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A Radical Feminist Analysis of Primal Therapy Theory

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A RADICAL FEMINIST ANALYSIS OF PRIMAL
THERAPY THEORY

A THESIS
PRESENTED TO

the Faculty of the Department of Psychology
The Lindenwood Colleges

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
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by

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TABLE OF CONTENTS

CHAPTER	PAGE
I. THE PROBLEM AND DEFINITIONS OF TERMS USED	1
The Problem	1
Statement of the problem	1
Importance of the study	1
Definitions of Terms Used	3
Feminist Theory and Therapy	3
Primal Theory and Therapy	6
II. HISTORICAL PERSPECTIVES OF BOTH	8
Primal Therapy	8
Feminist Therapy	13
III. METHODS OF INVESTIGATION	14
Readings	14
Letters and Questionnaires	16
Interviews	17
IV. DISCUSSION	19
Similarities in theory of two therapies	19
Recognize Real/Unreal Split	19
Seek to Eradicate Role-Behavior	20
Opposition to Medical Model	21
View Society as Sick, Oppressive	23
Conflicts in theory and practice of two therapies	25

TABLE OF CONTENTS contd.

CHAPTER	PAGE
IV. DISCUSSION (continued)	26
Conflicts (continued)	26
Costs	26
Beliefs about Sexuality	29
Dismantling Defenses	33
Removal from Support Systems	35
Mothering	37
Goals for Therapy Outcomes	39
Summary of Similarities and Conflicts	42
Feminist Means of Experiencing and Learning Primal Therapy	42
Janov Centers	42
non-Janov Centers	43
Individual Primal Therapists	44
Primal Self-Help Groups	44
Feminist Methods for Practicing Primal Skills	46
Collectives	46
Individual Practice	47
Summary of Means and Methods for Experiencing, Learning, and Practicing Primal Therapy	48
V. CONCLUSIONS AND RECOMMENDATIONS	48
VI. SUMMARY	50
APPENDIX	
REFERENCES	

CHAPTER I

THE PROBLEM AND DEFINITIONS OF TERMS USED

Arthur Janov Ph.D. has written five books in which he has described what he calls Primal Theory and Primal Therapy. This contemporary therapy has been largely ignored by the academic clinical psychology profession and by the Feminist Movement. Both the psychotherapy profession and those who practice Feminist Therapy will benefit from a Radical Feminist critical analysis of this increasingly utilized therapy.

I. THE PROBLEM

Statement of the problem. It was the purpose of this study to examine the relationship of Primal Therapy and Feminist Therapy from a radical feminist perspective. This perspective is evidenced by the use of the female pronoun "she" instead of "he" when representing any undefined person. The study does not attempt to do an equal analysis of Feminist Therapy from a Primal perspective. The major purpose of the study is to serve as a basis or starting point for feminists and Feminist Therapists to establish the compatibility of Feminist Therapy and Primal Therapy ideology. The study deals primarily with comparisons of theory and theory as it extends into practice. It is not within the scope of the paper to evaluate the effectiveness of either therapy form. The parameters of the study are first to discuss conflicts and similarities in the Primal Therapy and Feminist Therapy theories. Second, the paper presents a discussion of some means by which Primal Therapy might be experienced, learned and practiced by Feminist Therapists.

Importance of the study. One trend in the psychology/psychotherapy field is the movement toward therapy forms involving experiential, regressive and

complete working-through techniques. Primal Therapy is an example of this trend and as such is having an increasing influence. Since the publication of his first book, three Janov Primal Centers have been established in the United States. Many centers which also claim to practice Primal Therapy have sprung up around the world. At a recent speaking engagement, when asked about the popularity of Primal Therapy, Vivian Janov reported that the increasing popularity is evidenced by the example of a recent television prime time situation comedy which included a joke about Primal Therapy (Speech at American Film Institute, D.C., 1976). Whether this therapy is a fad or will have a lasting effect on the psychology field remains to be seen. In any case, it is clear that Arthur Janov views his therapy as the most complete and effective therapy in existence (Janov, 1975). He has a strong and persuasive vision of the importance of the complete regressive techniques for working through old pain and he sees this therapy as the best means of making personal and societal change. As a result of the strength of Janov's voice and the resultant influence, Primal Therapy deserves appraisal by the psychology world and feminists alike.

The study is of special importance to feminists for two additional reasons. In the last decade people such as Phyllis Chesler have documented the traditional sexist and often destructive aspects of psychotherapy for many women. They have described the psychotherapy experience for many women as another example of an unequal, hierarchal relationship by which women are expertly dominated and urged to adjust to societal, patriarchal standards (1972, p. 121). It is important to feminists that when a woman goes to a therapist she finds support and is not placed in a further debilitating and dependent relationship. Janov has consistently warned of dangers in the misuse of Primal Therapy due to vulnerability of patients in the non-defended,

regressive phases of Primalling (Janov, 1975). For this reason, the inherent vulnerability involved in Primal Therapy, it is important that feminists and Feminist Therapists alike take a critical look at the compatibility of this Therapy with Feminist ideology.

A third reason this study is important is its use as a starting point for some feminists and Feminist Therapists who may feel that Primal Therapy is a useful tool in a therapy practice. It will be important to these women to first evaluate the compatibility of Primal Therapy as offered by Janov at his Institutes and next evaluate some means by which the Primal skills might be experienced, learned and practiced. These women might decide to incorporate Primal skills in an eclectic practice or develop a Feminist, Primal Therapy hybrid.

Five Feminist Therapists interviewed for the study have already added some Primal techniques to their practices and have felt the need for more substantial feminist analyses of this Therapy and the need for more extensive training in Primal skills (Interviews, Pancost, Anderson, 1976). It may prove increasingly important that psychologists, Feminist Therapists, and feminist clients take a critical look at many of the more experiential therapies. This study will examine one of these therapies, Primal Therapy, from a radical feminist stance in the belief that this analysis will prove to be a useful addition to the body of psychological writings and will be relevant to the lives of some therapists and their clients.

II. DEFINITIONS OF TERMS USED

Feminist Theory and Therapy. For the purposes of this paper, the terms feminist and Feminist Therapist are used oftentimes interchangeably to represent the person who is evaluating Primal Therapy Theory. In this paper these terms more accurately describe a type of feminism commonly known as radical feminism or Radical Feminist Therapy. The more radical stance was used in the paper to allow for a more clearly defined contrast in ideology and a more harshly

critical analysis of Primal Therapy. This stance allows for more clarity in establishing compatibilities and incompatibilities in Primal Theory and Feminist Theory. Since this more radical stance was taken, there will be women who consider themselves Feminist Therapists who will agree with some points of the paper, but not all.

In addition, the term Feminist Therapist is used and capitalized largely for the purpose of presenting a parallel term for Primal Therapist. A term that is more specific for those described is the term Feminist Counselor. For the purposes of this paper, the term Feminist Therapist will include any woman who practices counseling from a feminist perspective and may range from trained paraprofessionals to licensed psychologists and psychiatrists. The particular therapy techniques utilized by Feminist Therapists range considerably including psychoanalysis, bioenergetics, Gestalt, massage, guided musical imagery, and many more. Feminist Therapists use these techniques with individuals, couples, groups or in workshops. The one common aspect of all Feminist Therapy is a consciousness of women as a traditionally oppressed group and the desire to help women help themselves.

The theory employed for the study was drawn from general feminist classic literature including The Dialectic of Sex, Sexual Politics, and Sisterhood Is Powerful and numerous articles from feminist publications. The definition of Feminist Therapy is a consensus of two books, Women and Madness and Feminism as Therapy, and numerous articles from feminist and radical Therapy publications enumerated in the Reference Section. Two articles of special importance are those describing Feminist Counseling Collectives: "Feminist Counseling Collective of D.C." printed in Off Our Backs and "Los Angeles Feminist Therapy Collective" printed in The New Woman's Survival Sourcebook.

There are many assumptions from Radical Feminist Theory which are common to these sources. One important feminist belief is that women should control their own lives and make their own choices (Sisterhood is Powerful, 1970, p154). A second belief is that women will achieve more through a collective effort in which common recognition of traditional past oppression becomes a basis for a new sense of sharing, community and cooperation (L.A. Radical Feminist Therapy Collective, 1975, p65). A third belief is that Radical Feminist Theory should also include an economic analysis in an attempt to create a less capitalistic, materialistic culture that will not perpetuate racism, classism and sexism (Firestone, 1970). A fourth belief is that the new supportive sharing spirit among women may include sexuality among women as a viable and sometimes preferable lifestyle (Feminist Counseling Collective, 1973). A fifth belief is that it is necessary and good for some women to pull away from the patriarchal society and establish women's communities that would be as self-sufficient as possible (Chesler, 1972). A sixth belief is that women's culture and spirituality are different from the traditional male culture, such that women's sensitive, intuitive, emotional approach when combined with power and resourcefulness should be maintained and perpetuated as a force for change (Mander and Rush, 1974).

These beliefs have been used as a basis by some women who as professionals and para-professionals have practiced what has been termed Radical Feminist Therapy. The Therapy practiced is a translation of Feminist Theory into therapy practice that supports these values with women. To do this it has been important to create new models for intimacy between equals so that power-over authority roles are abandoned. This value is in common with Radical Therapy and means that Therapists attempt to be straightforward about themselves, their problems, needs and values at appropriate moments (Feminist Counseling Collective, 1973). The medical model of psychiatry/psychology is no longer appropriate among women (Goffman, Radical Psychology, 1973). Feminist Therapists have begun to work and commi-

cate with each other and often formed collectives. Therapy collectives in many cases concentrate their energies on group work where there appears to be the most general effectiveness in terms of low costs, number of women included and sharing skills and experiences (Los Angeles Radical Feminist Therapy Collective, 1975). Individual and group sessions are most often free or on a sliding pay scale (D.C. Feminist Counseling Collective, 1975).

Feminists such as Phyllis Chesler, have re-evaluated the traditional patriarchal values underlying the common practice of psychoanalysis/therapy and have begun to document the destructiveness of sexist psychology to the lives of many women (Chesler, 1972). They see the need to formulate and practice a separate feminist psychology that would not destroy women. At the same time they see this as only a part of the struggle to either overthrow, reform or abandon the general socioeconomic conditions of the society (Catalano, 1974). The individual therapy goals become to facilitate women "getting strong", feeling their true feelings and achieving self-love and respect (Mander, Rush, 1974). The additional general goal is to help women see their individual problems in the larger societal context and seek resolution of the societal problems not adjustment to societal expectations (Los Angeles Feminist Therapy Collective, 1975).

Primal Theory and Therapy. For the purposes of this study Primal Theory and Therapy are defined as that therapy and theory described by Arthur Janov in his five books and in the Journal of Primal Therapy published by his Institute. The practice of the therapy is generally defined as that practiced at the three Janov approved and operated Primal Centers in the United States. The study is also aware of and deals in part with the practice of therapy by the numerous non-Janov-approved Primal Centers in the United States.

The basic beliefs of Primal Theory are consistently expressed throughout the five books and in the Journal. Eight beliefs central to Primal Theory can be delineated.

- (1) Mental illness is not genetic.
- (2) Primal pain is caused as early as pre-natal, birth or post-natal experiences of deprivation and rejection. Pain is experienced each time a baby's/child's real natural needs are not acknowledged and filled. The child begins to act in unreal, symbolic ways in order to have real needs met for survival.
- (3) Eventually through a succession of minor or major Primal Scenes the child consciously shuts off the unmet bodily needs and feelings because the pain becomes too great to withstand consciously. At this point the child/person is defined as neurotic, split into real/unreal selves.
- (4) Defense systems are developed to protect the child from feeling the real underlying needs. Real needs become channeled into symbolic needs and strivings that are futile because they are unconnected to the real needs. The greater the layers of defenses the more symbolic the behavior becomes and the more inner tension develops in the body. Tension is the symptom of a person's avoidance of feeling real needs.
- (5) It is necessary to go back and re-experience unfelt pains and scenes. This re-experiencing must cover all three lines of pain, current, youth and baby, and must be done in a systematic way.
- (6) In re-experiencing the pain the adult breaks through emotional and physical blocks, memories come flooding back, and the symbolic strivings are seen for what they are.
- (7) The Primal Process must be facilitated in an extremely careful

manner so that a person is not overloaded with pain or cuddled out of pain. Each experience must be integrated into the consciousness to begin to reclaim a whole, feeling person.

- (8) The Primal Process will continue for one's entire life. As long as there is new pain it must be felt, understood historically, and integrated. The goal is to be totally in touch with the three lines of one's history, united physically and mentally so that each feeling can be fully felt as it occurs.

Radical Theory and Therapy. For the purposes of this study Radical Theory and Therapy are drawn from three books Radical Psychology, Radical Therapist, and Rough Times. It is not central to this study to define and trace Radical Therapy in depth instead it can be briefly defined by two basic premises. These are that people are oppressed not sick, and that therapy should promote social change not adjustment. A Radical Therapist is one who uses these premises as a basis for a therapy practice.

CHAPTER II

HISTORICAL PERSPECTIVE OF BOTH THERAPIES

Feminist Therapy and Primal Therapy emerged about the same time in the late 1960's. Much has been written about the history of psychotherapy, the history of feminism and the social movements of the 1960's. This will be only a brief outline of the emergence of these two therapies.

I. PRIMAL THERAPY

Until World War II psychoanalysis was the major form of psychotherapies and its technique consisted of insight, talking therapy designed to produce understanding largely through transference and interpretation. After World War II Roger's Client-Centered Therapy became a well known form of psychotherapy with its change in focus to nondirective treatment, mirroring, and unconditional positive regard as techniques. It is also a therapy dependent on talking and insight.

In the 1930's Wilhelm Reich was influencing the field with his body-related

Orgone Therapy and the later offspring of this was Alexander Lowen's bioenergetics. These therapies made serious theoretical impact but did not emerge as important therapy forms until later. In the early 1960's behavior modification became an accepted therapy tool, popular for its results with changing behavior through reinforcement. Also at this time crisis-intervention centers and t-groups were founded and the common denominator of these forms was more direct, speedy symptom relief orientation (Historical Primary Source, Coleman, 1972).

In the mid-1960's a movement began that was later known as the human potential movement (Tenov, 1975). Increased leisure time and money allowed for a general social climate of questioning and upheaval that characterized this period. There was a tremendous proliferation of new types of therapy which included psychodrama, art therapy, music therapy, here and now encounter groups, sex therapy, massage, Rolfing, transactional analysis, Radical Therapy and Feminist Therapy. The new therapies were not solely concerned with treatment or adjustment but placed increased emphasis on heightened meaning and value in one's life (Franks, 1975).

It was in this climate that Arthur Janov heard his first Primal Scream. In 1967 Janov pressed a young male client to call for his "Mommy and Daddy" and the client screamed and writhed on the floor. He later told Janov that he could feel and felt much better (Janov, 1970). Janov had been a Freudian trained insight therapist for 17 years previous to this revelation. He proceeded to develop his theory and technique and during the next 18 months he took 63 patients through Primals, including himself and his family, and wrote his first book Primal Scream (Newsweek, 1971). He then established his first Primal Center in Los Angeles and took in more patients with his wife, Vivian, also serving as a Primal Therapist.

As the influence of his book was felt and as the patient requests increased, Janov began to train some former patients to be Primal Therapists. Some of these new therapists later pulled away from the Center or were

not finally approved as Primal Therapists. Former patients with no training, people who had only read the book, and former Janov-trained therapists began to establish their own "Primal Centers." Janov became adamantly condemnatory of anyone practicing "so-called Primal Therapy" outside his Center. He called other centers "Mock Primal Centers," registered the service mark "Primal Therapy," and will make a legal case against anyone using this term illegally (Journal of Primal Therapy, 1974). He proceeded to open two more Primal Centers, one in San Francisco and another, Institute-East, in Gaithersburg, Maryland.

After establishing Janov historically as part of the late 1960's it is also important to view Primal Therapy in the history of psychological thought and trace some of Janov's antecedents. Janov has said that his therapy is most closely allied with early Freudian thought (1970, p. 219). This similarity is especially illustrated by the similar stress on the importance of early trauma in establishing neuroses and the necessity of going back to early experiences in therapy. Freud said "Each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked and in arousing its accompanying affect, and when the patient has described that event in the greatest possible detail and had put the affect into words. Recollection without affect almost invariably produces no result. The psychical process which originally took place must be repeated as vividly as possible; it must be brought back to its status nascendi and then given verbal utterance. Where what we are dealing with are phenomena involving stimuli (spasms, neuralgias, and hallucinations) these reappear once again with the fullest intensity and then vanish for ever" (1955, pp. 6-11). This Freudian concept of making the unconscious conscious through re-experiencing events is in common with Janov's belief in the

necessity of complete re-experiencing of pains to rid the patient of symptoms and symbolic strivings.

The area in which Janov differs with Freud is largely the use of techniques. Janov says he does not use transference, interpretation or hypnosis (1970). His techniques center around creating a therapy space conducive to total regressive re-experiences including dramatic convulsive reactions. Janov says he does not deal with derivative material such as free associations or dream analysis but instead attempts to fully evoke the original experience and accompanying physical and psychic pain. This breakdown of defenses and the hysterical reactions sought by Primal Therapy are considered degenerative and dangerous by Freudian psychoanalysis (Janov, 1970, pp. 219-223).

Another important antecedent of Janov in psychological literature is Wilhelm Reich. Reich stressed the physical aspects of neuroses and used the approach of attacking the physical blocks as a way of breaking through psychic blocks. Reich said "Without exception, patients relate that they went through periods in their childhood when they learned to suppress their hatred, anxiety or love by way of certain practices (such as holding their breath, tensing their abdominal muscles, etc.) which influenced their vegetative functions" (1942, pp. 266-67). Janov also makes the connection between physical and psychic blocks created by early experiences (1970, p. 223). Unlike Reich, Janov does not start with the body as a way of changing the psyche. Instead he seeks to have a patient relive an experience in a total physical and psychological fashion. Janov says "The Primal view is that the organism is a psychophysical unit. Any approach to be lasting and thoroughly effective, must take into consideration that unity" (1970, p. 225).

Antecedents for many of Janov's ideas can be traced throughout psychological literature. Another example is Karen Horney's perception of early childhood anxiety. She states "I first saw the core of neurosis in human relations. Generally, I pointed out, these were brought about by cultural conditions; specifically, through environmental factors which obstructed the child's unhampered psychic growth. Instead of developing a basic confidence in self and others the child developed basic anxiety, which I defined as a feeling of being isolated and helpless toward a world potentially hostile. In order to keep this basic anxiety at a minimum the spontaneous moves toward, against and away from others became compulsive. While the spontaneous moves were compatible, each with the others, the compulsive ones collided. The conflicts generated in this way, which I called basic conflicts, were therefore the results of conflicting needs and conflicting attitudes with regard to other peoples" (1950, p. 366). This idea is similar to Janov's statements about the early Primal split in which a child develops symbolic needs because the real needs are not accepted and fulfilled.

A third antecedent for some of Janov's ideas is Carl Rogers. Like Rogers, Janov believes in the basic self-actualizing qualities of humans, so that a client knows herself better than others can know her and contains within the potential to cure herself in a trusting environment. Like Rogers, Janov does not believe in interpretation but sees the therapist as a catalyst in assisting the client (Rogers, 1951).

It is possible to find similarities in many of Janov's beliefs and other psychological approaches and to establish antecedents for most if not all of his ideas in the psychological literature. It is interesting

that Janov sees his therapy as being most closely allied to early Freud and says "In some respects Primal Therapy has returned full circle to early Freud". He views the "neo-Freudians" as "retrogressive" because they have shifted the emphasis from early childhood to here-and-now functions of the ego (1970, p. 219). It is clear that Janov views Freud as his major antecedent and feels that he has gone one step further in therapy techniques by stressing direct regressive experiences of painful memories (1970, p. 222).

II. FEMINIST THERAPY

During the last decade feminism has been traced throughout history by many feminists who seek to establish a new women's "herstory." They trace the formation of early matriarchies, the emergence of feminism in this country at Seneca Falls in 1848, the Suffragists finally winning the right to vote in 1920, and the re-emergence of feminism in the early 1960's with the Women's Liberation Movement. In 1963 Betty Friedan published The Feminine Mystique, a book that has since sold two million copies and was an early catalyst for new women's consciousness and the flood of feminist literature to come. In this book Friedan stated "By 1962 the plight of the trapped American housewife had become a national parlor game" (p. 21). She refers to the "problem that had no name" and finally defines it as "simply the fact that American women are kept from growing to their full human capacities" (p. 351).

The same era that produced the human potential movement in psychology also spurred re-evaluation of the societal discrimination and oppression. The Anti-War Movement, Black Movement, Gay-Pride Movement and Women's Movement are examples of social change groups that emerged at this time (Tenov, 1975). From the Women's Movement consciousness-raising groups formed and

were the counterpart of t-groups for growing feminists. The Feminist Theory described earlier began to be formulated and solidified, and along with this, a new radical therapy hybrid known as Feminist Therapy emerged (Los Angeles Feminist Therapy Collective, 1975). As stated earlier this new consciousness led to the founding of Feminist Therapy collectives and individual women began to call themselves Feminist Counselors. The psychology profession began to take heed of this new theory and therapy in as much as it was economically threatening and socially important (Chesler, 1972). Women psychologists were especially affected by the phenomenon and began to be questioned and held accountable for their feminist awareness. Feminists began to reexamine the mental health system and profession in this country and their effects on women (Chesler, 1975).

Inasmuch as both Primal Therapy and Feminist Therapy arose out of the same era, characterized by questioning and growth, it is not surprising that these two therapies have some fundamental ideas in common. There are also a number of fundamental conflicts in the theory and practice of these two therapies that must be evaluated before there can be any true reconciliation or integration of the two therapy forms.

CHAPTER III

METHODS OF INVESTIGATION

I. READINGS

Feminist Readings. The readings used for Feminist Therapy were briefly described in the earlier Definition section of this paper. The readings fall into two basic categories: first, books and articles used for background in feminist theory and herstory; and second, those used

for specific information about Feminist Therapy, theory and practice. The books and articles used are a collection of classic feminist readings published by large established publishing firms and a number of books and articles published by smaller alternative groups such as Off Our Backs, Quest Quarterly, Rough Times and Diana Press, which have been central to the core of Feminist Theory and definitions. These are easily accessible and make up the foundation of a basic reading list in Feminist Theory and Therapy. Complete references are found in the Reference Section of this paper.

Primal Readings. Primal Therapy has been largely ignored by the academic psychology world. There are two probable reasons for this: first, as a therapy form it is comparatively new and has not been fully accepted as a viable, durable form of therapy that warrants investigation; second, the dramatic, emotional quality of the therapy and the sweeping claims about its effectiveness and superiority made by Janov could be threatening and deterring to the intellectual and, as Janov has argued, "insecure" members of the profession (1971, p. 185).

Since there is little academic literature on the subject, the main sources of information about Primal Therapy are Janov's five books: Primal Scream, Anatomy of Mental Illness, Primal Revolution, Feeling Child, and Primal Man. In addition, the Primal Institute publishes a journal under Janov's directorship known as the Journal of Primal Therapy. There is also a published personal account of Primal Therapy, In the Middle of Things, by Michael Rubin. An unpublished manuscript by Bob Salmon detailing his unhappy experience in Primal Therapy was ordered directly from the author.

Approximately 30 short book review abstracts were found at the Library of Congress which added little additional substantive information. There

were no Psychological or Sociological Abstracts on the subject. Two short magazine articles from popular periodicals were found, in addition to one article in a radical therapy periodical.

II. LETTERS, QUESTIONNAIRES, AD

Due to the lack of sufficient research data, a second source of data was a journalistic investigation process. The first step was a mailing requesting general information from 10 Primal Centers, Janov-approved and others. Next, a letter with two questionnaires attached was sent to the same Centers. The letter asked that the Primal Center fill out one of the questionnaires for the purpose of gaining information for a Masters' thesis paper. It also requested a list of women Primal patients in order that the second questionnaire could be mailed to them to gain more data. Questions used in the questionnaires were first, similar questions to those used by Janov in follow-up studies of Primal Patients (1971, pp. 186-198). These include "Had you been in therapy before or after Primal Therapy?" and "Can you describe changes in your lifestyle and behavior after Primal Therapy?". Other questions were designed to gain more specific information about Primal Clients and Centers and include "How have your feelings about Women's Liberation changed since Primal Therapy?" or "What are the fees of your center? What do they include?". Confidentiality was promised to all involved. Copies of the letter and questionnaires are found in the Appendix.

The response for general information was immediate from all Centers; each sent brochures and some included personal letters. Because of professional ethics none of the Centers sent client lists. Three Centers did respond to the questionnaire/letter; one filled out the questionnaire with short phrases and returned it, two others replied that the questionnaire

could not be answered at this time because the answers would not be fully understood. On the basis of this return, it was impossible to make any conclusive evaluations.

As an additional part of the research, an ad was placed in two local women's periodicals, Off Our Backs newspaper and the D.C. Women's Center newsletter. The ad stated that anyone interested in using a Hit-and-Scream Room should call. The room was visualized as a space where women could ventilate feelings in a non-destructive manner. Regression was viewed as one possibility but not an expectation. A room was located for the purpose if the response warranted it. The response to the ad was also minimal and did not warrant pursuing the project at that time. A copy of the ad is found in the Appendix.

III. INTERVIEWS

A major source of information that resulted from the journalistic investigation was the personal interviews. A total of 16 interviews were conducted in person when at all possible and by telephone when distance did not permit. The interviews included two Janov Primal Centers that were interviewed by phone for approximately 30 minutes each. Two Mock Primal Therapists were interviewed personally for approximately 45 minutes each. The remaining interviews averaged one hour each. Four Primal patients were interviewed. One was currently attending a Janov Center, one had done Primal Therapy with a Mock Therapist and had just been accepted to a Janov Institute for Therapy, and two had done Primal Therapy with friends. Also, a Self-Help Primal Group was attended and brief interviews were conducted with the five members.

Two Radical Community Therapy group directors were interviewed

about Primal Therapy generally and its use as a part of their practices. Three Feminist Therapists and two Feminist Therapy clients were interviewed about their general response to and experience with Primal Therapy. Each of these people has given permission to have their names used and to be quoted in the study. Table 5 shows a listing of those interviewed.

Any empirical evaluation of the data gained through the interviews was impossible because, as might be expected, each person interviewed was enthusiastic and defensive about her own form of therapy. This meant that those who were part of Janov Institutes or attending them staunchly defended this as the only effective form of therapy and were critical of all others. Most of the Mock Therapists and their clients felt that theirs was a more viable and realistic form of Primal Therapy than Janov's. The

Radical Therapists criticized Janov as being too narrow, pre-dated in the literature, and messianic. Both said they felt that they had been doing a form of Primal Therapy as part of their eclectic practices for years. Feminist Therapists criticized Janov for the costs, his sexism and pushing people to dismantle defenses too soon. All three Feminist Therapists stated that they have used Primal Techniques when the client was ready and two stated that they often found bioenergetics to be as effective as, and more systematic than, Primal Therapy.

Transcripts of the interviews are not included with the paper because some portions of the interviews were personal and other portions were not relevant to the specific topic. A list of some common questions for each interview is included in the Appendix. Quotes from the interviews will be used in the Discussion Section following and are especially pertinent in presenting dialectical conflicts between the two therapies.

CHAPTER IV

DISCUSSION

The Discussion Section of this paper will embody the important considerations of this study. First, it will discuss four similarities in the theories of the two therapies. Second, six conflicts in both theory and practice of the two therapies will be discussed and then there will be a summary of both similarities and conflicts. Third, this section will cover four means by which feminists could learn Primal Therapy skills to be used for a Feminist Primal Practice or Center. Last, two means will be discussed by which Primal Therapy could be utilized in part by Feminist Clients and Therapists.

I. SIMILARITIES IN THEORY OF TWO THERAPIES

Recognize real/unreal split. One similar belief held by both Primal Therapy and Feminist Therapy is the recognition that people are forced into a split between real and unreal selves early in life. Women have validated to each other the common experience and anger at having learned as children to act in order to be pleasing and to fulfill the needs and expectations of others (Sarachild, 1970). Chesler wrote "mothers must be harsh in training their daughters to be 'feminine' in order that they learn how to serve in order to survive" (1972, p. 42). Feminist Therapists recognize this training and encourage women to experience their own real needs, wants and feelings and find real and effective ways of achieving their goals (Feminist Counseling Collective, 1973).

Similarly, Janov describes the split when the child becomes overwhelmed with the pain of not being allowed to be herself. He describes the process

by which symbolic activity and strivings replace the real struggles and are not fully understood. Real needs for touching, warmth, support and acceptance from family change to symbolic, unreal needs for alcohol, drugs, money, sex, clothes, etc.

Feminist Therapy and Primal Therapy both recognize the falseness and destructiveness of having been called upon to be what one is not and the ways that acting denies one's real needs and person. Both therapies reject the false strivings for material goods and panaceas that do not fill the real voids.

Seek to eradicate role-behavior. Both therapies also seek to eradicate role-behavior. A logical extension of specific incidents in which a person is forced to develop unreal behavior is the development of unreal role-behavior. When this dynamic is seen on an individual level it is termed personality. Janov gives an example of this: "The boy, trying to be a man for his father, denies his need and acts rugged. This rugged personality both produces and binds tension" (1970, p. 48). Although Janov rarely uses the term "role behavior" this is the general phenomenon he describes constantly in individual examples of children and adults forming general patterns of behavior to fulfill the expectations of others instead of their real needs.

Feminist Therapists look at the same individual problems in a similar light. They recognize the same individual personality that developed in a certain fashion to please Mommy and Daddy. In addition, Feminist Therapists take a more general overview of the problem and point out consistent roles which have been perpetuated by the culture. Such roles include masculine-feminine, boss-employee, master-servant, white-black, teacher-student, doctor-patient (Chesler, 1970). Feminists recognize the consistent general

psychological, socioeconomic problem of sexes, classes, and races being cast in stereotyped roles which are based on discriminatory treatment. Radical Feminist Therapists also stress the importance of eradicating role behavior but whereas Janov believes the starting point for this is a psychological one, feminists believe the struggle for psychological and socioeconomic changes must go hand-in-hand to produce lasting changes (Catalano, 1975). The interviews with both Feminist Therapists and Alternative Therapists each had the common assumption and/or statement that role behavior was discriminatory and deterred real growth.

Opposition to medical model. A basic assumption among Feminist Therapists and collectives has been that psychiatry/psychology has for too long convinced women that they were "sick" when they felt real feelings and acted them out. Medical terminology was applied to psychology so that people are "patients" who are "mentally ill" and in need of "treatment" (Coleman, 1972). Radical Therapists and Feminist Therapists reject this concept and terminology. Instead they believe that all people have pain and problems and that these exist on some kind of continuum. They believe the degree of pain, how close it is to the surface, and how it is manifested are the factors that determine how a person appears to others and consequently how people have been labeled and shelved by the psychology profession (Agel, 1973). Instead of medical terminology, other words have been found which include "client," "being in a bad place," "needing space," and "hurting" (Agel, 1971 and interviews with Feminist and Radical Therapists, 1976).

An integral concept of the new "health model" is the belief that therapists are not super human mystical authorities. Therapists also have problems, values and goals and these should be expressed when appropriate (Webbink, 1973).

The therapist no longer seeks the role of parent-figure authority on the traditional rationale that this produced transference and was productive (Janov, 1975). Instead, Radical and Feminist Therapists seek to present themselves as equals who had attained some skill in helping and supporting others with their problems. There was also the belief that a person knows more about herself than anyone else, especially professionals distanced by authority roles. Interpretation by therapists is minimized and the term "facilitate" has been substituted. The job of the Feminist Therapist then is to facilitate a woman in understanding herself and then making the changes and choices she desire (Feminist Counseling Collective, 1973, and Interviews Mellon, Anderson, 1976).

Although Janov uses the term patient throughout his writings he also works on a "health model." He does not believe people are genetically mentally ill, cursed or innately violent and evil but instead sees neuroses as being a product of pain (Janov, 1970). He also sees the traditional, medical, labeling approach as having been largely ineffective or destructive to patients. He states strongly that Primal Therapists must be "straight" about their needs and problems and as free of neurotic, unreal behavior as possible (Janov, 1975).

He objects strongly to the use of interpretation and transference. He believes that each person is different and has specific hurts that do not need to be interpreted by others but instead must be re-experienced. He objects to transference as just one more means of encouraging symbolic behavior. He explains that Primal Therapists do not play that role but instead turn it back to the original need. "Primal Therapy shuts off any transference and does not permit neurotic behavior of any kind because that means the patient isn't feeling; he is acting out. We force the

patient to be direct...we tell them to fall on the floor screaming, 'Love me, love me!' directly to his parents" (1970, pp. 262-263). It is clear that both Feminist Therapy and Primal Therapy view the traditional medical approach of psychiatry as being harmful and, instead, work on a new model that is based on the basic dignity and responsibility of the person.

Views Society as neurotic, and calls for revolution. In The Primal Revolution Chapter 23 "In the Real World - Conclusions," Janov makes his most eloquent case for the need to overthrow the "unreal system" (1972, pp. 273-285). Once again his argument is based on the belief that unreal people produce destruction, pollution, penal problems, educational problems, drug abuse, consumer societies and war. He calls for a new consciousness based on his theory of the personal dynamics of unrealness in the system. Janov's "consciousness" means not just understanding of external realities but, according to Janov, "revolutionary consciousness is Primal consciousness-- a mind integrated with and then liberated from internal realities - Pains" (1972, p. 275).

He states that the real elements of society will be attacked by the unreal system when they attempt to produce change. The more real a movement is the more it is the target of the unreal. His belief is stated succinctly, "The unreal society will move against its real elements commensurate with the level of consciousness of these individuals---By level of consciousness I am speaking about an understanding of the central contradictions in society" (1972, p. 275).

This belief was reiterated in interviews with Primal Centers and Primal Patients. A Mock Primal Therapist interviewed said she was living on a large rural farm with her two children and lover and, even though she had

friends in the city, was continually cutting back her contact with the neurotic city life. She said that no matter how clear she was about her feelings, the pain and sickness of modern life was destructive to her self. She saw herself as being more effective in changing these elements by pulling away from them and establishing a more healthy environment for herself and her family (Interview Stein, 1976).

It was clear that the starting point for revolution among Primal people was changing individual members of the society using the psychologically "real" model of Primal Therapy. Janov has especially called upon the youth as the class in this society that is still real enough to make transformations, and believes that individual catalysts will produce the revolution necessary for a healthy, real society (1972, p. 277).

Some Radical Feminists and Therapists believe that this system is unreal and destructive to individuals and call for revolutionary change. The theory originated from women's common recognition of similar dissatisfactions in their lives. Feminist political analyses were developed that allowed women to see these dissatisfactions as general societal problems rather than an individual woman's problem. In 1963 Betty Friedan wrote, "In a sense it goes beyond any one woman's life. I think this is the crisis of women growing up - a turning point from an immaturity that has been called femininity to full human identity. I think women had to suffer this crisis of identity, which began a hundred years ago, and have to suffer it still today simply to become fully human" (1963, p. 72).

In 1970 Shulamith Firestone took the political analysis one step further in The Dialectic of Sex. She called Friedan's political analysis "conservative feminist," "the NAACP of the Women's Movement" and said that the National Organization for Women was concerned with "superficial

symptoms of sexism" (p. 32). She also explained that radical feminists had left the New Left because it was not radical enough. The Left had not seen the sexual class system as the basis for other exploitive systems and thus the "tapeworm that must be eliminated first by any true revolution" (p. 37).

The belief that sexual inequality was the basic model for oppression became a radical feminist assumption. As such it established a psychological, social and economic model for change that was thought would also encompass racism and classism. A new psychological model among women became known as Women-Identified Women (Radicalesbians, 1973) and stood for sharing, warmth and understanding among women.

An interesting phenomenon common to both Primal Therapy and Feminist Therapy is the existence of a separatist phase/life-style. Some feminists, after examining the male cultural power structure, have pulled away from the society to form their own alternative communities. Similarly, when many Primal Patients emerge from Primal Therapy, they pull away from the neurotic society and establish Primal Communities (Interviews Gordon, Beshar, Stein, Aiken).

As described earlier, Feminist Therapy was a result and catalyst for this new "growth model." Like Janov, Feminist Therapists took a psychological model as a starting point for change and revolution. In addition, feminist political analysis called for more direct confrontation of external socio-economic conditions for more inclusive outward directed revolution.

Conflicts in Theory and Practice of the Two Therapies

A number of similarities in the theories of Primal Therapy and Feminist

Therapy have been described which establish a picture of reasonable compatibility. In this section six areas of conflict between the two therapies in theory and practice will be discussed. Since a number of the conflicts arise over practice of the therapies, interview excerpts will be included to heighten the dialectical conversation between the proponents of two therapies.

Costs. As described earlier, radical feminism embraces an ideology that calls for a socioeconomic analysis in addition to psychological models for change. The radical feminist belief in the necessity of an economic analysis was succinctly stated by Juliet Mitchell. "Late capitalist ideology precisely urges one to be free in faith, personal and individual in emotions, and to think that one can be this without a socio-economic transformation... Emotions cannot be 'free' or 'true' in isolation: they are dependent today on a social base that imprisons and determines them. The liberation of emotionality, as a transformation that apparently takes place on its own (within the superstructure alone) is impossible." (1971, p. 38).

Most Radical and Feminist Therapies are consistent with this politic by conducting groups, charging fees on a sliding pay-scale and sharing skills (Feminist Counseling Collective, 1973). They feel that women who are most economically oppressed are often women most in need of immediate support and therapy. A D.C. Radical Therapy group working on this belief is the Adams Morgan Community Therapy Guild. The originator of this program, Alex Rhodes, explained in a personal interview that he has been conducting a free, three-year training program designed to prepare paraprofessionals to offer good community therapy. The Guild charges on a low, sliding-pay scale and believes that "no one should be denied therapy even

if they are unable to pay" (Interview Rhodes, 1976).

In contrast, Janov's Primal Therapy, which in 1970 cost \$3,000.00, now costs \$6,000.00. This fee includes the initial three-week "intensive" of constant on-call individual therapy with one Primal Therapist. It also includes 25 group sessions and another week of individual therapy between the sixth and twelfth months of therapy. The fee must be paid in advance and the Institutes have no grants or financial aid available. During the first three weeks of therapy the patient must ^{*} plan to be completely free of any job, school or family obligation. The patients are often told to spend the first several days in a nearby hotel room before seeking permanent quarters. Applicants are advised that they should plan to spend at least one year in the area of the Center (Primal Institute Application, 1976).

In an interview with the Janov Center in San Francisco, the Primal Therapist said that this cost was necessary for the upkeep of the Center, payment of Therapists and for research. Janov addressed this issue in an issue of The Journal of Primal Therapy. "The Primal Institute charges a good deal to its patients. But that charge includes a heavy research budget which only insures that the patients in the future will get the best we have to offer. We are obviously not government subsidized/even though we have tried/and probably will not be. Our therapists are probably the most highly paid in the country, and for good reason. They have trained long and hard, even after going through regular professional training before coming to us. They are the most skilled therapists in the world. Patients going to them are assured of the best chance of getting well. Our senior therapists spend full time at supervision of the trainees. The key orientation is to maintain professional standards, to continue research and above all to fully educate our therapists not only in technique but in theory, in

* As explained on page 24, Janov does use the medical term patient which will be

scientific methodology and in the necessary scientific facts underlying our approach. Education is continuous as is therapy for all staff members. It is our attempt to finally make a field known as an art into science" (p. 447).

The figures for the costs of the Primal Research Center attached to the Los Angeles Primal Center, the cost of upkeep on Therapy Centers, the salaries of Primal Therapists and Janov's own income are not available. Also there are incomes from Janov's five books, The Journal of Primal Therapy, and television appearances that are never mentioned in the literature.

It is clear that the work is demanding, as expressed by one Mock Therapist: "the work is physically and emotionally exhausting and demands total concentration. Still the energy and satisfaction produced are incredible" (Interview Stein, 1976). Each Primal Therapist conducts a three week intensive and then takes a week vacation. The reason for the vacation is that because the work is so demanding therapists must relax in order to avoid "burning out" (1972, p. 253).

Whether the cost of Primal Therapy can be justified to feminists is questionable. The fact remains that requirements of \$6,000.00 in advance would not be accessible to most feminists and Radical Feminist Therapists. In interviews it was found that most Primal Patients borrowed the money, either from parents or friends, and in one case a parent cosigned the loan (Interviews Stein, Gordon, Beshar, 1976). Even if the two people involved in the loan were women, this arrangement sets up an indebtedness, power-over situation. If the money were borrowed from an institution or man, the additional connotations of economic indebtedness to a male would be untenable to many radical feminists.

In addition to the costs of the therapy, Janov has refused to conduct

workshops and to give guidance to non-Janov centers. His rationale for this policy is one of protection of the consumer. He insists that Primal Therapy in the hands of neurotics rather than sufficiently trained therapists is extremely dangerous. He states that Primal Therapy cannot be learned in a workshop or by reading the books but that it takes at least two years of intensive training after being a Primal Patient.

Whether Janov is sincerely striving to produce a precise therapy technique that will produce a Primal revolution is difficult to determine. One alternative therapist referred to Janov's rumored Hollywood life-style (Interview Rhodes, 1976). To determine whether the costs and refusal to share skills are reasonable and justified is not within the scope of this study and must be further investigated. The obvious facts are clear: the economic basis of the two therapies are in conflict and Primal Therapy is not economically or politically feasible for most radical feminists.

Different Beliefs About Sexuality. Janov believes that all unconnected, nonintegrated pain is neurotic and sick. Sexual feelings that have not been relived and worked through in relation to the original need and pain are therefore neurotic whether the feelings are heterosexual, bisexual or homosexual. Janov states, "When the well person performs sex, it is a purely sexual act because there is no past, Primal Anlage to give it any other meaning. In the neurotic each sex act is contaminated by the Anlage of Pain" (1975, p. 327). Therefore, according to Janov almost all sex is neurotic because it is still connected with unreal, symbolic striving. The only real sex is the "natural" sex of heterosexual relationships in which both people are totally cognizant and accepting of each other in the present sexual need (1970, pp. 303-4).

Janov believes that the homosexual act is never sexual. He says, "It

is based on the denial of real sexuality and the acting-out symbolically through sex of a need for love. A truly sexual person is heterosexual" (1970, p. 322). He believes that homosexuals are always symbolically acting-out from a need for the same sex parent and/or fear of the opposite sex parent. When all early needs are re-experienced fully the symbolic behavior evaporates and the patient is left with the "natural" heterosexual foundation (1970, p. 328).

The Primal books are full of personal accounts and case histories that convincingly illustrate the effectiveness of Primal Therapy for a wide variety of problems. Janov states that Primal Therapy has effectively cured among others tics, ulcers, alcoholism, drug abuse, frigidity, headaches and homosexuality. The Primal Scream states that "Post Primal patients... report no homosexual leanings, fantasies, or dreams" (p. 328).

Throughout the literature there is a slight shift in claims for total cure of homosexuality. In the Spring 1974 Journal of Primal Therapy there is an article entitled "Why Homosexuality?" that is the transcript of an interview session between Janov and a number of homosexual patients. Each patient had gained insight into the origins of his/her homosexuality and all appeared capable of heterosexual relations. Even so one patient who was far along in his therapy referred to a quote from his Primal Therapist, "The (homosexual) tendency will always come up." The Patient said "As you feel more, the pressure of that tremendous need is gone, the compulsion is gone" (p. 362). The interview with a Primal Therapist at the Institute-East also illustrated a shift in ideology. She said Janov has re-evaluated some of the statements about homosexuality so that if after a person has re-experienced old needs she still wishes to have a homosexual lifestyle, this is not discouraged (Interview McNerny, S., 1976). A Mock

Primal Therapist said that her experience had been that homosexual patients do experience heterosexual feelings after Primal Therapy and that whether they choose to act on these is a personal decision (Interview Basher, 1976).

In contrast to Janov's beliefs, as indicated in the literature, is the radical feminist belief that homosexuality is a viable lifestyle and for some women it may be preferable (Shelley, Radical Therapist, 1971). Feminist Theory and Therapy were first concerned with helping women gain power over their own lives, making their own decisions, fashioning their own futures and for many feminists this self-direction was most feasible in relationships with each other.

An early statement paper about the importance of women defining themselves and being who they were apart from men is entitled "Women-Identified Woman" (Radicalesbians, 1970). The paper describes the limitations and oppression of the female role and the necessity of expelling this heavy socialization. These women see clearly women's limitations in the culture prescribed by male power-over roles. They believe the most effective way for women to find and love themselves is by sharing with and loving other women. They describe a "realness" that is similar to Janov's definition, "We feel a real-ness, feel at last we are coinciding with ourselves. With that real self, with that consciousness, we begin a revolution to end the imposition of all coercive identifications and to achieve maximum autonomy in human expression" (Radicalesbians, Radical Psychology, 1973, p430).

The choice to live a lesbian lifestyle has become identified by some radical feminist with women-strength and self-reliance and such becomes the healthy alternative to submission and impossible struggles in oppressive heterosexual relationships (Bunch and Myron, 1975). This separatist phase was and is important for the growth of whole women (Chesler, 1972, pp293-297). As women grew stronger gaining skills and strong women-centered identities, the necessity for separatism

has diminished for some (Interviews Pancoast, Mellon, 1976).

Most Feminist Therapists now seek to help women make their own choices including whether to live a totally separatist lifestyle or not and whether to relate to men or not. If, in the context of the society still based on male power, a woman chooses to have a relationship with a man, the therapist would support her womanhood and needs within the relationship. If a woman chooses to relate to a woman, this is viewed as the right choice for this woman and she would be supported in the interpersonal aspects of the relationship and the additional societal repercussions of this decision (Interview Mellon, 1976).

Even in some more conservative segments of the psychology world, the increasingly accepted attitude is that if people are free from destructive neurotic and psychotic behavior then a choice to relate to either sex is equally viable and is a personal one. This view is expressed in the book Women in Therapy (1974): "it must be made clear that homosexuality, like heterosexuality, can serve to perpetuate a neurotic or psychotic lifestyle. If the neurosis is dealt with, the choice of a love-partner can be made independently of the sex of the partner" (Reiss, p. 213).

Many radical feminists feel that the still entrenched male power bias and the remaining role behavior make it impossible for them to have equal relationships with men. These women believe in the context of this society the healthiest, most self-affirming relationships are with other women. They maintain this as a psychological growth model for other women who are seeking women-affirmation.

It is clear that there is a continuum of opinion exhibited here. At one end is Janov's position expressed in the literature that says homosexuality is neurotic and disappears after full Primal Therapy. In the middle of the

continuum are the Mock Primal Therapists interviewed, and elements of the psychology world who believe when a person is free of neurotic behavior she can make a decision about sexual preference. Toward the other end of the continuum are Radical Feminist Therapists who maintain the right of women to sexual preference but also support separatists in the continuing struggle for women's strength and community. At the other end of the continuum, and in direct opposition to Janov, are radical feminist separatist lesbians who maintain that the culture is destructive to a woman's person and the only psychologically sound model for women is lesbianism.

Dismantling Defenses. From interviews, it became evident that the Primal Institute's screening system, autobiography and interviews, helped insure a certain type of patient for the Therapy. As Phyllis Stein, a Mock Primal Therapist said, "They accept the people most likely to benefit from the therapy, people in an emotional readiness state of pain that allows them to quickly get through defenses but not those bordering on psychosis or a real split from reality" (Interview Stein, 1976). This has been restated by a Primal Therapist in The Primal Revolution: "It should be clear from what I have said that Primal Therapy is truly an upheaval and that no one enters it lightly. If the patient isn't really suffering and is not totally committed, the therapy will not be for him" (p. 258).

Even with this screening system, Janov has referred to patients leaving Primal Therapy before it is done because they are afraid of the Pain (1975, p. 256). In his personal account of Primal Therapy, Michael Rubin makes reference to someone who left because he could not get through the defenses (1973, p. 242). Janov generally leads the reader to believe that with careful Primal Therapy anyone will be "cured" within a year and will be an undefended real person.

Feminist Therapists also generally agree that defense systems are detrimental to a woman feeling her real feelings (Interview Pancoast, Anderson, 1976). In contrast, they feel that dealing with a woman's pain and dismantling defenses should be done on an individual basis at each woman's own pace. This means that feminists often talk in therapy for quite a while before any more body-oriented or regressive techniques are used. A major criticism of Primal Therapy by the Feminist Therapists interviewed was that it dismantles defenses too fast for many people and that many women are not ready to regress to that extent for months or years (Interviews Mellon, Pancoast, Anderson, 1976).

An Alternative Therapist said that there was nothing new about Primal techniques and that any good therapist had been observing Primal Scenes with clients for years (Interview Rhodes, 1976). Alternative Therapists and Feminist Therapists alike felt that Janov had overemphasized the image of the dramatic effects of screaming and hitting. They felt that coming to feel one's true feelings was a life-long process that often takes many quiet forms. They felt the dismantling of defenses was a goal for therapy but that it should not be pressed or put in a time frame. They saw regression as an integral part of good therapy, but not the entire process (Interviews Rhodes, Cox, Pancoast, Anderson, Mellon, 1976). It is clear that there is conflict in theory and practice over the pace for dismantling defenses. Janov says that people are not pushed beyond their capacity in Primal Therapy but it is evident that some people leave the Therapy before the time span. According to those interviewed, Alternative and Feminist Therapists work on an individual basis and do not seek quick regressive experiences but use these only when the client is ready (Interviews Anderson, Pancoast, Rhodes, 1976).

Removal from Support Systems. For many people, beginning Primal Therapy means uprooting to another area for at least one year. When a patient begins Primal Therapy she is socially isolated for the first three weeks and not allowed to work. After the three week intensive, the patient continues group work for 25 sessions and has one more week intensive later in the process. During the three week isolation period, the patient is prohibited alcohol, drugs, cigarettes, sex and contact with previous friends. The rationale for this arrangement is that the normal outlets for tension are blocked so that tension will build up and make the Pain more easily accessible. The entire process takes a year or more and during this time, most Patients find work in the vicinity of the Center (Janov, 1975). Primal Therapists believe that this arrangement is most conducive to the Therapy and therefore the life of the Patient.

In contrast, many Feminist Therapists work within a community. They see clients a few hours a week, individually, in groups, and in workshops. They are usually involved with the women's community and view the activities of the community as integral to the larger feminist movement (Los Angeles Collective, 1975). They believe that a woman's connection with other feminists and with her individual set of support systems, friends, family and job are integral parts of her life. Support systems may be as "therapeutic" as therapy and contribute to a woman's personal growth, identity and confidence in the world. Feminist Therapists encourage women to participate in therapy while maintaining productive, satisfying outside lives. They encourage women to make their own decisions about changing or abandoning various aspects of their lives (Interviews Anderson, Pancoast, Mellon, 1976).

One example of the destructive possibilities of the Primal Therapy

arrangement was related by Bob Salmon in his unpublished manuscript Primal Roulette (1976). Salmon had worked his way from being a construction worker to a job as a communications technician. He was married and owned a small home in New Jersey. He was desperately unhappy and disassociated from his feelings. He read The Primal Scream and applied to the Janov Center in Los Angeles. He was told they were not accepting patients at that time. He applied to a Mock Center, The Center for Feeling Therapy in Los Angeles, was accepted and paid \$2,500.00 in advance for the first two months of therapy.

He ran out of money in nine months and had meanwhile lost his job. He relates in detail the loss of home, break-up with his wife and loss of children. After being totally devoid of monetary resources, he was told by the Center that they would no longer see him and were not available to him for emotional support. He was left emotionally vulnerable and not "cured," in debt and without his original support systems.

This account was subjective and cannot be used as an example of Janov Primal Centers but it does represent one possible outcome of Primal Therapy. If a person has not benefited from the Therapy in the designated, paid-for time span, and has meanwhile lost her usual sources of support, the therapy experience could be emotionally, physically, and monetarily devastating.

In interviews, the Janov Centers answered this criticism by saying that first this would not have happened at their Centers. Second, they said that after Primal Therapy, a person is able to feel her own feelings and that this is worth the price. After Primal Therapy a person would view support systems in the real perspective and decide which of these fit real needs (Interviews San Francisco, Gaithersburg Centers, 1976).

It was clear that one reason it would be untenable for many feminists

and Feminist Therapists to consider participating in Janov's Primal Therapy was the removal from feminist support systems. At the same time, one Feminist Therapy Client said "I would like to have an intensive long-term Primal experience if it was practical" (Interview Arnade, 1976). Feminists might be interested in an intensive Primal experience if it were conducted by Feminist Therapists from their community and in their community.

Mothing. The major source of information about parenting from the Primal perspective was Janov's book, The Feeling Child. The book includes Janov's writings, a section by Vivian Janov entitled "Learning From My Children" and a section of excerpts from meetings with Primal Parents entitled "Primal Families." Throughout the book, Janov emphasizes the importance of parents having worked through their own Primal Pain so that they can respond fully to their children's needs.

Janov makes it clear that most Post-Primal people do not choose to have children. The reasons are that children mean more self-sacrifice and the acknowledgement that the children's needs come first. To compromise a child's needs would produce Pain in the parents. Post-Primal people feel that there is no way to bring up a not-neurotic child in this society. They ask the question "How can a child be normal when parents must leave him for so long a time to work and earn a living?" (p. 192).

Arthur and Vivian Janov both emphasize the importance of people who have children doing so for "real" reasons with full knowledge of what is involved. If a couple does choose to have children then they should both participate in the parenting. The first months mean constant attention by parents and if possible the father should take off from work for months. Vivian Janov said "The father should get some kind of leave to attend to the most important job in the world...helping a new human being get the

best chance possible in life" (p. 145).

Although both Janovs describe the importance of fathering, Vivian Janov also describes the extra importance of "mothering." She states that Women's Liberation has had much to say about equality between the sexes but that a man cannot mother the child. Even though a man can contribute and share a great deal he cannot breast feed the child. She states "I believe that no one has the right to bear and neglect an infant. The choice between motherhood and a career must be made before pregnancy...Yes, I am saying if you are not prepared to give a great deal, or if you do not have a lot to give, don't become a parent" (p. 208).

Feminists and Feminist Therapists also believe that people should have children only when they are fully prepared to care for the child. Feminists also feel that parenting should be prepared by both parents if it is a nuclear family arrangement and could also take place in non-nuclear environments. In addition, feminists believe that a mother's needs are as important as those of the father or child (Reid, p. 52).

Feminists recognize that if a woman in a nuclear arrangement stays home with her children, even for a few years, she will be viewed by society as a housewife and mother. There is a good chance she will be economically dependent on the husband/father who works. She may be subject to the loss of power, independence and social recognition from a society that does not value housewives. Even if a woman was clear about the "unrealness" of the societal implications, the societal ramifications remain (Rossi, 1973).

In addition, Alice Rossi has stated that only about two and one-half hours of a mother's day are actually spent interacting with the children and that working parents can also make this time available. Rossi believes that the quality of maternal time is more important than the quantity and that children can become more independent from separations when they fully

understand the reasons (1973, p. 6).

Just as Post-Primal people realize there is no way to bring up a totally unneurotic child in this society, some Radical Feminist acknowledge this reality. They recognize the imperfections and trade-offs of everyday life. Feminists acknowledge the importance of loving and caring for their children, but are also in touch with their own needs for respect and autonomy (Reid, 1972). Feminists believe that it is possible to be a warm, nurturing mother and also have a job and for a man to be a warm, nurturing father and still have a job (Rossi, 1972), (Firestone, 1970).

The conflict between Primal Therapy and Feminist Therapy over mothering is a sharp one. Janov on one hand believes women should make a decision between mothering and a career in order that children not experience Primal Pain. Feminists, on the other hand, believe a woman's needs are as important as a child's and that the pain she may bear from denial of participation in the world will affect her and her children (Rossi, 1972). Feminist Therapists argue for a woman's right to make the best decision for herself and they support a woman if she chooses to stay home or if she decides to have a child and a job (Feminist Counseling Collective, 1973).

Goals for Therapy Outcomes. Post therapy people from both Primal Therapy and Feminist Therapy have the commonality of not being adjusted members of the society. In both therapies the client, after leaving the therapy, will view herself as an outsider in a neurotic society (Janov, 1975, Chesler, 1970). Even so, according to the literature the average Post-Primal person and Post-Feminist Therapy person would differ in some respects.

The Primal person is described in consistent detail in each of Janov's books as a "simple soul, neither ambitious nor burning with productivity.

terms of struggle but can do more in the realm of satisfying the self and therefore be able to give real love to spouse and children" (1972, p. 161). As one patient put it "Now that I know that I am all I've got in the world there is no reason to try for 'them' anymore. I plan to be nice to myself and relax" (1972, p. 161).

The Post-Primal person does not have neurotic anger, jealousy, drug use, homosexuality and physical ailments. She becomes more satisfied and is no longer driven to satisfy symbolic strivings. Janov says "Are their lives dull? By neurotic standards, yes. But we must remember that excitement in the neurotic means excitation by tension" (1972, p. 168). It is not in the scope of this paper to evaluate the reality of the statistical norms of a Post-Primal person. Even so according to Janov's descriptions the goals for therapy outcome are dissolution of neurotic strivings, needs and the neurotic motivations and emotions that are associated with those strivings in contemporary Western society. This Post-Primal person has a profile of being extremely relaxed and satisfied with herself. She does not attempt to change others or the world except by being herself.

The goals for Feminist Therapy are generally much more action oriented. The emphasis is on women becoming self-sufficient, independent, whole people who control and direct their own lives within a sexist society. Chesler has outlined some "psychological prescriptions for the future." She says "Women must be able to go as directly to the 'heart' of physical, technological, and intellectual reality as they presumably do to the 'heart' of emotional reality. This requires discipline, courage, confidence, anger, the ability to act and an overwhelming sense of joy and urgency. Only resourceful women, women with resources, can either share them with other women or use them to accumulate more resources (skills or

goods) for both themselves and others" (1970, p. 293).

It is evident from this description of a resourceful, active woman that it contrasts somewhat with Janov's healthy model of a tensionless, non-struggling individual. One hypothesis for the difference in these models can be expressed as the difference in outputs from two sources for the benefit of two groups of people. This means that Janov as a male member of the society has felt a considerable societal pressure to succeed, act strong and prove himself to a patriarchal society. In contrast to these pressures, he is allowing himself and his patients to understand all the symbolic strivings and rid themselves of the neurotic needs. This allows them to relax and appreciate their lives more fully without attempting to fulfill societal expectations.

In contrast, feminists are working from the position that for centuries women have been told be dependent, do not think for yourself, do not have motivation, careers or power in the world (Friedan, 1963). Feminists feel that a healthy model for women who have been imbued with these messages is a more controlling, motivated, struggling person who seeks to make a strong identity and space for herself in the world. In attempting to make herself felt and understood a woman will often conflict with the society and must then decide to change, reform, or abandon the environment. This societal surface tension between women who are increasingly making themselves stronger and more effective in their environment is an accepted part of the feminist struggle. It would be antithetical to Feminist Therapy ideology to urge women to find the individual solution of a relaxed, satisfied approach. Radical Feminist Therapists instead seek to help a woman understand her tensions, and direct these tensions in a self-constructive way to make the changes she deems important to herself and other women

(Interviews Anderson, Mellon, Pancoast, 1976).

Summary of Similarities and Conflicts in the Two Therapies. In the first half of the Discussion Chapter a dialectical discussion was set up between Primal Therapy and Feminist Therapy. Similarities between the two were common recognition of real/unreal/split, common opposition to role behavior, and common opposition to the medical model of psychiatry/psychology. Conflicts between the two were costs, views of homosexuality, attitudes toward pace for dismantling defenses, attitudes towards removal from support systems, attitudes toward mothering, and goals for therapy outcomes. With these similarities and conflicts in mind the next part of the Discussion will cover possible means for the use of Primal Therapy by feminists.

Feminist Means For Experiencing and Learning Primal Therapy at Janov Centers

As previously established in the study, there are many conflicts for feminists and Feminist Therapists who consider attending a Janov Primal Center. First, securing the money would present economic or political hardships for most feminists. Second, many feminists would object to leaving political activities and support systems for the year of Primal Therapy and the two years necessary to be a certified Primal Therapist. Third, the conflicts in attitudes toward dismantling defense systems, homosexuality and mothering would prevent many feminists from participating. Last, a feminist might not be accepted to a Primal Institute if she has stated the goal of eventually leaving the center and beginning a Feminist Primal Center or Practice.

If a feminist has overcome all of the conflicts and does attend a Janov Primal Center, there is a possibility that she would be deterred from her goal of starting a Feminist Primal Practice either by effects

of the therapy or by some form of co-optation by the Institute. In line with therapy goals for Post-Primal people the Primal Therapist from the Institute-East said, "I think you will find that your Feminist beliefs will disappear after Primal Therapy (Interview Primal-East, 1976).

The reader may find that even though both similarities and conflicts have been described the case is strong for the incompatibility of Primal Therapy and Feminist Therapy. It is clear that many feminists would find Primal Theory and Therapy as described and practiced by Janov to be untenable. It is also a real possibility that many of these conflicts are not inherent in the Primal Process but are conflicts with the Janov theory and practice of Primal Therapy.

Some Mock Primal Centers, Individual Primal Therapists, Primal Self-Help Groups, and therapists using Primal Therapy in an eclectic practice do not follow Janov's format; a prolonged period away from one's environment and support systems, a \$6,000.00 fee, and they do not ascribe to all elements of his theory including views about homosexuality, mothering, and dismantling of defenses. In addition it is a fact that some Feminist Therapists are currently using Primal techniques with clients who they feel are ready for regressive techniques. They find this to be a valuable therapy technique as part of an eclectic practice (Interviews Anderson, Pancost). Also, two Feminist Therapy Clients interviewed related that they had experienced Primals with their Therapists and would be interested in more intense Primal Therapy (Interviews Steahly, Arnade).

Based on these facts the study does make the clear case for the incompatibility of Radical Feminism and Janov's Primal Therapy. It is still a distinct possibility that the Primal Process is a valuable therapy technique that if learned and practiced in a non-Janov fashion could be useful

for Feminist Clients and Therapists. The next section of the paper will explore possible non-Janov means for experiencing and learning Primal Therapy.

Non Janov Centers. In Primal Man Janov devotes a whole chapter to the "Misuse of Primal Therapy" (1975, pp.423-444). He likens Primal Therapy to a new technique in open-heart surgery and says that anyone with real motivation and integrity would come to study with the person who pioneered the technique (p.438). He warns that the "Mock Primal Centers" are run by people who have either left the Institute because they ran into blocks in their own Primal Therapy and are consequently still neurotic or they were never given full certification by the Institute, or they have never had any Janov Primal training and are therefore not qualified to conduct the Therapy.

Janov details dangers of these centers such as the Therapists not using proper timing and therefore causing overloads of pain, or being too soft so that the pain is not fully felt, not systematically bringing up Primal Scenes, not integrating Primal Scenes, and producing ventilation effects instead of Primals. By ventilation Janov means there is a cathartic release of tension without the full Primal experience of reliving an experience. He also accuses some Mock Therapists of being acquisitive businessmen (p.443) and describes the volume of letters that are received every day from people who have been damaged by Mock Centers and Mock Therapists.

Whether Janov's warnings and accusations are valid, are additional means of retaining his hold on his technique, or are even mistaken or delusional is impossible to determine in this study. The literature from

the other centers resembles Janov's in content and therapy format. Two centers, Feeling Evolution and The Center Within, claim to be further evolved than Janov. Their costs range from \$750.00 for three weeks intensive to \$4,500.00 for the intensive and group sessions. They were generally more flexible about the time format and a few offered different plans. One center stated that it was nonprofit and did not list specific fees.

Further investigation into the merits of each center must be done before feminists can determine whether to attend a "Mock Center" despite Janov's warnings. This option still remains for feminists who consider having a Primal Therapy experience and/or gaining this therapy skill.

Individual Mock Primal Therapists. The same objections Janov raises about Mock Centers would apply to individuals claiming to do Primal Therapy. In an interview with Phyllis Stein, an individual Mock-Primal Therapist, she said that she was not doing full Primal Therapy. She said that she had helped many people Primal but felt that she was too soft. She said that too often she had prevented people from fully feeling by comforting them out of pain, because she was still too afraid of some of her own pain. Stein said Mock-Therapists varied widely in their ability to do full Primal Therapy. She had recently lent another woman a large sum of money to attend a Janov Center, which attests to her confidence in the Institute. She also stated that the only Mock-Center she fully trusted was the one in Denver. Stein was willing to take new clients on a low sliding pay scale (Interview Stein, 1976). Individual Primal Therapists remain a possible means for experiencing and learning Primal Therapy.

Primal Self-Help Group. Another possibility for experiencing and

learning the Primal Process is Primal Self-Help Groups. An already existent non-feminist group was attended as part of this study. There was no charge and no designated leader. There were five members present, each at different stages of Primaling. They ranged from being fairly defended, mainly talking, to apparently experiencing first/line-infant Primals. In interviews with some of the members there was once again the resounding praises of "it's the only real therapy," "it works," and "it's amazing" (Interviews Group, 1976).

In interviews it was clear that some of the dangers Janov describes do exist. There is the danger of open-vulnerable people being damaged by each other's neurotic input; on the other hand, these group members had continued with the group and for them the benefits outweighed any dangers. The possibility of feminists attending already existent Self-Help Primal Groups or forming their own groups remains a viable option.

Other Feminists. Despite all Janov's warnings and statements to the effect that only his centers are doing real Primal Therapy, a statement by Vivian Janov in an interview is less conclusive. She says "Sometimes I think the whole world could do Primal Therapy on their own if they had the proper situation; a padded room and a trusting person" (1975, p. 488). The trust element is evidently central to this therapy as it is to most therapies. If, because of the conflicts discussed earlier, feminists were not trusting of Primal Therapists, then the idea of experiencing Primal Therapy with each other would be a better alternative.

Mock Therapists have used the rationale that Janov worked in the dark for years and learned from his mistakes. Janov answers this by saying that he did work in the dark for years but now the knowledge exists and there is no excuse for working in the dark. "We are not hiding our knowledge; we are

eager to share it but we require a commitment in time and effort from others so that they may learn it properly" (1975, p. 444). If feminists do not have the trust, time and money to attend a Janov Center then that is not a possibility. One alternative is to work together "in the dark" with trusted feminists. This could be in the form of Self-Help Groups, specific modules or with therapists who may or may not already have experience with Primal Therapy.

Feminist Methods for Using Primal Therapy Skills

All of the possibilities for experiencing and learning Primal Therapy skills would be directed toward the eventual goal of sharing the experience and skills with other women. There are many variations by which Primal Skills might be utilized by Feminist Therapists.

Collectives. The formation of Feminist Primal Collectives is a possibility that could take many forms. If women found from experience that intensives were effective and practical a format might resemble Janov's, i.e. a three-week intensive and follow-up group within the context of a feminist community. The possibilities for therapy format are numerous and could vary from woman to woman. A Feminist Primal Collective would afford the opportunity for women to find their own organic forms.

In addition, a collective might choose to offer an open-ended facility for women such as a Hit and Scream Center. This would offer a space for women under minimal supervision to act out and ventilate or to do individual Primal work in a safe space. The implications and dangers inherent in such an open-ended center are considerable but with some structure and safeguards such as screening and trained staff, it could be an additional option.

views Pancoast, Anderson, 1976).

The possibilities for individual therapists using Primal Techniques are numerous. The most general possibilities are as part of a totally Primal Practice or as part of an eclectic approach.

Summary of Feminist Means for Experiencing, Learning and Using Primal
Therapy

The second half of this Discussion Section covered first, feminist means for experiencing and learning Primal Therapy and second, feminist methods for using Primal Techniques. Means for experiencing the therapy included Janov Centers, non-Janov Centers, individual Mock-Primal Therapist, Primal Self-Help Groups and other feminists. Methods for using the therapy included collectives, individual Primal Practices or part of a more eclectic approach.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Arthur Janov has claimed that Primal Therapy is one of the most important discoveries of the twentieth century and will antiquate all other psychology (1975, p. 490). Whether this perception is delusional or factual remains to be seen but his therapy needs to be evaluated by feminists in the present. To begin this evaluation a dialectic was set up in this study: first, tracing and relating both therapies historically; second, outlining some similarities and conflicts in theory and practice; and third, outlining some possible means for feminists to experience, learn and practice Primal Techniques.

It was clear from interviews and readings that many people feel that

both Primal Therapy and Feminist Therapy are effective and revolutionary. It is safe to state that both therapies are effective for some people in some situations. To integrate the two therapies may produce an even more effective hybrid, Feminist Primal Therapy. From this study no final conclusions can be drawn about the feasibility of this hybrid. Instead this study can serve as a beginning for Feminist and Primal Therapists alike.

The similarities in theory between the two therapies can be summed up as the struggle for emotional honesty. Both Feminist and Primal Therapies seek to allow people to claim and experience their real feelings, past, present and future. The ramifications of emotional honesty may be immense and revolutionary, in that it seeks to eradicate unreal behavior, roles and structures.

The conflicts between the two therapies fall into two major categories, practice and theory. Many feminists would object to elements of the practice of Primal Therapy at Janov Institutes; requirement to pay \$6,000.00 in advance, the likelihood of uprooting, leaving support systems and political activities, the push to dismantle defense systems and different therapy goals. Elements of theory that would be objectionable are Primal attitudes toward homosexuality and mothering.

With these similarities and conflicts in mind, one tentative conclusion that can be drawn from this study is that most Radical Feminist Therapists would not be able to personally and politically reconcile attending a Janov Primal Center. This conclusion is substantiated in the paper and born out in interviews with feminists and Feminist Therapists who were interested in experiencing and learning Primal Therapy but felt they would not be able to attend Janov's Institutes.

Full investigation into theory and practice at Mock Primal Centers was not within the scope of this paper and, even though they appear to be

more viable and flexible, no conclusions can be drawn. The full benefits and dangers of feminists working together to create their own Primal Form can also not be evaluated from this study. Both Hock Centers and feminists primalling together without previous training remain as distinct possibilities for feminists who are interested in experiencing and sharing this Primal Process.

If and when feminists do gain this skill, there are many possible therapy forms in which it could be utilized including collectives, individual Primal Practice and Primal Therapy in an eclectic practice. Some Feminist Therapists have already adopted what they consider to be Primal Techniques into more eclectic practices. Whether this is a beginning or an end will be seen. Someday there may be Feminist Primal Centers where feminists could confidently experience the benefits of the full working-through process that Janov and Primal people describe so enthusiastically.

The general recommendation of this study is that feminists and others use this paper as a starting point for further journalistic investigation, empirical research and experimentation in Primal Therapy in its various forms.

CHAPTER VI

SUMMARY

The problem was the need for an examination of Feminist Therapy and Primal Therapy from a feminist perspective. Feminist Theory was defined as radical feminism which includes beliefs in sexual equality, a cooperative economic politic, and a new model of intimacy among women. Primal Therapy was defined as the regressive therapy and theory described by Arthur Janov in his writings and practiced at his Centers. Reference is

made to non-Janov Primal Centers. The historical perspective of the therapies revealed that they both emerged in the late 1960's in a climate of social upheaval. Methods for research were primarily readings and interviews.

Similarities in the two therapies include recognition of early real/unreal split, opposition to roles, opposition to medical model of psychiatry, and similar view of society as sick, oppressive. Conflicts between the two therapies concern costs, views of sexuality, pace for dismantling defenses, removal from support systems, beliefs about mothering and goals for therapy outcomes.

The second part of the discussion dealt with feminist means for experiencing and learning Primal Therapy and feminist methods for using Primal Techniques. Means for experiencing and learning the therapy include Janov Centers, non-Janov Centers, Individual Primal Therapists, Primal Self-Help Groups and feminists working together without Primal training. Means for using Primal Techniques include collectives and individual feminist practices, both solely Primal and eclectic.

No final conclusions could be drawn about the ultimate compatibility of the two therapies. It was clear that most feminists would not attend a Janov Center. There was a recommendation for more investigation and empirical research into other forms of Primal Therapy: non-Janov Centers and Therapists, Primal Self-Help Groups and individuals working together without Primal training.

APPENDIX LIST

	Page
Letter Sent to Primal Centers	1
Questionnaire for Primal Centers	2
Questionnaire for Post-Primal Women	3
List of Interviews	4
Common Interview Questions	5
Ad in Women's Papers	6

Letter Sent to Primal Centers

1830 R. St. Apt. 43 N.W.
Washington, D.C. 20009
September 17, 1976

Dear Primal Center,

I am in the process of writing my Master's Thesis on the subject "Is Primal Therapy compatible with Feminism? If it is compatible in part or whole how can it be utilized by Feminist Therapists?"

I am also personally interested in the prospect of experiencing Primal Therapy and possibly becoming a Primal Therapist.

It would be greatly appreciated if you would complete the attached questionnaire and return it to me in the stamped and self-addressed envelope as soon as possible. It will be helpful if you will be as specific as possible and even include examples.

Also I would like to send a separate questionnaire to a sample of women who have either completed or did not complete Primal Therapy with your center. If you will mail me a list of names and addresses I will mail them the other questionnaire attached to this letter. All identities will be kept totally confidential and no reply will be quoted without permission from the participant.

I will be happy to send you a copy of the thesis paper at your request and look forward to receiving your replies.

Sincerely,

Lis Cox

Questionnaire for Primal Center

1. Is your practice of Primal Therapy similar to that described by Arthur Janov in his book The Primal Scream? How is it similar and different? How has it changed during the period you have been operating?
2. Do you believe men and women should have equal opportunities and power in relationships and in world situations?
3. What are the beliefs of your center about bisexuality and homosexuality?
4. What are the fees of your center? What do they include? Why do you charge this amount of money? Do you have any provision for loans, grants, or a sliding pay scale?
5. What are some typical life styles, goals, jobs, interests of women who enter Primal Therapy and how might these change after therapy?
6. What is the percentage of male and female clients? How many male and how many female therapists practice at your center? Do you give clients a preference in sex of their primary Primal Therapists?
7. What is the process for someone to become a therapist through your center? What is the cost?
8. Can you send me a list of names and addresses of women who have and women who have not completed Primal Therapy at your center? I would like to send these women the separate attached questionnaire. All identities and replies will be kept totally confidential.

Thank You for your time. Please return your reply as soon as possible in the attached envelope.

Lis Cox

Questionnaire for Primal Clients

1. Age.
2. Marital status before and after Primal Therapy.
3. When were you in Primal Therapy and how long?
4. How much money did it cost you and where did you get the money?
5. Had you been in therapy before or after Primal Therapy? What kind? How successful? How much money did you spend?
6. Would you recommend Primal Therapy to other women friends or relatives?
7. Was your Primal Therapist a man or woman? How did you then and how do you now feel about him/her?
8. Can you describe changes in your lifestyle and behavior after Primal Therapy? Please include changes in relationships, employment, political views and goals.
9. Will you describe any changes in your sexuality before and after Primal Therapy? Did your feelings about bisexuality and homosexuality change?
10. How have your feelings about Women's Liberation changed since Primal Therapy?
11. What do you now consider a healthy personal relationship and how has this view changed?
12. Do you believe men and women should have equal opportunity and power in relationships and in the world at large? Has this view changed since Primal Therapy?
13. Were you before and/or now attempting to make a change in your immediate environment, community and society? How?

Please delete any questions you are not comfortable answering. All identities will be kept totally confidential and no reply will be quoted without the permission of the participants. Please return your replies as soon as possible in the stamped, self-addressed envelope. Thank you for your time.

Lis Cox
1830 R. St. Apt. 43 N.W.
Washington, D.C. 20009

Common Questions For Each Interview

1. Brief explanation of your background and experience with therapy.
2. What is your specific contact with Primal Therapy?
3. Will you elaborate on some of your experiences with Primal Therapy?
4. How do you feel about these aspects of Primal Therapy Theory:
 - a. real/unreal split
 - b. roles
 - c. medical model
 - d. society as milieu
 - e. costs of therapies
 - f. costs of Primal Therapy
 - g. sexuality
 - h. mothering
 - i. support systems
 - j. dismantling defenses
5. What do you foresee as future contact with Primal Therapy? Do you recommend it for others?
6. How do you feel about attending a Janov Center, Mook Center, individual Mook Primal Therapy, using it in an eclectic practice and Primal Self-Help Groups?

List of Interviews

Primal Centers

Gaithersburg, Maryland
San Francisco, California

Primal Patients

Robin Gordon
Steve Hogan

Non-Janov Primal Therapists

Pat Basher
Phyllis Stein

Non-Janov Primal Patients

Lee Aiken
John Hogenhorst

Self-Help Primal Group

5 Members

Feminist Therapists

Anne Anderson
Livy Mellon
Ruth Pancoast

Feminist Clients

Becky Arnade
Linda Steahly

Alternative Therapists

Jim Cox
Alex Rhodes

Ad in Women's Papers

ANGRY WOMEN!! (aren't we all?) Anyone interested in creating a safe space to be MAD? A sound proof damage proof Hit & Scream Room. Possibly also before & after Meditation Space. Rooms in basement of Summer School are possibility. Those with collective spirit, equipment, donations or suggestions call: Lee Cox.

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