

Bridging the chasm: Philophonetics counselling & healing the trauma of sexual abuse

Philophonetics counselling provides a unique combination of body-based processes that enable the inner patterns of abuse experience to be explored without the risk of long-suppressed emotions flooding the client and inducing repetitive stress patterns. Developed by Yehuda Tagar in the 1990s, it empowers the client to confront the area of pain within and to expel the abuser, as well as identify and apply particular qualities that are needed to heal the wounding.



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by PATRICIA SHERWOOD

ONE OF THE COMMONLY RECOGNISED difficulties of working with traumatised adult sexual abuse survivors, in counselling, is their capacity to swing from denial numbing phases to flooding phases. In the former phase, they maintain blocking defences against the trauma of the experience to a dysfunctional degree, so that their current life experience is adversely affected. In the flooding phase, they are so overwhelmed by the memories of the abuse that they are unable to function in their daily lives and may enter repetitive stress phases where anxiety levels become high. Here some clients may develop panic disorders; others, behaviours associated with post-traumatic stress disorders.

Horowitz identified these two phases as the denial numbing and intrusive repetitive stress phases.¹ I call the denial numbing phase the "exited experience", where the client is distant from the experience. The

intrusive flooding phase I call the "entered experience" where the client is caught in the abusive experience. As a counsellor working with sexual abuse survivors, I am interested in processes for ensuring a balance between the client being flooded by the experience of the abuse on the one hand, and being so distant and defended from the experience on the other, that therapeutic change is resisted.

Different counselling techniques have contributions to make to assist the client caught in either of these phases. Courtois identifies four types: stress/coping techniques; experiential/expressive techniques; exploratory/psychodynamic techniques; and cognitive/behavioural techniques.²

Stress coping techniques are verbal strategies designed to help individuals cope with overwhelming stress. They aim to reduce controls during the denial numbing phase of the response and supply structure during the flooding or intrusive repetitive phase of the stress.³ They help integrate the crisis and its impact into different areas of the client's life, in a way that increases healthy rather than maladaptive reorganisation. They manage stress behaviours by imposing external techniques, rather than releasing the emotional pain and body trauma behind the experience.

Cognitive behavioural techniques work to modify the behavioural dysfunctions arising from the abuse. They are strong on organising external resources and providing some ongoing tools for the client to manage his/her external behaviours. Verbal conceptualisations





of stress responses often dominate the therapy.⁴

Exploratory/psychodynamic techniques aim to facilitate the exploration of the unconscious. Using verbal techniques such as free association, external image triggers and the like, they penetrate defences and uncover the client's inner trauma. Although such techniques may support the client enter the inner area of pain, the processes for enabling the client to empower themselves from within and ward off the invasion are often limited. There is the risk of flooding where the client feels overwhelmed by the recovered experience.

Experiential/expressive techniques include techniques from gestalt, psychodrama, art, music and writing and are most effective in breaking through the denial and numbing phase, and facilitating the client entering into the inner place of wounding. However, while these non-verbal techniques are most effective in accessing this inner place, the client may confront material that is extremely stress-inducing. The client may be emotionally flooded by the therapy. Although a catharsis may be achieved, the client may also feel exposed and vulnerable.

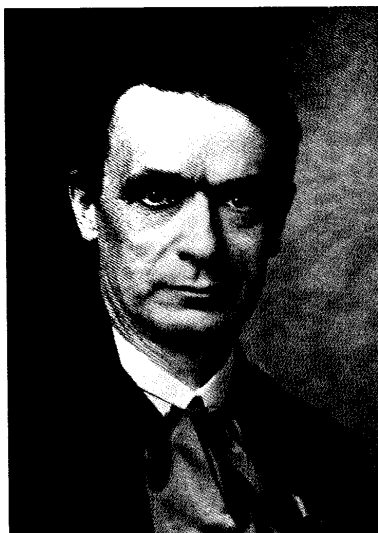
In essence, in relation to the problem of clients oscillating between flooding or denial numbing phases, and in managing the abuse experience, the cognitive/behavioural and stress/coping techniques make strong contributions to the external management of stressful and dysfunctional behaviours. They support the client to restore the "exited" position in relation to the abuse trauma. In

contrast, the psychodynamic and the experiential/expressive techniques seek to assist the client break through his/her defences to the knowledge of the abuse experience. They make strong contributions in working with the inner content of the client's experience. They "enter" the experience with the hope of evoking catharsis, and at times the intensity of the trauma may leave the client in a vulnerable place.

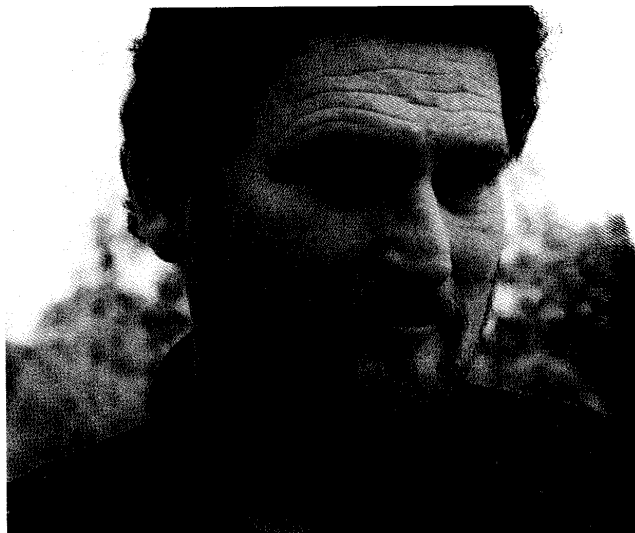
Philophonetics provides a bridge upon which a person's fully present self may stand and behold the trauma while invoking their inner resources to effect healing.

A recently developed innovative model, philophonetics counselling, minimises the oscillation between flooding and being defended against the experience. It provides a bridge upon which the client's fully present self may stand and behold the trauma while invoking his/her inner resources to effect healing. Developed by Yehuda Tagar in the 1990s, philophonetics is a multi-expression modality. Through sensing, visualisation, movement and human speech it provides a language for exploring, releasing and healing the deeper dimensions of human experience.⁵ It has its roots in humanistic psychology, expressive therapy, anthroposophy and the performing arts.





Rudolf Steiner, 1916; founder of anthroposophy, one of the roots of philophonetics counselling.



Yehuda Tagar, who developed philophonetics counselling in the 1990s.

Philophonetics counselling provides a bridge from which the client may, by choice, enter into particular aspects of the abuse experience and return to "behold" the abuse experience with presence, clarity and security. Philophonetics counselling provides techniques which enable the inner pattern of experience to be uncovered. It also provides structured sequences for precise action with regard to particular issues of exploration, empowerment or nurturing which can be identified by the client and the therapist. These sequences prevent what is uncovered from flooding the client, or exposing the client's vulnerability so that the client moves into an intrusive repetitive stress phase. It works powerfully and quickly and clients report having satisfactorily processed their abuse issue within three to six 75 minute sessions.

GESTURE, VISUALISATION & SOUND

Philophonetics counselling makes extensive use of verbal techniques in the introductory section of a session, to create a "common picture" or shared understanding between counsellor and client, of the client's experience. After the creation of a common picture, no action proceeds until the client has made a wish, in terms of their presenting problem. The wish specifies the "difference" the client would like to make happen in their experience. A contract between client and counsellor, based on the wish, is developed. This is integral to the ethics of philophonetics counselling.⁶ The philophonetics counsellor provides the correct sequences (there are over 25 in the philophonetics repertoire) to facilitate the client achieving his/her wish. The client is assumed to be the expert in his/her own experience and the pace of the therapy reflects the pace of the client's expressed

wishes to explore, expel and heal the abuse. Tagar captures its essence: "The nature of the work is thoroughly that of team work, with the client in charge of the team".⁷ Following the "operationalisation" or translation of the client's wish into a concrete therapeutic goal, agreed upon by client and counsellor, then begins the action sequences based on gesture, visualisation, sensing and sound.

Philophonetics counselling makes the assumption that human experience is always captured in patterns of sensory dynamics within the body and the unconscious, and that these can be re-evoked through sensing, sounds of human speech, gestures and visualisation, even when verbal language is limited or unavailable to express the experience.

Many patterns have their origins and dwelling places not in the dimension of thought, words and clear pictures but in the unconscious regions of emotional, bodily and habitual levels of existence, to which normally one has no conscious access. This is the limitation of verbal communication: it can embrace and deal with what is in front of us, not what is behind us.⁸

Philophonetics assumes a strong mind-body connection. Hence, the body can become a diagnostic map for the human psyche through which every aspect of the inner life can be traced and observed.⁹ For example, when speaking of abuse, the client may sense a knotted sensation in the stomach, which can be sensed and externalised in gesture. If the breath is held around this contorted gesture and released with a sound (consonant or vowel), the release moves the client into deeper and deeper layers. Sensation, sound, gesture and visualisation will reveal what words and mental reflection can conceal. This is particularly the case in sexual abuse where the client has often



Through sensing, visualisation, movement and human speech, philophonetics provides a language for exploring, releasing and healing the deeper dimensions of human experience.

constructed elaborate defences from the abuse knowledge, in order to survive as a child.

Philophonetics counselling has an "enter-exit-behold" sequence that enables the client to enter the inner pattern of experience, then to formally exit it, and finally to proceed to a safe place to behold the dynamic of abuse. This sequence prevents what is uncovered from flooding the client, or exposing the client's vulnerability so that the client moves into an intrusive repetitive stress phase. Whenever the client chooses to gain more information about an experience, to defend him/herself from some invasion upon self, or to discover the quality of nurturing he/she requires to heal, then this sequence is invoked. To "enter", the client finds the part of the body that, when the stressful image is invoked, feels tension or stress. The client then gestures the tension, breathes into the tension and "enters" the position physically with his/her whole body. The client is encouraged to exaggerate the position until they know it really and have a clear picture of what is happening to them in that position. From this position, the client re-experiences the active dynamics of the abuse pattern from the inside. The client is not left in this position to experience the terror, pain or fear any longer than is necessary to obtain a snapshot of what is going on within the place of the abuse. As soon as this snapshot is obtained, the counsellor will call the client to "exit" the position.

Exit means physically getting out of the gesture completely and literally shaking it off. The client is asked to move to another physical position in the room that is uncontaminated by the painful experience. From this new position the client looks back at the physical position of the person who was suffering the abuse and describes what is going on for them. From this bridge of safety, the client beholds the dynamics

involved as an outside observer. If the client goes deeply into the experience and becomes flooded, then a variation of the exit sequence called "bamboo" is used, to enable to client to keep repeating the exiting sequence. This involves tracing the trauma through the different parts of the body, until the client is "out". A physically different place is used for the client to reflect upon the trauma he/she has observed. He/she does so with distance, as one observing a drama he/she is viewing on a stage.¹⁰ This is the act of beholding which is the client getting a picture of what they have just expressed in bodily form. They are then able to share this with the counsellor and identify what they need to do next with the wounded place. This technique works effectively to enable the client to uncover to him/herself the dynamics of the layers of experience without risking being flooded and caught back inside the terrifying world of abuse.

EXPPELLING THE ABUSE EXPERIENCE

Philophonetics counselling offers much more than simply an exploration of the abuse patterns. At the heart of the counselling process, the counsellor works to create a meeting between the adult "I", or higher self, of the client and the hurt/wounded child. This enables the client to access his/her inner resources and to come back to the inner area of pain with his/her adult power. Then, the client can face the offence from the inside and expel the abuse experience, by pushing it away with the pattern of sounds that were originally imprinted in the body/psyche by the abuser. The precise identification of this sound pattern is essential and the client and counsellor work together to identify this sound pattern using the gesture of the wounding as the map for guiding the likely combination of sounds.¹¹

Through this process, the client can go into the site of his/her inner pain, but rather than be overwhelmed and fall back into some intrusive repetitive stress state, the client can insert his/her adult fully present "I" between the experience of the abuse and his/her current life. Here the client is standing on the bridge; capable of beholding the experience, with all his/her adult resources mobilised to bring about its healing.




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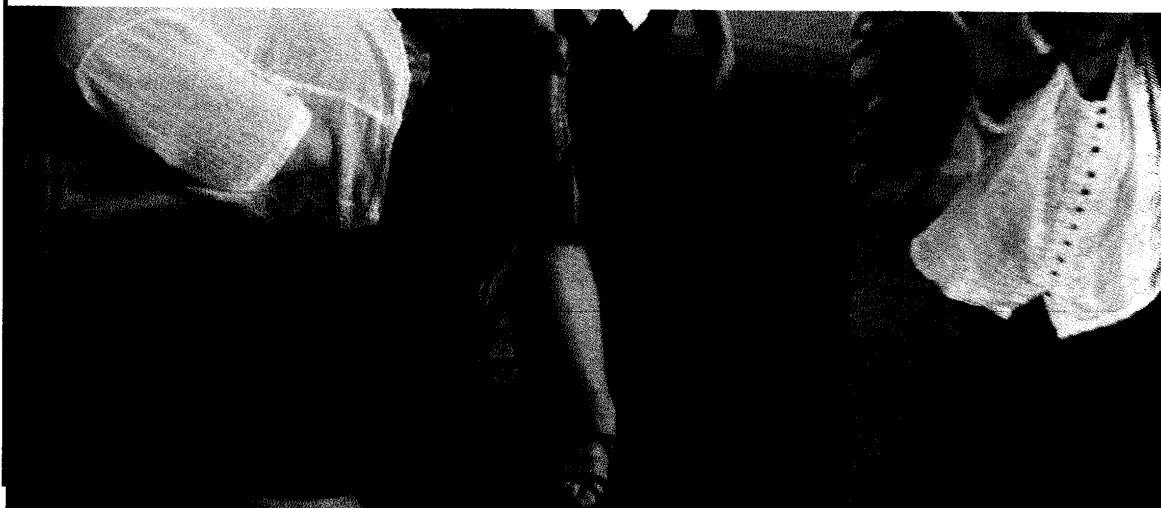


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*Sensing: being attacked, invaded, wounded
(from bodily memory of an actual experience).*

*Becoming: simulating the attacking force
(following visualisation of it). The sound is: Ke.*

*Unlocking: clearing away the attacking force
(against the sound of Ke spoken at her).*

Many preparatory exploration sequences, during which the client gathers the necessary resources, may be required before the empowerment sequence or confrontation with the abuser can be undertaken. As part of this preparation, a special sexual abuse sequence may be used. It begins with "enter-exit-behold". The client will be asked, while beholding, to identify the area of the body that was not invaded, and which was beyond the power of the abuser. Some clients have named their eyes, others their throat, but the site is unique to the particular individual. However, once the client has identified this area, the counsellor can direct the client to enter this area which represents the light of the client's presence amid the darkness; the client's place of power. Through visualisation this can be expanded until the client can reclaim his/her presence in the abused area; an area which so often the client has vacated. In the exploration sequences, the client obtains information about different aspects of the issue. In the empowerment sequences, the client confronts the pain and expels the pattern of abuse within the inner life. Once both of these sequences are completed, it is possible to move to the nurturing sequences. Here the client can enter the place of wounding and identify the quality of healing required. The client can practise, with the counsellor, giving this quality to the wounded part and/or call on significant others to contribute to surrounding them with this quality in their life.¹² All of the above sequences are governed by the client's wish, and may be spread over several different sessions.

Finally, the techniques used in philophonetics are not exclusively the domain or expertise of the

practitioner. Basic sequences for self-care and self-maintenance are taught to the client in the therapy session, so that the client can continue the work between sessions, or after formal sessions have completed. Tagar accurately describes this as part of his view of participatory therapy.

All the above is made possible following the fundamental trust in the client's ability to become conscious of his/her experience, to be directly and correctly informed by that awareness and to be potentially capable of expressing and communicating his/her awareness to the practitioner who, in turn, is able to enter a participatory process, with the client in charge of it.¹³ This trust is the basic requirement for what could be termed "participatory therapy". The therapist's role is primarily educational; a coach for self-management.

The effectiveness of this modality in providing a bridge between the denial and intrusive stress phases is best illustrated through the following case study.

CASE STUDY, SESSION 1: ROCHELLE

Rochelle is 39, has a successful career and four children, but is deeply unhappy in her current relationship. She has a pattern of unsuccessful relationships, admitting that she tends to choose men who are emotionally unavailable. While this feels safe, she cannot maintain the relationships. She comments that she was sexually abused as a child by her father and wonders if this may be affecting her relationships. A picture emerges of a woman who is frightened to access her deep emotional self. She chooses relationships that do not evoke this part of her, but





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Guarding: placing a new boundary against future attack.

Nurturing: providing oneself with the healing quality needed. Sound: MMM.

Above, from left to right: Action phase of the philophonetics counselling process - a classic empowerment "unlocking" sequence.

finds this deeply unsatisfying. She has a fear of being on her own because she feels there is something deeply unhappy within herself.

Wish: The client's initial wish was to be content in her life and not to be dependent on men for her emotional happiness.

ACTION PHASE 1 : ORIENTATION TO THE EXPERIENCE

Enter: The client is asked to visualise her current unhappiness in her relationship by focusing on a particular incident which captures this problem. She is asked where in her body she feels most distress. She

is asked to gesture it gently then to stand up and fully enter into the place with her whole body expressing the tension. Her body expresses an intense posture of being squashed so that she cannot breathe. Once she has a picture of the experience I ask her to exit from the experience.

Exit and behold: Sitting in a chair in front of the empty space in which she has gestured the above experience, she could imagine the experience re-lived in that gesture, as if on a screen in front of her. She was flooded with memories. She could "see" events on the sofa in front of her, while sensing these events in her body at the same time. This combination of closeness and distance results in beholding, during

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which she can reflect on memories with emotional clarity and incisiveness.

Staging or standing on the bridge (her reporting on what she sees): Being held down by her father. She can scarcely breathe. She is six years old and can see the ceiling in the room. He is pushing his penis into her vagina. It hurts but she cannot scream because his hand is across her mouth. She feels terrified and thinks she will die. He threatens to thrash her if she tells anyone.


When she completes describing this picture she looks frozen with terror. She is stuck in the chair, and does not move. Her conscious presence is not completely there. To prevent her now becoming totally flooded by the experience, it is essential to invoke her adult resourcefulness and consciousness and bring it to bear on the experience. This is done through an exarnation sequence, which aims to bring back the power of the fully present "I" to the situation, to overcome the emotional and mental dissociation from the horror of the event that she experienced as a child. Dissociation as a child was a survival mechanism. Now as an adult it can be described as an "exarnation" position, where the adult consciousness is not fully present in the person - part of him/her cuts off. Bringing back the cut off part, the "exarnated" part so to speak, is critical in the healing of the experience and the re-empowering of the client.

EX-CARNATION SEQUENCE

Counsellor: Are you in the body or have you left it?

Client: I have left it, I am on the left side of where the body was, near the wall.

I get her to enter into the part of her body that is most destroyed, gesture it, then exit so she can return to the beholding position. She describes what is happening to the body and how the part of her on the left side has her back turned to her. I ask her to ask that "exarnated" part what it needs in order to come back. She says it needs to feel safe, to feel protected. I ask her if, now that she is an adult, she can protect this part from abuse. She says yes, so I ask her to speak to this part and promise to protect her if she comes back. She proceeds. I check whether this "exarnated or dissociated" part of her has heard and returned to her. She replies that it has. I encourage her to breathe slowly and deeply. She reports a feeling of relief. We



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She visualised a guard accompanied by a ddd sound, which would keep the abuser away from the child. Her guard was a bright golden light with shining surface that blinded the abuser.

visualise together the breath filling every corner of her body. She becomes very present and stable and says she feels surrounded by a glowing pink energy. Her "I" is beginning to gather its adult resources to confront the abusive pattern in her body.

ACTION PHASE PART 2: EMPOWERMENT

Preparation for reclaiming power over the abusive experience: She confronts the empty space on the chair, visualising herself in the previous suffering position. She sees a wound in her heart, caused by crushed trust. I ask her to enter into the wounded place and get a picture of the force that it doing it to her. As soon as she has a picture, I ask her to exit and to show me the force by doing it to a cushion. It is a suffocating force, slowly squeezing the life out of the cushion/her. We sound name as rrrrrr..arrrrhhhh.

I prepare her to confront the abusive force imprinted in her body through the sound rrrrrr...arrrrhhhh, by first assisting her to mobilise her resources in order to act as a guard in the encounter. The guard is a metaphor for the protective shield she can create with her inner resources of visualisation and sound, that can stand between her and the perpetrating force/sound. To help her invoke an effective guard I asked her what she would do as an adult to protect her child from abuse. Immediately she stood up very erect and said "Get out you bastard". There was a lot of power and anger in her response. We translated it into sound action nnnnn...g, which she practised using to expel the abuser. It was a very cathartic moment. We then practiced a sharp dddddd accompanied by the stop gesture of the hands. By this time her body was upright and she was breathing deeply. I had her visualise a guard accompanied by a ddd sound, which would keep the abuser away from the child. Her guard was a bright golden light with a shining surface that blinded the abuser.

Confronting the abusive pattern imprinted in the bodily memory: I asked her whether she felt confident enough to confront the abuser, as expressed through the initial sound pattern of the abusive force. rrrr...arrrrhh. She said "Yes". I had her enter back into the position of the wound, and suffer the sound of the abuser, which we contracted to agree I would make temporarily, and to push it away when she had had enough. She suffered the sound, then pushed it away with a loud gggggrrr. We repeated this several times until she could stop the abuser sound of rrrrr by



confronting it without any reaction at all. This meant that she could look and gesture protectively toward the abusive sound directly without turning any part of her body away. Only then can the counsellor know that the client has developed the appropriate anti-bodies against the abusive force. After that encounter she stood erect and I asked her to claim her space back by walking around the room repeating sharp dddd with the gesture of stop, around her body space.

ACTION SEQUENCE 3: NURTURING

This is the nurturing and healing of the wounded child. I begin by finding the "landing pad", the part of the child that was not contaminated by the abuse. It is through this place that the mature adult consciousness can re-enter her body with the power to heal. She said it was her eyes. She could see a golden cord coming from her eyes that was pure. I asked her to focus on it and expand it so that it moved into all the corners of her child's body. It became a golden glowing light with pink currents flowing through it healing her child's body. I asked her, as the parent, to cradle the child in her arms as she visualised the colours bathing and healing the child.

We developed a sound to bathe the child in ...mmmmmmmm... and she sang for about five minutes. She became very relaxed and was breathing deeply. She said the child, herself and the whole room was now bathed in the golden and pink light.

Invoking: I ask the client to hold her child. I then ask, "Are you here fully to protect your child?" Rochelle nods. I get her to speak it out loud several times: I AM HERE. She speaks from a place of power. It is this mature consciousness now firmly inserted on the bridge of her beholding of the experience that will stop her from either becoming flooded by memories of the experience, or causing her to flee the experience through denial or defensive strategies.

Wrapping up: I ask Rochelle to walk around the room holding her child and to speak out "I am here" several times, until she really feels through her whole body the power of her reclaimed part, now integrated with her adult self. It was suggested that it would be a good thing to use her nurturing visualisation of the pink and gold to re-visit her inner child each day for a while, and to strengthen the connection with her.

Although Rochelle completed two follow up sessions, she did not feel the need to focus on the abuse experience again. She felt that it had moved to a healing position.

A NEW MODEL OF THERAPY

The non-verbal language of gesture, sensing, visualisation and sound provided by philophonetics gives the sexual abuse survivor the language with which to access experience from patterns of pain held within the body. This is particularly appropriate to sexual abuse survivors whose patterns of abuse were directly experienced in the body, often years before concepts and language could be formed to articulate them. The client is empowered to control the direction and pace of the therapy, and thus can feel safety and trust in the therapeutic process. Finally, the techniques of philophonetics, as used in therapy, are transferable to the client to use for self-management and self-care in between sessions and after sessions have discontinued. This new model of therapy based on mind-body connections, multiple means of communication, and a highly systematised set of techniques and sequences, will make a valuable contribution to the counselling of adult survivors of sexual abuse.

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