by a lady for domestic work but the lady rented her out to men at the tavern. During the first interview of the study, modality and the consent form were discussed with the client and the client gave her consent. Rapport was established. The client was emotional during the session, stating that she went through and is still going through immense trauma, and living was difficult she took everything one day at a time. The clients operational wish was to feel normal and whole again.

The client was asked to enter into the experience and take a snapshot of the imprint - the colour, size, shape, sound and location. The client exited the sequence and reflected the imprint (pre-intervention) on the blank A4 sheet of white paper provided. The imprint was a black mess, located in the centre of heart; the sound made by the imprint was a loud "Aaaaaaa". The black mess symbolized confusion, being in the dark where she felt lost and frightened. The client was asked to give an alternative sound to remove the pain. She chose the "Woo.. Woo" sound to wash her heart.

The second sequence of the intervention was done in an uncontaminated and safe space in the room, where movements, sound and gestures were used. The client reported that it still felt heavy on her heart; however she had a feeling that she was regaining some kind of light in her darkness. The client re-entered the imprint (post- intervention), took a snapshot and

reflected the imprint on the imprint on a blank A4 white sheet of paper provided. The imprint was a black mess with blue shades/patches on the upper part of her heart. The client chose a gentle Hhaa.. Hhaa.. sound to remove the imprint from her heart. This was repeated until the client reported feeling empowered.

She was then taught how to block things she did not welcome, and to receive things she felt strengthen and were healthy for her. An imaginary protective wall was built around the client; it was filled with calm blowing wind. Speaking as opposed to talking was discussed with the client before the end of the session and she was offered self-help tools.

## **Session 2**

In the second session the client reported being eager to deal with the imprint and to live a normal life. The client was requested to enter into the experience (pre- intervention). She reflected the imprint as a mostly black and partly blue ball, making a bouncing sound “Baa.. Baa..” located on the upper part of her heart. The client mentioned that the colour black meant she still felt confused and scared, it was still dark around her, the blue colour signified a sense of hope she felt in her life. The client used “Huu.. Huu..” to ward of the pain.

The client was taken to an uncontaminated and safe space in the room, where movements sound and gestures were used. The client reported that she was re-gaining her strength and she felt as if she was giving the pain sound a powerful blow. The client entered the imprint for the second time, took a snapshot of the imprint and she portrayed a big blue mostly blue and partially black ball, located outside the heart on the upper part of the stomach sound like a gong “Klii.. Klii...”. The client reported feeling powerful and in control after using a powerful sound “Gha.. Gha.. to push the imprint away. The client was empowered and an imaginary safe place was built around her. The imaginary safe place was filled with calm blowing wind from green oak tree. Breathing exercises were taught to the client as part of the self-help tools.

## **Session 3**

During this session the client stated that she was feeling much better and more than ready to take control of her life, and live her life to the fullest. She reported that the darkness and confusion were fading away. The imprint reflected was blue in colour, its shape resembled the

wideness of the sky it was located in her hands; the sound she chose to use was huu.. huu as a humming sound to appreciate the success she had made.

#### **Session 4**

During this session the client explained that it has been a traumatic year for her. She expressed that she did not anticipate looking forward to life as she felt in the session. She reported that she felt the weight on her being less and less and she was gaining more confidence and appreciation of herself as a young person. The client entered the imprint took a snapshot and reflected a blue colour in the centre of the blank A4 white sheet of paper. The imprint was located on the side of her both hands. She chose a powerful sound Bha.. Bha.., to drive away the imprint and she did this with a very powerful sound.

The second sequence of the intervention was done in an uncontaminated and safe space in the room, where movements, sounds and gestures were used. The client reported how painful it has been for her to live, and to deal with pain which was constantly depriving her of her life. She never thought she could find it in herself to have hope, strength and power to live each day as it came. The client entered the imprint took a snapshot, and reflected the imprint on the white sheet of paper, the imprint was blue with tan shades on the outside, it was no-longer in her body and the sound of the imprint was a soft "shu.. shu..". The client stated that she was robbed of her life and happiness, and now had regained what was lost. The client was empowered and an imaginary safe place was built around the client, filled with calm blowing wind and laughter.

#### **Client v: Session 1**

Client V is a 17 year old female. Rapport was established, the modality explained in detail to the participant as well as the consent form and the client gave consent to participate. During The verbal phases she stated that the traumatic by the sexual assault (IT) that happened early in 2010. She was severely traumatized by the incident. The clients' operational wish was to heal from the pain. The client was asked to enter into the experience and take a snapshot of the imprint - the colour, size, shape, sound and location. The client exited the sequence and reflected the imprint (pre-intervention) on the blank A4 sheet of white paper provided. The location of the imprint was in the heart and the stomach, the imprint was a black hole, sucking

away every bit of her life; “Ee ee” was the sound of the imprint. The client was asked to give an alternative sound “Phu phu” as she chose to deal with the imprint in the heart.

The second sequence of the intervention was done in an uncontaminated and safe space in the room, where movements, sound and gestures were used. The client was very emotional and she broke down and the client was requested to return to the verbal space where she reported that she felt damaged as well as out of life. The client was empowered and she was able to block the painful sound. The client reported that it was hard as the pain was so great.

The client entered the experience once more time and took a snap shot and reflected imprint as black and shapeless, the location and sound of the imprint had not changed. The session concentrated on empowerment and breathing exercises to contain the client. The client described her mental and emotional state as being damaged and she wanted to have her life back and she would strive to normalize her life. At the end of empowerment she was given self-help tools to use before the next session.

## **Session 2**

During the second session the client conveyed that she believed she would regain her strength to deal with the trauma. She reported that the self-help tools were helpful. The client entered into the imprint and reflected it as black with spikes pointing out; aiming at every organ in her body; the sound made by the imprint is “Grrr grrr”. The client was asked to give an alternative sucking sound; “fhu... fhu..” was which was used around her to suck the imprint out of her body. Her hands were opened to ensure that every beat of the imprint was subjected to the sucking sound.

The client was taken to an uncontaminated and safe space in the room, where movements sound and gestures were used. The client reported being stronger than before and no longer felt attacked like in the pervious session where she felt the imprint was stronger than her. The client entered the imprint for the second time. She reproduced a black circle with spikes aiming at her stomach. The sound of the imprint was “Grr gr” but it was not as rough as before. The client was empowered and a platinum wall was built around the client filled with flowers and birds.

### **Session 3**

During this session the client mentioned that she did not get total healing from the modality and she requested for an alternative intervention. She was then referred to another therapist for further counselling. She however gave permission for her sessions to be used in the study and promised to use breathing as it helped her a lot.

### **Client vi: Session 1**

Client vi is a 17 year old male. Rapport was established, the modality explained in detail to the participant as well as the consent form and the client gave consent to participate. During The verbal phases he stated that the traumatic incident (IT) happened 5 years back, he was sexually molested by a close family friend. The clients' operational wish was to clans himself off the dirt and move on with his life. The client was asked to enter into the experience and take a snapshot of the imprint - the colour, size, shape, sound and location. The client exited the sequence and reflected the imprint (pre-intervention) on the blank A4 sheet of white paper provided. The imprint was located in his back; the imprint was brown in colour and it was of a fist size; the sound of the imprint was "Tsi tsi". The client was asked to give an alternative sound to push off the imprint; "Da da" was used by the client to push away the imprint.

The second sequence of the intervention was done in an uncontaminated and safe space in the room, where movements, sounds and gestures were used. The client had to kick backwards in the nonverbal phase to ensure that the he was not caught off guard. After this sequence the client reported that he felt a slight change. He re-entered the experience guided by the therapist (post- intervention), took a snapshot and reflected the imprint on A4 blank sheet of paper provided. The location of the imprint had not changed; the imprint was a blue violet square. The client stated that he felt no change, the client was empowered and an imaginary safe place was built around the client and it was filled with music.

### **Session 2**

The client reported relief while he was away from the session. He was requested enter into the experience with the help of a therapist to take a snapshot of the imprint. He reflected it as a brown open hand, located at the back of his neck, the size of the imprint was the size of his hand, and the sound was “Tsi tsi”. The alternative sound the client used to block the imprint was” Da.. da..”

Of importance, this client reported feeling uncomfortable about the non-verbal phase. He requested to end therapy and promised that he would come back if the need arise. He was notified that he could come and make an appointment at any time within the twelve months of the study. Beyond that only his two sessions would be accommodated in the study and the rest would be for helping with him heal. He ended up not coming back.

### **Client vii: Session 1**

Client vii is a 17 year old female. Rapport was established, the modality explained in detail to the participant as well as the consent form and the client gave consent to participate. During the verbal phases she stated that the traumatic incident (IT) happened in June 2009. She was sexually abused by two strangers. The clients’ operational wish was to heal from the pain. The client was asked to enter into the imprint and take a snapshot of the imprint - the colour, size, shape, sound and location. The client exited the sequence and reflected the imprint (pre-intervention) on the blank A4 sheet of white paper provided. The imprint was located just below the heart. The imprint was a red medium rectangle which symbolized anger; the sound of the imprint was a loud “Gu.. Gu..”. The client was asked to give an alternative sound to block the imprint; “Gha gha” was used by the client to block the pain sound.

The second sequence of the intervention was done in an uncontaminated and safe space in the room, where movements, sounds and gestures were used. After this sequence the client reported that she felt better as it was her first time talking and doing something actively about the experience. The client re-entered the imprint (post-intervention) took a snapshot and reflected the imprint on a blank A4 sheet of paper provided. The imprint was located below the breast and it was a small green circle and it made a “Gu gu” sound. The shape and colour of the imprint reflected the sense of relief felt by the client. The client was empowered and an imaginary safe place was built around her and it was filled with peaceful music.

## **Session 2**

In the second session the client and researcher reflected on the first session, the client declared that after the first session her anger and pain had lessened. After the first enter-exit-behold sequence the client reflected the imprint (pre-intervention) as a brown rectangle. The imprint made a “Grr gr” sound. The client used “Keqe keqe” as an alternative sound, which was used to frustrate and kick out the imprint.

The second sequence of the intervention was done in an uncontaminated and safe space in the room, where movements, sound and gestures were used. The client reported that she felt empowered. The client re-entered the imprint (post-intervention) and took a snapshot and reflected the imprint on the sheet of paper provided. The imprint was reflected as big red heart-shaped spirit; the red signified the danger. The client was empowered and an imaginary safe place was built around the client and it was filled with loud music.

## **Session 3**

During this session the client reported that she felt better than before. The session was predominantly based on celebrating the success that the client had achieved. The humming sounds were use these included: Mmmmmm...Mnnnnnnnn..., Ohhhhhm.., Ohhhhhhm.. . The sounds were coupled with breathing exercises and termination was effected.

## **Client viii: Session 1**

Client I is a 15 year old female. Rapport was established and the modality was explained in detail to the participant as well as the consent form and the client gave consent to participate. During the verbal phases she stated that the traumatic incident (IT) happened in June 2009. She states that she was locked in a room and was sexually abused repeatedly by a member of the community. The clients’ operational wish was to heal from the pain and anger. The client was asked to enter into the experience to take a snapshot of the imprint - the colour, size, shape, sound and location. The client reported that she was too angry and she did not see how giving colour and sound was going to help her heal.

She was offered subsequently offered breathing exercises which she found very helpful. This was a lengthy session where the client was empowered as well as given the self-help tools as she was desperate. At the end of the session she reported feeling much better but did not want to put the imprint on paper and she requested to terminate her sessions.

### **Client ix: Session 1**

Client ix is a 16 year old male. Rapport was established, the modality was explained in detail. The consent form was discussed and the client gave his consent. During this session the client stated that the traumatic incident first happened when he was 9 years old and went on for a number of years. He mentioned that he was sexual abused by his neighbour. The client was asked to make an operational wish, which for him was to let go of the pain and humiliation. The client was asked to enter into the imprint and take a snapshot. The client reflected the imprint as shapeless and black located in his mind, it made a “Qwa qwa” sound, the sound replicated pounding against something hard and that is how it felt every time it happened. The colour black represented his anger towards the neighbour. The client used the sound “Bhe bhe” to block the pain.

The client was taken to a safe and uncontaminated space in the room where intervention took place using the sounds provided by the client. After blocking the imprint, the client reported that he felt all powered up and wanted and revenge. The client claimed that he was very angry. He reflected the imprint as a big black ball filled with hate, vengeance and anger. The imprint was located in his mind. The client was empowered and an imaginary safe place was built around the client, filled with powerful weapons. The emphasis of her and now dealing with himself rather than acting out was made.

### **Session 2**

During the second session the client expressed that he was full of so much anger, he felt as if he was spinning out of control. The client entered into the imprint and reflected it as a black and red; still in his mind the imprint made the same sound as before “Qwaa.. Qwaa..”. The client offered a gentle sound squeeze off the imprint from the delicate organ. The sound that appealed to him was Haa... Haa sound from a waterfall. The client was taken to an

uncontaminated and safe space in the room, where the movements, sounds and gestures were used. The client mentioned that he had ambivalent feelings. He felt silly and at the same time, he imagined fighting his neighbour head-on but the principles of philophonetics were emphasized to him. He entered the experience for the second time and he reproduced a black and brown circle, and the sound of the imprint was “Qwa.. Qwa..”. The client was empowered and an iron wall was built around him.

### **Session 3**

During this session the client reported that he was filled with a lot of anger, he was not quite sure how this modality was assisting him. He then requested if he could stop coming for sessions as he did not feel any better after the two therapy sessions.

### **Client x: Session 1**

Client x is a 16 year old female. Rapport was established, the modality was explained in detail. The consent form was discussed and the client gave her consent. During this session the client stated that the traumatic rape incident first took in February 2010, by a friend. The clients’ operational wish was to heal from her pain. The client was asked to enter into the imprint and take a snapshot. The client reflected the imprint as red and sharp, located in her heart, it made an “xhi xhi” tearing sound. The client used the sound “Phuu.. Phuu.. sound to gently squeeze out the imprint from her heart.

The client was taken to a safe and uncontaminated space in the room where the intervention took place using the sounds provided by the client. After warding off the pain, the client reported that she felt somewhat relieved and reflected the imprint as a violet square. The imprint was located in her heart. The client was empowered and an imaginary safe place was built around the client filled with daises and sunflowers.

### **Session 2**

During the second session the client declared that she was strong enough to move on with her life and find closure. The client entered into the imprint and reflected it as red and violet;

the imprint made the same sound as before “Xhi xhi”, it was now located in the chest. The client was asked to give an alternative sound; “Ghe ghe” was used to push way the imprint.

The client was taken to an uncontaminated and safe space in the room, where movements, sounds and gestures were used. The client mentioned that the weight was coming off her shoulders. The client entered the experience for the second time, and reproduced a brown heart, and the sound of the imprint was “ee ee”. The client was empowered and a wall was built around her filled with daises and sunflowers.

### **Session 3**

In the third session the client reported that she felt calmer. She also reported that the pain was fading away. She stated that the imprint was located in her stomach, it was in the shape of a tan heart and it made an “ee.. ee...”. The client was taken to a safe and uncontaminated space where the intervention took place. She used “Bha.. bha..” as a powerful sound to push away the imprint. The client entered the imprint and drew the oval orange imprint located on her shoulders. On alternative sound Shhh... Shhh... was used to shake off the imprint from her shoulders. She also made use of a lovely shower from a waterfall where she was singing together with the therapist celebrating the success she made. She demanded a wall of strong natural stones from the mountain around her.

### **Session 4**

During the last session the client reported that she felt emotionally strong, however she had not completely healed from her pain. During the first sequence, the client took a snapshot of the imprint. She came up with the shape of a peach-coloured heart, located on her shoulders and it made the same sound as before. This time she used a powerful sound: “Bha.. Bha.. Bha..”, to finish off the imprint.”

The second sequence of the intervention was done in an uncontaminated and safe space in the room, where movements, sounds and gestures were used.

The client re-entered the imprint (post-intervention) took a snapshot and reflected the imprint on the blank A4 sheet of paper provided. The location of the imprint was her hand; the imprint

was slowly fading away, the client used the yellow to reflect how she felt after the intervention. The client was empowered and an imaginary safe place was built around the client and it was filled with daises and sunflowers and termination was effected.