



**Psychophonetics Institute International**

**Recovery from Past Sexual Abuse  
with Psychophonetics and Methodical Empathy.**

*Including a South African perspective*

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**ABSTRACT**

Sexual abuse in childhood is broadly considered one of the major underlying causes of the development of personality disorders in adult life, as well as the root cause of many other types of psychopathology and social dysfunction. The trauma resulting from childhood sexual abuse tends to sink into the deepest strata of memory and to be covered up by many layers of denial, shame, fear and self-loathing, presenting a unique challenge for conversational cognitive methods.

Psychophonetics is a relatively new modality of psychotherapy (Australia 1992, South Africa 2002, UK 2007, Central Europe 2012) involving a process of *Methodical Empathy* combined with the deep intelligence of expressive, non-verbal communication: Sensing, Gesture, Visualisation and sounds. The essential active factor of the Psychophonetics process is its capacity to help people create self-perspective regarding their own experience, which leads to self-observation of internal repetitive dynamics which are normally unconscious. In the Psychophonetics process of recovery from past sexual abuse the client becomes their own observer and healer, enabling healing of the core cause of later life dysfunction, including at least level 1 of severity: Personality Difficulty (with direct implications to the other levels of severity).

This presentation will describe phenomenologically the typical core experiences associated with past sexual abuse from clients' point of view; outline the processes of Methodical Empathy, Self-Empathy and the methodology of Psychophonetics, and share Psychophonetics' practical approach to recovery from past sexual abuse later on in life.

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Psychophonetics appreciates the complexities of the human form. It conceives of humans as multi-modal and it respects people as ecological beings. It is an approach which offers possibilities to healers working in Africa as it recalls the fullness of what living could be.

*Professor Stan Lifschitz, Head of professional training for Clinical Psychologists. University of South Africa, Pretoria*

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## 1. INTRODUCTION

This paper will introduce a unique approach to the understanding of clients' experience of past sexual abuse based on a modality of psychosomatic therapy called Psychophonetics,<sup>1</sup> founded and developed by the writer over the past 30 years in the UK, Australia, South Africa, UK and Central Europe (Slovakia, Hungary and Czech Republic). It also intends to introduce the potential for effective processes of healing childhood trauma in adult life.

It intends to open up conversation and exchange between practitioners and trainers of therapy regarding innovation in therapy for this intractable topical issue, which came to a dramatic head through the #metoo protest movement against sexual abuse and exploitation of women world-wide. While justly and timely protesting against the ongoing sexual abuse of women and men, serious attention must be drawn to the task and obligation of society to effectively care for the healing of the wounds caused by past sexual abuse, which underlay so many illnesses today; including addiction, relationship and parenthood dysfunction, and the formation of personality disorders, the topic of this conference. The chief intention of this paper is the broadening of practical options available for practitioners and clients to recover from the damage of past sexual abuse.

In this paper, the Psychophonetics model of Experience-Literacy will be outlined, focusing on the four modes of deep intelligence: Sensing, Movement, Visualization and Sounds, in their role of exploring, explicating, expressing and transforming experience. On that basis the generic structure of the Psychophonetics therapeutic session will be outlined.

The Psychophonetics approach to the recovery from past sexual abuse in theory and practice will be explained, based on a phenomenological exploration of clients' experience through the description of six clusters of survivors experience: 1) the ongoing simultaneous presence of various layers of biography; 2) the person's experience of leaving the body as an extreme act of self-preservation, being the underlying cause of all dissociation; 3) the experience of past sexual abuse as physical toxicity that is present in the body since the abuse; 4) the possibility of precise visualization and exploration of the ongoing damage by the client; 5) the presence of a pure, uncontaminated place in the abused body through which one can *return* to dwell in one's own body; 6) the potential of new resources of orientation, strength, boundary, cleansing, nurturing, protection and of *returning* to the vacated body of the child, available through a conscious encounter between the present awareness and the imprint of the past traumatic experience.

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<sup>1</sup> Steele, R. (2011)

The second appendix of this article includes the story of the relationship between Psychophonetics and Botshabelo, an African therapeutic village in the Megalisberg, where applications of aspects of Psychophonetics have resulted in positive development of individuals and groups.

## 2. DEFINITION OF CHILD SEXUAL ABUSE

I will use a quotation from the work of Melissa Hall and Joshua Hall in their article *The Long-Term Effects of Childhood Sexual Abuse: Counseling Implications*:<sup>2</sup>

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Maltz (2002) gives the following definition: “sexual abuse occurs whenever one person dominates and exploits another by means of sexual activity or suggestion” (Maltz, 2001a, as cited in Maltz, 2002:321). Ratican (1992) defines childhood sexual abuse as: Any sexual act, overt or covert, between a child and an adult (or older child, where the younger child’s participation is obtained through Ideas and Research You Can Use: VISTAS 2011 2 seduction or coercion). Irrespective of how childhood sexual abuse is defined it generally has significant negative and pervasive psychological impact on its victims (p. 33). The majority of sexual abuse happens in childhood, with incest being the most common form (Courtois, 1996, as cited in Maltz, 2002).

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## 3. INTERNATIONAL CONVENTIONS FOR THE PREVENTION OF CHILD ABUSE

There are many national and international conventions for the protection of children, dating all the way back to the League of Nations from 1919<sup>3</sup>. The most important one for the 20<sup>th</sup> – 21<sup>st</sup> centuries, and internationally ratified one is: ‘*The Convention on the Rights of the Child*’ of the United Nations, Human Rights, Office of the High Commissioner. Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 entry into force 2 September 1990, in accordance with article 49. Article 19 of *The Convention on the Rights of the Child*<sup>4</sup> stipulates that:

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse,

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<sup>2</sup> [http://counselingoutfitters.com/vistas/vistas11/Article\\_19.pdf](http://counselingoutfitters.com/vistas/vistas11/Article_19.pdf)

<sup>3</sup> The Declaration of the Rights of the Child, sometimes known as the Geneva Declaration of the Rights of the Child, is an international document promoting child rights, drafted by Eglantyne Jebb and adopted by the League of Nations in 1924, and adopted in an extended form by the United Nations in 1959.

[https://en.wikipedia.org/wiki/Declaration\\_of\\_the\\_Rights\\_of\\_the\\_Child](https://en.wikipedia.org/wiki/Declaration_of_the_Rights_of_the_Child)

<sup>4</sup> <https://www.unicef.org/malaysia/1959-Declaration-of-the-Rights-of-the-Child.pdf>

neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

Currently 196 countries are parties to the treaty (some with stated reservations or interpretations). This includes every member of the United Nations (except the United States)<sup>5</sup>

#### 4. THE SEVERITY OF CHILD SEXUAL ABUSE

The severity and shocking wide-spread phenomena of child sexual abuse has been documented in the public domain for many years. I will selectively present here just a few statistical references to this phenomena from professional, publicly available sources internationally:

- According to the Journal of Trauma & Treatment 2015 it is estimated that 1 in 4 girls and 1 in 6 boys will have experienced an episode of sexual abuse while younger than 18 years. The numbers of boys affected may be falsely low because of reporting techniques.<sup>6</sup>
- According to the Migration & Home Affairs Department of the European Commission Publication, Studies suggest that a significant minority of children in Europe, between 10% and 20%, are sexually assaulted during their childhood.<sup>7</sup>
- According to the national centre for victims of crime in the US<sup>8</sup> the U.S. Department of Health and Human Services' Children's Bureau report *Child Maltreatment 2010* (p.24) found that 9.2% of victimized children were sexually assaulted.
- Studies by David Finkelhor, director of the Crimes Against Children Research Centre shows that:
  - 1 in 5 girls and 1 in 20 boys is a victim of child sexual abuse;
  - Self-report studies show that 20% of adult females and 5-10% of adult males recall a childhood sexual assault or sexual abuse incident;
  - During a one-year period in the US., 16% of youth ages 14 to 17 had been sexually victimized;

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<sup>5</sup> <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

<sup>6</sup> (U.S. Department of Health and Human Services, Administration for Children and Families, 2012) [1,2].  
<https://www.omicsonline.org/open-access/trauma-and-treatment-of-child-sexual-abuse-2167-1222-S4-024.php?aid=61080>

<sup>7</sup> [https://ec.europa.eu/home-affairs/what-we-do/policies/organized-crime-and-human-trafficking/child-sexual-abuse\\_en](https://ec.europa.eu/home-affairs/what-we-do/policies/organized-crime-and-human-trafficking/child-sexual-abuse_en)

<sup>8</sup> <http://victimsofcrime.org/media/reporting-on-child-sexual-abuse/child-sexual-abuse-statistics>

- Over the course of their lifetime, 28% of US. youth ages 14 to 17 had been sexually victimized;
- Children are most vulnerable to CSA between the ages of 7 and 13.

The phenomenon of child sexual abuse is on the increase. It is a widespread opinion amongst professionals I meet internationally that not only the mandatory reporting of abuse is making it more known, but the phenomena of the abuse itself is on the rise. While the internet enabling the spread of child pornography is obviously a part of that phenomena, I do not believe that it provides a satisfactory explanation for it. I am not yet aware of satisfactory explanation. As a therapist and trainer of therapists, I focus on the solution. As to the prevention, I have to leave it for now for those professionals and policy makers whose task it is.

## **5. LONG-TERM EFFECTS OF CHILD SEXUAL ABUSE**

Many studies show that the long-term effects of child sexual abuse are huge by any measure. They underlay a huge proportion, near impossible to fully measure, of damage in later life, of mental health, physical health, relationship dysfunction, sexual dysfunction, work and economic dysfunction, addiction and criminality. Again, according to Melissa & Joshua Hall:<sup>9</sup>

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Childhood sexual abuse has been correlated with higher levels of depression, guilt, shame, self-blame, eating disorders, somatic concerns, anxiety, dissociative patterns, repression, denial, sexual problems, and relationship problems.

Depression has been found to be the most common long-term symptom among survivors. Survivors may have difficulty in externalizing the abuse, thus thinking negatively about themselves (Hartman et al., 1987). After years of negative self-thoughts, survivors have feelings of worthlessness and avoid others because they believe they have nothing to offer (Long et al., 2006). Ratican (1992) describes the symptoms of child sexual abuse survivors' depression to be feeling down much of the time, having suicidal ideation, having disturbed sleeping patterns, and having disturbed eating patterns. Survivors often experience guilt, shame, and self-blame. It has been shown that survivors frequently take personal responsibility for the abuse. When the sexual abuse is done by an esteemed trusted adult it may be hard for the children to view the perpetrator in a negative light, thus leaving them incapable of seeing what happened as not their fault. Survivors often blame themselves and internalize negative messages about Ideas and Research You Can Use: VISTAS 2011 3 themselves. Survivors tend to display more self-destructive behaviors and experience more suicidal ideation than those who have not been abused (Browne & Finkelhor, 1986). Body issues and eating disorders have also been cited as a long-term effect of childhood sexual abuse. Ratican (1992) describes the symptoms of child sexual abuse survivors' body image problems to be related to feeling dirty or ugly, dissatisfaction with body or appearance, eating disorders, and obesity. Survivors' distress may also result in somatic concerns. A study found that women survivors reported significantly more medical concerns than did people who have

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<sup>9</sup> Hall & Hall (2011)

not experienced sexual abuse. The most frequent medical complaint was pelvic pain (Cunningham, Pearce, & Pearce, 1988). Somatization symptoms among survivors are often related to pelvic pain, gastrointestinal problems, headaches, and difficulty swallowing (Ratican, 1992). Stress and anxiety are often long-term effects of childhood sexual abuse. Childhood sexual abuse can be frightening and cause stress long after the experience or experiences have ceased.

Many time survivors experience chronic anxiety, tension, anxiety attacks, and phobias (Briere & Runtz, 1988, as cited in Ratican, 1992). A study compared the posttraumatic stress symptoms in Vietnam veterans and adult survivors of childhood sexual abuse. The study revealed that childhood sexual abuse is traumatizing and can result in symptoms comparable to symptoms from war-related trauma (McNew & Abell, 1995). Some survivors may have dissociated to protect themselves from experiencing the sexual abuse. As adults they may still use this coping mechanism when they feel unsafe or threatened (King, 2009). Dissociation for survivors of childhood sexual abuse may include feelings of confusion, feelings of disorientation, nightmares, flashbacks, and difficulty experiencing feelings. Denial and repression of sexual abuse is believed by some to be a long-term effect of childhood sexual abuse. Symptoms may include experiencing amnesia concerning parts of their childhood, negating the effects and impact of sexual abuse, and feeling that they should forget about the abuse (Ratican, 1992).

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This is a grim list. If there would be a global audit of the damage caused by child sexual abuse to society, economy and the formation of families, the cost globally will be staggering. All the more obligation is place on the shoulders of professionals in the field of counselling, psychotherapy, clinical psychologists, psychiatrists, medical doctors and social workers to keep developing effective methods of dealing with this condition in survivors' later life.

## **6. COMPARATIVE EFFICACY STUDY OF AVAILABLE MODALITIES OF TREATMENT**

While a survey of the field of available therapies for the long-term effect of past sexual abuse in various countries and a comparative research of their efficacy in relation to each other and to Psychophonetics is fully justified and necessary, I do not see it as my task or as the task of this paper to fulfil this role. I present here an approach to the treatment of past sexual abuse which I have created and teach internationally, therefore, I'm in no position to provide an objective comparative study of the field. Mine is an offering of therapy, placed before professionals and the public as a possible contribution to recovery from past sexual abuse. While I am confident about the merit, ethics and efficacy of Psychophonetics in treating past sexual abuse, and while it has stood the test of time and of cultural diversity in its application – I leave it to others to do the objective survey of relevant modalities and efficacy studies comparing them. Such a study and publication will be most welcome by myself and my colleagues.



## 7. PSYCHOPHONETICS PSYCHOTHERAPY

Psychophonetics as a term is a short version of the full descriptive of the modality: Psychological– Methodical Empathy– Body-awareness/ Sensing– Gesture/bodily expression– Visualization/making the invisible inner reality visible–Sounding/connecting inner experiences to the sounds of human speech. Putting these five elements in one word resulted in the professional term Psychophonetics, as the name for this modality of therapy and personal development.

Psychophonetics is a modality of counselling, psychosomatic therapy, psychotherapy, organisational consultancy and recovery from trauma and abuse, created and developed over the past 30 years from out of the broad resources of humanities, philosophy, social work, education, social science, transformational theatre, poetry, history, Anthroposophy, Psychosophy, linguistics, Humanistic psychology and integrative medicine. For 10 years, it grew and lived in the confines of transformation, experimental theatre in London, Sydney and Adelaide, where it was practically transformed into a form of therapy through working with survivors of past sexual abuse for whom the talking cure alone was not working. Seeing my work in experimental theatre in South Australia in the late 80s, some survivors requested me to create for them a process of recovery from their trauma that goes deeper and is more consequential than endless talking about their past, which they tried for years without a real change to the dysfunctions stemming from the past abuse. In response to their plea, I transformed theatrical methods into therapeutic process for recovery from past abuse. These process with abuse victims in the late 80s and 90s transformed me into a therapist and into a trainer of therapists internationally.

Jumping 29 years ahead, Psychophonetics is an established modality of coaching, counselling, psychosomatic therapy, psychotherapy and consultancy, with its own dedicated training institutions, curriculum for the training of practitioners and list of publications. Over the past 30 years, it has been and is being practiced and taught in Australia, South Africa, UK, Slovakia, Hungary, Czech Republic and by the end of 2018, in Romania and Brazil. There are qualified professional practitioners working in ten countries with more to come. It is being used in private and group consultancy to address a whole range of topics from personal, emotional, psychosomatic, relationship and corporate/organisational development. Psychophonetics Institute International oversees local country organisations who provide a 3-4 years curriculum for Psychophonetics Coaching, Counselling/Psychotherapy.



One of the most widely applicable developments to come out of Psychophonetics work is the creation of the process of Methodical Empathy<sup>10</sup> and the discovery of EmQ: Empathic Intelligence,<sup>11</sup> the discovery that empathy can be taught and consciously cultivated through the Psychophonetics process of Parallel Processing, which enables the cultivation of empathy with others on the basis of developing empathy with oneself.

From the start of the therapeutic/developmental process, Psychophonetics works as a team of equals: every step in personal change is based on a step in new self-awareness of the client. The practitioner offers possibilities of exploration, the client offers *all* the content and *all* its meaning. A common picture of the client's internal reality is unfolding as a newly discovered phenomenon between the two of them. This is possible as the Psychophonetics process enables a direct phenomenological observation of the client's experience by the client him/herself. It engages in the process of self-awareness the latent perceptive powers of Body Awareness, Gesture, Visualization and Sounds, all endogenous to every human constitution. This is equivalent to placing the content of the deep memory storage on a screen, as we do every day with our computers. Once onscreen, the client can see/become directly informed about the relationship between suppressed memories, defence mechanisms, emotional dynamics, relationship, cognitive functioning, reactions, projections, repetitive patterns of response, and potential strength with which to re-organise these contradicting dynamics. All this becomes possible not through the practitioner questions, interpretation, advises and meaning, but through direct self-observation of the client's reality *by* the client them self, aided and facilitated by the practitioner.

Typically, a presenting issue by the client is mostly concerning a repetitive pattern of reaction in a typical life situation, home, relationship, work or social situation. A constructive conversation will follow in which no questions, advises or interpretation will be offered by the practitioner. Only response that demonstrate perception of the client's experience will be given, warming and opening the space for further, deeper sharing. This is called *The Inviting Stage* of the conversational process. From time to time a summary will be offered, holding in a *common picture* the reality shared so far- that is *The Organising Stage*. When conditions are right for it, a challenge will be offered, pointing to gaps, contradictions, different voices or avoided issues, is as much as the client is able and willing take responsibility for them- that is *The Challenging*

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<sup>10</sup> Methodical Empathy is the method of creating effective deep empathic responses consciously and methodically. It was created and named by Yehuda Tagar, founder of Psychophonetics, in 2000, being one of the major outcomes of ten years of research and development of Psychophonetics therapeutically and educationally in Australia.

<sup>11</sup> Tagar (2018)

*Stage or The Personalising Stage.* When enough new self-awareness has been generated, a conclusion phase will be introduced, focusing the dialogue into a frustration/motivator regarding which the client is ready and willing to act on- that is *The Concluding Stage* of the Psychophonetics conversational phase. On the basis of that new self-knowledge- the practitioner will invite the client to make a wish.

The wish, expressed each session afresh by the client, puts the client in the position of the director of the Action Phase of the process. The practitioner's responsibility is now to guide the process towards serving the client's wish through the Psychophonetics Action Phase. That starts from the client choosing a moment in recent life when the pattern in need of change manifests itself. That moment will be then re-lived through the body memory which is always there. It will be sensed and gestured, making visible the internal dynamics that otherwise evade consciousness. Once spontaneously but consciously expressed in a 3-dimensional form in space, the client will be able to visualise what before was invisible to them. New realisations will manifest regarding the otherwise obscured internal reality in which past and future, cognition, emotion and action are all mixed up. In light of the wish, formulated and expressed by the client in advance of the Action Phase, a process will be created on the spot between practitioner and client with the purpose of fulfilling this wish.

There are various possibilities of classifying the wish which formulate the following process: if the wish is primarily about exploring and understanding why one acts and forms reality the way one does, the classification is *Exploration* and the process will be guided primarily to explore what is happening inside and the dynamics underlying it; if the wish is primarily about overcoming, digesting, clearing, transforming internal realities and taking one's power back from events which were out of one's control and left their mark deep inside – it will be classified as *Empowerment*, which is the case if past sexual abuse is discovered as the deep cause of the presenting dysfunction, and a process will be created for the confrontation with the presence of that which has to be cleared out of the system, including the accessing and mobilization of the new internal resources required for that clearing. If the wish is primarily about accessing a new way of being, a quality, an inner capacity which is missing in the client's life, it will be classified as *Resourcefulness*, and a process will be created to manifest into actual experiential reality that missing element. There are other possible kinds of classifications of clients' wishes which will indicate other Psychophonetics processes, such as: Overcoming Reactions, Owning Projections, Psychosomatics, and many more. But in all cases, a basic process of exploration will take place regarding the patterns in need of change. When past sexual abuse is underlying the dysfunction presented by the client, that reality will manifest in the exploration process of

the Action Phase, not only as a memory and as a past experience, but as a repetitive pattern and a hidden cause of present day functioning on all levels. Each session is unique, a combined work of 'situational art' co-created by the teamwork of the client and practitioner.

## **8. PSYCHOPHONETICS MODEL OF EXPERIENCE-LITERACY**

### **Experience and its modes of operation and communication**

Before looking at the unique reality discovered in Psychophonetics exploration and treatment of adult dysfunctions resulting from past sexual abuse, here is a closer look at the Psychophonetics' methodology underlying the phenomenological exploration of this condition. Psychophonetics process uses two phases of communication and expression: A) Methodical Empathy based Conversational Phase; B) Action Phase, using 4 modes of expressive, non-verbal modes of deep intelligence: 1) Sensing, 2) Gesture, 3) Visualisation, 4) Sounds. These rich range of intra and inter communication modes enable conscious access to strata of experience that otherwise remain inaccessible to the conscious mind – while enabling the client to stay completely conscious, awake, in charge and aware throughout the process.

Using a combination of the above channels of self-communication and expression, Psychophonetics forms a conscious bridge between the cognitive, reflective, intellectual pole of one's consciousness and the deep intelligence of one's experience: body, emotions, memories, patterns of behaviour and defence, habits, desires, frustrations, wounds and traumas. These components of human experience have their own languages, for which intellectual cognitive expression is a foreign language into which they have to be translated. Psychophonetics forms an endogenous language of human experience, combining the experiential and the cognitive poles of one's reality in an internal discourse, supported and facilitated by the Psychophonetics practitioner in a short, strategic educational intervention. It aims at liberating the client from dependency on the therapist right from the start of the therapeutic/developmental process.

Human experience has its own intrinsic languages. In light of Psychophonetics they are as follows:

### ***Sensing***

The human ability to become aware of phenomena reaching one's consciousness from the outside and from the inside consists, according to Rudolf Steiner's Anthroposophy, of 12 ordinary senses: Touch, Life (well-being), Movement, Balance, Smell, Taste, Sight, Warmth, Hearing, Sound (meaning of Intonation), Concept (the grasping of) and I Am (of another

person). Over and above that division the act of perception is usually a combination of some senses, and the capacity to sense all together is designated in this framework as *Sense-Ability*. Human Sense-Ability is capable of receiving and of retaining impressions both from the outer and from the inner worlds. Every human experience leaves a trace of impression on the texture of our Sense-Ability. That trace can be re-discovered and be called to consciousness at will with the Psychophonetics processes.

### ***Movement and Gesture***

The human body is regarded in Psychophonetics as *an instrument of Meaning, enabling an Inner being to live in an Outer world*. The human body can serve as a precise map for the human psyche, through which every aspect of one's inner life could be traced and observed in full consciousness. In Psychophonetics, in its performance and for its therapeutic applications, the body and its expressive ability is regarded as a screen onto which the psychic dynamic can be projected, and from which it could be read. The claim is that every human experience can be directly expressed in a gesture by every basically functioning person and be universally understood.

### ***Visualising***

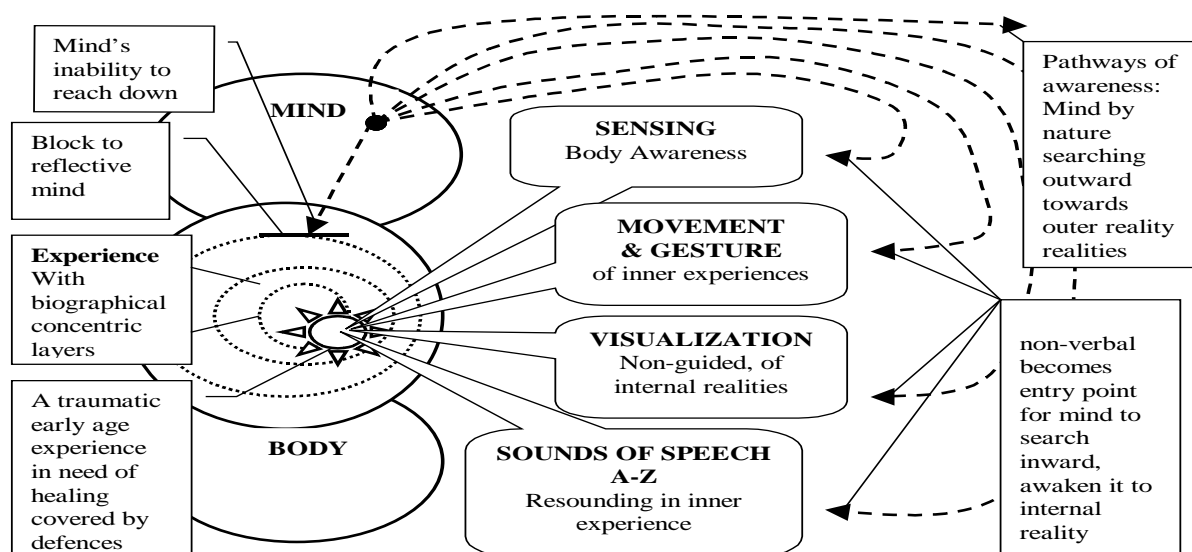
An inherent ability lives within people to create accurate pictures of inner situations with which they can grasp, comprehend and explore their inner reality. Those pictures require an inner activity in order to come into being, and we all do it all the time half consciously. In Psychophonetics, this ability is being refined and encouraged as a major mean of communication with oneself and with a counsellor. This is not guided imagery, but authentic, spontaneous, organic activity of visualising in one's imaginative capacity a created representation of inner experience. Once created, this visualisation can be treated like any other perceived reality: it can be remembered, reflected upon, connected with other perceptions, and be conceptualised. These visualisations can then be projected and externalised verbally, pictorially, through movement and gesture, and so on. For the client/student/actor this capacity is a source of information about the inner content being explored. The activities of Sensing and of Gesturing enhance that ability remarkably. The claim is that every human experience can become an inner picture observable with perspective to its creator.

## *Sounding*

The sounds of human speech, consonants and vowels, when spoken on their own, transform in the air into forms of vibrations which can echo in the whole range of human experience. Experiences living in the embodied layers of the psyche apparently exist in forms of vibration similar to the vibrations of the sounds of speech. Experience show that the sounds resound in the depths of inner experiences from all levels and periods of our existence.

In Psychophonetics, that correlation between the sounds of human speech and inner embodied experiences becomes the major tool for the exploration, confrontation, transformation, representation and healing of inner patterns. This is where its very name comes from: Psychophonetics-Love of Sounds. The claim is that every human experience, once expressed in a gesture, can find its precise counterpart in a particular combination of the sounds of speech; sensed, spoken, or visualised. These are the main modes of knowing and of healing, alongside verbal counselling, used by Psychophonetics.

## 9. MAJOR PSYCHOPHONETICS MODES OF KNOWING & COMMUNICATION



Based on these modes of Experience Literacy, every aspect of human experience can be made accessible to full awareness, with no need for 'reading' applied from the outside, probing or interpretation. The deep communicative resources accessible through Psychophonetics skilful application of the non-verbal, expressive dimension of human expression continues to create keen interest amongst South African therapists who come across it. It seems to give

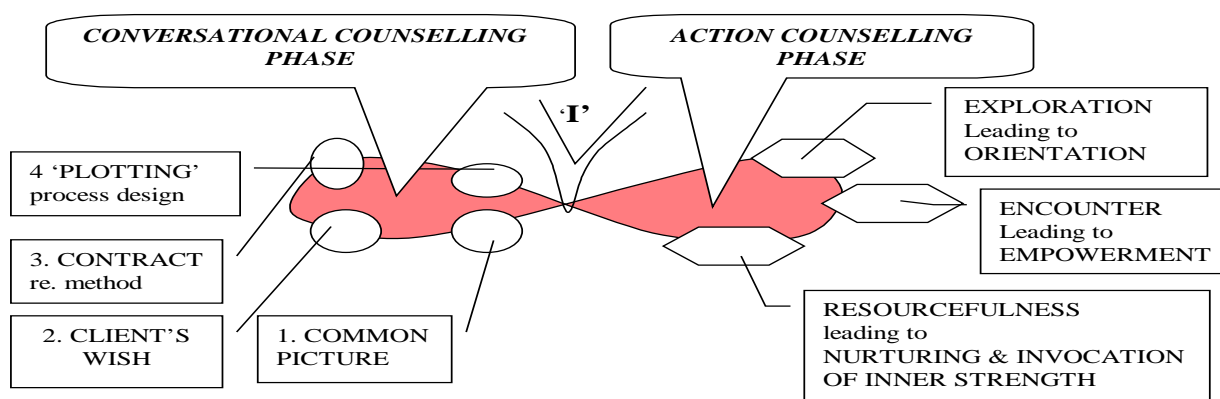
Psychophonetics a unique position in the development of a form of psychotherapy suitable for the special needs of the diverse and multi-cultural New South African society.

## 10. STRUCTURE OF A PSYCHOPHONETICS SESSION

This combination of the cognitive and experiential modes of operation in one modality entails two different sets of techniques placed in two distinct components of the therapeutic process. The cognitive/verbal/conversational component of Psychophonetics is called *The Conversational Phase* and the experiential/non-verbal/expressive component is called *The Action Phase*.

Psychophonetics sessions move between the verbal/conversational and the non-verbal/expressive modes of the counselling-psychotherapeutic process. Most Psychophonetics sessions will incorporate both components into the one process, within one to one and a half hours. Experience is always placed in a firm context of cognition in this modality, to ensure ongoing fully conscious integration of newly accessed experiential content, which guarantees the ability of the client to be in charge of the process.

The structure of a classic session in this modality looks somewhat like this diagram:



## 11. PSYCHOPHONETICS APPLICATION TO RECOVERY FROM PAST SEXUAL ABUSE

In the application of Psychophonetics to recovery from past sexual abuse, some typical characteristics of the client's experience of this condition were discovered. My work with survivors of past sexual abuse started in Adelaide, South Australia in 1988, Melbourne between 1991-2002, Johannesburg and Cape Town (South Africa) between 2002 and 2012, UK 2007 to

2015, Slovakia, Czech Republic and Hungary from 2012 to the present time (2018), Israel 2015 to 2017. There were shorter projects of clinical and educational projects in other countries during this period, as well as other practitioners continuing their practice in various countries. The sample as the basis of these discoveries is broad and international.

Six universally applicable experiential phenomena were discovered during these years of working with adult survivors of past sexual abuse, applied and validated over the past 30 years in all these countries and cultures

## **12. THREE TYPICAL CLUSTERS OF EXPERIENCE TYPICAL OF SURVIVORS OF PAST SEXUAL ABUSE**

The following is a short description of Psychophonetics approach to the typical experience of survivors of past sexual abuse:<sup>12</sup>

### **Experience Cluster 1: Biographical Concentric Layers - Imprints Frozen in Time**

For survivors of past sexual abuse, the abuse experience is not in the past. For them the past trauma lives in the body-memory, in which different layers of biography live within each other like concentric circles, much like the rings of a tree. The resonances of past experiences as well as the various mechanisms with which they have survived since are represented simultaneously. They surface into the emotional and mental processes upon typical triggers rather than in any logical or sequential order, controlling the perceptions, the emotional responses, interpersonal interactions, self-perceptions and the motivation for action regarding present situations.

**Experience Cluster 2: The cause of all Dissociations (named in Psychophonetics: Exarnation), leaving the body-in the client's own personal experience-when under invasive attack.** The experience of most survivors of past sexual abuse as children is that they have left their bodies when threatened with a soul-destroying, bodily unbearable invasion which takes place during sexual abuse. Staying in the body during sexual abuse is, apparently, intolerable to young children. They leave. It is the actual experience of the majority of people who have survived sexual abuse from before the age of 7- that in order to survive they left the body, and were not fully present while it happened, and consequently, they are still not fully present in the body years later. For the rest of their lives they feel as if they are not fully there;

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<sup>12</sup> Tagar & Steele (2011)



that the body feels vacant of the presence of consciousness, sensation, feeling, perception, the ability to respond and to relate to others fully. Expressed in a gesture it appears empty, listless, hanging there with vacant eyes. They left. When this is understood in the session, it is often the first time they feel understood regarding the underlying pattern that explains to them their own reality.

**Experience Cluster 3: The imprint of past sexual abuse is experienced by people as physical toxicity.** Confronting this phenomena over and over we had to conclude that the pathology resulting from sexual abuse is not primarily of a psychological nature, but is a phenomenon experienced in the body, in relation to which psychological phenomena are primarily symptomatic. To the survivor, the abused body feels contaminated, toxified, internally dirty, for many years to come. Time itself does not clear this toxicity. That is the major reason people who ‘left their bodies’ cannot fully return to them later. It is as though the body or parts of it have been overtaken by a foreign presence, strange, indigestible, malignant and obnoxious, disinheriting their ability to reside in it fully for the rest of their lives.

These three clusters of experience typify the absolute majority of survivors of past sexual abuse.

### **13. FOUR PSYCHOPHONETICS THERAPEUTIC POSSIBILITIES AVAILABLE FOR SURVIVORS OF PAST SEXUAL ABUSE**

Through many years and many clients who were survivors of past sexual abuse, a unique Psychophonetics therapeutic process for this condition has evolved. It is being demonstrated and taught in all professional Psychophonetics training since the early 90s. While every human being and every therapeutic meeting are unique, some therapeutic principles are applicable universally and can be articulated. While a detailed description of the Psychophonetics therapeutic process of past child sexual abuse in later life is obviously beyond the scope of this paper, a description of the generic therapeutic principles that make this process possible will be described here, as the core task of this paper. The following three therapeutic possibilities are unique Psychophonetics discovered and developed processes of recovery from past sexual abuse.

**Therapeutic possibility 1: A process could be created whereby the client can come to perceive the imprint of past experience in their own psycho-physical constitution.**

This visualization/orientation is made possible through Psychophonetics process of Perspective-Creation in regards to their own experience and is called *Enter-Exit-Behold-* this

involves a sequence of focusing, sensing, movement and visualization enabling people to view their own experience-imprints as if watching them on a screen in front of them, very often for the first time. Precise details not only of what took place in the external sense come to light through this process, but also precise details of the internal dynamics that resulted from the event become conscious through this most central therapeutic sequence of Psychophonetics. People can *see* what happened to them and inside of them for the first time.

**Therapeutic possibility 2: The Body is never completely abused. There is always a spot within it that is not contaminated. This is how the soul can return to it.** The deepest desire of all the people I worked with is to return to their body completely, to occupy it fully, to clear the place completely and to own their life as an expression of their true being. Following the Perspective-Creation explorative process as described above, we found that upon request, all clients can visualize/discover in the observed abused body a spot that has not been contaminated, a pure place where their being is preserved in the body, even during the abuse. Through this spot they can start the return. We call it *The Landing Pad*. It appears to the visualization of the client in all sorts of locations: in the heart, in the throat, in the middle of the forehead, inside the head, in the toes, in the belly, in the clenched fists. It is always a specific, clearly located place. They can give it a colour and it is always a pure, beautiful colour- radiant blue, green, pink, golden. They can imagine returning through it.

**Therapeutic possibility 3: Accessing new resources** of orientation, strength, boundary, cleansing, nurturing, empowering.

**Therapeutic possibility 4: Creating the possibility of *returning* to the vacated body of the child.** We discovered it is possible for the client to create a process of return to inhabit fully the body from which, at one point in their early life, they have partially exited from, as a way of preserving their sanity, their integrity and their humanity.

#### **14. NEW CAPACITIES OF INNER RESOURCES FOR THE RECOVERY FROM PAST SEXUAL ABUSE**

We also discovered, using Psychophonetics therapeutic sequences that six clusters of resources can become available through a constructed process of re-visiting past imprints with present awareness in an encouraging, safe environment:

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

This completes the outline of the diagnostic picture and the process of recovery of the condition of past sexual abuse. It has been applied to hundreds of clients in the past three decades, primarily in Australia, New Zealand, South Africa, UK, and Central Europe.

## 15. CONCLUSION

I have introduced the existence of Psychophonetics psychotherapy as uniquely capable of effectively helping survivors of the intractable affliction of child sexual abuse later on in their adult life. I placed this new approach in the context of the problem: the definition of child sexual abuse, the international conventions for its prevention, the severity and prevalence of its presence in today's humanity, and the long-term damaging effect of this condition on people's future well-being and functioning. I refrained from including in this paper a survey of the field

of treatment of this condition and a comparative study of efficacy, as my position in creating, practicing, teaching and expounding one particular modality prevents me from doing so objectively.

I outlined the modality of Psychophonetics, its fundamental ideas, methodology, major components, processes and technique in a generic way. I have not outlined the theoretical foundations of Psychophonetics, as that would be beyond the scope of the requirements for this paper. I have identified it within the broad traditions of the psychological implications of Husserlian Phenomenology and within Humanistic psychology. I outlined the fundamental discoveries emerging from Psychophonetics clinical experience with survivors of past sexual abuse regarding clients' experience from the clients' own point of view in three fundamental *clusters of experience*, and I have outlined four generic Psychophonetics therapeutic possibilities, which proved valid, effective, repeatable and teachable with broad international clinical applications. I listed a range of accessible internal resources potentially available to survivors of past sexual abuse through Psychophonetics therapeutic/developmental process.

I demonstrated in the appendix the applicability of Psychophonetics to the severe conditions of South Africa. It is a message of hope to survivors of past sexual abuse and of professional development towards practical effective tools of therapy to this condition, for which, in my observation and in the experience of my many clients over my career– conversational, cognitive approaches are of little help in dealing with condition that operate from the depth of the bodily memory and of the deepest patterns of instinctive defence and survival. My hope is that this paper will encourage in clients and practitioner alike the possibility of a participatory approach to the recovery from the damaging and limiting effects of child sexual abuse on adult life.

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## APPENDIX 1

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## APPENDIX 2

### PSYCHOPHONETICS IN SOUTH AFRICA<sup>13</sup>

Psychophonetics arrived in South Africa in 2002 for the first time at the invitation of the founders of the South African Association of Psychotherapy, in the form of presentation at the founding conference of this association at Rhodes University in Grahamstown in June 2001. The paper presented by Yehuda Tagar was titled: *Psychophonetics Counselling Applied to Working with Recovery in Adulthood from Child Sexual Abuse*. The emphasis of the paper was on the integrative methodology of Psychophonetics in combining verbal as well as non-verbal modes of communication, on the finding of the applied phenomenological research using this modality which resulted in a model for the understanding of clients' experience of past sexual abuse and of the process of recovery, and a case study accompanied with a visual demonstration of the therapeutic process by the client's art work. Considering the complete newness of the concept and the methodology of Psychophonetics (Psychophonetics Counselling & Psychotherapy) to the leading academics of the department of Psychology in South Africa gathered in that conference– the reception to this new possibility was very warm and encouraging.

From the response of the participants of this conference and from following responses from other local professionals it appears that at least to some participants Psychophonetics represent a potential link between Western oriented modalities, with their western frame of mind, their reflective, intellectual and verbal procedures on the one hand, and the more action-based, body based, expressive and ritualistic modes of healing more natural and accessible to the majority of South Africans. Typical in this regard is the communication from Kealogetswe Maureen Mongale, a clinical psychologist from Johannesburg, who made a strong connection to Psychophonetics (Psychophonetics), wrote the following:

I have always searched for a cost and time effective therapeutic technique in addition to what I used. The key for me was an intervention that would truly transcend the barriers of language and culture and would not depend on the patient's level of articulation. My experience with traumatized people is that they struggle with articulating their feelings because of the excessive pain that they are going through. Therefore, the question for

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<sup>13</sup> Tagar (2003)



me has always remained: What do I do if people cannot verbalize their emotions, especially when time is limited?

My encounter with Psychophonetics by Yehuda Tagar at the beginning of this year, solved my dilemma. The peak was when the methodology repackaged counselling for sexual trauma. It highlighted the underneath as some of the pitfalls of successfully treating trauma with traditional therapeutic techniques:

- Most of the traditional interventions put a lot of emphasis either on the emotions and or the intellect/behavior at the exclusion of the body.

We could attribute the above shortfall to a number of reasons. A few being:

- the clinician's incompetence in dealing with the physical aspect of trauma
- the tendency to believe that the physical is a medical issue
- the clinician's own discomfort with dealing with the victim's body

Psychophonetics offers a holistic intervention for the victim e.g. emotional, spiritual, psychological, sensual and physical releases. It is imperative for the victim to experience release at all these levels for sustained health.

From the theoretical perspective I would like to add that Psychosophy, being the theoretical foundation of Psychophonetics/Psychophonetics, gives it an edge over most western type of psychological interventions which do not emphasize the spiritual element of humanity. These interventions usually fall short of being able to satisfy the psychological needs of African clients as they are not contextualized for them African clients, if indeed they are for the other society in addressing the entirety of human functionality and developmental potential. More research is needed for further customizing of the intervention to suite the African context in its vast diversity. But a promising potential is obviously there in Psychophonetics/Psychophonetics on which to build many future therapeutic applications that can address the depth, the richness and the spirituality Africans.

**Kealogetswe Maureen Mongale**, Clinical Psychologist - MA (Clin Psych) UCT

## **PSYCHOPHONETICS IN BOTSHABELO: AN AFRICAN THERAPEUTIC VILLAGE**

One of the most significant development of Psychophonetics in South Africa is the establishment clinical work in an African village for the care of the previously destitute children, adolescents and adults in the Megalisburg, northwest of Johannesburg, called Botshabelo. Founded 15 years ago by the Botshabelo Community Development Trust in the form of a communal village, it caters for the needs of those who have dropped out of the system,

who are too disempowered to access by themselves even the meagre resources afforded by the state. Botshabelo acts as an intermediate level of governance between poor people who cannot access services by themselves and the municipal government. Botshabelo Village is made up of a welfare home, a rural school on all levels, crisis clinic, home for abandoned and homeless elderly residents, safe haven for abused children and women, school, primary health and indigenous health clinic, rural soup kitchen. It is self-governed by a unique system combining a custodial structure and a form of participatory democracy.

Marion Cloete, the co-founder of Botshabelo Community Trust, has chosen Psychophonetics (Psychophonetics) as the form of counselling for the Botshabelo's residents. Consequently, she has enrolled to the first intake of Psychophonetics professional training in Johannesburg, where she is now completing her first year of the diploma training. What she learns in the course she implements, to the increasing degree of her on-going training, to the daily life of the Village. I have just started to provide free counselling service to the residents of the village, specifically for overcoming the trauma of past sexual abuse and past experiences of violence. The Johannesburg campus of Persephone College South Africa has agreed to offer free counselling service to the residents of Botshabelo by our students when they reach the level of practicum in the third year of their training.

In a short article about to be published in South Africa she speaks about her work, explaining why she has chosen this approach for the counselling and the psychotherapeutic needs of Botshabelo's residents:

The motivation of the village to have selected Psychophonetics Counselling and Psychotherapy over other psychotherapy modalities is based on the realities experienced on the ground rather than on armchair theoretical decisions.

...(Botshabelo) provides a safe environment...to begin to address and expose the extreme emotional and psychological ramifications that a draconian political system has had on nuclear and extended family ties.

The skills which I have acquired both academic and practical (including mainstream counselling and psychology) had not prepared me for the trauma that I deal with and come to contact with every day in the rural area. My days are spent among the most destitute and emotionally/physically impoverished adults and youth. Individuals and families that have experienced sexual abuse, substance abuse, physical handicaps.... Bereavement on all levels, physical abuse, dealing with terminal illness such as AIDS, cervical cancer, etc.

...I have realized that the traditional paradigms or schools of thought around psychotherapy no longer seem relevant or effective, if in fact they have ever been in an African context. This does not for one moment takes away any of the values gained by methods of psychotherapy but rather question the premise from which they take their 'reality'. The official government counselling which the village's foster children and general community members received are haphazard, irrelevant, language biased and out of reach economically and culturally skewed...

Marion goes on to describe observations of early results of applying Psychophonetics (Psychophonetics) to residents of the village professionally and by trainees:

Having completed most of my first year in Psychophonetics under the guidance of Yehuda Tagar I am astonished to have discovered a modality that not only touches the core issues but cuts across language, class, age, race and trauma. It has enabled the village to address some of the emotional inconsistencies that remained dormant in the community.

Of the many examples I will cite two: the first is a youth who lived and participated in the civil unrest in Soweto, which ultimately lead to the downfall of the Apartheid regime. He received a Psychophonetics session from Yehuda Tagar (regarding violent acts of that past). The following is his own testimony of what occurred in his life after the first session. Three things stood up for this youth: firstly - in a period after the session he found himself in a violent situation whereas normally he would have in the past responded violently. He stood back, assessed the situation, and withdrew. Secondly - in the past he found that he required a lot of sleep. This pattern has changed to less sleep. Thirdly – on the advice of Yehuda Tagar he planted a rose bush outside his window (in honor of the suffering of the past). In our environment and for this youth to have experienced and to have done the above is astonishing and fills us with optimism for the future. Beyond this he is willing to have other sessions and is positively influencing his friends.

In regards to early results from the beginning of the Psychophonetics therapeutic program in the Village in regards to recovery from sexual abuse Marion says:

The second example is our sexually abused counselling circle. Last year it consisted of eight children, this year it has grown to over twenty-five, and more community members are approaching me when they discover the gentle and empathetic approach to healing. ...more mothers are approaching us about their rape experiences as children,

adolescents and adults in the rural areas. This organic and holistic progress once more highlights the efficacy of Psychophonetics in approaching real trauma.

In regards to the group work potential of Psychophonetics Marion says:

One other positive aspect is that Psychophonetics allows facilitators to do counselling in larger groups. Because it would seem that if communities will have to wait for mainstream counselling to come to them - it will not be in this life time.

In her conclusion, Marion summarizes her reasons for choosing Psychophonetics as the preferred modality of Psychotherapy for Botshabelo, and for choosing to become a Psychophonetics practitioner:

From the above information it is not difficult to understand why we believe that Psychophonetics Counselling & Psychotherapy has the potential to address the healing required on an individual and group basis for poor people in general and in the Village in particular. Thus, the Village has access to an applicable psychotherapy modality which can be utilized and processed on the same basis as we would process our economic, physical and material progress.

I feel very honoured to be chosen by Marion and her village as a teacher, therapist and mentor of therapy, and for Psychophonetics to be chosen as their preferred modality of psychotherapy is one of the most significant development in the young life of this new modality. Because of the newness of mine and Psychophonetics' presence and work in South Africa, this testimony is probably the strongest indication of the relevance of Psychophonetics to all sections of South African, and therefore African society. I would like to let it and the work that will follow from this connection to speak for themselves.

While the scourge of sexual abuse is particularly rife in post-apartheid South Africa over the past 24 years since liberation because of the particular living conditions of millions of South Africans— working in South Africa highlighted for me and for my colleagues the phenomena of past sexual abuse, its typical characteristics and its possible healing, universally. The lessons learnt in South Africa during my ten years of clinical and educational work there are highly applicable to this condition universally. This work is awaiting objective academic validating research.

NB: This version of the paper has been edited by Robin Steele PhD (April 2018)