

---

Nicholas Albery

## REBIRTHING - THE PRIMAL CONTEXT

---

New therapies and techniques often emphasise their newness by not fully acknowledging their indebtedness to their predecessors. Rebirthing as developed by Leonard Orr is no exception - the nearest his book 'Rebirthing In The New Age' comes to admitting prior influences is a mention of Dr. Leboyer's natural birth practices and the statement "One day, (Leonard) realised that the easiest way to become wealthy was to do what he enjoyed doing most - which was to stay home and read metaphysical books" (1)\* But the books he read are not named. Krista Edmond's degree thesis about Rebirthing adds a few morsels of information: "Leonard Orr told me he was very strongly influenced by Joel and Champion Teutsch" who are the authors of a positivist book 'From Here To Greater Happiness' (2), and by T. Troward, author of 'The Creative Process In The Individual' (3); and Krista sees parallels between Rebirthing and 'positive thinking' as promoted by N.V. Peale in 'The Power Of Positive Thinking' (4). She believes that Leonard was also influenced by the Transpersonal Psychology model of human potential and self-actualisation, by the Hopi Indians, and by Indian yogi 'breath mastery' practices - although it is not clear

how much of this information comes from Leonard and how much is Krista's own guesswork. (5)

There seems to be very little that is original in the main bits that make up the Rebirthing package. The essence of Rebirthing, as launched in 1974, was to help people to process and transcend their early traumas, including birth traumas, and the main techniques used were the intense breathing, similar to hyperventilation, and creative thinking or 'affirmations'. Krista does not name Janov as an influence on Rebirthing, yet these were all matters discussed in detail in Janov's book 'The Primal Scream', a world-wide bestseller published four years before the public beginnings of Rebirthing (6). In this book, for instance, Janov writes: "if there is a 'royal road' (to the unconscious), it may lie in deep breathing . . . The technique of deep breathing is used to get the patient closer to his feelings . . . (and it) . . . often helps lift the lid of repression . . . The result is the emission of explosive force - something which had previously been diffused throughout the body, in the form of high blood pressure, elevated temperature, shaky hands or whatever. Primal breathing techniques become the

---

\*(1) Numbers in brackets refer to notes at the end of this text.

'Via regia' to the (Primal) Pain, unblocking memories along the way" (7). One major difference is that, whereas with Rebirthing the client is encouraged to keep breathing throughout whatever happens, with Primal therapy, at the climax of the breathing, the client is encouraged to scream: "As the breathing takes on a life of its own", Janov writes, "there is little the therapist can do but watch . . . As the breathing broadens and deepens, we can sense that the climax is only seconds or minutes away. The stomach is quivering; the chest is heaving; the legs are bending and unbending; the head is moving from side to side; he is gagging" - so far this reads like the description of a typically good early Rebirthing session, but Janov continues: "suddenly, in one large convulsion, the connection . . . (to Primal Pain) . . . seems to be made, and explodes out of the mouth in the form of the Primal Scream. He then breathes fully and easily" (8).

Another major difference between the two approaches to breathing is that with Rebirthing the breathing is the therapy and remains the main component for every session, whereas with Primal therapy "in the majority of cases, breathing techniques are either not necessary or rarely used after the first few days of therapy . . . I do not believe", Janov continues, "that breathing techniques by themselves, have any intrinsic power to transform a neurosis". The Rebirthing process would no doubt be construed by Janov as a defence against Pain, for he adds: "(Breathing techniques) . . .

may, like a sigh, ease tension for a time, but then they would be considered a defence like any other tension reliever . . . It must be remembered that it is the (Primal) Pain we are after, and that breathing is one of the many devices we use to arrive at it". (9)

Positive affirmations, much used in Rebirthing, are discussed by Janov only to be summarily dismissed. Janov ascribes the affirmations technique to the 'Rational Therapy' created by Albert Ellis in his book 'Reason and Emotion in Psychotherapy' (10). The Rational school, as portrayed by Janov, "believes that the neurotic is telling himself wrong things. That is, he is unnecessarily repeating sentences to himself which produce maladaptive or irrational behaviour. When the patient becomes aware of these sentences and changes them to something more rational, it is believed that his behaviour will follow suit" (11). In rebuttal of this, Janov quotes a Primal patient who had previously undergone Rational Therapy: "somehow it felt like Christian Science. I had to pretend to feel like how I didn't feel. No matter what I said to myself I didn't really convince myself" (12). For Janov, "when Post-Primal patients finally **feel** the truth, they are able to become rational about many things in life without any belaboured intellectual discussion" (13). Until that moment of deep feeling, any affirmations are merely likely to "help along (the) . . . pretence and hence (the) . . . neurosis" (14).

Leonard's Rebirthing often seems to me like a more positive, simplified and spiritualised version of Primal Therapy. This is in some ways to Rebirthing's advantage; and yet Rebirthing might well benefit from an injection of earthy reality and complexity from Primal therapy, and from seeing itself as rooted in the history of the development of Primal theory rather than as a divine creation of its founder, an Athena fully grown from the head of Zeus. It is to the history of Primal therapy and its theories that I now turn.

Freud in his early days worked with what he called "primal process" (although the German "primär" is normally translated in the Freudian literature as "primary" not "primal" in this context). At a later date Freud seems to have decided that primal work was too irrational, unscientific and sexually explosive for use in his Viennese private practice, and he turned from cathartic, hypnotic and primal methods to the use of free association, dream analysis and transference. "He turned", writes William Swartley, "from any **direct** contact with primal process . . . to secondary processes which can be subjected to rational analysis. In essence Freud's master plan was to use a secondary process, rational analysis, against another form of secondary process, repression of primal process" (15). Half a century before Janov, Freud was referring to Primal Pain, and distinguishing between a primal defence against pain, and repression, which is an exclusion from thought processes

(16). And Freud's biographer, Ernest Jones, states that his "revolutionary contribution to psychology" was not so much in demonstrating the existence of an unconscious as in his proposition that there were two fundamentally different kinds of mental process, which he termed primary (primal) and secondary - secondary processes take into account "the facts of the outer world" and allow free flowing energy to be "bound" and "inhibited", whereas in primal processes, the flow of energy is uninhibited. "It is unchecked by any logical contradiction, any causal associations; it has no sense of either time or external reality" (17).

Unfortunately "secondary process" psychoanalysis as developed by Freud proved to be of limited therapeutic usefulness - rational insight into the origins of a symptom was usually not of itself curative. Freud's disciples tried to find ways to work more directly with primal process. Where Freud looked for the origins of traumas in the early years of a child's life, his disciple Otto Rank was the first (in 1924) to posit a birth trauma: "we believe we have discovered in the trauma of birth", announced Rank, "the primal trauma . . . It would seem that the primal anxiety-effect at birth, which remains operative throughout life, . . . is from the very beginning not merely an expression of the newborn child's physiological injuries, . . . but in consequence of the change from a highly pleasurable situation to an extremely painful one". Rank hoped, by uncovering a patient's

primal trauma, to be enabled to sever the Gordian knot of primal repression with one powerful cut, "instead of laboriously troubling to unknot it" (18). It seems likely, however, that Rank ran up against the same problem as Freud, namely that insight into a trauma without the reliving and re-experiencing of it, is not necessarily therapeutic, for Swartley writes that Rank, "unable to develop a technique better than Freudian analysis, . . . moved away from primal process in his later career" (19).

Another of Freud's disciples, Wilhelm Reich, was determined to break through the patient's defences to primal processes, and did so by focusing his efforts on the body, realising that each psychopathology has its counterpart somewhere in the body. Reich is one of the few people to whom Janov admits any indebtedness: "Reichian theory has some important things to say about the physical aspects of neurosis"; and Janov quotes approvingly from Reich's explanation of muscular rigidity as a form of repression: "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 the breath, tensing the abdominal muscles, etc.)" (20). Reich believed that physical manipulation of the body, combined with deep breathing, allowed the "repressed affect" and the "corresponding memory" of a traumatic event to appear in the conscious mind. Janov agrees with

Reich that, "though tension is felt everywhere, there seems to be one organ that is focal - the stomach: clenching the muscles of the stomach (and the entire abdominal area) seems to be the neurotic's internal painkiller" (21).

Reich worked to dissolve "character armour" by working on body blocks in strict sequence, from the eyes, to the throat, to the neck, the chest, the diaphragm, the abdomen and finally the pelvis (22). In Primal therapy the sequence is less detailed and in the opposite direction - work starts on the stomach. Janov writes: "most often the Pre-Primal patient isn't aware of the amount of his stomach tension when we begin to wrench it loose. During Primal therapy, we often watch the tension leave the stomach and work its way up. The person will report in sequence, a tightness across the chest, a constriction of his throat, a grinding of his teeth, an aching of his jaw" (23).

Janov mainly distinguishes himself from Reich in his emphasis on intensity of emotional expression, his highlighting of the Primal scream itself - "an eerie scream welling up from the depths . . . I can only liken it to what one might hear from a person about to be murdered" (24). According to Janov, "to become whole again, (no split between mind, emotions and body), it is necessary to feel and recognize the split and scream out the connection that will unify the person again. . . The Primal pain experience is not just **knowing** about the pain, it is being the pain" (25).

Janov contrives to make Primal therapy sound like an exercise in sadism. The therapist is "the dealer of pain, no more, no less" (26). The Primal therapist has to use considerable effort to force the patient's organism into those early pains again. "No matter how much the patient may want to get well, there is always resistance against feeling the hurtful feelings". Once the feelings start to flow, however, the patient is said not to experience the Primals as exactly "hurting", but feels rather the relief of being "totally engaged" and able to feel.

So, like Reich in his book 'Character Analysis' (27), Janov devotes much of 'The Primal Scream' to looking at ways of getting through the patient's defences. Janov takes the hurts back further than Reich: "needs and blocked feelings begin virtually with birth and very often before the time we can verbalise about them". Janov disagrees with Otto Rank that birth itself is necessarily traumatic - "I do not believe that anything natural can be traumatic" - but he has, occasionally, had clients re-experience traumatic births: "I have seen a Primal where a woman was bunched up in a ball, gurgling, almost choking, spitting up fluid, and then straightening out and wailing like a newborn . . . she felt she had relived her very difficult birth" (28).

(Janov's are not, incidentally, the first therapeutic birth Primals on record - the first occurred during World War II in the practice of the British psychoanalyst Donald W.

Winnicott. For Winnicott, the Freudian principle of 'non-interference' was important, so when one of his patients curled up on the couch he did not interfere. The patient pushed towards the top of the couch in labour-like movements, went over the top of the couch and fell on the floor. Finally, the patient thrashed around the floor until he found Winnicott's legs and then tried to push between them. Winnicott believed that when such regressions reached the limit of a patient's need, there was a natural progression "with the true self instead of a false self in action") (29).

In Janov's view, the main traumas are more likely to be found during infancy than at birth. He cautions that a trauma can be deeply embedded in the first three years of a baby's life although apparently of a very subtle nature, such as from being picked up and handled clumsily, or being neglected and left to cry for hours (30); thus a baby schedule-fed and often starved might later develop gastrointestinal problems as that body's way of 'remembering' the suffering (31); or a baby not held in the first months may "hurt all over its body . . . The need to be held is coded into the tissue of the body" (32) - the body remembers its deprivations and needs as "tissue states" (33). Later in life, in therapy, the 'adult' brain needs to re-experience the pain, and to conceptualize it for the 'child' brain, for the 'little person' still carried around inside the adult, to tell it what happened to it, "making (the pain) . . . specific so that it does

not have to be generalised neurotically" (34).

Neurosis involves generalisation - a child might feel "mother was never there for me" and given enough deprivation come to hate women and to be hostile and suspicious of them in general. According to Janov, the frontal cortex, under the overload of great pain, rechannels the pain to other associated areas of consciousness, producing "symbolic consciousness", "symbolic acting out" and the unreal self (35). Parents, for instance, often refuse to recognize a child's feelings. "Children may suffer **allowable hurts**. They may have stomach aches, for example, but not emotional aches - being sad. So the child must hurt where he is directed to hurt; he must act out symbolically when all he is trying to say to his parents is "I'm sad" " (36).

Again, as in the case of babies, the child's permanently imprinted pains and traumas often seem subtle from the adult perspective. The child's real self, locked out by pain, is normally not the result of a deliberate stamping-out process by the parents. It is more a process akin to what Rebirthers label 'the parental disapproval syndrome'. Janov writes how "it may be (just) - . . . the look in the parents' eyes when the children grumble or complain . . . (or) . . . the no-nonsense approach of a father who pooh-poohs his son's fears . . . ; it is found in the thousands of trivial experiences in which the children can never be allowed to be grumpy,

emotional, excitedly happy or furious" (37). These are all "minor Primal Scenes" and add to the child's "pool of hurts, the Primal pool" (38) - until eventually, often between the ages of 5 and 7, an event takes place, which, though not traumatic from an outsider's point of view, becomes the major Primal Scene, tipping the child over from his real to his unreal self. The child realises "They don't like me as I am"; and soon acting unreal and neurotic behaviour become automatic for him.

It is the Primal Scene which Janov believes needs to be relived in therapy. Once that happens, the therapist does not have to offer the traditional interpretations - insights flow unceasingly once the pain has been deeply felt - it seems to be a stage of the therapy similar to what Rebirthers term the "Energy Release". In Primal therapy, patients call it the " 'rush of insights', almost involuntary in nature . . . It is almost impossible not to be flooded with insights, because that single repressed feeling has caused so much neurotic behaviour" (39).

Janov claims that the Primal process is mathematical in its lack of variation: the first Primals deal with anger, the second group of Primals have to do with hurt, and the third with the need for love (40). It is like life in reverse: "sometimes it is easier for a young child to feel anger than to tolerate the terrible feeling of aloneness and rejection which lies under it" (41).

Janov's strong advice to parents is to show their love by allowing the child to be himself, (the sexist pronouns are Janov's, incidentally!), to allow the child to feel that he is alright just the way he is, and to allow the child "total spontaneity of all feelings" (42).

Post-Primal patients have access to this spontaneity. They have specific feelings, rather than moods or depressions (43). They no longer feel "pseudo feelings" such as shame, guilt and rejection (44). They give up neurotic behaviour - smoking, drinking, overeating or compulsive sex. They lose any psychosomatic symptoms (45). Their posture straightens (46). Sometimes there are reports of physical growth too - growth of breasts, hair, hands or feet, and the development of huskier voices or more 'adult' body odour (47). Even their dreams become more real, losing their symbolic content, and dealing with the present not the past (48).

This de-neuroticised 'Real' or 'Normal' Post-Primal person is the product of a relatively brief therapy compared with psychoanalysis - although Janov's Primal therapy is almost equally expensive, costing several thousand pounds. Janov's patients go into isolation in a hotel for the first three weeks of intensive individual therapy, with approximately three hours of sessions daily, during which time they are forbidden their normal substitutes for feeling, including cigarettes, watching the TV, over-sleeping and pill taking (49). After this, there is a

period of group therapy twice weekly for an average of seven or eight months. And then behold, the Post-Primal person is born. "Therapy is over". (More recently, Janov, like Orr, has recognised that 'quickie treatment' is sometimes not complete, and treatment now takes up to a year or more, followed by periodic 'primaling' thereafter) (50).

Janov has been much criticised by the psychotherapeutic community and many 'unauthorized' variants of Primal therapy have sprouted up over the years, including that offered by therapists belonging to the International Primal Association, by the Marin Centre, the Centre for Feeling Therapy, the Centre for the Whole Person, and by Glyn Seaborn Jones' Intensive Rhythm and Reciprocity Therapy.

The main criticisms of Janov seem to be the following:

- 1) Janov is said to be trying to control Primal therapy as his possession, just as Freud did with the psychoanalytic movement (51) - Janov has registered or "service-marked" the name Primal therapy, and warned that only people certificated and approved by him are qualified to practise Primal therapy (52); yet he has made the conditions for certifying therapists so stringent that it is very difficult for them to leave his Primal Institute and set up on their own. Many of his trainees finally rebel, leave and launch alternative Primal therapies of their own devising (53).

2) Janov has been somewhat megalomaniac in advertising Primal therapy as 'The Cure for Neurosis', whilst criticizing all other therapies as ineffective. He paints an unrealistic picture of a Post-Primal person, leading a completely anxiety-free life, with no defences at all. People coming for therapy with such unrealistic expectations lose their drive to work on themselves, thinking that Primal therapy is magical and quick, like "a penicillin shot that will cure them of all their troubles". (54)

3) Janov's therapy needs humanising. He bulldozes clients' defences, and acts as a 'bad daddy' authority figure forbidding them their bad habits, robbing clients of "the right to mature at their own pace". (55)

4) Janov seems to believe that pain is all there is, that all there is to therapy is feeling the pain of childhood traumas (56). Alternative Primal therapies have begun to move into the more positive, transpersonal and spiritual realms that Orr's Rebirthing occupies. For instance, Primal therapist Michael Broder of the Centre for the Whole Person, argues that Janov "ignores experiences such as sexual and spiritual experiences, massage, and meditation . . . I believe that feeling one's . . . adult joy . . . should be an important goal of any therapy. To the extent that this can be part of one's life, there is, in my opinion, no need to feel the pain of childhood" (57). A child's joy, for Broder, is also a Primal feeling.

5) The therapies that have broken away from Janov emphasize 'Primal Integration', rational 'secondary process' ways of integrating the deep and regressive Primal experience into the client's present-day reality. Janov himself began the move in this direction, writing in 'Primal Man' (58) of the need for "first line Primals", (those associated with bodily sensations such as birth Primals) to be backed up by "second line Primals" (involving emotional catharsis) and "third line Primals" (of Freudian-style insight). The Primal Integrationists speak of the need for "counter action" - the deconditioning of present-day phobias and the choosing of new behaviour - and for "pro action" - where the client risks taking new directions in life - new hobbies, vocations, life styles and relationships. (59)

For a Primal experience to be considered 'complete', the Primal Integrationist client needs to be able to answer questions such as "What was the Primal experience all about?", "How does the Primal experience relate to your present life?", and "What is the next step to take in therapy and in daily life?". (60)

6) The Primal Integrationists' criticism of Janov's refusal to countenance other therapeutic methods has led them to adopt a very eclectic approach, combining neo-Reichian 'Primal massage' of body armour, with Lowen's bioenergetics, Moreno's psycho-



drama, Perl's gestalt therapy, Roger's client-centered approach, Jackin's re-evaluation counselling and Desoille's guided fantasies. (61)

Several 'Primal' communes have appeared based on a blend of Primal and Reichian practices. Besides the rather wild (and reputedly on occasion violent) Atlantis commune in Ireland, founded by Jenny James as a result of her many years of Primal and bioenergetic work with David Boadella and others (62), there is an even more bizarre network of 'Primal' communes in Europe based on the example of Otto Muehl's Friederichshof commune in Austria. Here, over the last ten years or so, their most notorious feature has been their free sexuality: "every sexually repressed society", proclaims one of their members, "develops in its belly such an explosive mixture of damned up sexuality and aggression, that the hostility with which it (finally) discharges knows no limits". (63) To cope with the problems of jealousy that arose from free sexuality, they started a form of daily therapy using Reichian methods and Janovian Primal screaming. Over the years they have added hypnotherapy and confrontative psychodrama to the mix, creating their own unique brand of therapy called 'Selbst Darstellung' (which they translate as "Free Emotional Self-Expression"). They seem to have got bored with year-in year-out Primal screaming, even in the visitors' therapy department, and they now encourage people to go into the middle of the group, and to give their emotional damage as

artistic, humorous, theatrical, grotesque and taboo-flaunting a shape as possible, using noises, words, singing and movement. Wencke Muhleisen, the therapy department's director, writes: "especially the forbidden and pornographic contents of sexuality were to be treated with humour in order to transform them into positive social forces... The art of Selbst Darstellung rendered subconscious things conscious through a playful form of regression. By giving the 'shadow' concrete form, it is integrated into the 'persona' ". (64).

In Janov's identikit picture, the Post-Primal person remains happily married ever after ("married couples who have gone through Primal therapy have **never** separated") (65); at the Otto Muehl commune, people find new sexual partners each night, and "the capacity for emotional and sexual contact with as many people as possible is an indication of a person's social maturity". (65)

The most intriguing additions to Primal theory have grown out of work begun 16 years before the publication of Janov's 'The Primal Scream'. In 1954, the U.K. psychiatrist Dr. Frank Lake, began giving his patients LSD in the context of psycholytic therapy, and in 1956, in Prague, Dr. Stanislav Grof began doing the same. Soon both were reporting the reliving of birth trauma by patients during LSD sessions and the therapeutic value of this in curing claustrophobia and

other conditions - although for the first three years, Lake resisted his patients' "conviction that this was an actual reliving of their birth". (66)

Dr. Grof has published two fascinating books summarising the conclusions he has reached from supervising over 3,500 LSD therapy sessions (67). From our Primal perspective, the most valuable theoretical advances in these books are the concept of COEX systems and the concept of Birth Perinatal Matrices:

### **COEX Systems:**

A client in LSD therapy tends in early sessions to experience past negative themes or clusters of memories. Dr. Grof calls these memory clusters COEX systems (systems of Condensed EXperience). He defines a COEX system as "a specific constellation of memories consisting of condensed experiences (and related fantasies) from different life periods of the individual" (68). The memories belonging to a particular COEX system have a similar basic theme and a similar emotional feel. The deepest layers are represented by vivid and colourful memories from infancy and early childhood, with more superficial layers continuing into present time. Excessive emotions which pour out as these COEX systems unfold in therapy "seem to be a summation of the emotions belonging to all the constituent memories" of the system (69).

In Janovian therapy, the latest Primal Scene, the one which tipped the child over into neurosis, is the one that needs screaming about, to unknot the client's neurosis. In Grof's view, it is the **oldest** event in the COEX system that forms the all-important 'core experience' - it is this first experience which built the system's foundation and which must be relived: "elements of a particular COEX constellation keep appearing in the sessions until the oldest memory, the core experience, is relived and integrated. Following this, such a system permanently loses its governing function" (70). The COEX 'transmodulations' occur, with a shift from the hegemony of the negative COEX system to another, and, gradually, pathways are opened for the influence of positive COEX systems to be felt in the patient's life.

### **Birth Perinatal Matrices:**

Grof describes the usual pattern as follows: in later LSD sessions, the patient tends to go on to deep transpersonal and mystical experiences, but first, after exploring relevant COEX systems, there often comes a transitional stage, that of birth. At the root of the COEX systems can usually be found what Grof calls the four 'Birth Perinatal Matrices' (B.P.M.), the organising principles related to different stages of labour - B.P.M.1, the stage of intrauterine life before labour begins, B.P.M.2, the beginning of labour contractions, B.P.M.3, the passage down the birth canal and B.P.M.4, exit from the womb. Each

of these stages also appears to have a spiritual counterpart - the re-experiencing of B.P.M.1, for a patient with an undisturbed intrauterine history, can bring feelings of cosmic unity; B.P.M.2, the contractions in a closed uterine system, is often felt as 'no exit' or hell; B.P.M.3, the propulsion through the birth canal, has its spiritual analogue in the death-rebirth struggle; and B.P.M.4, termination of the birth process, is linked to a feeling of ego death and rebirth.

Thus in psycholytic LSD therapy, birth is frequently experienced in a highly symbolic way, as a spiritual conflict, or in the realm of myths. For instance, a bad time for the infant during B.P.M.3 (in the birth canal), can be relived during the session in terms of sadomasochistic orgies or Christ's death on the cross; it might form the root of a negative COEX system, with the patient realising that this is why as an adult he has felt propelled towards experiences such as boxing or dangerous driving; and the reliving of it might resolve a long-term psychopathology such as sadomasochism or automutilation.

Frank Lake's criticism of his own LSD birth work is not only that it acts beyond the conscious control of patients, sometimes throwing up material they are not ready to deal with, but also that the mainly symbolic nature of what happens means that patients may not recognize it as relating to their births (71). In any case, when it became illegal for researchers to

use LSD, both Lake and Grof turned to other methods of inducing birth experiences. Dr. Grof used Orr's Rebirthing breathing and claimed that "even without previous administration (of LSD) . . . this method can mediate access to deep and dramatic experiences of a biographical, perinatal and transpersonal nature in a very short time" (72). Frank Lake used Reichian-style breathing and ended up preferring this to LSD: "the more natural method has proved superior . . . Breathing is a self-regulated act with a built-in control, and . . . promotes a faithful owning and 'contextualising' of the intrauterine experience". (73)

The particular breathing pattern that Lake recommends is very different from the Rebirthers' stress on "letting go of the exhale", and consists of breathing into the abdomen in short, rapid inhalations, followed by slow, prolonged exhalations with vocalisation. Lake cites evidence (74) that breathing of this type produces a 'theta rhythm' activity in the brain, an ideal state for the retrieval of early memories stores in the unconscious.

Frank Lake's major contribution has been to bring into focus the importance of the early months of intrauterine existence. He has confirmed the work of psychoanalysts such as F.J. Mott and L. Peerbolte (75) that the foetus in the womb, especially in the first three months after conception, can feel invaded by the emotional states of the pregnant mother. The mother's

emotional chemistry is transmitted into the umbilical and foetal circulation. For instance, if the mother is full of hatred and bitterness towards the world, this is registered and 'remembered' by the foetus, and can form the basis of melancholic affliction or a sense of worthlessness later in life. Lake hypothesizes that the origins of neuroses and paranoid-schizoid personality distortions are to be found in the difficulties occurring during the first trimester in the womb. (76)

To reach these memories during his five or six day Primal Integration workshops, Lake would encourage clients to take a journey in the imagination to some cave deep in the sea, or to feel their way into their mother's and father's feelings about themselves and about their relationship at the time of conception. With each prolonged outbreath, clients would be encouraged to give vent to emotion, each one curled up on a mattress, enclosed in a womb-like way by a group of people. Lake rehearsed the physiological facts about conception, implantation and the establishment of umbilical circulation - at which stage a facilitator would place three fingers over the client's navel to symbolise the foetal-placental circulation, and any client noises or responses were tape-recorded and written down. A client, for instance, might report "a strange longing for recognition" which Lake interpreted as the foetus needing to know that "the mother recognizes its being there and is glad

of it" (77); or a schizoid client might experience a horribly bad umbilical input over-running all his defensive barriers, penetrating the whole body - "the whole body has become loathsome and the ego splits itself off from such terrible sensations and emotions". (78)

Dr. William Swartley has categorised all the major possible traumas from conception onwards. (79) Apart from those already mentioned, they are as follows:

**Conception Trauma** (also termed 'conception shock' by Foder and Peerbolte (80)): The degree of conception trauma correlates negatively with the degree the conception was wanted by the mother and the father. Clients reliving conception trauma typically have their hands at their sides, and their feet moving like a tail, with most of the physical activity focused at the top of the head. Along with this goes either a feeling of breaking into something (the sperm's viewpoint) or allowing something to come in (the egg's viewpoint).

**Cell Division Trauma:** During the first six days after conception there occur the first cell divisions while the fertilised egg travels through the Fallopian tube. Peerbolte discusses the trauma of this stage in his book 'Psychic Energy in Prenatal Dynamics' (81); and R.D. Laing describes a woman's dream, three or four days after conception, in which she dreamt that a piece of gum (the

fertilised egg) was going along an escalator (the Fallopian tube) into a garage (the uterus) (82).

**Implantation Trauma:** (termed 'incomplete embedding' and 'threat of abortion' by Peerbolte): This is the stage, seven to nine days after conception, when the fertilised egg (the blastocyst), makes contact with the uterus and nestles down through the lining.

The degree of trauma correlates negatively with the degree the mother desires the child, the 'will' of the blastocyst to implant and its 'physical strength'. The client's energy during the reliving of this trauma is usually focused in the forehead, searching for the right spot of skin on another person on which to attach; and the accompanying feeling is often that of a battle against resistance to attach, or a 'plugging in' to a source of energy.

R.D. Laing believes that dreams with an 'entry' theme often relate to implantation, whether it is a dream of "rapturously sinking into a bed of bliss, or of being sucked in, of being swallowed in quicksand, of subsiding into a swamp, (or) of being buried alive" (83).

**Umbilical Trauma:** The placenta, as Freud noted in a letter to Jung in 1911, was often "mistaken" for a twin by the baby (84). With the cutting of the umbilical cord after birth, the loss of this placenta can be experienced by the newborn as loss of a twin or part of the foetal self (85).

Lake tells of a client who relived her placenta as a smelly dead thing lying beside her, and how this reliving freed her of her phobia about intimate relationships - up until then "whenever she tried to make relationships, she was overcome by a terror of emitting a bad smell" (86).

Some of the above traumas appear in therapy only very rarely. William Swartley has produced a useful list of those Primal experiences which are most commonly reported by patients in therapy: the most frequent are maternal deprivation Primals, involving separation from the mother in hospital, or "losing touch" with her as a result of bottle feeding or feeding by schedule. In order of frequency thereafter, come Primals concerning paternal deprivation, incest, birth trauma, parental death, operations, and, more rarely, implantation, conception or gestation traumas. (87)

Pre-and peri-natal traumas have been used as interpretative hypotheses for a wide variety of individual and social situations. Leslie Fehér, who practises a rather zany form of Primal therapy which she calls Natal therapy (88), uses birth experiences almost like a form of astrology in order to predict adult personality (or vice versa). In her Natal therapy, clients are required to wear an artificial umbilical cord on their person for a week prior to the group birthing session (89), and in the birthing their feet are held and their heads pushed whilst they squirm their way around a row of

mattresses (90). On the basis of such sessions, Leslie Feher talks of 'caesarian' adults (people born through caesarian operations) who tend to need the help of others to accomplish anything, and who omit sequences necessary to achieve goals (91); of 'overtime' or 'late' adults who tend to feel independent and strong, though reacting intensely to feelings of being trapped (92); of 'quick, short labour' adult males who are likely to be premature ejaculators; and of 'forceps' adults tending to seek dependency (93).

Frank Lake likewise gives free reign to speculation, seeing male homosexuality, for instance, as imprinted on the male foetus from picking up, through the umbilical cord, his mother's intense longing for a man (94). And he sees each person's language and use of metaphor as reflecting whether or not at birth and in the womb that person felt the world as welcoming, or hostile (95). Lake also quotes with approval the hypothesis of Lloyd de Mause, that all groups induce in their participants a 'foetal trance state', reactivating memories from uterine and peri-natal life, with outside groups seen as either nurturant or poisoning placentas, and the group being driven to war to overcome the helplessness and terror of being trapped in the birth canal (96).

Stimulated by conversations with Lake, psychotherapist Alix Pirani has mapped out further influences of the birth experience on society. She

believes that many people nowadays "want to be reborn" in therapy, because our society itself is in desperate need of rebirth - individuals within society are keen to regress away from a climate of indifference and hostility and economic recession (97).

She believes that men feel the need to keep women under control in society because in the womb we have all forcefully suffered the threatening power of the mother (98).

Being reborn she sees as the quintessential creative process - "the birth pattern is relived by individuals at the threatening transition stages of life, notably weaning, adolescence, menopause, death; also at times of crisis such as separation and bereavement. It is repeated in sexual activity... and in the arts" (99).

It also becomes the pattern of all revolutions, good and bad - she gives the example of a 'pathological revolution', corresponding to the B.P.M.2 contractions stage of labour: Europe in the '30's, denying the growth and existence of Germany, ignoring its 'kicking', followed by the birth canal struggle of B.P.M.3, with Hitler's violent sadistic war to gain independence and 'lebensraum' and his omnipotent fantasies of raping Europe (100).

Finally, I concur with Alix Pirani in her conclusion, that it is what happens after birth that it is vital: "commonly the isolation and non-

being send the baby back into regression in a search for meaning, a search for the lost womb, and we replay and act out our birth process for the rest of our days. The healing creative task is to endure the non-being, and then take up new life and establish contact with the world" (101).

---

**Notes from the Text**

- 1) 'Rebirthing In the New Age' by Leonard Orr and Sondra Ray, published by Celestial Arts, Berkeley, California, 1977, page 6.
- 2) Published by Price, Stern and Sloane, Los Angeles, 1975.
- 3) Published by Dodd Mead, New York 1915.
- 4) Published by Prentice-Hall, 1952.
- 5) 'Rebirthing: A Transpersonal Growth System', by Krista Edmonds, published by Synthesis International (10671 Esmeraldas Drive, San Diego, CA 92124, USA), 1980, chapter 1.
- 6) 'The Primal Scream' by Dr. Arthur Janov, (copyright 1970), published by Abacus/Sphere Books Ltd., 1973.
- 7) As No. 6, page 125.
- 8) As No. 6, page 127.
- 9) As No. 6, page 126.
- 10) Published by Lyle Start, New York, 1963.
- 11) Quoted in 'The Primal Scream' - as No.6 above - page 231.
- 12) As No. 6, page 233.
- 13) As No. 6, page 232.
- 14) As No. 6, page 233.
- 15) 'The Undivided Self, An Introduction To Primal Therapy' edited by John Rowan and Ken Holme, published by Centre For The Whole Person (file copy kept by John Rowan at 79 Pembroke Road, London E17), 1978; from an article in this booklet, Introduction, by William Swartley, page v. My account of Freud and his relationship to Primal work derives from this article.
- 16) 'The Life And Work Of Sigmund Freud' by Ernest Jones, published by Basic Books, New York, 1963, Vol. 1, page 390; quoted in No.15, above, page iii.
- 17) As No. 16, page 398.
- 18) 'The Trauma Of Birth' by Otto Rank, published by Robert Brunner, New York, 1952, page 213; quoted in No.5, page 22.
- 19) As No. 15, page vi.
- 20) 'The Discovery Of The Orgone' by Wilhelm Reich, published by Noonday Press, New York, 1948, page 266; quoted in No.6, page 225.
- 21) As No. 6, page 58.
- 22) See the account of Reichian therapy in 'Me And The Orgone' by Orson Beam, published by St. Martins Press, 1971, page 32.
- 23) As No. 6, page 58.
- 24) As No. 6, page 9.
- 25) As No. 6, page 42.
- 26) As No. 6, page 266.
- 27) Published by Farrar, Strauss and Giroux 1945.
- 28) As No. 6, page 93.
- 29) 'Birth and Rebirth', edited by Alix Pirani, published by Self and Society, 66 Southwark Bridge Road, London SE1; article in this booklet entitled 'The Birth Of Birth Primals In Wartime Britain' by William Swartley and John Maurice, page 29 - quoting from 'Through Paediatrics To Psychoanalysis' by Donald W. Winnicott, published by Karnac Books, 1975, pages 177 ff.
- 30) As No. 6, page 64.
- 31) See 'The Feeling Child' by Janov, published by Simon and Shuster, 1974.
- 32) As No. 6, page 64.
- 33) As No. 31.
- 34) As No. 31.
- 35) 'Primal Man, The New Consciousness' by Janov, published by Thomas Y. Crowell Company, 1975, page 26.
- 36) As No. 6, page 73.
- 37) As No. 6, page 81.
- 38) As No. 6, page 25.
- 39) As No. 6, page 257.
- 40) As No. 6, page 346.
- 41) As No. 6, page 346.
- 42) As No. 6, page 299.
- 43) As No. 6, page 76.
- 44) As No. 6, page 78.
- 45) As No. 6, page 107.
- 46) As No. 35, page 421.
- 47) As No. 6, page 165.
- 48) As No. 6, page 281.
- 49) As No. 6, pages 83 and 453.

- 50) 'The Primal Issue', edited by John Rowan, published by Self and Society - address as No. 29 above - Vol.5, No. 6, June 1977; article in that issue entitled 'Ahistorical Perspective Of Primal Therapy' by David Freundlich, page 164.
- 51) As No. 50, page 166.
- 52) Journal Of Primal Therapy, Volume 213, Winter 1975; quoted in No.50, page 166.
- 53) 'An Eclectic Approach to Primal Integration' by Michael Broder, published by Primal Integration Press, 801 College Street, Toronto, Canada, May 1976, page 12; see also No.50, page 164.
- 54) As No. 53, page 12.
- 55) As No. 53, page 13.
- 56) As No. 50, article in that issue 'Where Janov Is Wrong', by Eric Robbie, page 199.
- 57) As No. 53, page 12.
- 58) See No. 35 above, passim.
- 59) As No. 53, page 6.
- 60) As No. 53, page 36.
- 61) As No. 53, pages 15 to 25.
- 62) See 'Room To Breathe' by Jenny James, published by Caliban Books, 1983.
- 63) 'How To Save The World', edited by Nicholas Albery and Yvo Peeters, published by the Fourth World Trust, 24 Abercorn Place, London NW8, 1982; article in this compendium entitled 'Free Sexuality' by Wencke Muhleisen, page 324.
- 64) As No. 63, page 326.
- 65) As No. 6, page 169. (65)b As No. 63, page 326.
- 66) 'Tight Corners In Pastoral Counselling' by Frank Lake, published by Darton, Longman and Todd, 1981, page 20.
- 67)a 'Realms Of The Human Unconscious, Observations From LSD Research', by Stanislav Grof, published by E.P. Dutton and Co. Ltd, 1976; (67)b his book 'LSD Psychotherapy', published by Hunter House, California, 1980.
- 68) As No. 67a, page 46.
- 69) As No. 67a, page 47.
- 70) As No. 67a, page 93.
- 71) As No. 66, page 35.
- 72) As No. 67b, page 160.
- 73) As No. 66, page 35.
- 74) The evidence cited is from 'Towards A Science Of Consciousness' by Kenneth Pelletier, Delta Book, New York, 1978; quoted in No. 66, page 35.
- 75)a 'Mythology Of The Prenatal Life' by F. Mott, published by Integration Publishing, London, 1960. (75)b 'Psychic Energy In Prenatal Dynamics' by L. Peerbolte, published by Service Publishers, 1975.
- 76) 'Studies In Constricted Confusion, Exploration Of A Pre-and Peri-Natal Paradigm' by Frank Lake, published by the Clinical Theology Association (undated), page 1.
- 77) As No. 66, page 27.
- 78) As No. 76, page C42.
- 79) As No. 15, pages 30 onwards.
- 80) See No. 75b., chapters 3,8.13,14; and (80)b 'New Approaches To Dream Interpretation' by Nandor Fodor, published by University Books, New York, 1951, Chapter 3.
- 81) As No. 75b., chapter 8.
- 82) 'The Voice Of Experience' by R.D. Laing, published by Pelican Books, 1983, page 103.
- 83) As No. 82, page 143.
- 84) Quoted in No. 82, page 115.
- 85) As No. 75b., chapter 4, and No. 80b., chapter 3.
- 86) Quoted in No. 82, page 119.
- 87) As No. 16, page 42.
- 88) See 'The Psychology Of Birth' by Leslie Feher, published by Souvenir Press, 1980.
- 89) As No. 88, page 181.
- 90) As No. 88, page 185.
- 91) As No. 88, page 190.
- 92) As No. 88, page 191.
- 93) As No. 88, page 186.
- 94) As No. 76, page C52.
- 95) As No. 76, page C61.
- 96) 'The Psychogenic Theory of History' by Lloyd de Mause, Journal of Psychohistory, Vo.4, No.3.
- 97) As No. 29, page 1.
- 98) As No. 29, page 2.
- 99) As No. 29, page 36.
- 100) As No. 29, page 38.
- 101) As No. 29, page 3.
-