

Introduction

The development of sexuality within adolescence is inevitable, important and integral. Poor sexual choices, dissatisfaction, power inequities, shame, abuse, violence and victimization all contribute to the problems of unprepared and unwanted pregnancies, abusive relationships, rape, mental illness and sexual objectification and exploitation(Corinna:2007:2).

It's vital for young Australian women to create a happy, healthy and whole relationship with their bodies and their sexuality; this promotes lifelong sexual health, well being and self esteem.

Sexual empowerment, safety and freedom are central to the topic "promiscuity and adolescent women".

- To be sexually empowered is to relate from a place of self assertion, self-love, self-respect and to demonstrate clear personal boundaries.
- To be sexually safe is to engage in sexual behaviours with integrity and have an educated understanding of the potential consequences and a commitment to oneself and others to refrain from causing harm or suffering.
- To be sexually free is to be able to choose and engage in positive, pleasurable sexual behaviour either alone or with others without unnecessary sanctions.

Sexually promiscuous behaviour may mean many things to numerous people although what is the general consensus for most is that the behaviour lacks either one or all of the aforementioned qualities.

This paper is: an exploration of adolescent promiscuity and a critique of current psychotherapeutic interventions. Firstly, this paper will address the social and cultural diversity that exists around the subject of promiscuity. Secondly, this paper will explore the issues of promiscuity within the context of popular culture and the feminist perspective. Thirdly, this paper will explore four current psychotherapeutic interventions attempting to provide healing and therapy for this issue. This will be followed with a case study of a 15 yr old adolescent female who is currently undergoing counselling for the issue of sexual promiscuity incorporating the Sophia Holistic Counselling model of therapy.

Sexuality, Promiscuity and Culture

Sexual promiscuity is a complex and subjective subject. What is considered by one person to be sexually adventurous may be perceived by another as dysfunctional and morally wrong. Who decides what is promiscuous and what is not? This question is further explored by observing the contrasts that exist in human attitudes relating to promiscuity between the women of the indigenous Canela tribe of South America and laws enforced upon women in Afghanistan and Saudi Arabia. The Canela Tribe use extra marital sex to facilitate social bonding and reduce social tensions. Furthermore when Canela women practise ritualised sex they may have consecutive sex with twenty or more men. This practise is observed at community ceremony events in an attempt to create an array of possible candidates for the father hood of their babies. The behaviour attempts to increase and expand the family bonding system and broaden the support for raising a child (Montgomery: 2009:194). Contrasting this paradigm are cultural norms that exist for women from Afghanistan and Saudi Arabia. Women who are caught having sex with a man other than her husband will be stoned to death, with a priest presiding at the execution.

Throughout evolution one can observe human sexual energy and behaviours rising and falling through varied boundaries of social constraints and consciousness in an attempt to establish what is natural and healthy for us and others and also what is not. Through the development of taboos, customs and religious expectations relating to sexual behaviours, humans have created laws and moral codes to be adhered to or broken with consequence.

Promiscuity and the feminine have had a profound relationship to the social order of many cultures throughout time. The control of young women in relation to promiscuous behaviours has been a constant theme. Young virginal women have been used as a valuable commodity for many civilisations and religions.

In his novel *Sex, Women and Power*, Shlain (2004) describes the theoretical moment in history when men consciously placed women in the category of objects for the first time and the feminine became a commodity. He writes how fathers began selling off their virginal daughters (or in many cases not so virginal daughters). Shlain identifies that these men would not have foreseen this custom to become embedded within so many subsequent human cultures, that these men could not have imagined that forty thousand years on fathers would still exercise their rights to give their daughters away based on whether or not she is a “good” girl. The effect this has had on the way in which women

perceive themselves as sexual objects is still valid for many women today.

Indigenous Ngarinyin tribe from Western Australian culture understood the importance of ritual and initiation in relation to sexual development. When a Ngarinyin girl's womanhood emerged she was celebrated with the woman's private ritual of 'Becoming'. She could no longer talk with young men and her fathers and brothers from this time onwards would offer her the full respect of womanhood. She was gradually given responsibilities, trained in the healing arts, medicine preparation, childcare, women's song cycles and women's law (Bell: 1998:75). When she was ready for sex and love in the form of sacred marriage the teenage girl knew the older women would lay her down on a bed of leaves to open her up so she was ready for the act of consummation. They would gently caress her, awakening her receptive power. They would then gently penetrate her hymen while singing and evoking her desire in an attempt to awaken her to her responsibility and destiny as a woman. The young men from the Ngarinyin tribe were taught how to create sexual pleasure derived from two bodies moving together in concert with each other, and the rhythm of life (Bell: 1998:81). This picture of indigenous Australian culture contrasts sharply with the journey many Western girls enter when they stumble into womanhood. The absence of rituals and initiations that honour the spiritual nature of sexual and physiological development are thought by many to be responsible for young people feeling disassociated and confused about sex and its purpose (Bell: 1998:82).

Adolescent sexuality has often raised social anxieties within Western culture as the motivation for sexual experience is usually not about reproduction or marriage (Hawkes&Scott: 2005:85). Traditionally sex has been largely hidden in Western countries such as Australia. Prior to the sexual revolution in the 1970's sex out of wedlock was frowned upon and the expectation for young people was to wait until they were married for their first sexual experience. A lot has changed in the recent decades. Young people are increasingly able to choose casual sex without sanction and are also able to engage freely in sexually loving relationships if that is what they choose. Due to education and contraception it is now possible to explore sexuality without fear of disease or pregnancy. Adolescents live in a time where diversity within popular culture celebrates sexual individualism. Yet contrasting this it is also a time where adolescents are openly sexualised by popular culture. Information is widely available yet there appears to be a huge gap in the level of guidance and support needed to safely navigate this level of information.

One of the main challenges for adolescent women is their emerging sexuality. Young women are under pressure to be sexually knowledgeable and experienced. Girls who aren't sexually active are seen as uncool or repressed. To be labelled a virgin is now often perceived as a disparaging term (Hamilton: 2009:139).

Sexuality in its entirety is a taboo and hidden topic within our community. The sexualisation of children and adolescents combined with sexual objectification has left many young people desensitised and disassociated from sexuality. Sexuality is projected on mass but fails to explain the consequences of emotionally devoid sexual behaviour or the impact of sexualisation at an early age (Hamilton: 2009:45).

Popular Culture

The 'raunch culture' observed in modern popular culture sees sexuality as a route to fame, power, independence and self expression. This is a proverbial double edge sword. The empowered modern day woman is not afraid of sex but rather a revolutionary modern day feminist who says if men can do it so can I (Hamilton:2009:140). Unfortunately some young women lack the guidance and self worth required to fully understand what this entails and naively equate one night stands and binge drinking with sexual empowerment.

The internet has provided a whole new way of communicating about sex. My Space, YouTube and Facebook are dominating adolescent communication. As a Youth Counsellor in High Schools I have discovered that it is not uncommon to find young people communicating within the same room using My Space on their laptops or mobile phones. The sexual activities from Friday and Saturday nights are broadcast across the site and personal information is privy to all before school starts on Monday morning. It's now estimated that over half of teens aged 13 to 17 have details on sites such as My Space which is thought to attract around 50 million users worldwide (Hamilton:2009:289). For many young women their behaviours are broadcast across peer groups at a rate previously unheard of. The lure of gossip based communication has been responsible for young women being called "sluts" without any provocation. As a professional I have witnessed this phenomena leading to false accusations that then follow with the young women involved feeling shame and isolation. This in turn has created the very behaviour of which the young woman was falsely accused.

Promiscuity from a Feminist Perspective

From a feminist perspective the term promiscuity is considered a derogatory term applied to women, girls and homosexual men (Smart: 1976:84). Feminist ideologies postulate that a double standard exists between the sexes. This standard implies that promiscuous females are unnatural and problematic where the male sexual drive is naturally irrepressible and fairly indiscriminate. The implications of this double standard can be identified over time with the persecutions of prostitutes, rape cases and the institutionalizing of promiscuous girls. (Smart: 1976:88) One does not often hear of psychological/emotional concerns being raised around young male heterosexual promiscuity or the immediate connection to suspected sexual abuse or family dysfunction in the same way that the equivalent behaviours are so quickly applied to young women and homosexual men. From this perspective heterosexual males are given the freedom to explore non committal sexual relationships whilst avoiding being labelled as weak, socially unacceptable or inferior.

Sexual abuse and assault

Premature experiences of sexuality through abuse have been linked to symptomatic sexually promiscuous behaviour in adolescence and adulthood (Moore&Rosenthal: 2006:219). The Australian Institute of Family studies states that one in three young women will be sexually assaulted before the age of 18 (<http://www.aifs.gov.au/acssa/pubs/wrap/w1.html:cited13/12/09>). It is also clear that a great deal of sexual activity occurring among young people is non-consensual, or where consent has been obtained through dishonest, manipulative or fear arousing strategies. Examples where informed consent may be absent include where there is a prevalence of drugs and alcohol or where the balance of power is uneven, such as when the female is very young and the male much older. Peer pressure, fear of losing a partner's interest coupled with low self esteem and childhood trauma can create situations where one partner feels used or violated. Another trend observed is the idea that young girls 'deserve what they get, or ask for it' because of the way they dress or that they already have a reputation as being sexually active. Sexual coercion is justified through the girl's lack of self assertion. In my experience as a youth counsellor working in high schools when a young woman's sexual boundaries have been broken, combined with a lack of support, a history of sexual abuse is more often than not a precursor to self destructive promiscuous behavior. This behavior has been described as an expression of low self worth. The young women also have expressed that at the time they feel no one values them so there is no value to their sexuality (Corrina:2007:161).

Transpersonal Psychotherapy

Transpersonal Psychotherapy addresses not only the mind and body but also the spiritual dimension of consciousness. Daniels (2005) identifies Transpersonal Psychotherapy as,

“The study of humanity’s highest potential with the recognition, understanding and realization of unitive, spiritual and transcendent stages of consciousness.”

Carl Jung first coined the term “Transpersonal unconscious.” Jung’s conception of the collective unconscious allowed him to explore a whole range of experience which had previously been excluded as being too crazy or weird (Rowan:1992:35).

Abraham Maslow introduced the phenomena of psychological wounding and personal development and also the study of experiences such as inspired creativity, altruistic ideals and personal actions that transcend "ordinary" personality (Rowan: 1992:33).

Transpersonal psychology now encompasses the study of the full range of human experience from abnormal behavior to healthy normal functioning, to spiritually embodied, and transcendent consciousness (<http://www.goodtherapy.org/Transpersonal-Psychotherapy.html>:cited 11/12/09).

Transpersonal Psychotherapy integrates spirituality and sexuality. Physical orgasm or physical gratification is not seen as the greater goal of sexual union. The transpersonal concept of sexuality combines the mind, body and soul into an integration of profound experiential oneness. Spiritually profound sexual experience is not limited to couples; any person engaging in a sexual act such as masturbation or sex with multiple partners is capable of having a spiritual sexual experience (Daniels: 2005).

Ken Wilber an influential writer within the field of Transpersonal Psychotherapy reminds us that many of the world’s greatest civilisations deeply viewed sexuality as an exquisite expression of spirituality. Wilbur writes:

“The very current of sexuality is plugged straight into god, and once you find that current you will never be the same.” (Deida: 2000:4)

Western adolescent sexuality is predominately influenced by the physical realm of sexual experience. Teenage girls in particular are under increasing pressure to be sexually knowledgeable or experienced. The internet, music videos, magazines and television currently offer more information than ever before about the physical act of sex; importantly much of this information is geared towards pleasing men (Hamilton: 2008:139).

Statistically the physical element of sexuality has a profound influence on the way young girls think about sex (Sauers: 2007:82). As a consequence of the availability of internet connections in most Australian households one of the principle factors affecting this issue is pornography. In a recent study on pornography Australian teenagers revealed:

- 15.5% of girls 8 and under have been exposed to pornography.
- By the time girls are 15 almost all girls have seen some type of pornography.
- 58% of girls aged 13 to 19 are physically aroused by pornography.
- Pornography is the main way most teenagers surveyed get their ideas about how to have sex (Sauers: 2007:82).

These statistics reveal there is a deficit in the emotional, energetic and spiritual elements of sexual experience.

For many young women Transpersonal Psychotherapy may be highly therapeutic in its attempts to realign these integral elements of human experience.

Transpersonal Psychotherapy seeks to honour the developmental needs of the adolescent client addressing issues such as life span, ritual and connection to the masculine and feminine. The developmental phase of puberty is marked by young women moving from the influence of the matriarchal archetype to the patriarchal energy of independence.

Young women are perceived to need to separate from their mothers and create a relationship with the world of her inner masculine while still being connected to herself. This may be experienced within therapy through the use of archetypes and ritual (Wellings&McCormick: 2000:198). It may also be experienced through the suggestion that the adolescent daughter needs to connect with her father or a male carer through one to one time.

The importance of connection to the feminine is often ritualised through menstruation. Transpersonal Psychotherapists understand the importance of this time for women and will often explore the individual myths and beliefs associated with menstruation that may influence the client's way of being in the world.

Transpersonal Psychotherapy has many practices that may be used when supporting a client to transform unwanted promiscuous behaviours, some of these may include:

- Meditation
- Body Based Counselling
- Breath work
- Energy healing
- Transpersonal Movement Therapy
- Art Therapy
- Body Disciplines
- Buddhism
- Consciousness Studies
- Creative Expression
- Creative Writing
- Dream work

- Ecopsychology
- Enneagram Therapy
- Goddesses and the Sacred Feminine rituals
- Hypnosis and Hypnotherapy
- Jungian Psychology
- Parapsychology
- Psychodrama
- Psychosynthesis
- Qi Gong/Chi Gung /(Martial Arts)
- Sufism
- Psycho-Spiritual Development
- Sexuality Counselling
- Past life Therapy

(Weinhold&Hendrix: 1993:152).

Limitations of this model of therapy

- Spirituality and esoteric concepts can be challenging when engaging adolescents.
- The exploration of spirituality within therapy may be motivated by an attempt to avoid more basic issues relating to early experience or the more unpleasant aspects of the clients own nature (Rowan: 209:1992).
- Some therapists deny any value to spirituality and regard any interest in it as an avoidance of primal pain.
- Working with transpersonal elements of the human consciousness requires professionalism and authenticity. There may be a danger of therapists using ego based diagnosis and a false belief in their own capacity to connect with external spiritual energy.

Sex and Love Addiction Therapy

This model of therapy addresses sexually and emotionally compulsive behaviours as addictive disorders and offers similar psychotherapeutic interventions to most substance abuse treatment models. The addiction to sex or love is often perceived by professionals as being a chemical addiction similar to substance addictions due to the psychological withdrawal symptoms experienced and the connection to corresponding brain chemistry (Griffen&Shelly: 1994:25). Love and Sexual Addiction therapy is available to adolescent women in Australia with psychotherapeutic interventions predominately including 12 step group work programs combined with psychology, counselling or psychotherapy sessions.

The difference between sex addiction and love addiction is simply that the addicted individual craves either sex or love to relieve or medicate an intolerable reality (Mellody: 2003:30). This model identifies promiscuity as a sex and/or love addiction. Promiscuous adolescent women often combine sex and love addiction and although they may be looking for the physical act of repetitive non committal sex to alleviate emotional

disorders, for many young women it is the emotional connection perceived as love that is thought to be gained through non committal sex. Both sex and love addictions may present as a dual diagnosis when treating female adolescent clients within this model of therapy (Jampolsky: 2008:103).

Addiction therapy postulates that poor attachment styles in childhood are often interconnected with trauma that can then create promiscuous behaviour in adolescence. Addictive disorders such as alcoholism, drug dependency, eating disorders and sex/love addiction are a response to the craving for an external substance or experience as a search to fulfill an unmet need usually created from insecure attachment to a parent in childhood. Attachment theory identifies the need for emotional security during childhood. If a child is not given secure and consistent emotional connection then it may develop compensatory behaviours such as anxiousness, avoidance or fearfulness. Addiction models observe that poor attachment in childhood may be influential in the development of addictive behaviours (Goldenberg: 1995:402).

Sex & Love Addicts Anonymous (SLAA) was developed in 1976 and was the first program to address compulsive sexual and relationship behaviour such as an addiction. The internationally available 12 step program based on the template of Alcoholics Anonymous is a support group for love and sex addicts. It is believed by many sexual addiction therapists that the combination of individual and group therapy leads to a higher rate of recovery, therefore it is widely prescribed in conjunction with individual psychotherapeutic interventions(Carnes: 2002:25). The 12 steps of recovery attempt to challenge core beliefs and hold addicts accountable for their behaviour both past and present by undergoing the 12 steps of recovery. During the journey through the 12 steps, shame reduction is integrated by separating the behaviour from the addiction which is perceived as a disease. For example when a member of S.L.A.A. stands and addresses the group as a whole they begin by saying "Hello my name is Sarah and I am a sex addict." The person is then accepted into the community of fellow addicts and supporters thereby reducing the level of shame often associated with addictive disorders. Another core feature of the program is spirituality. Addicts are challenged through the process of working the 12 steps to identify that they have been powerless over their addiction. Love and Sex addicts realise through the journey of recovery that there is a greater power than their addiction; that of a higher order such as god. This connection to spirituality is encouraged in whatever form the individual connects to and is at the heart of the process

of recovery (Carnes: 2002:25). 12 step recovery programs specifically for adolescents are available in most Australian Capital cities (<http://www.slaa.org.au/cited:28/11/09>).

Brenda Schaeffer, a psychologist who specialises in adolescent love and sex addiction, provides self assessment questionnaires aimed to motivate self awareness and generate motivation towards the preliminary stages of recovery.

Schaeffer provides the following free online questionnaire:

“To know whether or not you are using or abusing your sexual development and leaning towards using sex as a drug, review and score the following signs of sex addiction. If you are in a relationship and questioning whether your partner is using sex compulsively, score him or her. It just may save a life. Score for each characteristic based on the following: 0 = never; 1 = rarely; 2 = sometimes; 3 = often; 4 = almost always; 5 = always.

Use of sex and fantasy to escape or cope
 Negative consequences due to sexual behavior
 Mood changes around sexual activity
 Inability to stop, even though there are negative consequences
 Large amounts of time spent on planning sex, obtaining sex, recovering from sexual experiences
 School, social, and recreational activities are reduced or affected
 Guilt and shame around the behavior
 Pursuit of high risk or self destructive behaviors
 A pattern of out-of-control sexual behavior
 Need for increasing amounts of sex to get the same high
 Feeling at odds with family or spiritual values
 On-going desire to stop or limit sexual behavior
 Rationalizing sexual behavior
 Frequenting pornographic web sites or chat rooms
 Sexualizing others
 Hiding sexual behaviors
 Attempt to medicate past trauma
 Degraded by sexual behavior
 Sexually Transmitted Diseases and/or abortion
 Using people for sexual gratification

Now, add the scores and divide by twenty to get a numerical average.

Note: If your average score for using sex compulsively is 2.5 or higher, I suggest doing the exercises in this book, retake the test and if still 2.5 or higher, talk to a counselor who understands sex addiction. If your average is two, focus on the exercises in this chapter and work to lower your score.” (http://www.itsallaboutlove.com/quiz_teen_4.htm:cited11/12/09)

Schaeffer also places importance on self love, esteem and taking responsibility for addictive

behaviors. The connection between the unhealthy aspects of sexual addiction with the adolescent's inner beliefs and past trauma are also highly significant in the adolescent sex addict's journey of recovery.

Limitations of this model of therapy

- ☛ Most sexual addiction therapy incorporates the 12 step group therapy model as an integral element of the healing process. 12 step models can be dated and lack reintegration of contemporary theories within the field of mental health and addictions.
- ☛ The historical and cultural context from which this movement evolved emphasizes much about sexuality and sexual desire being dangerous and something to fear. The Sexual addictions movement is seen by many as politically conservative as it attempts to label and pathologize sexuality in a way that does not incorporate the full diversity of human sexuality (Klein:2002:3).
- ☛ The Sexual Addictions model assumes there's one best way to express your sexuality and that laws and norms define sexual health (Klein: 2002:6).

Government group work strategies

The Australian Government provides education programs and group work community development initiatives to address issues such as sexuality and relationships within High Schools. Sex education continues to be a problematic area of education in Australian schools. The area of concern tends to be about what is said and what is done and the link many educators and parents place on the belief that to tell young people about sex encourages sexual promiscuity (Hawks&Scott: 2008:279). Sexual education programs are available that aim to reduce destructive sexual relationship patterns among adolescents and build protective behaviours around healthy sexual behaviour, assault, self respect and sexual integrity.

Two programs (Love Bites and The Chrysalis Girls Program) currently running on the North Coast of NSW in regional High Schools address the issue of adolescent promiscuity as follows:

Love Bites- is a recent sexual assault and domestic violence prevention program that has been delivered to over 10 000 schools throughout NSW. The program consists of interactive and experiential workshops which place importance self expression through a

combination of education and creative arts. The program is catered for students in Year 10 at High School (ages 15 to 16yrs) and is run over the period of one month (Walsh:2008:3).

Love Bites advocates broad community involvement and as a result facilitators include:

- Sexual assault counsellors
- Police Officers
- Women's Refuge Workers
- Aboriginal Health Workers
- Family Support workers
- Youth Workers
- Drug and Alcohol Counsellors
- Child Protection Specialists
- School Counsellors
- Psychologists/Social workers
- School Teachers

(Walsh:2003:28).

The program consists of two parts:

1. The morning session which consists of education and information based learning from professionals working in the field of sexual assault and domestic violence.
2. The afternoon session which incorporates drama, music and art therapy workshops focused towards creating awareness to the prevention of sexual assault and domestic violence.

'Love Bites' has been written from a feminist approach which strongly identifies that violence is a gender based issue. 'The program addresses the role of young men as bystanders with the choice to challenge the violence they witness towards women. Relationship violence is a key issue explored within the program which isolates behaviours such as; physical assault, sexual assault, cultural and spiritual abuse, verbal abuse, emotional abuse, financial abuse, intimidation, stalking, cyber bullying and harassment, social abuse. These issues are then explored within large mixed-gender group-work settings (Walsh:2008:19).

Limitations of this program:

- The program is facilitated by adults educating adolescents. This model of education is an over used template implemented within educational

institutions and adolescents are often desensitised to this structure of learning.

- The program is a brief intervention model that does not provide the long term benefits of programs structured over the space of a year. This program lacks solid connections with follow-up services such as counselling and health care services.
- The program does not identify or work specifically with students with known or suspected histories of promiscuity, sexual assault, abuse or violence. Participants who are in need of one to one psychotherapeutic interventions may continue to go unnoticed without extra support within the program and there afterwards.

Chrysalis Girls Program- is a prevention based youth development and support program created by young women for young women. This group-work model of therapy is a client- driven initiative developed by adolescents who have been identified as teenagers 'at risk' or who struggle with behavioural problems within high schools. The program focuses on the issues relating to sexual assault, abuse and promiscuity. The participants are young women who have often been thrown into the proverbial 'too hard basket'. These are adolescents who have experienced adversity in their lives and through the process of group counselling and peer based education, are encouraged to develop self awareness and compassion. With the guidance of professional counsellors the program delivers education, training and counselling to High Schools through support groups and peer based educational workshops. Peer based education has proved to be an effective education model for generating change (Allensworth: 1997:286).

This group work model was established from the awareness that damaging promiscuous behaviors not only led to feelings of despair and low self worth but also contribute to the social disharmony of their adolescent community. The young women identify the patterns of school yard bullying and divisive behaviors associated with promiscuity and cycles of abuse.

The program works as two parts.

The first part is facilitated by one of the participants with the guidance of a professional counsellor. This strategy was created to help the young women form valuable leadership skills; this in turn creates self esteem and builds bonds between the young women and develops valuable life skills such as leadership.

The second part is facilitated by the counsellors. This part incorporates art therapy, body based counselling, group counselling, martial arts and experiential learning with a transpersonal counselling model.

Counselling is provided for young women who have experienced trauma from abuse, assault or who have begun to have sex too early. Sexuality is explored from a positive, informative and fun perspective. The young women are taught about the joys and benefits of masturbation as opposed to self destructive sex with someone else that lacks positive emotion or pleasure. The importance of intimacy, self worth, empowerment and mutual respect within a sexual experience is explored alongside the freedom to ask any questions about which the young women are curious.

This model of group counselling has had a high success rate of reducing emotionally damaging behaviors such as promiscuity whilst simultaneously creating empowered and connected young women(Dreyer:2009).

Limitations of this counselling model:

- ☞ The program is currently unfunded and therefore is limited to only a few schools in Northern NSW.
- ☞ This program is limited to and dependant on the skills of the professional facilitators.

The Sophia Holistic Counselling Model

This model of counselling incorporates the Anthroposophical Four Fold Model of the human being as a transpersonal approach to supporting and guiding the client. This is a client centred, somatic model of counselling that integrates the clients interrelated energetic systems to achieve transformation and holistic healing (Sherwood: 2007:3).

Developed by Dr Patricia Sherwood this holistic counselling model aims to understand and support the client at the deepest levels of human experience (Sherwood: 2007:9).

The Anthroposophical four-fold model of the human being is used as a diagnostic tool and guide for the Sophia Holistic Counsellor. The physical body, the etheric body or chi force, the astral body and the spirit are all addressed when attempting to support and facilitate the needs of the client. Precise sequences are used for specific psychological woundings which are implemented based on the individual needs of the client (Sherwood: 2007:5)

The Sophia approach to adolescent promiscuity also implements Family Systems Therapy to address the influential nature of the client's family of origin. Family Systems

Therapy identifies that a family is far more than a collection of individuals sharing physical and psychological space (Goldenberg&Goldenberg: 2008:1). The relationship that exists between each family member is influenced by generational patterns and shared assumptions. Each person is interconnected by emotional attachments and loyalties. Understanding the multidimensional nature of this phenomenon offers insight into the larger picture as to why disharmony is occurring. Family Systems Therapy addresses the multitude of interlocking phenomena affecting the client's family system such as: race, ethnicity, social class, family life cycle stage, number of generations in this country, sexual orientation, religious affiliation and the physical, mental, emotional and spiritual health of each family member.

This information offers clues to the nature and health of the family system, where disharmony is occurring and how the counselor may help to strengthen weaknesses or create healthy boundaries. This approach also offers the client a broader context to her issues from which she can gain deeper levels of self awareness (Goldenberg&Goldenberg: 2008:73).

The developmental phase of adolescence is seen as highly important. The Sophia counsellor takes into account the physiological factors that will affect the energetic systems of the client. From an Anthroposophical perspective the adolescent female is experiencing the freeing of the Astral body at the age of approximately 14years old (Bott: 1984:92). The Astral forces that become influential for girls are highly emotional in nature and can express themselves as developmental boundary pushing as they seek to gain independence. The freeing of the Astral can create for many young women a time when they feel on an emotional roller coaster. If this period of transformative development is not been nurtured or the young woman's emotional and energetic sheaths have already been broken, disassociation and behaviors stemming from emotional unmet needs and/or toxicity are common. A young woman who is expressing she does not wish to be sexually promiscuous and therefore seeks therapeutic intervention would most likely carry childhood woundings of this form.

The Sophia Counselling treatment plan

- The imbalances present between the energetic layers are noted and documented. In the instance of a young woman who seeks outwardly to fill emotional needs through sexual intimacy the Sophia Counsellor will look for signs that the clients physical and etheric body may be run down by issues such as: a poor diet, lack of physical exercise, irregular sleep patterns,

substance addiction/abuse, eating disorders or irregular menstruation.

- Astral problems relating to psychological wounding and/or toxicity will then be identified and documented. These may include: sexual abuse, grief and loss, violence, abandonment, energetic attachments, betrayal, anger, depression, fear, disassociation or past life woundings.
- A genogram may also be used to map potential disharmonies existing within the client's family of origin.
- The Sophia counsellor will then begin the session work by establishing a client wish. This is done to engage the clients 'I am' or highest self into the counselling process. The client is asked to establish what they would like to work on for the day and a wish for the session is created such as "I wish to explore why I feel shame when I have sex." This process also instates the client centred element of counselling and allows the adolescent to feel in control of their therapy.
- For the adolescent client wishing to transform promiscuous behaviour, teaching the client to exit and reverse strong feelings is paramount. The counsellor will train the client over a succession of sessions to identify when she is overwhelmed or becomes disassociated. Within these sessions boundary work will also be incorporated using sound, breath and gesture.
- Creation of personal archetypes called 'resourcing' involves using images from plant, animal or human kingdoms, colour, sound movement and gesture (Sherwood: 2007:15). This process teaches the client to access the qualities needed to feel supported through the healing process. As a Youth counsellor I have found it particularly important to collect a wide variety of images young women resonate which incorporates many fierce feminine qualities and many nurturing compassionate qualities.

- The client is then asked to describe an incident that is causing the problem she wishes to transform, heal or explore in the counselling session.
- Through the use of breath and sensing the client is asked to identify where in the body she feels the experience is stored and ask the client to literally step into that part of the body where she feels the breath becomes stuck, twisted, uncomfortable or full (Sherwood:2007:11). The client is asked to exit the emotional imprint and to draw, paint or sculpt this feeling with materials specific to the client's individual energetic/emotional needs.
- From this point onwards the treatment plan is dependant on the phenomenological journey of the client. The Sophia counsellor employs a rich tapestry of sequences and tools to offer each client through the process of the healing journey.

Iesha's Story -a case study

Iesha is a 15yr old young woman in year 10 at high school. Iesha came to holistic counselling through a referral from her local youth service. Her youth worker was concerned she was mixing with a crowd of young homeless girls who were far more street savvy than her. The youth worker felt that some counselling may help her to minimise her binge drinking and separate her from her peer group.

Iesha was born to alcoholic parents. Iesha's mother is middle aged and born in South East Asia although she has not had any connection to South East Asia or her family of origin since she left when she was a teenager. Her mother is frequently in and out of hospital due to her alcoholism and also struggles with anorexia. Her parents separated when Iesha was a baby and she does not recall a time in her life that her mother was not severely alcoholic. Her mother now lives on the streets with other homeless people who struggle with alcohol and drugs. Iesha's mother has been unable to care or provide for Iesha most of her life. Iesha's father is Anglo Saxon and middle aged and is also alcoholic. Her father drinks himself to sleep every night although he maintains a job as a mechanic and provides a place for Iesha to live. Iesha's brothers also have issues with alcohol and drug use and have now moved away from the rural town where Iesha lives, to bigger cities.

Session 1

Iesha arrived on time and a little nervous about the idea of counselling as she had never had counselling before. I asked her to do a 'warming up' activity incorporating the use of the breath and movement; afterwards she was happy to answer questions about her lifestyle and history through the preliminary intake session. Within the intake she told me she does not often drink to get drunk but she smokes cannabis daily and also dabbles with amphetamines and hallucinogens. Her menstrual cycle is normal, she eats well and exercises at least three times a week. Her hobbies include music, art and partying with her friends. Iesha's etheric energy felt strong and relatively settled.

As we began the counselling session she soon relaxed and began to discuss feelings of despair about her life. Key issues included:

- Feeling grief and sadness about her mother's repeated hospitalisations due to alcoholism.
- Feeling fearful about visiting her mother in derelict housing shelters because of the strange men and women who shared the shelters with her.
- Feeling uncomfortable about her increasing cannabis use. She feels she uses the drug to cope with her mother's alcoholism.
- Iesha alluded to a time in her life that was disturbing when she lived with 8 to 10 men at one time on a farm where some type of trauma had occurred.

Once the current issues had been satisfactorily discussed and explored the interventions that were implemented to support Iesha included:

- Teaching Iesha to exit overwhelming feelings through the 'Bamboo' technique (Sherwood: 2007:40). This is involved Iesha standing up, sensing into the uncomfortable feelings and gesturing the movement of throwing off the energy with a loud "G!" sound. This was repeated five times.
- Establishing a hand of support and safety for Iesha. We identified five people in her life who are supportive and safe she can go to if ever she is in need of support.

- Resourcing of female archetypes. Iesha chose two strong female images from my collection. We discussed and brainstormed what being strong entails and created hope for the strong woman in Iesha to begin to shine.



(Resourcing strong feminine archetypes)

Recommendations for follow up included:

- Iesha to meditate everyday for the next 21 days on the strong woman archetype.
- To practise the ‘Bamboo’ technique when she is feeling overwhelmed.
- To recognise situations where she feels powerful in her life.

The feed-back I was given from Iesha's youth worker was that Iesha thoroughly enjoyed the counselling session and looked forward to the next week.

Session 2

Iesha arrived to the counselling session and I noticed she was intoxicated by cannabis. I discussed with her that I am unable to counsel her when she is 'stoned' and therefore we could not continue with the session. I was careful to be clear but warm in establishing my professional boundaries. I gave her some handouts on cannabis addiction and support and she made a commitment to not come to counselling whilst stoned.

Session 3

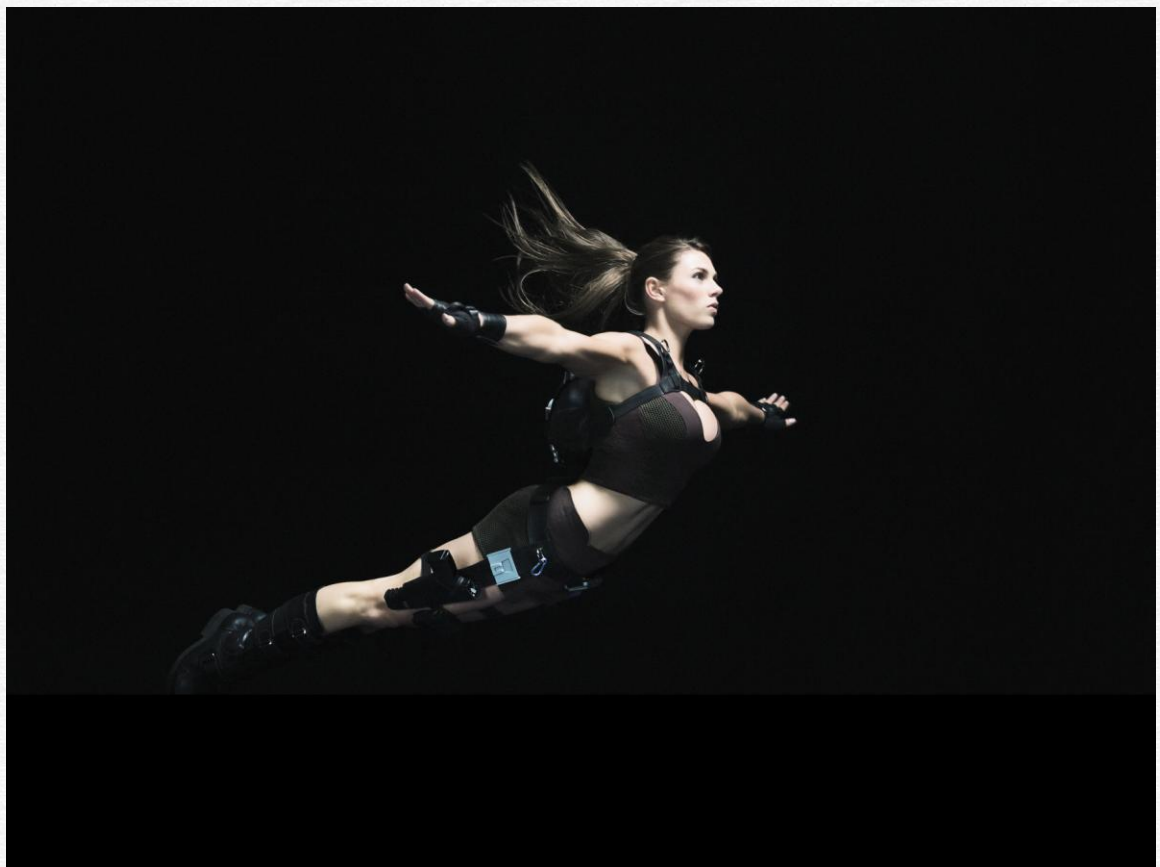
Iesha arrived to counselling sober. She was relaxed and began the session by discussing her anxiety around feeling pressured to 'hook up' with a 26 yr old man after the session. Iesha wanted to know why she has a propensity to have non committal sexual experiences with many different older men. To further explore this issue with her I began by helping her to create a wish for the session. Her wish was:

"I wish to explore why I sleep with so many older men."

We explored her first sexual encounters which included losing her virginity to a 21yr old man when she was 12yrs old. She went on to explain that she has sex with many different men regularly and she doesn't like the feelings of guilt and shame this creates for her. I explained the connection that many young women feel when sex equates to feeling loved. Iesha felt this connection resonated with her experience. I went onto describe how for some people when we are not given the love and attention we desire as children we sometimes fill those emotional wounds with addictive substances or people. Iesha found this really made sense for her own journey. We also explored the fact that her sexual experiences had all been devoid of sexual pleasure. Interventions for this session included:

- Exploring the energetics of personal space. I asked Iesha to stand and as I approached her and asked her to let me know when I'd come too far into her personal space. We also practised this exercise with her eyes closed.
- Boundary work, through the use of movement, gesture and sound. This sequence aims to build the client's power over their personal space (Sherwood: 2007:25).

- I explained the legalities involved with having sex with a minor. This was information Iesha found helpful to use as a possible deterrent when attempting to say no to older men.
- I established situations in Iesha's life where she feels loved. This included visiting her sister, talking with close friends and connecting to nature.
- Resourced the quality of self respect and clear boundaries.



(Archetype used as resource for self respect and clear personal boundaries)

Recommendations for follow up included:

- Connect everyday with the archetype of self respect and clear personal boundaries.

- Remember the commitment to staying sober when counselling is imminent.
Reaffirm her boundary work using gesture and sound.
To gain deeper insight when choosing sex as a substitute for love.

Session 4

Iesha arrived clearly distressed. She explained that she had been friends with a boy who had died in a violent confrontation that week at the local high school. She went on to explain she felt angry about the event as it had triggered her own experiences of feeling bullied at high school. Iesha was also aware her cannabis use had increased which she felt was a consequence of the atmosphere of grief experienced in her whole community.

She explained that she had become increasingly aware of her promiscuous behaviour since her last counselling session and felt that her addiction to cannabis was often the catalyst for having unwanted sex with men. Iesha felt that cannabis allowed her to avoid the emotional pain of having her boundaries broken and she could just experience the feelings of being 'wanted'. She established a wish for the session which was,

"I wish to explore my addiction to dope."

Interventions for this session that then followed included:

- Verbal identification of her drug use in her life. Addiction to substance abuse within her family system and the damaging effects on all lives involved.
- Discussion in detail of the last time she felt emotionally triggered by her overuse/abuse of cannabis.
- Enter/exit/behold- This body based counselling technique uncovered the 'attachment' Iesha has to the essence of cannabis (Sherwood: 2007:267).
- Iesha expressed this attachment was a part of her but that someone else put it there. This is a common phenomenon of addiction work. (See appendix 1 for pre and post intervention drawings)

- Resourcing the quality of ‘change’ with the image of a healthy life cycle incorporating colour, gesture and sound.
- Asking Iesha to step back into the imprint. She then drew the red and blue colours as energy; she said they were now soothing the feelings of the imprint.

Recommendations for follow up:

- I explained that the discovery of the attachment was the beginning of her path to healing her addiction to cannabis and a positive step towards healing. (This will now need to be followed up with the full addictions sequence.)
- To connect and meditate on her resource quality of ‘change’ everyday.
- To set up an alter space where she can connect to the qualities of the young man who died. These qualities included fun, hope and trust.
- To observe her triggers to craving cannabis and write them down where possible.

Session 5

Iesha arrived and expressed she had had a long day and would like to take the session slowly and gently today. Her etheric energy felt low so we did some warm up Chinese breathing exercises called Qi gong to help build her energy. Once the session started she said she wanted to tell me something important about her child hood. She suggested that it may be connected to why she has sex with lots of men and why she smokes so much cannabis. We established a wish for the session,

“I wish to explore my pain from my child hood.”

Iesha proceeded to tell me how she was sexually abused by her teenage cousins when she was 8yrs old while living on the farm with her father. She explained how she felt a lot of guilt around the experience because she liked feeling wanted by someone so therefore it must have been her fault. She expressed it was from this time in her life that she realised

she could get attention and love from someone, as she felt ignored and abandoned by her parents. Interventions for this session included:

- Clear understanding about her not being responsible for the abuse.
- Connections were made and realisations were experienced as to the level of impact this trauma has had on her life.
- The possible legal ramifications of this to all involved if she wished to press charges.
- Bamboo sequence.
- Boundary sequence.
- Resourced fierce ‘protection quality’ and nurturing feminine archetype the quality of ‘mothers love’.



(Nurturing feminine archetype of “mothers love”)



(Fierce feminine archetype quality of ‘protection’)

☞ Iesha set a goal for reduction of her daily cannabis use.

Recommendations for follow up included:

- Connecting with archetypes daily.
- Eat, sleep, exercise and be loving to herself.
- To sense when her personal boundaries are being broken.

- Practise boundary work at home daily.
- Next week begin the Sophia counselling sexual abuse sequence.
- To watch her cravings and triggers with cannabis and use her hand of safety when necessary.

Limitations of the Sophia Holistic counselling model include:

- The process of recovery is lengthy and requires a high level of commitment on behalf of the client. Adolescents are notoriously a difficult age bracket to engage for long term treatment (Estroff: 2005:231).
- The underlying philosophy and many of the techniques are based in spirituality and esoteric in nature. Adolescents can be cynical or rebellious when involved in a process that requires connection to heart space and spirit. Many of the adolescents in the area are more conservative than their parents and resistant to therapy that has a “new age” style.

Conclusion

The profound transformation from girl to woman deserves recognition, guidance and celebration. What is clear is that a history of abuse and fear undermines one of the strongest energies that exist within us. If we can teach young women to honour the sacredness of sexuality in all its wonder and diversity we can teach them to honour themselves as whole.

The phenomena of young women going out and having self destructive sex with many different people is just one reflection of a society that is caught in a web of sexual objectification, exploitation and superficiality, combined with a lack of self empowerment and self love.

What if young women in Australia were all given rites of passage to honour their emerging womanhood and sexuality? What if young women were taught about their bodies and sexuality inclusive of pleasure, emotion and self love in a safe and fearless way? What if our young men were taught how to honour and respect women to learn be both sensitive and strong?

Transpersonal sexuality is what is missing. Holistic models of therapy such as The Sophia model of counselling and the Chrysalis Girls Program recognise this problem and seek to heal this unmet need within feminine development.

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