

# THE PRIMAL LEGACY

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CLINICAL (C) AND THEORY (T) LECTURES

## PART 1

### SECTION (A) – CLINICAL BASICS

- 1). 10-09-07 – WHAT IS PRIMAL THERAPY? (T)
- 2). 02-05-08 – WHAT IS PRIMAL HEALING? (T)
  - Primal Therapy.
  - The importance of a good birth.
  - Neurosis and act-outs keep the pain down.
  - Anoxia at birth.
  - Homosexuality.
  - Polar opposites in repression spectrum.
- 3). 10-08-07 – THE UNIFIED THEORY OF NEUROPSYCHOLOGY (T)
- 4). 11-12-07 – THE PRACTICE OF PRIMAL THERAPY (T)
  - Treating children and youth in Primal Therapy: a very complex problem.
  - Relationship between patient and therapist, regardless of age.
  - Adolescents in Primal Therapy.
  - The feeling tree.
  - What it means to love yourself: what I should have been, had I been loved.
  - Primal Therapy works in stages.
- 5). 03-31-09 – CLASSICAL STEPS IN PRIMAL THERAPY (C)
- 6). 02-29-12 – AN EXAMPLE OF CLASSIC THERAPY (C)
  - Probing to get necessary information.
  - Reactivating the feeling.

- Anchoring the scene.
- About doing – or not doing- an intervention: its appropriateness or timing.
- Dealing with anger.

7). 03-31-08 – LET THE PAIN LEAD THE WAY (C)

- Where is the pain?
- Crying without knowing what your are crying about is not a feeling.
- Intrusion and mélange, revealed.

8). 09-26-11 – BASIC THERAPY WITH A NEW PATIENT (C)

- First Line as a defense.
- Dealing with a lack of context.
- Focusing the patient on “the” feeling.

9). 09-28-11 – IDENTIFYING THE FEELING (C)

- Dealing with a patient’s terror.
- About the therapist not picking the track of the session.
- Addressing the feeling, not the defense
- Using an image.
- More about the “terror” feeling.

10). 01-24-08 – THE TREE OF FEELING (T)

11). 02-18-10 – GOING UP AND DOWN TOWARD THE FEELING (C)

12). 08-08-11 – THE FEAR OF FEELING (C)

- Entrenched defenses prevent a patient from feeling first-line terror.
- Diagnosis of a double bind and how to treat it.

13). 11-07-07 – TRIGGERING THE IMPRINT (T)

14). 07-20-11 – FROM THE GENERAL TO THE MORE SPECIFIC (C)

- From the general to the more specific.
- Being where the patient is, and not denying her feelings.
- “Negative pain” and access through the positive side.
- Not feeling “safe”: a huge feeling, a great defense.
- When anger is part of the feeling and not a defense.

**15). 11-25-09 – ANCHORING THE FEELING PART 1 (C)**

- Draining anger: Feeling or defense.
- Anchoring the feeling.
- Don't let the defense grow.

**16). 11-25-09 – ANCHORING THE FEELING PART 2 (T)**

- Locating the anger's source.
- Hope and hopelessness.
- Finding the good in ourselves.

**17). 04-16-09 – GIVING TIME AND SPACE (C)**

**18). 05-28-08 – FEELING SAFE (C)**

- A patient suffers as he struggles with a feeling until a therapist makes it safe with just the right move.
- The need to feel safe: Defense or doorway to feeling.
- Therapy lifts a lifetime of confusion and self-doubt caused by extreme early trauma.

**19). 10-30-09 – STAYING ON TRACK (C)**

- The group environment.
- When a patient is in a feeling, the therapist stays silent.
- Too much pain.

**20). 07-27-11 – CLASSIC WAYS TO DEAL WITH A PAST SCENE (C)**

- Dealing with a patient act-out.
- When a word indicates "Pain."
- Making sure the Patient feels the feeling.

**21). 08-31-11 – THE PRIMAL PROBE: SHINING A LIGHT ON REPRESSED FEELINGS (C)**

- On the necessity to probe.
- Dealing with a physical symptom in a session.
- Anger as a defense or as a feeling: genesis of a symptom.

**22). 08-10-11 – GETTING BENEATH DEFENSES TO BREAK THROUGH LIFELONG FEELINGS OF BEING BAD/SAD (C)**

- Dealing with a patient general feeling of “I am bad.”
- Going “under” the feeling/defense “I am bad”/ “I am sad.”

**23). 02-11-10 – ALL FEELINGS ARE CONNECTED (T)**

- Sidetracks.
- The logic of feeling.
- Feel the past to free the present.
- The importance of insights.

**24). 04-28-10 – WHAT HURTS MOST (C)**

- What to address first.
- Pushing through the defenses.
- A classical state of overload.

**25). 09-07-11 – HELPING A NEW PATIENT STAY ON TRACK (C)**

- Helping the patient focus on the feeling.
- Identifying on which level the feeling originates.
- Taking the patient back after she veers away from her feeling.
- Identifying the patient’s defenses.
- Blocking defenses to help the patient feel.
- Suffering: what to do.
- Patient moves from a recent 3rd Line Scene to 2nd Line with father.
- Helping the patient descend into 2nd line.
- Keeping the patient where she is.
- A clinical overview of where the patient is.
- Conclusion and lessons from the session.

**26). 02-18-08 – THE DUAL ROLE OF PAIN AND SURVIVAL (T)**

**27). 08-07-08 – THINKING YOUR WAY TO HEALTH PART 1 (T)**

**28). 08-14-08 – THINKING YOUR WAY TO HEALTH PART 2 (T)**

**29). 09-21-11 – VARIOUS CLINICAL STRATEGIES (C)**

- Dealing with first line and anger.
- Dealing with anoxia.
- About “mélange.”
- On the importance of “educating” the patient.

**30). 01-30-08 – INSIGHTS IN PRIMAL THERAPY (T)**

- What is the definition of insights?
- Why is it not enough to feel?
- Understanding behavioral patterns.
- Act-outs.
- Insight is part of integration.

**31). 09-14-11 – STEP BY STEP: ANALYSIS OF A THERAPY SESSION AND THE IMPORTANCE OF THE POST-SESSION (C)**

- Assessing on what level the patient is.
- About the risk of inducing abreaction.
- About the patient having fluid access on different levels.
- A “mélange”.
- Assessing what is real with patients who feel a lot on their own.
- The importance of post sessions.

**32). 02-06-08 – WIDE-RANGING CLINICAL DISCUSSION (T)**

- Definition of “double bind.”
- The problems with mock therapy.
- Signs of a rising birth primal, during therapy.
- The difference between 1st line intrusion and dropping into the 1st line.
- What to do when a patient says; “I have to stop,” feeling is too much.
- What are the keywords in Primal Therapy?

**33). 05-28-08 – A PRIMAL PRIMER (T)**

**SECTION (B) – SPECIFIC CLINICAL ASPECTS**

**34). 08-11-10 – PRIMAL DIAGNOSIS AND THE URGENT INTERVENTION (C)**

**35). 05-24-10 – ESTABLISHING DIAGNOSES (C)**

- The difference between a connected feeling and a discharge.
- Disconnected feelings create a state of suffering.
- Hopelessness. A real, connected feeling in the present.

**36). 04-26-10 – THE CONSEQUENCES OF MISSING OPENING FEELINGS (C)**

- Patient controlling therapy as a defense.
- What should have been done.

- A simple touch.
- What the right move can do.

**37). 08-08-11 – BREAKING THROUGH A PATIENT’S RIGID DEFENSES (C)**

- Getting specifics from a patient who speaks vaguely about generic feelings such as frustration and loneliness.
- “Learning your piano” with a new patient means discovering a patient’s personality and feeling style.

**38). 09-19-11 – OPENING A 3-2-1 PATHWAY WHEN THE 2ND LINE IS MISSING (C)**

- Anchoring on the 3rd Line
- 3rd and 1st Line Mélange
- Neuron Time
- Touching on 2nd Line
- Anchoring on the 2nd Line
- Being between 3rd and 2nd Line
- Summation: Clinical Analysis

**39). 09-28-11 – VERTICAL INTEGRATION: THE DANGERS OF BYPASSING SECOND LINE AND GOING DIRECTLY TO BIRTH FEELINGS AS A DEFENSE. (C)**

- Dealing with a patient who had extensive “mock therapy” with deleterious consequences.

**40). 11-06-08 – NEGATIVE PAIN: DEFINITION AND TREATMENT (C)**

- Intrauterine life.
- Keeping on the track.
- Using dialectics to break through.
- Negative pain and Gil’s story of treatment.

**41). 02-17-10 – DIFFERENT BUNDLES OF FEELING (C)**

**42). 11-14-07 – REGAINING FREEDOM THROUGH PRIMAL (T)**

**43). 12-17-08 – “MÉLANGE” DURING CHILDHOOD (C)**

- Searching for the proper diagnosis.

- Intrusion versus “mélange.”
- Knowing when a feeling is real.

**44). 06-20-12 – WHEN THE PATIENT FEELS, THE THERAPIST IS SILENT (C)**

- The remembered event.
- Understanding the patient’s frustration with his inability to descend into the feelings and emotions of a well-remembered event.  
Breaking through the hopelessness.
- Making a move while the patient is in a feeling.

**45). 05-05-09 – TAKE THE THERAPY OUT OF THE ROOM (C)**

- Interrupting the patient.
- What to do when a patient mentions the hurt?
- Intervention: “Tell her how you feel?”
- Interrupting a feeling.

**46). 08-22-11 – DEALING WITH A NEW PATIENT’S EVASIVENESS (C)**

- Dealing with an unfocused new patient.
- From general to specific and the importance of “images.”
- Focusing the patient.

**47). 03-03-08 – MISSING THE MARK: INTERVENTIONS DON’T HELP A DESPERATE PATIENT. (C)**

- Making assumptions about a patient’s statements can derail a session by putting the patient on the wrong track.
- Never interrupt a feeling. When a patient is crying, a therapist must never speak.
- Primal Therapy is precise.

**48). 08-08-11 – THE POWER OF FEELINGS: A SESSION GOES OFF COURSE, BUT THE PATIENT GETS BACK ON TRACK. (C)**

- An overload case and how to treat it, the importance of timing.

**49). 10-03-11 – HELPING A NEW PATIENT MOVE FROM FEELING UNSAFE ON THE 3RD LINE TO A VIOLENT TRAUMA ON THE 2ND LINE (C)**

- Physical symptom on the 3rd line.

- Elaborating general feeling of “uncomfortable” to the more specific feeling of “unsafe.”
- Discerning what the patient is afraid might happen.
- From unsafe in the present to the same feeling on 2nd line.
- Touching on the violent trauma at age six: getting the whole story to put patient into the 2nd line scene for a deeper feeling.
- A violent trauma compounded with shame: sex is bad, “you” are bad.
- Problem of not anchoring the patient in a scene.
- Patient moves to an older age in 2nd line: using the image of the earlier trauma to bridge the patient back.

50). 02-25-10 – ASSESSING THE VALIDITY OF AN UNUSUAL “FEELING” (C)

51). 05-30-08 – RELIVING PAST SITUATIONS TO FULFILL A NEED (C)

- A terrifying familiar feeling is triggered by another patient’s experience.
- The power of touch.
- Unfulfilled needs trying to be fulfilled.

52). 04-27-10 – AN OVERWHELMING DISCHARGE OF TERROR (C)

- When to probe for more context or stop and drain the intrusion.
- How to differentiate abreaction from a real feeling.

53). 07-24-08 – SELF-ANALYSIS: A HEAVILY REPRESSED PATIENT HELPS DECIPHER HIS OWN DEFENSES. (C)

54). 05-24-10 – THE FEELING NEEDS TO BE CONNECTED (C)

- A discussion of medication.
- “I’m suffering all the time.”
- Efforts to identify the pain; an unconventional session.

55). 01-06-09 – IT’S ME NOT THEM. IT’S THEM NOT ME. (C)

56). 12-15-10 – ATTENTION DEFICIT DISORDER (T)

57). 05-27-10 – HOW DO YOU MEASURE PRIMAL? (T)

## **PART 2**

### **SECTION (C) - ABOUT BIRTH/ THE THERAPY OF BIRTH**

- 58). EPIGENETICS AND PRE-BIRTH (T)
- 59). 12-03-07 – LIFELONG EFFECTS OF BIRTH (T)
- 60). 10-13-08 – PRENATAL LIFE AND ITS LATER EFFECTS (T)
- 61). 10-28-09 – BIRTH SEQUENCE (T)
- 62). 04-19-10 – TREATING BIRTH TRAUMA (T)

### **SECTION (D) – CLINICAL CHALLENGES**

#### **ABREACTION – (D-1)**

- 63). 10-03-11 – ASSESSING ABREACTION IN A SELF-PRIMALLING PATIENT (C)
  - Expanding a third line feeling.
  - Moving from the general to the specific.
  - Is the patient abreacting?
  - The result of the patient trying to have the right feeling.
  - Helping the patient establish context for her feelings.
  - When the patient stops coming to therapy and primal on her own.
  - What to do if you think the patient is abreacting.
  - Discouraging the patient’s abreactive style without making him/her defensive.
  - Conclusion.
- 64). 12-17-09 – DEALING WITH AN ACQUIRED GROOVE (C)
- 65). 02-22-12 – DEALING WITH A PATIENT’S ABREACTIVE GROOVE (C)
  - Discerning if a Primal sequence is real.
  - Anchoring the patient into a scene or a feeling.
  - Recognizing and dealing with a patient’s hopelessness.
  - Identifying a feeling as real.
  - Dealing with “traces of mock therapy.”

- Dealing with an “abreactive groove.”

**66). 03-29-12 – DEALING WITH A HEAVILY GROOVED ABREACTIVE PATIENT (C)**

- How to treat a heavily grooved patient.
- An intervention that may induce abreaction or take the patient to a deeper level.
- A feeling with no context is not a real feeling.

**67). 05-23-12 – STRATEGY FOR CORRECTING A PATIENT’S ABREACTIVE GROOVE (C)**

- Discussing the Patient’s Primal Style.
- Strategy for the patient’s treatment.

**68). 07-06-11 – PROBING, SCENES, AND MOCK PRIMAL THERAPY (C)**

- Early session probing/missing the first feeling.
- Working with scenes.
- Defense feelings.
- A bad groove from previous mock primal therapy.
- Keeping the patient in the feeling/scene.
- Having the patient talk to the subject of their feeling.
- Mock Primal Therapy.

**OVERLOAD (D-2)**

**69). 08-24-11 – THERAPEUTIC STRATEGY TO HELP AN OVERLOADED PATIENT (EXCERPTS) (C)**

**70). 06-13-12 – “I AM BAD:” OVERLOAD AND REPRESSION IN A SUICIDAL PATIENT (C)**

- Probing for biographical details from a new patient to develop a clear diagnosis and help shape an initial therapeutic strategy.
- Identifying and underscoring essential Primal statements made by the patient as clues to real feelings to explore.

**71). 10-12-11 – FIRST LINE—PANIC—DRIVEN OVERLOAD (C)**

- Dealing with first session distrust.
- Working with panic.

72). 11-06-07 – TRUST AND OVERLOAD (T)

**HOPELESSNESS (D-3)**

73). 12-16-09 – THERAPY OF HOPELESSNESS (T)

- The hopelessness trap.
- The Primal zone.
- Other therapeutic strategies for dealing with hopelessness.

74). 05-07-09 – HOPELESSNESS PART 1 (C)

- A patient must recognize the pattern of behavior that sabotages her therapy.
- Early Primal needs are often linked to survival and evoke feelings of impending death in the infant in unmet.
- The dialectic provides two avenues to feelings by allowing the therapist to flip an intervention to its opposite.

75). 05-11-09 – HOPELESSNESS PART 2: DON'T DENY THE GOOD (C)

- How does it feel not to feel?
- Needing help, then and now.
- Don't deny the good.

76). 08-21-08 – HOPELESSNESS TURNS INTO HOPE (T)

**SECTION (E) – VARIOUS CLINICAL CASES**

77). 04-05-12 – A DIFFICULT PATIENT POSES MULTIPLE CHALLENGES (C)

- Providing context by clarifying a patient's statements, feelings and sensations.
- Dealing with a patient who gets in a double bind and resists the therapist.
- Making short, subliminal interventions that don't distract patients.
- Helping a patient drain first line and feel on upper levels for vertical therapy.

78). 03-29-12 – TREATING A "RESISTING" PATIENT (C)

**79). 06-06-12 – SEPARATING REAL FEELINGS FROM IMAGINED MEMORIES (C)**

- Using the concept of negative pain to help the patient feel what was really missing in his life.
- Helping a patient distinguish his real feelings from false memories and pre-conceived ideas about Primal Therapy.

**80). 09-21-11 – WORKING WITH A PATIENT WITH FAULTY ACCESS (C)**

- Taking a patient back to the feeling.
- Furthering the patient's access.
- Dealing with a patient doing another therapy as well as Primal.
- On the importance of "clean," vertical therapy.
- The benefits of Primal Therapy.

**81). 03-12-08 – ON ANGER (T)**

**82). 08-22-11 – DEALING WITH ANGER (C)**

- Helping a patient feel his anger.
- Anger: Feeling and defense.

**83). 08-03-11 – DEALING WITH A PATIENT'S ANGER IN A THERAPEUTIC WAY (C)**

- On making the diagnosis of "overload."
- Helping the patient be specific.
- Helping a patient go to repressed anger.
- Anger: defense or feeling?

**84). 09-05-12 -- PATIENT WITH AN AGENDA (C)**

- About the patient's "Primal style."
- Helping the patient start in the present.
- Educating the patient about the therapy.
- Attempting to make a clinical assessment of the patient.
- Dealing with the present and what's "real."
- On the opportunity of medication.
- Defining Primal Therapy for the patient.

**85). 08-31-11 – PATIENT TERRORISM: KEEPING A SESSION ON TRACK WHEN A PATIENT TRIES TO TAKE CONTROL (C)**

- How to handle a patient who tries to commandeer his own session.
- Keeping the patient on a clean track through three levels of consciousness.

**86). 09-21-11 – THERAPY WITH A "RETURNING" PATIENT (C)**

- Letting the narrative unfold.
- Asking questions and reacting in a non-intellectual/ feeling way.
- Dealing with the need for help.
- The clinical relevance of sympathy.

**87). 08-08-11 – A PATIENT PUTS HIS LIFE INTO CONTEXT (C)**

- Finding just the right wording and timing for therapeutic interventions to induce feelings almost subliminally.
- Allowing a birth sequence to take its course, including a period of sleep for the patient.

**88). 04-25-12 – TRACKING A PATIENT'S PROGRESS (C)**

- Assessing the patient's progress during the 3-week intensive.
- Helping the patient recognize a trigger and deal with the feelings it brings up.
- Encouraging the patient to acknowledge and celebrate his progress.
- What to do when a patient is acting out a feeling.

**SECTION (F) – ADDRESSING SPECIFIC SYMPTOMS**

**89). 08-01-11 – NARCOLEPSY, AND COMMON THERAPEUTIC ERRORS OF OMISSION (C)**

- Narcolepsy: what is it?
- How to recognize it.
- What to do therapeutically?
- Locking the patient into the feeling.
- What is suffering? The patient is not helped where he should have gone deeper.

## **SECTION (G) – THERAPEUTIC CHALLENGES**

### **90). 02-27-08 – THE FEAR OF MAKING A MISTAKE (T)**

- The sequence of feelings.
- Admit mistakes in therapy.
- Cherish the trigger.

### **91). 05-23-12 – EXPLORING THE EFFECTS OF A THERAPIST BEING TRIGGERED BY A PATIENT (C)**

- Exploring the problem that arose in the session.
- How a feeling triggered by the therapist can take over the session.
- On the importance for the therapist to deal with the feelings the patient is triggering in him.
- Strategy for the session follow up.

### **92). 08-15-11 – TWO CASES REVEAL PITFALLS WHEN FEELINGS ENGULF A THERAPIST (C)**

- The Dangers when a therapist is triggered during a session and allows his own feelings to obstruct good therapy.
- Strategies for dealing with a patient who has limited access to his feelings.

### **93). 06-06-12 – A THERAPIST’S FEARS SABOTAGE A SESSION (C)**

### **94). EPIGENETICS AND PRIMAL THERAPY (T)**

### **95). ON THE DIFFERENCE BETWEEN ABREACTION AND FEELING (T)**