

PRIMAL PARTNERSHIP

Please be advised that what follows is a work in progress. I began writing this in 1991, and at the rate I'm going, I might even finish it before I die ☺

Introduction

My life has been what many people might call “normal.” In spite of the fact that I remembered almost nothing of my childhood and adolescence, I too used to think that my life had been relatively normal. I thought that I had a happy childhood, that I had healed from the effects of my childhood traumas, and that all the doubt and insecurity I felt about myself and about life were simply obstacles that I must strive to overcome in order to live the life that I desired.

Until I was nearly forty years old, I drifted through my adult life with very little direction, never very concerned with much except trying to have a good time. I used both legal and illegal drugs on a daily basis for many years, but I kept my mind and body active enough to stay relatively healthy, although I had no conception of what true health was. I participated in many athletic, educational and artistic activities, and I had many wonderful—and some far from wonderful—adventures, but lurking inside me was a haunting feeling that something was missing from my life.

I searched for that “something” mostly unconsciously and with no understanding of what it was, or of who I was or where I was going. I became a vegetarian, I quit using drugs for long periods, and I did everything I could to “clean up my act,” transcend all uncertainty, and “get on with my life.” Regrettably, I had no guidance, and nothing seemed to help me find my way to wherever it was I was going. In short, I was lost.

Also unconsciously, at least until recently, I rejected religion as a means of succor primarily because as a child I was subjected to Christian fundamentalism, with its good/bad, heaven/hell, and God/Satan dichotomies. Such polarizing ideology provides fertile soil for raising confused children who are unable to comprehend such incomprehensible ideas. Expecting children to understand unfathomable religious tenets or the existence of an invisible and enigmatic supreme being is at best folly and at worst abusive, since only later in life is the brain’s cognitive ability developed enough to allow one to rationalize irrationality.

Because I was instinctively certain that I could never find fulfillment in religion, especially since fantastic leaps of faith were required to make sense out of nonsense, my semi-conscious and ineffectual quest for meaning in life led me away from gods and credenda. Sadly, I was so far out of touch with myself that I was completely unaware that the missing “something” was inside me all the time. Then “the love of my life” left me, and I finally found what I needed, the “something” that was interred along with my dead father: Pain.¹

After my father died I was subconsciously afraid of loving anyone deeply because if I did, I might be abandoned again, and, also subconsciously, I never *ever* wanted to be hurt like that again. Paradoxically, my inability to trust precipitated me into the very Pain that I had unknowingly repressed for my whole life. When I finally met a woman who loved me so much I fell in love for the first time in my life, she left me because I could not fully commit myself to her, regardless of how hard I tried. I, for once, did not leave the relationship—leaving was my usual unconscious way of avoiding abandonment—but I withdrew emotionally and physically, not understanding why I was doing so. Physiologically, my brain was simply doing its job to protect me from a traumatic situation that resembled one of the chief causes of my Pain: being abandoned by my father. This brain function—repression—is a survival mechanism that serves to preserve the integrity of the organism. I will discuss this function in more detail later.

When I was abandoned by the woman I loved I was plunged into the appalling Pain caused by my father’s death; the Pain caused by a shocking and disfiguring childhood injury; the Pain that I subliminally tried to medicate with drugs, dangerous and exciting activities, sex, food, exercise, reading, beliefs, and anything else

¹ This type of pain—referred to here as “Pain” spelled with an uppercase “P”—is overwhelming psychological pain resulting from physical and emotional traumas that are so great they threaten one’s physical and psychic integrity. When Pain is overwhelming it is repressed and lies hidden, sometimes for decades.

that kept me from feeling that Pain; the Pain that was the source of all the confusing emotions and repetitious, dysfunctional behaviors in my life; the Pain that I unsuspectingly carried inside myself for twenty-six years. That Pain is all the Pain that I had never been able to tolerate consciously, that was instead repressed and stored by my brain until the moment when I was able to begin the process of consciously releasing it by *feeling* it. That Pain, and *only* that Pain, is my salvation, for without feeling and thereby releasing my Pain, it will continue to afflict my life with stress, tension, and anxiety—the hallmarks of neurosis.

Feeling some of my Pain was the beginning of a fascinating educational and experiential journey of discovery, exploration, and healing. This discussion is a part of that journey, made with the absolute certainty that I have at last found the path leading to the quality of life I always wanted, but was never able to attain.

My journey has been characterized by Pain, but also by discovery, for I have learned much that heartens me with the hope that our world and our lives can reach the ideals to which so many of us aspire, but which are as often denigrated as impossible for a species that is supposed to be inherently violent and warlike. Fortunately, many people in our world are challenging the accepted social, cultural, religious and political dogmas that have impeded humanity's evolution into an integrated and equalitarian whole. It is largely to these people and to their visions for a better world that I owe what hope I have for the life that we all deserve as denizens of this planet Earth.

The two persons to whom I will refer most frequently (and gratefully) are Riane Eisler and Arthur Janov. Eisler is a social scientist and author of books such as *The Chalice and the Blade: Our History, Our Future*; *The Partnership Way* (co-authored with David Loye); *Sacred Pleasure: Sex, Myth and the Politics of the Body*; *The Power of Partnership: Seven Relationships that will Change Your Life*; *Tomorrow's Children: A Blueprint for Partnership in the 21st Century*; and *The Real Wealth of Nations: Creating a Caring Economics*. Eisler, who cofounded the Center for Partnership Studies with her partner David Loye, has shown that humanity has the capacity to evolve in primarily one of two ways. The first of these evolutionary trends is referred to by Eisler as a “partnership” model of society.

Partnership societies, which existed during the Neolithic period² of our prehistory and covered large expanses of what is now Europe, were based on equalitarianism and cooperation. As Eisler explains, new archaeological data and the reinterpretation of existing data show us that partnership societies conducted regular trade, and the remains of their settlements exhibit few signs of warfare or fortifications. In addition, these societies were devoid of the vast social disparity that is supposed to be an inherent aspect of all ancient civilizations, and they valued the sexes equally both socially and ideologically. Indeed, the art of partnership societies—symbolized by the chalice, which represents the life-generating and nurturing powers of the universe—expresses a peaceful world view in which cultivation of the earth and material, sexual and spiritual fulfillment were the primary purposes of life. This worldview was manifested in the veneration of a Goddess and the creation of life-affirming religious images, one of the most central of which is a woman giving birth. These images illustrate the reverence of our prehistoric ancestors for the sacred themes of birth, death and regeneration of life.

In stark contrast to the partnership model of society is the other evolutionary trend in social organization that Eisler calls the “dominator” model. Dominator societies are characterized by the dominion of groups or classes of people over others, of the ranking of one half of humanity over the other—men over women—and by the institutionalization of war and other social violence, especially toward women. Such societies maintain themselves through force or the threat of force (fear), meaning that physical or emotional pain or the fear of such pain is the primary methods of social control. The art of dominator societies—symbolized by the blade, the power to take life—glorifies wrathful deities, rape, war, and death. Dominator religions are generally patriarchal, and a central religious figure of our current dominator system is of a man dying on a cross.

Eisler's evolutionary social models are part of a “cultural transformation theory” introduced in *The Chalice and the Blade*. In *Sacred Pleasure*, Eisler summarizes her theory as follows:

² Neolithic civilizations flourished approximately 7500-3500 B.C.E.

. . . *cultural transformation theory* proposes that, in the language of nonlinear dynamics, the dominator and partnership models have for the whole span of our cultural evolution been the two basic “attractors” for social and ideological organization. Drawing from chaos theory and other contemporary scientific theories that show how living systems can undergo transformative changes in a relatively short time during states of extreme disequilibrium, *cultural transformation theory* shows how these same principles apply to social systems. Specifically, it shows that many beliefs and practices we today recognize as dysfunctional and antihuman stem from a period of great disequilibrium in our prehistory when there was a fundamental shift from partnership to dominator model ascendancy. And it proposes that in our chaotic time of escalating disequilibrium we have the possibility of another fundamental cultural shift: this time in a partnership rather than dominator direction (11).

The partnership model delineated by Eisler is indeed similar to the chaos and systems theories of natural and systems scientists. In *The Turning Point*, physicist Fritjof Capra states, “Systems theory looks at the world in terms of the interrelatedness and interdependence of all phenomena, and in this framework an integrated whole whose properties cannot be reduced to those of its parts is called a system. Living organisms, societies, and ecosystems are all systems” (43). About cultural transformation, Capra writes

In the regular pattern of rise, culmination, decline, and disintegration, which seems to be characteristic of cultural evolution, the decline occurs when a culture has become too rigid—in its technologies, ideas, or social organization—to meet the challenge of changing conditions. This loss of flexibility is accompanied by a general loss of harmony, leading to the outbreak of social discord and disruption. During the process of decline and disintegration the dominant social institutions are still imposing their outdated views but are gradually disintegrating, while new creative minorities face the new challenges with ingenuity and rising confidence (418).

Capra is describing the shift from a dominator to a partnership society, which many feel is in progress. Many people, however, have given up all hope that our species will outgrow the dominator model and the swath of destruction its military and economic institutions are cutting through its peoples and across our planet. Fortunately, there is reason to hope that the fatal flaws in and worldwide opposition to our current dominator system heralds a move towards a global partnership in our future. One of the most revolutionary means of attaining that future has been discovered and is continually being refined by Dr. Arthur Janov.

Janov is a psychologist whose observation during the mid 1960s of a patient manifesting emotional pain from unconscious trauma led to the development of Primal Therapy, a psychotherapeutic modality of unsurpassed efficacy and potential. Primal Therapy, and the Primal Theory that defines and supports it, is the most significant development yet in the field of psychology. To date there is no other therapeutic modality I know of that can significantly—and routinely—improve the emotional health of a person while also significantly improving that person’s physiological health.

My primary intent in this piece is to encourage the integration of Janov’s Primal Therapy with the partnership model endorsed by Eisler. I believe this integration is necessary because I fear we may never achieve global partnership unless we use Primal Therapy to cure the underlying cause of the dominator model: human neurosis.

PART ONE: In the Beginning

The Death of Innocence and the Birth of Neurosis

So few and far between are my childhood memories that I finally asked, at nearly forty years of age, for some help from my mother in constructing a personal and family chronology. What I learned from my mother is instructive in helping to understand the genesis and development of the neurosis and attendant symptoms with which I have been plagued for more than forty years. Reading about my personal and family history will also help in understanding how the causes of my neurosis and its symptoms—the physical and emotional traumas to which I was subjected as an infant, child and adolescent—were, however “normal” they seemed, a virtual death

warrant. Because of that trauma, a part of me died, the part that would have allowed the complete flowering of those physical, emotional and spiritual qualities that are the birthright of every child on this planet—complete and unconditional trust in loving relationships; physical, emotional and intellectual freedom; spontaneity and creativity; self-esteem and self-confidence; and unreserved interpersonal reverence, without which love and compassion, and therefore peace and harmony, can never fully flourish.

According to Robert Lee Hotz, “every newborn usually starts life with its brain’s neural circuitry . . . preset to feel emotional well-being, new research indicates.”³ This well-being is completely dependent upon adequate care and nurturing during pregnancy and the first few years of life, a period of growth and development that is now known to be of the most critical importance. The developing fetus and then infant are the most malleable during this time, and the developing brain is supremely reliant on the right quantity and quality of stimulation. “Denied proper stimulation,” writes Hotz, “the brain atrophies [wastes away], its neural connections withering like dying leaves.”

So significant is the brain’s reliance on proper stimulation that a mother’s depression, for example, can change the physical structure and function of her infant’s brain, “significantly reducing activity in the parts regulating joy, happiness and curiosity.”⁴ Fortunately, “The intimate interaction between mother and child is more than enough to [properly] condition the latter’s neural circuitry.”⁵

I was fortunate to have been the only one of my siblings born to a conscious mother (my sisters and brother were born to a mother anaesthetized into unconsciousness.). I also had the good fortune to have been an easy birth: mom started labor in the afternoon, was admitted to the hospital at 9:00 p.m. and delivered me twenty-six minutes later!

My misfortunes in life began immediately, however. I was taken directly from my mother and placed in an incubator for twenty-four hours where I was fed some chemical formula every four hours. When I was given the privilege of the company and nurturing of my mother, I was hardly able to breast-feed since her nipples were cleaned with rubbing alcohol to toughen them. I was apparently quite thirsty as a result, sucking mother dry for the nine months I nursed, in spite of (or perhaps because of) the mastitis in one of her breasts.⁶

I was apparently a sickly and accident-prone baby, suffering from frequent throat and ear infections and repeatedly falling off the bed while having my diapers changed. I even contracted pneumonia before I was a year old, and I was drugged so heavily during that time that mother remembers me once staying awake for a full twenty-four hours! I also suffered from a staph infection on my buttocks that persisted for some time and I had to spend one night alone in the hospital when I contracted chicken pox.⁷

The most traumatic accident of my early childhood occurred during the summer of 1957. I was on the front porch of our house in Minneapolis playing with a bicycle. The bike was upside down and I was pedaling it so I could stick my finger in the spokes of the rear wheel to make them, if I remember correctly, sound like bells. The bike was equipped with the type of fenders that are braced by metal strips approximately three-eighths of an inch wide by three-sixty-fourths of an inch thick. Well, I’m not exactly sure how it happened, but the finger(s) of my left hand somehow got caught in the spokes and the tip of my left index finger was lopped cleanly off by that strip of metal supporting the fender! I can still see in my mind’s eye the blood spurting out the end of my finger to the rhythm of my rapidly beating heart.

My father picked me up, squeezed my finger to stanch the flow of blood and ran with me in his arms to a clinic that was close by. The end of my finger was sewn back on, but it failed to “take,” so I was left with about five-sixths of a finger which eventually grew a funny-looking fingernail that curved over the top of the finger and down towards my palm.

³ An article in the October 13, 1996 *Los Angeles Times* from a series on the brain.

⁴ Ibid.

⁵ Ibid.

⁶ Mastitis is inflammation of the breast

⁷ Staphylococcus is a type of bacteria.

The most traumatic event of my entire childhood occurred when I was eight years old. The incident was one that crushed my soul in a suffocating embrace that retarded my physical and emotional growth and development for over twenty-six years.

One evening around dusk, on his way to one of the churches in his Lutheran ministry, my father pulled out from a stop sign not far from our house and was struck by a fully loaded 10-ton beet truck. The official accident report stated that dad suffered a fractured skull and cervical spine, was probably killed instantly and was certainly dead on arrival at the hospital. Mother was notified of my dad's death that evening, but she waited until morning to tell us children. The telling was accompanied by tears, but that is the only time I remember crying for my dead father.

All I remember about that time is seeing the sugar beets that were spilled at the accident site and listening to my mother and relatives tell me that I should be happy since my father had gone to heaven. My uncle's efforts to cheer me up incensed me so much that I expressed my anger the only way I knew how—I typed it out on my dad's typewriter. One little note to myself said essentially: "My uncle is trying to make me laugh and I don't like it." Another of the notes is as follows (copied verbatim):

My Name Is Paul Tuff. I Live 9 Miles Out Of Glyndon. I Have A Mother, But My Father
Died Yesterday Night. I Have 3 Sisters And They Are-Ruth T. Naomi T. And Joy T.
I Have 2 Brothers-(conting Me)-Peter T. Paul T. I Go To School In Glyndon. We Are
All Happy, But Not Of What Happened To Daddy. Well I Guss Thats All I Can Think Of To
Say Right Now. THE END

From PAUL DAVID TUFF

To say that I was not happy with the explanation I was given for my father's death—that God had taken my father to heaven—is a vast understatement. Indeed, so shattered was I emotionally that my mother said my behavior changed from that day forth. I became an introvert and lived in an internal world that was constructed to ensure my insulation from the catastrophic pain of abandonment I felt at dad's death, an intolerable pain and suffering that I was never allowed to express. That inner world, a prison my brain built to keep me safe from that unexpressed and therefore poisonous pain, effectively barred my normal physical and emotional growth and development.

Since the direst need of mine at the time of my father's death was to grieve, I was completely frustrated when told to be happy. Incapable (as would any eight year old child be) of rationalizing away my dad's death by trying to convince myself that I was feeling what I was not really feeling—an act that is characteristic of religious addicts who repress their true feelings with the numbing happiness spawned by belief in religious myths—I was consumed instead by a growing and festering—but totally unconscious—rage that gnawed at my body and mind for decades. It was not until nearly thirty years later that the depth and breadth of my rage was to be revealed to me in all its overwhelming power.

Such are the physical and emotional traumas from which most of us suffer and from which we all are expected to recover. Sadly, such trauma can result in lifelong debilitating symptoms, as will be discussed later.

PART TWO: Primal Reality

The Past from the Present

In August of 1989, June of 1990, and August of 1991, I participated in Survivors workshops which were designed to provide the opportunity to get in touch with feelings, work through issues of frozen childhood grief and self-esteem, and increase awareness of how codependence (a popular term for neurosis) affects lives on an

ongoing basis. The workshops focused specifically on diminishing carried feelings of pain, anger, fear and shame; developing sound self-esteem; reviewing childhood and the dynamics of child abuse; grieving of losses; and “precious child” dialogue.

My experiences at these workshops were profound. With very little prompting from the workshop facilitators, I was overcome time and again by overpowering surges of raw feelings: tremendous emotional pain and terror from the loss, at age three, of the tip of my left index finger, and from the death of my father when I was eight; terrible desolation from feeling neglected, lost and alone as a child; and paroxysms of rage from being told after my father died that I should be *happy*, since he was now in heaven! Crying, sobbing, convulsing and screaming, a lifetime of repressed feelings welled up like floodwaters out of the core of my being, and part of those deluges of feelings spilled over the dam of repression that held them at bay. When those floods of feelings abated I was stunned, for I knew that my life would never be the same. I had finally tapped the fundamental forces that have shaped, and warped, my reality.

During those Survivors experiences I fell repeatedly into what I envisioned as a bottomless well of despair in which all the overwhelmingly excruciating feelings of my life were gathered in one deep, dark and terrifying place: a toxic cesspool of repressed Pain from which I had unknowingly been running for my whole life. But that descent into my own private hell was the key that opened up the gate of a prison of neurosis where, as an inmate with a life sentence, my Pain was manifested daily as symbolic “acting out” to try to satisfy unmet childhood need.

Because of the energy-liberating nature of those Survivors experiences, I enjoyed exceptional reductions in tension, stress and anxiety that, in each case, lasted for many weeks or months. During those periods my muscle tissue, “normally” tight and tender, felt soft and pliable, and my mind, usually a roiling chaos of electrochemical impulses, was calm and serene. But in spite of those cathartic experiences, I eventually felt the tension, stress and anxiety returning, and I sensed that I had only discovered the tip of the iceberg with respect to my repressed feelings.

Eureka! The Primal Theory of Dr. Arthur Janov

In March of 1991 I was in the library of the college where I was a student, and, browsing through the “new book” section, I picked up *Primal Man: The New Consciousness*, coauthored by Dr. Arthur Janov and Dr. E. Michael Holden. As I read that book I became increasingly excited, for here at last were the most sensible and complete answers to the questions I had been asking about myself and about life. In addition, and even more exciting, *Primal Man* describes in great detail the neurophysiology of the experiences I had in the Survivors workshops, and offers insights, related research, and documentation in support of the Primal Theory and Primal Therapy developed by Dr. Janov, upon which this discussion and my hope for myself and humanity is based.

The Neurophysiology of Repression and Neurosis

Janov, who wrote *The Primal Scream*, the original book about Primal Theory and Primal Therapy, calls overwhelming physical and/or psychologic pain Primal Pain or, more succinctly, Pain. Pain may have a diverse genesis; it results from overt physical and/or psychological trauma, but it may also arise from seemingly innocuous childhood experiences that become overwhelming only after having accumulated over a period of years. Pain, whether psychologic or physical, can give rise to the same physiologic events such as shock or the fight-or-flight response. Pain is not well understood, but the brain apparently processes both physical and physiologic pain in a similar fashion. Unfortunately, when pain is overwhelming, that process is repressive in nature and can cause neurosis.

Janov, who asserts that Pain is the fundamental cause of *all* mental illness, writes in *The Primal Scream*:

Each time a child is not held when he needs to be, each time he is shushed, ridiculed, ignored, or pushed beyond his limits, more weight will be added to his pool of hurts. This pool I call the Primal Pool. Each addition to his pool makes the child more unreal and neurotic.

As the assaults on the real system mount, they begin to crush the real person. One day an event will take place which, though not necessarily traumatic in itself—giving the child to a baby sitter for the hundredth time—will shift the balance between real and unreal and render the child neurotic. That event I call the major Primal Scene. It is a time in the young child's life when all the past humiliation, negations, and deprivations accumulate into an inchoate realization: "There is no hope of being loved for what I am." It is then that the child defends himself against that catastrophic realization by becoming split from his feelings, and slips quietly into neurosis. The realization is not a conscious one. Rather, the child begins acting around his parents, and then elsewhere, in the manner expected by them. He says *their* words and does their thing. He acts unreal—*i.e.*, not in accord with the reality of his own needs and desires. In a short time the neurotic behavior becomes automatic (25).

When Pain exceeds a certain threshold, which is different in each of us, the brain *automatically and reflexively* withholds, or "gates," Pain from consciousness by rendering the Pain *unconscious* through diversion of its overloading neural impulses to the limbic system, a group of brain structures involved with the emotional aspects of behavior related to survival. This shunting of overwhelming Pain away from the structures of the brain that would allow the Pain to enter our awareness fully is the basis of repression, and it is vital for our survival. If this diversion of Pain—manifesting, remember, as overwhelming physiologic stimulation—did not occur in response to Pain, body temperature, pulse rate and blood pressure could skyrocket into ranges that might eventually kill us.

Holden believes that the primary function of the vertebrate brain is to react to pain, a response that has assured the continued evolution of our species. But the disconnection of Pain from consciousness represents a split in not only our perception of Pain, but also in the integration of brain functions. In *Primal Man*, Holden cites research showing that disintegration of brain functions in response to rerouted Pain can produce occlusive neural "memories" that inhibit normal interaction between brain centers. This inhibition reflects a basic law of physiology, the Arndt-Schultz law: *weak stimuli activate physiological processes; very strong stimuli inhibit them*. In *Prisoners of Pain*, Janov reports on experiments showing that Pain is permanently imprinted (the "memories") in reverberating neural circuits in the limbic system, where Pain can accumulate over time, overload, and spill out to cause neurotic symptoms, which can be either physiologic, psychological, or both.

The Arndt-Schultz law and the first law of thermodynamics, a law of physics which states that energy can neither be created nor destroyed, help in understanding how Pain causes neurosis. Because the energy of Pain is a very strong inhibitory electrochemical (and therefore electromagnetic) force generated by the body in response to overwhelming stimuli, that energy must eventually be released or transformed if we are to be free of its inhibiting effects. Unfortunately, most of us never release the Pain that we experience as we develop, so the energy of Pain that is transmitted to, and imprinted in, our brains is necessarily converted, a change that is mediated in part by the reticular activating system (RAS), the hypothalamus, and the cerebral cortex.

The limbic system—sometimes called the "visceral" or "emotional" brain because of its assuming a primary function in pain, pleasure, anger, rage, fear, sorrow, sexual feelings, docility, and affection—is the central repository for feelings, and can shunt Pain to the RAS, which functions in arousing the cerebrum to incoming sensory information and can also return the overflow to the hypothalamus. The cerebral cortex, besides interpreting sensory impulses, also controls muscular movement, and affects memory, reasoning, will, judgment, personality traits, and intelligence. The hypothalamus controls and integrates the nervous and hormonal governance of body systems (circulatory, digestive, endocrine, and nervous), and regulates body temperature, sleep, and the centers for feeding, satiety, and thirst.

As already noted, the disruptive force of Pain inhibits normal functions in those parts of the brain that must manage that Pain. The extent of this disruption is in direct proportion to the energy of Pain being transformed. When considering the crucial significance of those brain functions discussed above, it should be readily apparent that Pain can wreak psychophysiological havoc, the manifestations of which are the aberrant and pervasive states of neurosis that plague our world.

Body Zones, Levels of Consciousness, the Tripartite Brain, and Symptom Formation in Neurosis

The neurophysiological mechanisms involved in the conversion of neural Pain impulses to neurosis coincide with the degree of maturation and development of the brain at the time Pain is suffered. The extent of brain development in turn determines the symptomology of neurosis. The specific factors in the process of repression and neurosis are both complex and personal, but are clearly outlined using Primal Theory.

Primal Theory describes how Pain correlates to the three fundamental zones of the body, three levels of consciousness, and the tripartite human brain. The three levels of consciousness refer to different degrees of selective awareness corresponding to three concentric body zones, defined as follows: 1) The viscera within the body wall—the first zone—relates to the first level of consciousness; 2) the body wall itself—the second zone—to the second level; and 3) the space beyond the body wall—the third zone—to the third level of consciousness.⁸

The tripartite brain and its relationship to the three zones is as follows, with the brain portions listed from phylogenetically older to younger, and from ontogenetically younger to older: 1) the inner brain (brainstem), which mediates visceral activity; 2) the middle brain (limbic portion), which mediates the body wall (primarily muscle activity); and 3) the outer brain—the neocortex—which mediates extra-personal perception.⁹ This same order of phylogenetic and ontogenetic development applies to survival, feeling and emotional expression, and cognition, the three primary operations of the brain corresponding respectively to the brain portions, levels of consciousness and body zones.

The levels of consciousness, body zones, brain operations and brain parts are related such that “*symptom formation in neurosis will reflect the maturational stage at which one experienced (Primal) trauma*” (Holden 67). Therefore early Pain, or first-line (somatosensory) trauma, which is registered by the brainstem *in utero* up to 6 months, is eventually manifested in relation to dysfunction of the viscera. Second-line (affective) trauma, which is recorded by the limbic brain from before birth up to two to three years, is later manifested in postural, muscular, and speech and emotional disorders. Later Pain, or third-line (cognitive) trauma, is impressed in the neocortex from about age two to age twenty, and will be manifested as a dysfunctional interpersonal life.

Birth Trauma, Prototypic Pain and Prototypic Behavior

Because birth trauma is first-line and involves a fragile fetal nervous system concerned primarily with survival, and because first-line traumas are often life-or-death situations, the potential for debilitating and sometimes devastating life-long consequences of birth trauma is enormous. In *Imprints*, Janov discusses how birth traumas are imprinted as prototypic Pains that will stimulate prototypic physiologic and psychologic behavioral responses:

. . . when a current situation triggers the early (prototypic) Pains, the original (prototypic) responses are triggered as well. That is why a minor stress in adult life can produce a major migraine headache, asthma attack or a violent outburst. We don't see the prototypic Pain that is triggered by the stress, but we do see the response. The violent outburst or the asthma attack is not the Pain itself, but the reaction to it. The pain is implicit in the reaction (48).

The very response which was life-saving for the infant at birth continues on out of context and becomes the basis for neurosis later on. But it is important to understand that the prototypic response is itself not neurotic; it *becomes* neurotic because it persists in situations where it is no longer appropriate.

For example, bronchial constriction was appropriate to save one's life from all of the fluid during the birth process. But bronchial constriction and asthma as a response to an argument between one's parents later becomes life-endangering (49).

⁸ The body wall refers to all structures outside of the dorsal (brain and spinal cord) and ventral (visceral organs) body cavities.

⁹ “Phylogenetically older to younger” refers to our evolution as a species and “ontogenetically younger to older” refers to development in the womb.

The birth trauma prototype permanently diverts our psychophysiology towards either a sympathetic or parasympathetic mode, modes of the autonomic nervous system governing metabolic regulation. The sympathetic division of the autonomic system primes the body for the “fight or flight” response to emergencies; the parasympathetic division is concerned with energy conservation and, notably, with feeling.

The nature of the prototypic response determines which mode predominates in later life. The parasympath is one who necessarily relented to the inevitable, such as the suffusion of powerful drugs during birth, or strangulation by the umbilical cord. The sympath was galvanized into a hyperactive state from, for example, trying to escape from a neurotic mother too tense to release her baby naturally. Most of us are a blend of both modes.

In *The New Primal Scream*, Janov discusses these modes:

The importance of the sympathetic/parasympathetic model is that it provides us with a biological base for understanding the unitary relationship between personality, physiological development, and later disease. It enables us to leave abstraction and metaphor behind us. We no longer need to talk about id forces as the core of personality development. Rather, we can talk about the precise ways in which the brain and nervous system react to and encode life events, and how those reactions became physiological and psychological states (161).

One wonders how we are eventually affected by barbaric practices such as circumcision, or the cold and compassionless clinical environments into which we were first delivered, where many of us were immediately separated from our mothers, isolated in incubators, and put on four-hour feeding schedules. To deny that these and other subhuman birth procedures contribute to neurosis is to continue to deny newborn babies the loving care and attention, both physical and emotional, that are absolutely crucial to their healthy growth and development. But, regrettably, denial is second nature in a world populated by neurotics, so the damage continues.

A Primal Evaluation

Using Primal Theory as a diagnostic tool could greatly enhance the evaluation of states of being. For example, a brief self-evaluation is as follows:

1. My repressed emotional state and the tremendous hypermyotonia (excessive muscle tension) characteristic of my body before I was Rolfed¹⁰ were probably due to the second-line trauma over the loss at age three of the tip of my left index finger. The imprinted memory of this trauma could explain why my hands and feet are cold to the touch—my brain is still trying to conserve blood by restricting arterial flow to my appendages. The trauma might also explain why the thought of having a finger cut *still* causes both mental and physical withdrawal responses.
2. The death of my father when I was eight was a third-line trauma that seriously impaired my cognitive development, and imprinted a dire fear of abandonment. My abandonment fears are possibly rooted in my isolation at birth, which would constitute a major first-line trauma.
3. Because of compounding—sequential Pains which weaken the gating system, allowing earlier Pain to intrude, symptomatically, into present consciousness—my excessive second-line (and possibly first-line) trauma probably mobilized the third line in defending against and rationalizing the trauma, further disrupting normal cognitive development.

In short, I was rendered an emotional cripple seething with repressed Pain.

¹⁰ Rolfing, named after Ida Rolf, is manipulation of the myofascial tissues, which can lead to profoundly improved bodily structure and function.

Neurosis and Cerebral Dominance

Janov hypothesizes that Primal Pain impairs the corpus callosum, the connecting fibers which constitute the integrating mechanisms of the hemispheres, causing a horizontal split that, like the vertical split described earlier, prevents normal intercommunication throughout the brain. The horizontal split is manifested both anatomically and functionally in a split personality—a dual consciousness—brought about by the division of hemispheric labor into thinking (awareness) and feeling (consciousness).

Dominance of the thinking hemisphere, which allows us to think one thing while doing another, represents the transmutation of feeling into symbolic form—“the elaborateness of the ritualistic and symbolic life being commensurate with the amount of loss of self,” as Janov writes in *Primal Man* (18). Dominance allows us to kill for our symbols (God, the State) even if we ourselves are not directly threatened. Killing therefore has become an acceptable part of life, and, since killing was necessary for survival in primitive times, only those who *could* kill were able to survive. Unfortunately, killing demands repression, which produces neurosis. Therefore, suggests Janov, it was the *neurotics* that survived during the evolution of our species!

Janov wonders in *Primal Man* if the extra weight of the dominant side of the brain, which tends to be five to ten percent heavier, results “from the excessive activation required of that side by neurotics to keep feelings repressed, the extra weight being the anatomic result of proliferation of language symbolization” (16). This idea is “consistent with the observation that brain development responds to input and the activation that input generates” (16). Janov also asks whether “cerebral dominance in man occurred because of human neurosis, or in the phylogeny of the human race was it neurosis which produced dominance?” (16).

Interestingly, the more Pain one experiences during maturation and development, the greater the percentage of the brain is used to deal with that Pain. This fact may explain why the vast majority of my memories, particularly of my childhood, are unavailable to me; they are lost in the neural circuitry of a brain that is constantly mobilized against a flood of inhibiting Pain.

Symbolic Acting Out: Primary and Secondary Defenses

When repression, our primary defense against Pain, fails in its task to keep Pain unconscious, some of the Pain spills into conscious awareness, and secondary defenses are employed. These additional defenses occur because Pain overflowing from the limbic system is subsequently channeled into the RAS which, as already noted, can non-specifically arouse the cerebral cortex. These responses to Pain reveal how the brain mutates repressed feeling into neurotic thinking.

Secondary defenses are as unique and varied as are people, and they include denial, belief systems, projection, busyness, and the countless other peculiar ways we avoid Pain and symbolically fulfill unmet needs. Neurotics, writes Janov in *The New Primal Scream*,

are comprised of two selves. The real self is the pained one, the one we have to feel in order to become real. The other self—the unreal self—is the accomplice of repression and the oppressor of the real self. It is oblivious to what is real, embraces magic, the mystical, and what is beyond worldly knowledge. The neurotic is forever a victim of what is beyond her knowledge. And she acts out those forces all of the time. She acts in the present as if it were the past. It is a constant attempt at the resolution of past needs and traumas done symbolically. Symbolic acting out means acting in the present with the force of the original unconscious need. The unreal self must remain in a haze, busying itself with trivial pursuits and abstractions so as not to feel any pain (129).

Why should we be concerned with what in many cases are seemingly harmless avoidances of Pain? The answer is far from comforting, and it reveals convincing evidence of why failure to face our Pain may be a fatal mistake.

Pain, Repression, the Endorphins and the Immune System: A Deceptive and Potentially Deadly Combination

In *Prisoners of Pain* and *The New Primal Scream*, Janov discusses how endorphins, which represent the chemical counterpart to the electrical gating system already discussed, are produced and mobilized by our brains to gate Pain. Janov also cites research demonstrating that psychologic factors such as expectations, hope, and ideas can trigger endorphin production, which, he points out, gives new meaning to Marx's assertion that religion is the opiate of the masses.

As Robert Ornstein and David Sobel report in *The Healing Brain*, "the endorphins have proven to be just as addictive as morphine and heroin." One can reasonably infer then that religion—simply a system of endorphin-mobilizing ideas that can produce states of mind ranging from bizarre and repressive ideation, to rapture—produces more addicts than anything else on the planet. Indeed, because of endorphins, some of which are one thousand times more powerful than morphine, faith is undoubtedly one of the most powerful ideational suppressors of Pain, with the degree of devotion to the particular belief system in direct proportion to the amount of repressed, anesthetized Pain. Unfortunately, Pain really has us at its mercy when our body's own substances, responding to our hopes to feel better, help to prevent us from resolving that Pain by numbing it.

Although the endorphins have been portrayed as ideal painkillers that, when activated by activities such as long-distance running, give us a natural "high," that high may be accompanied by effects that are every bit as dangerous and debilitating as those of other drugs, both legal and illegal, that are abused so excessively in our society. Endorphins do relieve Pain, but we could eventually pay for that relief with our lives.

Echoing the presentation of studies cited in *The Healing Brain*, Janov writes in *The New Primal Scream*: "Current research indicates that anything that blunts pain—whether it be tranquilizers, anesthetics, or endogenous painkillers [endorphins]—also blunts the immune system" (52). In the same book Janov also mentions studies showing that, because repression is immunosuppressive it is therefore carcinogenic, leading to tumors and rapidly advancing cancers. Repression therefore not only makes us neurotic; eventually it can sicken or even kill us. In fact, repression may very well be the leading cause of disease and death in the world.

The Cure: Primals and Primal Therapy

Although the reactive gating and diversionary mechanisms of the brain mercifully protect us from overloads of Pain, they also paradoxically induce neurosis. What initially saved us eventually sickens us. According to Primal Theory, this lack of consciousness of Pain, and the neurosis associated with it, can be *remedied only through allowing imprinted Pain to be reconnected to consciousness*, a natural physiologic experience called a Primal that facilitates reintegration and therefore normalization of brain systems disintegrated by the original Pain.

During Primal Therapy, connection of disconnected Pain to consciousness allows some of the energy trapped in the reverberating neural circuits to be released in the form of weeping, sobbing, convulsing, or screaming. Each time a Primal occurs, each time one really *feels* one's Pain, *in the context in which it occurred*, the Primal Pool is drained a little more, and each connection subsequently allows more Pain to be expressed consciously. Eventually the Primal Pool is empty and, because the person is finally a fully integrated human being who has learned how to process Pain through *feeling* it, Pain no longer accumulates to drive the relentless tension, stress or anxiety that plagues the neurotic.

For those who find the prospect of reliving Pain frightening, it is important to realize *that we already survived the original Pain*, so we can survive it again. Moreover, Pain does not physically hurt when re-experienced (in my case, anyway); it only hurts us when it is repressed. Furthermore, our brains store our Pains, waiting until we are able to integrate them safely. This, to me, is the revolutionary and most exciting premise of Primal Theory: that we have evolved with an inherent and powerfully effective means—the Primal—to cure ourselves of the injurious effects of Pain and neurosis.

The duration of Primal Therapy depends on how much Pain one has repressed over the years, and on how strong one's defenses are. Perhaps, with the world engulfed by the horrific attestations of neurosis, the most we

can expect from Primal Therapy is the ability to express constantly the Pain that inevitably accompanies life in such a world. As for the future, Primal Therapy is no less than the means to the peaceful and equalitarian end that so many of us envision.

Can the power of positive thinking heal us? Optimism can temporarily allay symptoms of neurosis, but thinking positively can be simply another form of repression, which always results in a perpetual state of contention that incessantly drains our body systems of the energy needed for healthy psychophysiological functions. The neurotic who maintains steadfastly that “everything’s fine” is one who must forever suppress a feeling reality that is everything *but* fine, for life is never permanently fine unless we are living in a world of fantasy. We can defend ourselves into delusion unto death, or we can feel. The choice is one of constant and potentially fatal strife, or of surrender and resolution; it’s that simple.

One of the great failures of our medical industry is the obsessive focus on the treatment of symptomology and pathology, with little or no regard for what is probably the most vital body of information—a person’s history. An ideal history would consist of as complete a record as possible of all the physiologic *and* psychologic factors that contribute to disease and dis-ease. Treatment based on anything less than a comprehensive history may successfully eliminate certain symptoms, but Pain will always find another avenue by which it will become manifest.

The elimination of symptoms is considered successful treatment in both medicine and psychotherapy because so few professionals and their charges know how to resolve—and may not acknowledge, admit to, or even be aware of—the Pain and repression that produce those symptoms. Fortunately, Primal Therapy treats the causes of neurosis, and the symptoms disappear permanently instead of being transiently suppressed, or rerouted into other forms.

Without the conscious release of Pain, without *connection* and *feeling*, its neurotic manifestations will last a lifetime. No amount of willpower, meditation, prayer, psychotherapy, manual therapy, or Twelve-step “recovery” programs (like AA [Alcoholics Anonymous]), can significantly influence a species that has evolved with the capability to distort itself into a disintegrated, neurotic psychobiologic state in order to survive. Fortunately, by normalizing brain physiology through Primals we can substantially, comprehensively, routinely, healthily and lastingly affect our evolutionary birthright: consciousness, rather than neurosis.

The Primal Details

A Primal is a systemic and largely involuntary experience. Primals are characterized by a sympathetic (fight or flight) “mass reaction” that includes sudden tachycardia (120-200 bpm [beats per minute]), abrupt rise in blood pressure into the hypertensive range, sudden facial pallor and gooseflesh, hypermyotonia tending to extension, pupillary dilatation, and transient rise in core body temperature. These reactions reflect the weakening of the body’s defense systems as feelings rise towards consciousness.

When this internal reaction is expressed outwardly, such as in convulsive crying or moaning, a primarily parasympathetic (energy conservation; feeling) mass reaction results in the following: the pulse rate drops and tends to stabilize at 10 to 20 bpm slower than the resting rate; blood pressure falls steadily until it is lower than usual; erythema (redness) replaces facial pallor, and gooseflesh disappears suddenly; a profound decrease in muscle tension is demonstrable by EMG pattern (electromyogram—measures skeletal muscle electrical activity) but is also easily apparent upon palpation (touch); a decrease in pupil size; the core body temperature falls.

The drop in vital signs and muscle tension following a Primal is due to the fact that the body is no longer harboring as much disrupting Pain. Although sometimes extremely physical, primalling—unlike normal exercise, which results in *increased* metabolism—*reduces* metabolic requirements through release of the energy of feelings, which can then no longer distort physiological processes.

A Primal resembles an epileptic seizure, but there are important differences. During a seizure one is not awake and conscious, whereas a Primal is a conscious experience. A Primal can be terminated voluntarily, but a seizure usually cannot. A seizure, neurologically *disintegrative*, is followed by disorientation and confusion, but a Primal is integrative and followed by coherent and lucid thoughts.

Primal Therapy: The Results

Primal Therapy has resulted in *long-term* decreases, often below the probably neurotic “norms,” in blood pressure, heart rate, and core body temperature, all of which at *low* levels are associated with longevity. Changes in blood chemistry have also occurred during the course of Primal Therapy, including lower levels (up to sixty-six percent lower!) of stress hormones, and higher levels (up to two hundred percent!) of growth hormone. Recently, and perhaps most importantly, research on Primal patients revealed *statistically significant* improvement in immune system performance.

That growth hormone levels are normalized in Primal Therapy is strikingly evidenced when men may grow more facial and chest hair at forty years of age (it happened to me in my mid-thirties!), women in their twenties and thirties may experience breast development, wisdom teeth may develop at forty, and lower jaw length, and foot size, may increase. If there are any other psychotherapeutic modalities that come even close to similar regularization of arrested development, I am unaware of them.

Lessened alpha brain wave amplitude and frequency have been observed in Primal patients, meaning there are fewer neurons at work, indicating a brain less busy with repression. Interestingly, people with the lowest alpha wave activity prior to Primal Therapy were the most repressed, and took longer to get in touch with their Pain. These people have even lower alpha wave activity after Primal Therapy. Also, those with lower frequency alpha waves show commensurately higher alpha wave amplitude, an expression of increased cortical activity in response to Pain. Brain wave analyses of Primal patients show that our normal state, characterized by slow, synchronized brain waves, is one of calm; but not a repressive—and therefore fundamentally tense—calm that must be manufactured and maintained by meditation, biofeedback, or through hypnosis.

The overpowering surges of raw feelings that I experienced during the Survivors workshops were, I believe, truly Primal. Although I have not yet had the opportunity to undergo Primal Therapy, I do not think that the extent of the relief I experienced as a result of the Survivors workshops could be due to abreaction. My understanding of Primal Theory, the physiology of my own body (my resting pulse rate used to be over 70 bpm; now it is under 60.), my behavior and, most importantly, my experiences tell me that I have changed. I am more truly my real self today than I was before Survivors. I am still neurotic, but I am learning how to feel! My defenses are still very strong, and my Primal Pool still contains much Pain, but I do not automatically and subconsciously repress my feelings whenever they threaten to surface; subsequently, I do not act out as frequently. These changes constitute a remarkable improvement in what was only a few years ago a completely neurotic life.

There is no way that I can adequately describe a Primal, and the only way one could possibly understand a Primal would be to look far enough inside oneself to see beneath the rationalization, intellectualization, denial, and all the other defense systems, to the core of one’s being, to the Pain that unmet need generates, and then to surrender to the full magnitude of the feelings that Pain created. That experience, which, because it involves an imprinted memory, is every bit as desperate and intense as that of a howling baby, and must be felt to be comprehended and believed.

The Primal Truth

I have obviously been singularly impressed by everything Primal, but what has impressed me nearly as much is the fact that his work is not more widely accepted and disseminated. I know that many people read *The Primal Scream* with great interest, and then eventually forgot about it. Some dismissed Primal Therapy as “scream” therapy, which is an ignorant and unjust oversimplification of Primal Therapy and of its scientific foundation.

Assuredly, Janov’s egotism has alienated many in the field of mental health. Besides stating that Primal Therapy is the *only* cure for mental illness, Janov writes in *The Primal Revolution* that “It is the patient in Primal Therapy who keeps the therapist straight—quite a switch from the usual therapeutic situation” (39). Janov makes this statement because a Primal allows one to experience the truth of one’s own reality. No therapist can realistically hope to interpret accurately a client’s reality better than that client—if that client is

conscious, and not simply *aware*, of that reality. (Below is a comparison of “awareness” and “consciousness.”) Indeed, the reality of feeling is sometimes so stunningly self-evident that interpretation is rendered meaningless.

It is disheartening to note that Wilhelm Reich (1897-1957), who had a limited understanding of the neurophysiology of repression and neurosis, is still generally acknowledged and referred to while Janov is almost completely ignored. Reich was able to determine that repression is manifested in “muscular armor,” the constriction of musculature that was seen as a cause of emotional disorders. Reich’s treatment included manual therapy to ease the muscular constrictions which would simultaneously relieve the emotional disorders. While Reich’s contribution is important, new knowledge has taken us a quantum leap beyond his understanding of the brain’s repressive mechanisms, and Primal Therapy has transformed our perceptions of how the resulting neurosis can be treated.

One of Janov’s most important contributions seems to be a most comprehensive integration of the study and treatment of the body/mind—a grand, unified theory of psychophysiology that retrieves and weaves together many of the loose ends dangling from the imperfect web spun to explain what had never been adequately explained. In this age of specialization and mechanization during which we have deified material and spiritual values, we tend to lose sight of the fact that our physiology has evolved with the inherent capability to cure, via primals, our neurotic and sometimes pathologic craving caused by unmet need. Janov has given us all a great gift by exploring and illuminating this fact, and for that I will always be grateful to him.

Are We Truly Conscious, or Simply Aware?

Because of Pain and neurosis, we can be aware of our repressed feelings without being *conscious* of them. In *Primal Man*, Janov cautions against confusing awareness with consciousness by using the following example: “Surely the President sees children and youths burned by the bombs he has ordered to be dropped and is aware of what he has done, but he is not conscious of his acts, for if he were he would be driven mad by the *ineffable* horror of it all” (38). I think this example challenges the psychoanalytic and metaphysical meanings of the word “consciousness.” How many of us are truly *conscious*, and not simply *aware*? Janov argues that we are born with consciousness, not an unconsciousness. We *become* unconscious because of Pain and repression.

I am becoming convinced that the only thing most psychotherapeutic processes seem good for is bringing us—oftentimes with regular repetitiousness—to awareness of our Pain. Awareness is only the half-way house to full recovery, which is the integration of brain functions that results in true consciousness, the prerequisite to true health. In *Prisoners of Pain* Janov states that

Those who deify awareness as consciousness have not yet learned that there is no conscious way to the unconscious, no painless way to Pain, no self-transcending road to the self, and no behavioral way to profoundly change behavior.

We have erected the institution of psychotherapy to keep us neurotic. Consider what it involves: for the most part, drugs. Rather than getting at the self, they push it away. They enhance the split [between the real and unreal self], keeping feelings away from thinking. *In the name of mental health we are getting mental disease.* As a matter of fact, next to mental illness the greatest affliction of mankind is the treatment for it. When the patient isn’t being injected with drugs, he is being drugged in another way, by ideas. He is no longer experiencing himself; he is interpreting it. Indeed, the various psychotherapies have just found different ways to interpret the self, when the real task is to liberate it (241, original emphasis).

Today what is psychotherapeutically vogue is turning millions into prescription drug addicts, which seems merely to repress symptoms and prevent cure. Perhaps Primal Therapy is too frightening, foreign or “dated” for most therapists and their clients, many of whom want a quick and easy “solution” (merely more awareness or, worse, repression) to their neuroses. Further, many people—both clients *and* therapists—are unaware of their Pain, or are unwilling to face it, instead denying it or shrouding it in intellectualism, mysticism or religion. Whatever the reasons for the unpopularity of Primal Therapy, it behooves us to investigate further what has proven for many to be a supremely efficacious and *natural* means of treating, and curing, neurosis.

PART TWO: The Alternatives

Warning: beware “Mock” Primal Therapy

Janov’s sometimes dire warnings to those who engage in “Mock” Primal Therapy are based on the complexity of Primal Theory and on his observations that Pains must be resolved sequentially from most recent to more primitive in order to effect a cure—which is essentially a process of neurosis in reverse. Lesser and therefore more recent Pains must first be experienced and brought to consciousness, systematically reducing the total amount of Pain so that the more shattering earlier Pains, if any, can be tolerated by consciousness. First-line traumas can be *partially* experienced without first resolving later Pains, but catastrophic early Pain apparently cannot be tolerated *completely* until the *total* Pain is decreased.

I understand why Janov is concerned: any therapist attempting mock Primal Therapy without comprehensive knowledge about Primal Theory may effect relatively superficial and temporary relief, or strengthen existing defenses against Pain. Moreover, Janov cites cases of psychosis induced by mock Primal Therapy, and he writes that one third of his patients were first treated by mock primal therapists. Sadly, a mock primal therapist was beaten to death by a client.

Primalling unleashes truly prodigious displays of released Pain, and can definitely be a frightening experience for some. While I was screaming through locked jaws and with a body contracted in a rage of unimagined intensity, one of the other Survivors attendees ran and hid from me; and, after witnessing one of my primals, one of the facilitators was not even able to stay in the same room with me, undoubtedly due to her own Pain. There was never any danger that I would lash out at anyone while I was primalling (I was self-aware, and could control my actions if desired), but I can see that a primal could create a potentially dangerous situation for all involved if supervised by a therapist without adequate knowledge, training, and experience.

Truly Primal or Abreaction?

The difference between Primal Therapy and mock Primal Therapy is, according to Janov, the difference between a real Primal and abreaction, which, like “spontaneous regression,” is terminology used to describe Primal-like experiences. Abreactions can look and feel like a primal, but, writes Janov in *Prisoners of Pain*, “abreaction involves different neural pathways from a Primal. It is the difference between specific Pain pathways [those involved in connection] which delineate the nature and origin of a Primal Pain and the pathways dealing with suffering which offer only general information of unspecified agony” (264). Abreaction can also be an act of will, which may strengthen our defenses against Pain. Like crying and other forms of suffering, abreaction may be alleviating, but it is not curative since it does not involve connection. Crying or screaming *about* our Pain will not eliminate it; only by *feeling* it can we cure ourselves of its sometimes insidious and invisible effects.

The determining factor in evaluating the curative properties of any therapy used to address Pain and its symptoms should be the comparison of any long-term changes in both behavioral characteristics *and* the biologic measurements that show an overall reduction in tension, anxiety and stress. Failure to consider biologic factors when evaluating and treating neurosis will ensure the failure of meaningful evaluation and treatment, for we are *psychophysiological* organisms. One cannot consider the mind without also considering the body, for our mental processes are simply functions of physical structures. We can convince ourselves, or be convinced, that some treatment has helped us, but, because repression is a biologically *measurable* response of our bodies to the force of Pain, we now have the means to assess whether or not optimism, faith, or anything else, truly helps people or renders them more neurotic—their vital signs and brain waves will always tell us the truth of the matter.

Surviving Survivors

In spite of the relief that Survivors workshops provided me, I do not think that they offer a viable alternative to

Primal Therapy, since the foundation upon which *Survivors* is built is more of a general, intellectual and metaphysical model than a personal, neurophysiological and scientific one. The imagery used in *Survivors* is based as much on giving back “carried” feelings—pain, anger, fear, shame—passed on to us as children by our parents, as on our own feelings.

Pia Mellody, who developed *Survivors*, believes that “carried” feelings are “induced” in children by abusive caregivers who are careless with their own overtly intense or repressed feelings. Mellody states in *Facing Codependence* that “One way to tell the difference between “carried” feelings and your own healthy ones is that “carried” feelings are overwhelming while your own, even though they may be intense, are not” (97). Mellody apparently expects me to believe that the rage and terror stored in my brain—the result of the loss of my father and part of my finger—are not my feelings, since they are overwhelming. Perhaps Mellody is saying that, because they are overwhelming, my feelings are not *healthy* feelings. Whatever she is trying to convey, Mellody’s arguments for her assertions, which, she states, cannot be proven but are validated by her “clinical experience,” completely confuse the issue of feelings.

Feelings are not good or bad, healthy or unhealthy; they just are. I am living proof that there are overwhelming feelings which, when repressed, cause dis-ease, and when expressed, are healing; there is nothing complicated about this. What is complicated is miring feelings in an ideological quagmire where they are sure to remain repressed and unexpressed.

Mellody places undue emphasis on feelings we somehow “pick up” from our parents. These feelings are apparently “carried” around with us until we can give them back to their original owners. When I did my first *Survivors* workshop, “carried feelings” was an attractive idea because much of the workshop time was spent focusing on our parents’ feelings. However, I have come to believe that the idea of “carried” feelings actually discourages us from fully feeling our *own* feelings, by shifting the focus away from us to someone else. Giving back “carried” feelings is simply another way to deny, minimize or complicate our own feeling reality through diversionary intellectual exercises.

It has even been suggested that we *inherit* feelings from our parents.¹¹ Although we inherit genetic characteristics from our parents, the capacity of an infant’s brain for feeling is undeveloped until months after birth. We therefore cannot inherit feelings from our parents like we inherit hair and eye color. Although *Pain* can be manifested in our parents in systemic alterations down to the cellular level, their *feelings* are not passed on through the egg and sperm to the embryo; Pain must first be imprinted in the nervous system during maturation and development before it can effect how we feel.

What we *can* inherit from our parents is a tendency for a certain biologic disposition, but that disposition is first physical, and *then* emotional. If Pain-induced genetic alteration *is* passed on, it is simply an intellectual or mystical notion to blame any resulting neurosis in offspring on inherited feelings, unless DNA has feelings. Rather than concentrate on what *might* happen—inheriting feelings of our parents that may or may not reflect the contextual nature of *our* feelings—I believe the focus of therapy should be on what actually *does* happen when Pain is experienced: repression, and neurosis of an entirely *personal* nature.

My parents were in great Pain as children and as adults, and I believe they repressed much of that Pain to survive, but the Pain I experienced as a child is *not* the Pain of my parents. Their Pain surely affected me, and it most definitely caused me Pain because of how it was manifested in their treatment of me, but my Pain is unique to me. Even if feelings of pain, anger, fear and shame were induced in me, it is wishful thinking to believe that I can simply “give back” feelings that are now engraved in my brain. The only way to “give back”

¹¹ Janov suggests that it is most likely inherited neurological characteristics, such as neuronal firing patterns, that predispose a child to thinking and feeling states reminiscent of the parent. Mellody, in spite of her wayward intellect, and seemingly without knowing or caring to discuss the details, posits an electrical circuit theory-type transfer of feelings. Janov and Mellody may actually be referring to similar phenomena when it comes to theories of feeling transfer.

It seems quite possible that fluctuations in a parent’s bioelectric or biomagnetic fields are registered by, and reacted to, by their children. This may sound like science fiction or metaphysics to some (it did to me at first) but there is much evidence of the effects of electromagnetism on living cells.

feelings is to give myself the opportunity to feel them in all their awful intensity. If I still harbor repressed feelings, it is not because I have failed to give them back; it is only because I have not felt and given expression to all of my Pain.

I feel that the Survivors approach may disconnect participants from Pain through the use of intellect, with abreaction, and by actually *encouraging* repression. During Survivors, individuals take turns processing feelings in front of the other workshop participants. Group members are actually asked to *repress* their feelings when a processing individual has access to his or her own personal Pain. Instead of having the freedom to *express* feelings (the intent of the workshop) that were evoked by others, we were told that we must maintain strong “boundaries.”

A boundary system is a useful concept that aids awareness of healthy inter- and intra-personal behavior, but there is no consciousness—in the Primal sense—involved in having boundaries. Primal Pain does not recognize intellectual concepts like boundaries, because Pain will continue to sustain neurosis no matter how strong one’s boundaries are. Indeed, what the idea of a boundary does in some instances is repress Pain more surely by means of the brain’s cognitive operations. The concept of boundaries was certainly counterproductive during the three Survivors workshops I attended, where participants were sometimes required to repress feelings when their whole being was obviously, albeit silently, screaming with the need to express them.

For those who would argue that a roomful of people feeling their Pain would be unmanageable, such situations have been successfully managed in group Primal Therapy for over twenty years. During Primal Therapy an individual engages in three weeks of private therapy before being involved in group sessions. Such an arrangement gives one time to adjust to the process and prevents the totally contradictory Survivors approach of requiring people to repress their feelings at times.

Some of us were able to connect to and express some of the force of the original Pains, but most of what I observed of the other participants in Survivors seemed to consist of abreaction, denial, or strong resistance to the process. If the workshop leaders had any knowledge of Primal Theory or Primal Therapy, I am sure they could facilitate greater therapeutic results. In any case, I believe that feeling whatever one feels, *without any ideological constraints*, offers the neurotic the best chance of processing his or her own unique Pain.

It is true that Survivors helped me; I became semi-conscious of the seemingly endless depth and breadth of my own Primal Pool, and the insights that came to me as a result of feeling some of my Pain—in the context in which it occurred—have helped me make some sense of the misty voids in my life and especially in my childhood, the memories of which are so few. Twelve-Step programs and psychotherapy also helped me, but only by increasing my awareness, and not by curing my neurosis. I know that, in spite of having attended three Survivors workshops during which I had what I consider to be several awesome and powerful Primal experiences, there is still a huge reservoir of unresolved Pain inside of me. The tension, stress, and anxiety that remain within me are proof of that!

Is Recovery Recovery?

One of the most popular trends among neurotics today is “recovery,” which consists of Twelve-Step programs available for every symptom imaginable, although the neurosis causing all those symptoms is probably basically the same. Codependents Anonymous, Sex and Love Addicts Anonymous, AA, Gamblers Anonymous, Overeaters Anonymous, Narcotics Anonymous and all the other programs may actually *prevent* recovery by promoting trust in a mysterial “power greater than ourselves” that can supposedly restore people to sanity. Unfortunately, the thing these programs may restore is neurosis, since all they can offer is awareness, understanding, and dependence on a “God as we understand Him.”

Janov writes in *The New Primal Scream*:

To understand an act-out, even to understand that it is neurotic, won’t change a thing. It would be the same faulty logic to imagine that understanding a virus would cure an infection. Too often, however, sophisticated understanding of an act-out becomes another act-out, a defense against feeling. In this way, one can go through the motions of getting well without the pain involved (138).

Because of “recovery,” many people are becoming aware of their neuroses, but their symbolic acting out is simply being aborted or transferred to a more palatable, comfortable, and socially acceptable form—one that closely resembles that of religion, one of our most cherished and dysfunctional cultural institutions. Moreover, since symptoms provide an escape route for accumulated Pain, “recovery” can sustain neurosis by blocking or changing that route.

Mellody’s obsessive preoccupation with the different forms of abuse and the symptomology of codependence is by itself relatively useless and can distract us from what is of paramount importance: feeling. Knowing all the ways we have been abused, and all the ways that abuse is manifested, will never help us overcome the abuse unless we also feel all the Pain it generated.

Mellody pays lip service to the need to feel Pain by mentioning “spontaneous regression,” which, according to the definition she uses, is probably what Janov calls a Primal. Unfortunately, Mellody seems to feel that simply *wanting* to recover—through understanding codependence, by adhering to the Twelve Steps, and with very little consideration for Pain—is enough to overcome that Pain. This is apparent when one examines *Breaking Free*, a workbook for *Facing Codependence* that is devoted almost solely to the CODA (Codependents Anonymous) adaptations of the Twelve Steps of Alcoholics Anonymous, and to symptomology. Feeling Pain is acknowledged as necessary, but it is practically ignored as an integral part of the process of recovery. Why encourage people to feel when it is so much easier to get them to narcotize themselves with ideas (a Higher Power) and awareness, or with a 423-page workbook?

John Bradshaw, another of the “recovery” gurus, and champion of the “inner child,” at least places serious emphasis on the importance of feeling Pain as a means of healing, but he inundates us with scholarly yet interminably intellectualistic and quasi-religious offerings which only increase awareness and dependence on ideas while skirting the issue of feelings. Bradshaw does recommend that we “seek the help of a trained therapist” if we are overwhelmed by feelings, but I wonder how many therapists without knowledge of Primal Theory and Primal Therapy, are adequately equipped to deal with a client in the throes of Pain.

Chapter three of Bradshaw’s book *Homecoming* is entitled “Original Pain Work and it contains some important aspects of Primal Theory. What I find interesting about Bradshaw’s inclusion of this material is his exclusion of any mention of Janov, although he cites identical sources, concepts and terminology that were presented nearly twenty years earlier in *The Anatomy of Mental Illness* and *Primal Man*. I find this to be a rather glaring omission since Bradshaw, who seems to love citing references in his books, seems unwilling to give credit where it is due. Perhaps Bradshaw really is ignorant of the work that Janov has been involved in during the last twenty years, and the similarities mentioned are coincidental. (Another coincidence: Bradshaw is part of a treatment center in the Los Angeles area, where The Primal Institute and the Primal Training Center are also located.) Regardless, Bradshaw, like Mellody, merely gives token recognition to what is the most important and least emphasized part of the *real* process of recovery from neurosis: feeling.

Mellody gives an excellent argument against “recovery” in *Facing Codependence*:

We have used the term “disease” throughout this book to describe codependence, yet it is not a disease like the flu or pneumonia for which we seek a cure and get well. Recovery from codependence is more like being in remission from something like diabetes. As long as a diabetic continues to follow the prescribed treatment of diet, exercise, and perhaps doses of insulin, he or she can lead as active a life as a nondiabetic. But if the diabetic does not follow his or her regimen, a diabetic relapse can occur at any time. In a similar way, as long as we follow a recovery program, we can lead more healthy, functional lives. But we are subject to relapse when we start thinking we are “well” and no longer need to work a recovery program (205-6).

Mellody may as well say that a codependent is equivalent to a drug addict who must keep taking drugs to prevent withdrawals, or to a religious addict—the same as a drug addict because of endorphins—who must continue to pray to relieve the Pain that an inscrutable God graciously allows His adherents to experience as part of their penance as fallen beings. Indeed, Mellody seems to be saying that no codependent should seek a cure

since remission, which is simply a temporary alleviation of symptoms, is all that any codependent can hope for. Even if the remission of recovery is permanent, it is still merely alleviation, not cure. Melody's efforts (and Bradshaw's and all the other "recovery" advocates) are well-intentioned, but as long as she glorifies addiction to recovery programs which incorporate a "Higher Power" and fixation on causes and symptoms at the expense of feeling, I am afraid that her efforts will serve primarily to maintain neurosis.

Even though promotion of "recovery" can be financially rewarding due to its generation of book sales and seminar attendance, most promoters are probably well-meaning delusionists who feed on the adulations of others, or on what they perceive to be their service to society.

I submit that it is time to take a thirteenth step—beyond "recovery"—or to forego the Twelve Step religion altogether, lest any more time is wasted in narcotizing our feelings. Judging by the conclusions reached by many scientists, we do not have much time left, since we have polluted our world beyond its capacity to sustain us as it has in the past.

Can we manipulate Pain away?

Ida Rolf, a biochemist who was a pioneer in the development of myofascial manipulation into a powerful modality for integrating the physical structures of the body, was a brilliant woman who understood intimately the relationship between corporal structure and function. In *Rolfing: The Integration of Human Structures*, Rolf writes: "Emotional response is behavior, is function. All behavior is expressed through the musculoskeletal system. All function is an expression of structure and form and correlates directly with material structure," and therefore "a man's emotional state may be seen as the projection of his structural imbalances" (17).

What Rolf and many other pioneers in bodywork therapies may not understand is that structural imbalances in the *brain* in response to Pain are probably the fundamental cause of most myofascial, behavioral, and emotional abnormalities. Structural imbalances in the myofascia resulting from physical trauma that is not overwhelming would provide the best conditions for bodywork, but when Pain is involved, integrating the musculoskeletal structures without integrating brain structures will most likely only temporarily assuage symptoms.

When I was Rolfed, my body underwent some remarkable changes, and I was astounded and elated by some of those changes, the most memorable of which involved a tetanic reaction to the Rolfer's manipulations that relieved completely for a few years my systemic hypermyotonia. What did not change was my neurosis. Rolfing only temporarily alleviated the myofascial manifestations of my Pain. Some of the Pain remains and it continues to tense my musculature. My musculoskeletal body is not as "random" (structurally disordered) as it was before Rolfing, but, after Rolfing and before primalling, my brain still was. Fortunately, Primal Therapy is to the brain what Rolfing is to soft tissues: a means of integration.

While it is true that many therapies are body/mind oriented, and can even facilitate connection of Pain to consciousness, they will probably always temporarily ameliorate without curing, unless they knowingly and systematically seek to *drain* Primal Pools, and not merely to *tap* them while failing to sound their depths.

Faithful to Feelings

Primals have been the most important and extraordinary events in my life because they allowed me to vent some of the life-distorting energy induced in me by early childhood Pain, and they let me feel with astonishing force and clarity the true reality of my existence. That primal reality has absolutely nothing to do with glorified sacred writings, a man who died nearly two thousand years ago, or any mystical or magical ideas that I believe man has created to answer questions that will remain forever unanswered, and unanswerable, if we continue to live in ignorance, fear, or denial of the truth inside ourselves—the truth of our feelings.

There is no reason for me to enshroud myself with Eastern or Western philosophy, the supernatural, or ideas that I must support with faith, unless I want to repress my Pain. The *only* thing of which I can *ever* be certain is the reality of my feelings, a reality that is intimately interconnected with my physiology, but not with any dogmatic ideology; there is nothing numinous about this. The further I retreat from my feelings, and the more

my physiology is warped by that retreat, the harder it is for me to find my way back to the truth, to the real me, the one that feels terrible, terrifying, enraging Pain. I unknowingly ran from that Pain for twenty-six years, but I never escaped it. No matter how fast or how far one runs, one can never escape from one's own physiology.

Faith is the antithesis of feeling. Faith promises freedom from Pain while requiring slavery to doctrinal and pathetically inadequate ideology. Faith medicates, while feeling liberates. If faith healing works, it is only because it triggers the body's own healing mechanisms, which function according to physical—not supernatural—laws. Feeling heals naturally by normalizing physiology, without the need of faith. Feeling demands only the courage and/or desperation to face the dark side of ourselves, the part that, through repression, is called evil, sinful, bad, immoral or carnal. Feeling, so feared and misunderstood for so long, is the only road to redemption; all the other roads dead-end in neurosis.

Repression is the real Devil in our world, the one that unceasingly and mercilessly plagues our bodies and minds with disease and delusion. When we as a species can accept this fact, we can move beyond the enduring myths—and the social institutions erected to perpetuate them—that have hindered more than helped us.

A New Age or Simply the Old Age Recycled?

The implications of brain wave studies on Primal patients are important in that they seem to contradict the “New Age” and Eastern notion of a “higher” consciousness, exemplified by author Gary Zukav in *The Seat of the Soul*. Zukav, who also wrote *The Dancing Wu Li Masters*, very eloquently equates higher frequency, higher energy thoughts and emotions—“higher” consciousness—to health and happiness, and lower frequency, lower energy thoughts—“lower” consciousness—to disease and despair. Zukav writes, “When you shift the level of your consciousness, you shift the frequency of your Light [consciousness]. . . . Thoughts of vengeance, violence, and greed, or thoughts of using others, for example, create emotions such as anger, hatred, jealousy, and fear. . . . By choosing your thoughts, and by selecting which emotional currents you will release and which you will reinforce, you determine the quality of your Light. You determine the effects that you will have upon others, and the nature of the experiences of your life.”

The “higher” consciousness ideology is illuminating: first, it relates consciousness with light, the frequency of which is over one trillion cycles per second (cps); second, it treats consciousness as some ethereal state that is completely divorced from physical laws (or determined by undetectable “subtle” laws [unapparent to those of us who are unenlightened]) such as the Arndt-Schultz Law, and from our physiology, the substratum out of which consciousness arises; third, it encourages neurosis through repressive choices (choosing to try to magically “release” Pain instead of relive it); and fourth, it mistakes the symptoms (thoughts and feelings) for the cause (Pain).

The frequency of alpha waves in truly relaxed and conscious Primal patients in one study was generally less than 10 cps, which makes light, in the physical sense (1,000,000,000,000 cps), a very poor metaphor for consciousness. In a metaphysical context, light is a misnomer for consciousness because higher frequency, higher energy thoughts and emotions correlate directly to the higher alpha wave frequencies and amplitudes—and the proportionate psychophysiologic symptoms—observed in neurosis.

Zukav is correct in saying that shifting one's consciousness away from Pain will create higher frequencies and energies, but instead of attaining “higher” consciousness by such means, one only uses a higher brain center to maintain *unconsciousness*. Zukav is essentially urging us to use ideation to repress further the feelings that actually *generate* what he calls “lower” consciousness.

If it can be shown, both mentally *and* physically, that “releasing” Pain, without reliving it, is possible, I will reconsider “higher” consciousness. After all, who would want to feel their Pain when they could simply let it go, or meditate it away? I am afraid, though, that the only thing I would relinquish in such an effort would be my hold on reality. Indeed, it has been demonstrated that meditative states, while appearing relaxing, are frequently accompanied by increased alpha wave power, indicating a brain working overtime to defend itself against pain, which is metabolically draining, not conserving.

Meditation has been embraced by many people for its seeming ability to lead to relaxation, greater consciousness, joy, vitality and creativity. Interestingly, in the Nov./Dec. 1993 issue of *Natural Health*, Nathaniel Mead mentions researchers that have found many physical and emotional side effects of meditation. The name given to one of these effects—"relaxation induced panic"—is characterized by increased heart rate and muscle tension, and accompanied by head pain and perspiration. Mead also reports that meditation can increase pre-existing depression and suicidal tendencies, and induce previously controlled psychosomatic symptoms.

How does something as innocuous and supposedly beneficial as meditation lead to potentially damaging side effects? The fact is, meditating can be hard work. Meditation involves concentrated attention, which can consume a great deal of energy. The side effects of meditation are not surprising when acknowledging the fact that many people are so chronically debilitated—from overwork, poverty, pollution, and emotional stress, for example—that any extra effort can be detrimental to their already fragile health.

What the researchers mentioned by Mead do not seem to understand is that, because of the apparent side effects—which may simply represent a person's close proximity to his or her Pain (the primal zone)—meditation may be a means of inducing Primals. In this respect, meditation could be a beneficial practice even for those who suffer from its side effects. Unfortunately, symptoms of Pain—used here synonymously with the side effects of meditation—are routinely suppressed as undesirable by many, if not most, medical and counseling professionals, since repression—getting a person to function well in an insane world—not cure, is the foundation of their work.

It is true that, through meditation and other means of focused attention, mind can dominate matter—a fact demonstrated, for example, by yogis who can drastically alter their autonomic nervous system functions. Such mental gymnastics, however, are most likely irrelevant if they cannot *permanently* lower vital signs and brain wave activity.

I, for one, enjoy this physical world and my physical body, and I consider the renunciation of physical reality as an illusion—in favor of "astral" or "etheric" planes—to be a neurotic choice in response to Pain. We could have heaven on earth if we primalled enough, which would relieve our suffering bodies, minds, and spirits while leaving us too relaxed and peaceful to have any neurotic need to seek more, either physical, spiritual or material; but perhaps primalling is too lowly a prospect for those who imagine some divine existence like that which is described in Sanskrit literature and other writings, both ancient and modern.

PART THREE: Environmental Factors as Causes of Neurosis

Under construction

PART FOUR: The Primal Promise

A Primal Legacy

The beauty of Primal Therapy lies in its ability to uncover feeling human beings who relate to themselves and to the world without struggling to live while relentlessly persecuted by the crippling effects of unmet childhood need. Although that unmet need will never be satisfied, we have the means to stop trying to satisfy it symbolically, and we can take appropriate measures to ensure that our children grow up fulfilled, not deprived, thus breaking the pattern of repression and neurosis. Primal Therapy promises to enable us to truly feel, and eventually to function freely, meeting the towering challenges before us with the serenity, self-knowledge, and consciousness we need to live in harmony with ourselves and, therefore, with each other and with our world.

I was fortunate to discover Primal Theory, because I now know that there is a scientific and systematic means of draining my Primal Pool, which was barely tapped by Survivors. But my discovery was completely accidental, so I wonder how many others, who are desperately in need of more help than they are getting, will

make the same discovery. Perhaps this discussion will interest others in Primal Therapy, a truly revolutionary cure for the effects of repression, the horrifying expressions of which are rampant in our world.

For those who would criticize this as a pitiful and insufficient attempt to extol Dr. Arthur Janov, and Primal Theory and Primal Therapy, while denouncing therapeutic processes and beliefs that have supposedly helped millions of people, I can only agree. There is no way that I can describe the truth to someone who has not experienced it. This personal journal is only so many words—what is of critical importance is *feeling*.

For those of you who have never yielded to the Pain to which I have referred throughout this essay, the Pain that, for me, was more awesome than I could have ever imagined, and that continues to wage an unremitting and exhausting physiological and psychological war that can only be won through surrender, the battle will never end. For those who prefer to fight—with denial or faith or whatever—the best you can hope for is a cease-fire, or, as Mellody suggests, remission.

For those of us who are willing to plumb the depths of our Primal Pools, we will encounter and experience not only our Pain, but also our real selves, which were always there waiting to be resurrected to continue the lives that were crucified before they could be fully realized. This surrender to, and ultimate victory over, the ravages of Pain and repression is one that some of you may never understand or achieve, but for those of us who have felt some of our Pain and the results of feeling it, the primal path we follow is the real road to recovery.

In Conclusion . . .

Throughout history the sages, mystics, natural and social scientists, philosophers, psychologists, and countless others from East and West have struggled to guide our species out of the neurotic and ever-deepening rut into which it has evolved. Unfortunately, and in spite of the noblest intentions, the quest for realizing a transcendent, transformative, and transpersonal reality has been, and continues to be, arrested by the chains of repression that bind us with neurosis.

Even though the revelations of modern science—relativistic, quantum and particle physics, and the general systems theory, for example—tend to reinforce mysticism and the interdependence of all existence, and hint at realms of knowledge and experience that we have yet to fully grasp, I doubt that the uncharted and potentially metamorphic realities of human experience, if they even exist outside of our imaginations or the bounds of as yet unperceived natural laws, will ever be achieved by a species that is living with a stultifying legacy of Pain. Indeed, longed-for realities often seem to be the constructs of minds—animated by Pain, and salved by endorphins—that are seeking desperately to escape the grim actuality of repression and neurosis.

Whether the ultimate reality is simply our loving stewardship of the planet and all the life it supports (I personally cannot imagine a more fulfilling reality), the attainment of oneness with a cosmic consciousness, or a complete understanding of everything in the universe through a unified theory of physics, I feel that we will achieve that reality only if we give ourselves the gift of Pain. To deny Pain and the neurosis that it spawns, or merely to acknowledge and understand Pain and neurosis, is to deny ourselves the freedom to evolve into that domain of harmony to which so many of us have aspired. If we are to truly transform our existence into anything other than it is (or into more of what it has always been) we must first transform our Pain through feeling. Primal Therapy holds the potential and the promise to be a primary instrumentality for that transformation.

Primal Therapy has profound implications for a world that so easily rationalizes, ignores, or glorifies war and other violence—to ourselves, each other, and our planet—through unconsciousness of the Primal Pain associated with such atrocity. If we were *conscious* of our Pain we could never wave our flags or celebrate as “victories” wars that have resulted in the wanton slaughter of millions of innocent human beings sacrificed to preserve some perverse order that ruthlessly crushes any interference in control and exploitation of the world’s resources. If we were *conscious* of our pain we would not need to stupefy ourselves with obsessive and compulsive social phenomena such as religion, drugs, and mass tabloid media, which only facilitate neurosis. If we were *conscious* of our Pain we would be concerning ourselves with mutually beneficial, rather than self-centered and self-destructive, evolution. If we were *conscious* of our Pain we would be free to realize the world that we all desire and deserve, where giving and receiving love—simply living in love—would be a

reality, not merely a dream or a transient event, and reason enough to satisfy our need for meaning in life. I believe that Primal Therapy, the gateway to consciousness, can play a leading role in realizing that world. I hope that more of us can experience Primal Therapy before our unconsciousness drives us further into a planetary neurosis that threatens our very survival.

This piece contains a simplistic summary of the work of Dr. Janov. If you find this information interesting, I encourage you to read Janov's books. *The Primal Scream* (Revised Edition, 1970/1999), *The New Primal Scream* (1991), *Why You Get Sick - How You Get Well* (1996), and *The Biology of Love* (2000), *Primal Healing* (2006), and *The Janov Solution* (2007), are available by mail from The Primal Center. Many of Janov's books are out of print, but are available at some libraries, used bookstores, and amazon.com.

PRIMAL TREATMENT, TRAINING & RESEARCH CENTER

209 Ashland Ave., Santa Monica, CA 90405

Phone: (310) 392-2003

Fax: (310) 392-8554

E-mail: primalctr@earthlink.net

<http://www.primaltherapy.com/index.html>

Works Cited

Bradshaw, John. *Homecoming*. New York: Bantam Books, 1990.

Capra, Fritjof. *The Turning Point: Science, Society, and the Rising Culture*. New York: Bantam Books, 1982.

Eisler, Riane. *The Chalice and the Blade*. New York: HarperCollins, 1987.

---. *Sacred Pleasure*. New York: HarperCollins, 1995.

Janov, Arthur. *The Primal Scream*. New York: G. P. Putnam's Sons, 1970.

Janov, Arthur. *The Anatomy of Mental Illness*. New York: G. P. Putnam's Sons, 1971.

Janov, Arthur. *The Primal Revolution*. New York: Simon and Schuster, 1972.

Janov, Arthur. *The Feeling Child*. New York: Simon and Schuster, 1973.

Janov, Arthur, and E. Michael Holden. *Primal Man: The New Consciousness*. New York: Thomas Y. Crowell Company, 1975.

Janov, Arthur. *Prisoners of Pain*. Garden City: Doubleday & Company, Inc., 1980

Janov, Arthur. *Imprints: The Lifelong Effects of the Birth Experience*. New York: Coward-McCann, Inc., 1983.

Janov, Arthur. *The New Primal Scream*. Wilmington: Enterprise Publishing, Inc., 1991.

Janov, Arthur. *Why You Get Sick and How You Get Well*. West Hollywood: Dove Books, 1996

Mellody, Pia. *Breaking Free: A Recovery Workbook for Facing Codependence*. San Francisco: Harper & Row, Publishers, 1989.

Mellody, Pia. *Facing Codependence*. San Francisco: Harper & Row, Publishers, 1989.

Ornstein, Robert, and Sobel, David. *The Healing Brain*. New York: Simon and Schuster, 1987.

Rolf, Ida P. Rolfing. *The Integration of Human Structures*. New York: Harper & Row, Publishers, 1977.

Zukav, Gary. *The Seat of the Soul*. New York: Fireside, 1989.