THE PRIMAL LEGACY

By: Dr. Arthur Janov and Dr. France D. Janov

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). EPGENETICS 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)