



Description of philophonetics counselling as expressive therapeutic modality for treating depression

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Abstract

Depression is ranked as most common type of mental illness by the World Health Organization (WHO in Depression and other common mental disorders: Global health estimates. World Health Organization, Geneva, 2017). Although cognitive behavioural therapy is recommended as the evidence-based psychological treatment of choice, this applies mostly to youthful, attractive, verbal, intelligent and successful persons with medical aid support in high income countries. More holistic counselling that includes holistic, verbal and non-verbal, expressive therapeutic modalities are more suitable for the planetary majority. Consequently, this study describes the process and effectiveness of philophonetics counselling with a sample of ten depressed clients (6 Black African, 2 Indian, 2 White; 7 women, 3 men; mean age 32, age range 22–43 years) seeking clinical psychological services in Zululand, South Africa, a region and country beset with considerable violence, crime illness and unemployment. Client reports of effectiveness of philophonetics counselling warrants further intervention and evaluative research, with special reference to wider community psychological applications of this expressive therapeutic modality via primary health care facilities, online courses and mobile technology.

Keywords Philophonetics · Holistic counselling · Expressive therapy · Depression · South Africa

1 Introduction

In view of increasing accessibility of mobile phones, there has been growing interest in the potential of mobile health technologies for mental health care, especially in rural community psychological contexts, so that therapist and client can readily maintain contact between visits (Dillon et al. 2016). A systematic review of 171 apps, purported to treat depression, indicated the need for superior scientific, technological and legal knowledge to improve the development, testing, and accessibility of apps for people with depression (Huguet et al. 2016). HeartMath technology is one example of mobile technology that has satisfied rigorous scientific requirements in specific studies indicating the effectiveness of specifically designed music on positive mood and salivary Immunoglobulin A (SigA) immunity health index

(McCarty et al. 1996) and in many other studies dealing with transforming negative into positive mood states, improving physical activity, general health, resilience, spirituality and many other variables (Edwards 2017; McCarty 2017).

Depression is ranked as the most common type of mental illness by the World Health Organization (WHO 2017). In economically developed societies, cognitive behavioural therapy (CBT) is the psychological treatment of choice as endorsed by medical aid schemes owing to its efficacy, as consistently validated in randomized controlled trials (RCT's), the gold standard of evaluation research (Butler et al. 2006). It might even be described as optimal therapy for clients described as youthful, attractive, verbal, intelligent and successful (YAVIS). However, when it is considered that the vast majority of the population of the planet does not live in economically developed countries, may not be YAVIS or have access to medical aid, alternative approaches are needed. Physical activity and expressive therapy, for example, involving dance, music and art, as tailored to suit individual clients, have proven eminently feasible options for managing mild to moderate depression (Edwards and Fox 2005; Sherwood 2017).

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Depression presents itself in different forms and, within the different types, there are variations in the number of symptoms, their severity and persistence. Symptoms of depression include: depressed mood most of the day; loss of interest or pleasure in all activities that were once enjoyed, including sex; feeling of hopelessness; feelings of guilt, worthlessness and helplessness; insomnia, early morning awakening or oversleeping; loss of appetite/weight or overeating and weight gain; decreased energy and fatigue nearly every day; recurrent thoughts of death without a specific plan; difficulty concentrating and remembering things; restlessness and irritability; persistent physical symptoms that do not respond to treatment, for example: headaches, chronic pain and digestive disorders, and deterioration of social relationships. Not everyone who is depressed experiences every symptom. Some people experience a few symptoms, some many, and the severity of symptoms varies between individuals.

1.1 Philophonetics

The aim of the present exploratory study was to investigate the effectiveness of philophonetics with a small sample of persons experiencing depression in a rural community psychology context. Philophonetics was chosen as a suitable psychotherapeutic alternative to cognitive behavioural therapy for various reasons. It is a holistic method stemming from Steiner's model of human nature (Steiner 1999), based on anthroposophy, humanistic psychology, somatic psychotherapy and various expressive therapeutic modalities including drama therapy and sound therapy. According to Tagar (1996), philophonetics was initially developed as a method of deep observation of the interactive dynamics of the body, psyche and consciousness for the purposes of performing arts. The name philophonetics was coined in 1986, literally meaning "Love of sounds" (Tagar 1999, p. 4). It was later changed to "psychophonetics" to imply the psychological use of sound.

According to Tagar (1999), depression particularly manifests as a result of inability to breathe normally for which philophonetics is an alternative intervention in psychotherapy and counselling. This form of therapy employs powerful sensory, emotional and psychosomatic responses to the sounds of speech in association with body awareness, movement and visualization. Philophonetics includes non-verbal methods of therapeutic intervention. This approach does what CBT and many other forms of psychotherapy often fail to do. It focuses on basic non-verbal modes of therapy, including sensing, movement, gesture, visualization, breath and sounds that can be employed to recover, accessing and releasing imprints of deep-seated stressful experiences that often go unnoticed. In other words, philophonetics provides

a language for exploring, releasing and healing the deeper dimensions of human experience (Sherwood 2007).

Philophonetics combines counselling and artistic expression, body work and self-observations. In all parts of the therapeutic process, the client is completely in charge of the session. The role of the therapist is merely the provision of a range of useful possibilities, point of view, exercises and practical tools for achieving goals defined by the client. Unlike many other therapeutic modalities, philophonetics demands that a therapist be natural, fully present and as genuine as possible. Attention to sensation allows emotional experience to be traced to its origin, via the traces it leaves in the subtle dynamics of the body, and via gestures and movement which directly express the sensation and become observable and accessible to treatment (Sherwood and Tagar 2000). Expressive gestures and movements also enhance the imaginative ability to create precise mental pictures which can reveal the inner psychosomatic dynamics underlying the condition in question. Spontaneous visualization becomes a powerful and reliable mode of sensing into one's experiences.

The human body in philophonetics is regarded as an instrument of meaning, enabling an inner being to live in an outer world. Literature claims that the human body can serve as a precise map for the human psyche, through which every aspect of one's inner life can be traced and observed in full consciousness (Lievegoed 1993; Steiner 1994; Sherwood 2007). The body and its expressive ability are regarded as a screen on which the psychic dynamic can be projected and from which it can be read. Philophonetics is based on the assumptions that everyone is potentially capable of knowing what is happening within one's body and soul; everyone is potentially as strong as the strength of one's experiences, good and bad, has potential power to take charge of one's life, and is potentially richly endowed with every quality one truly needs for one's wellbeing (Tagar 1999, p. 10). For healing, personal development and growth to take place, it is important for the client to feel comfortable to express him or herself. Philophonetics provides effective, short-term, client-centred strategies of counselling, with long term self-management skills for clients (Tagar 1995).

2 Method

The case study methodology involved holistic counselling interventions, using philophonetics as expressive therapeutic modality, for the treatment of ten persons with the presenting problem of depression. The first ten clients, diagnosed with major depressive disorder (severe depression) who provided informed consent and contracted for philophonetics counselling, participated in the study.

All clients came at different times and did not know one another. Six clients had been to psychologists before and eight had received some form of psychotherapy.

2.1 Community psychological research context

Depression has a prevalence of 4.6% in South Africa (WHO 2017). Despite having become an international showcase for its relatively peaceful transformation from the nefarious Apartheid state into an established democracy, the “rainbow nation” remains traumatized through widespread ongoing violence, crime, corruption, illness and unemployment. Everyday people are exposed to different forms of trauma, abuse and generally poor quality of life experiences that interfere with their ability to function at home, work, school and institutions of higher learning. Depression has become part of many lives, affecting adults and children’s mood, mind, body and behavior. Depression often goes unrecognized and continues to cause unnecessary suffering, especially in the many underdeveloped rural areas of South Africa, as well as elsewhere in low to middle income countries (LMICs), on the planet. Where health care facilities exist, there is inequality or inequity in accessing the services. Appropriate treatment, however, can help most people who suffer from depression.

2.2 Treatment of depression

Most forms of psychotherapy involve a verbal interaction between a therapist and a patient with emotional and behavioural problems. The therapist applies techniques, based on established psychological principles, to help the client gain insight into him or herself and thus change his or her thoughts, feelings and behavior. Treatment depends on the severity of depression, the complexity of issues and the underlying causes of depression. Philophonetics psychotherapy applies verbal and non-verbal interventions. Verbal intervention is used in the introductory section of a session to create a common picture between the therapist and client about the client experience or presenting problem (Sherwood 2007). Philophonetics prevents the client from being emotionally flooded or overwhelmed by any sort of therapeutic talk show. It immediately cuts through to implicit non-verbal languages of sensing, visualization, gesture, movement and sounds, which in turn release, transform and heal deeper dimensions of human experience (Sherwood 2007). Philophonetics empowers clients with techniques, which enable the inner conflicts to be uncovered, and provides direction and action to explore particular issues. The healing process is objectively observed and monitored by both client and therapist.

2.3 Ethics

University of Zululand ethical approval (Ref. no: S550/97) and private practice ethical clearance as well as client’s informed consent were obtained.

2.4 Procedural sequence of therapy

Philophonetics counselling includes verbal and non-verbal stages. During the verbal stage, the therapist spends about 20% of the session listening to the presenting issue from the client’s side. Once the presenting scenario is clear to both the therapist and the client, the therapist ensures that the client is well-socialized into the modality and its demands. Clients are asked to make an “operational wish” with regard to how to deal with their particular issue. In depression, an issue of concern could be: “I want to do away with the heavy black cloud over my shoulder.” Possible questions would be: What does this cloud do on your shoulders? How does it affect you? How does it make you feel? What sound does it produce? During this first phase, or beholding stage, there is talk about the negative imprint, labelled IT.

All forms of therapy discuss presenting issues. Philophonetics goes a step further to communicate non-verbally. The non-verbal phase involves 80% of the session. For example, this is where the abovementioned cloud will develop shape, size, colour, and sound. A gesture of how the client is suffering is expected to be demonstrated by the client. The client will be expected to enter into the experience, i.e., take a snapshot, become a sufferer and exit the experience. The sequence is called enter–exit–behold. The role of the therapist is to become the negative imprint or IT and sound like it. Both the client and the therapist actively engage with the IT. If the IT is not in the brain or heart, throw away sounds are used to symbolically throw away the imprint with expressive gestures of throwing. Sounds of imprints that were thrown away which appear in this study are included in Table 1.

In addition to negative IT sounds that were thrown away, Table 1 provides a graphic illustration of the ten participating clients, race, gender, marital status, education, where P/Grad refers to postgraduate, U/Grad refers to undergraduate and Diploma refers to an educational diploma, following matriculation, which is usually equivalent to 12 years of formal education, consequent type of employment as well as the precise location of the negative imprint. Mostly, the counselling lasted 6 sessions.

3 Results and discussion

As no client had previous knowledge of philophonics, all had to be coached thoroughly, with regard to identification of the traumatic sounds, reflecting by constricted breathing,

Table 1 Profile of the participants

Client	Race	Gender	Age	Marital status	Level of education	Employment	Location of imprint	Sounds as expressed phonetically	Total sessions
1	Black	Female	25	Single	P/Grad	Student	Head	MMMA	6
2	Black	Female	22	Single	U/Grad	Student	Heart	HHAA	4
3	Black	Female	34	Married	P/Grad	Educator	Chest	BHAA	6
4	Black	Female	28	Married	P/Grad	Educator	Throat	GHE	6
5	Black	Male	39	Married	Dipl	Driver	Head	PH	4
6	Black	Male	26	Single	P/Grad	Student	Head	HHAA.	2
7	Indian	Female	29	Married	P/Grad	Manager	Heart	OOMM	6
8	Indian	Female	36	Married	P/Grad	Supervisor	Shoulders	Get	6
9	White	Female	43	Married	Matric	Secretary	Heart	MM.	6
10	White	Male	38	Married	P/Grad	Manager	Heart	EE	2

that could be localized in particular areas or parts of their bodies. All expressed considerable interest and participated fully, especially with identifying the locality of the particular traumatic memory and related constricted breathing pattern. All participated actively in releasing the traumatic imprint by making gestures of throwing away the imprint with an appropriate sound to indicate the release of the imprint. Table 1 indicates that seven imprints were located in the heart or head, which are highly significant life organs of the body, necessary for the circulation of blood, transportation of oxygen and consequent human movement.

Sounds are regarded as the core vehicle of the self-management skills that develop in this expressive therapeutic modality (Sherwood and Tagar 2000). Releasing the imprints with appropriate sounds and gestures are to forcefully drive away the IT. Powerful sounds often do not come easily to depressed clients. Clients may first need empowerment, for example, through soothing sounds or the use of powerful animal totems. Philophonetics counselling demands an innovative and skilled therapist for effective results. As is the case in all therapeutic modalities, philophonetics have some limitations. It is ineffective with persons who are unable to move and use sounds, children, adolescents and persons who are psychotic and/or under psychiatric medication. Advantages of this modality are as follows: it is inexpensive, culture-free applications; short-term effectiveness, the development of take-away skills after each session; ready use of freely available natural elements, e.g., sun, vegetation, air, water etc; and its holistic propensity to involve the whole client, body, mind and soul.

Clients' qualitative experiences were that philophonetics enabled them to give meaning to their experience and express their feelings without being pressured or limited. Clients expressed feelings of being empowered to control the session and pace of the therapy. This assisted with feelings of safety and trust towards the therapist. Clients

expressed that a wide picture of their problem was being uncovered without judgement. Based on clients' experiences and literature findings, Tagar's (1995) assumptions were endorsed: that everyone is potentially capable of knowing what is happening within one's body and soul, is potentially as strong as the strength of one's experiences, perceived as good and/or bad, and has the potential power to take charge of one's life.

The Anthroposophical theoretical framework, holistic counselling model and its applications are described more fully in Sherwood (2007, 2012). The model assumes that wherever there are imprints of trauma, there are contractions in breathing, and vibrational patterns that are represented by sounds. Steiner (1994, 1999) explicated the role of sound pattern vibrations and proposed the theory that the dynamics of speech sounds provide the structure of the human constitution, with the physical body shaped by consonant forces, the astral body by consonant sounds, the etheric body by vowel forces and the causal body, "I", by vowels. As in this study, Sherwood (2007, 2012) found that the appropriate sounds can release blocks through restoring breath flow by reversing the original breath contraction related to the initial trauma. Hard, earthy consonant sounds "b, d, g, p" are related to physical body trauma, as in clients 3, 4 and 8. Woody "n, m, ng, mg" sounds echo and express trauma to covering and nurturing tissues between solid and liquid such as ligament, muscle, cartilage and skin, as in clients 1 and 9. Watery etheric sounds "l, w" most powerfully represent the life force and express liquid flowing gestures and/or emotional blocks. Fire sounds "f, fh, s, sh, v, h" (clients 2, 5 and 6) can be used to warm the body and psyche for astral imprints of coldness, abandonment or detachment. Air sounds "r and wh" have an energizing and detoxifying effect on physical, etheric astral and causal bodies. Vowel sounds (clients 7 and 10) are particularly valuable for energizing and strengthening the causal body.

Artistic mediums of value for differential trauma effects to physical, etheric, astral, contracted and expanded “I”s are, respectively: architecture, sculpture, painting, music and poetry. These can be combined with the therapeutic effects of different colours, working with clay, drama, dance and various other physical activities. As noted above, the essential expressive process involves a dramatic enter–exit–behold sequence. When ready, clients are encouraged to step into the imagined traumatic space, re-experience the breath constriction, gestures and sounds associated with the most recent traumatic experience, step back and describe or gesture the breath block and sound associated with the trauma, then gain perspective on the experience through drawings, “shake it off” movements. Verbal descriptions of qualities are lost and replaced with new healing energetic patterns, experiences, qualities, resources, skills competencies, stories and relationships over time. In the case of a series or nest of imprints, a similar, enter–exit–behold sequence is enacted for each successive past traumatic experience until the original imprint is removed. Therapeutic creativity is dependent on careful listening, observation and empathic intuiting of the client descriptions of their problems and the solutions needed. A special advantage of the model is its immediate propensity for non-verbal expression as well as pre-test and post-testing with drawings and or sculptures to leave clear evidence trails for future counselling and research.

4 Conclusion

Although evidence-based randomized controlled studies are needed to examine the specific effectiveness of philophonetics with various disorders, generally, it seems clear that philophonetics counselling has potential as a form of therapy that leads to healing, transformation and personal development through wider application of the non-verbal dimension of human interaction and intra-action than usually found in conventional therapies. It attempts to facilitate the process of suffering, for example, from awareness of any pain and stress into healing and personal growth (Tagar 2001). Apparently, philophonetics counselling has been used effectively in 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 behavior; depletion, exhaustion and fatigue; panic attacks; fear and anxieties; sexual issues; depression and grief (Tagar 2001). It cuts across diverse sociopolitical, socio-economical and socio-cultural spheres. Philophonetics may facilitate expression for clients who have limited verbal skills, are blind and unskilled to express themselves in therapy through non-verbal communication, which comprises 80% of the whole session. Limitations of the present

study are readily acknowledged. It has just introduced the background to philophonetics and used the case studies to illustrate the processes of the modality and, in very general terms, the individual responses. For greater qualitative depth and thick experiential descriptions, interested readers are referred to the work of Sherwood in the references that follow.

This paper has shown that philophonetics is potentially effective with depressed individuals that are diverse with regard to culture, race, language, gender, marital status, and education. Future studies should be more representative of other South Africans, especially in rural regions, among less literate, indigenous people who follow oral traditions. Studies could also vary the gender and culture of the therapist. Obviously, there is a strong need for research comparing this therapeutic modality with main stream psychology therapeutic modalities. Although the modality would seem to be very different from the predominant cognitive behavioural therapeutic approach, Sherwood’s most recent work (2017) documents’ considerable similarities and overlaps include repeatable sequences for counsellors, relaxation, self-regulation, guided imagery, social skills training, restructuring, reframing exposure, desensitization and relapse prevention. Further evaluative research is needed in these areas and in the wider community, psychological application of the method via primary health care facilities, online courses and mobile technology.

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