
An Interview with Janov

by
Nicholas Albery

In an effort to correct any misinterpretation on my part of Janov's views, I arranged to interview him in London in November 1984:

Albery: *You believe that Leonard Orr's Rebirthing is dangerous and can lead to suicide and mental breakdown - could you expand on that?*

Janov: I know it's dangerous. The point is we get a new referral every week of people who've been through the Rebirthing movement, where they've become incredibly depressed or suicidal or driven to the brink of madness, so we see what effects it has - it's exceptionally dangerous for very good neurological reasons.

A: *The reason you outline in your recent book, 'Imprints - The Lifelong Effect Of The Birth Experience', is that Rebirthing reaches pains in the inner areas of the brain too soon.*

J: The birth trauma is probably laid down in the lower neuraxis of the brain. A lot of neurological research points to that, as well as when they have done examinations of patients, for example, who have certain lesions in the prefrontal cortex, and who then go into the foetal position. In other words, there is a certain release phenomenon depending on cortical damage, which means that this very early material is registered down lower in the brain. And because it's registered down lower, and because there are millions of imprints on top of it, one has to arrive at it in an evolutionary way, not plugging into it too hastily.

A: *I personally have witnessed a half dozen adults reliving a so-called birth experience, sometimes in the very first session, or at least very early on in their Rebirthing sequence, and my observation is that it seems to have been beneficial rather than harmful.*

J: That's because I don't think they know what effects there should be. In 9 cases out of 10, you'll find they are simply abreacting. It's not possible to have a fully connected lower neuraxis imprint without reaching it gradually through the top part of the brain, it's just not possible.

A: *Phil Laut, who's one of the main proponents of Rebirthing, in his talk told us that Primal therapy is the kindergarden, and Rebirthing is like graduate school, much gentler and more sophisticated, you don't have to relive the trauma again and again, for month after month, you get there faster and easier, you just resolve the trauma with style, as it were.*

J: I think he forgets I was one of the first to write about the birth trauma and the fact that it could be relived. So, number one, when he talks about graduate school, the primer for that was written by me. Number two, there's no graduate school. You've had thousands and thousands of experiences in your life, and there's no magic, you have to go through these traumas and relive them. You can't just avoid them and go to birth. Birth doesn't solve anything, in and of itself. What you've got to do, is go into the totality of all your pains, and you do it in an evolutionary and natural way: there's no reason on earth to do it in an unnatural, precipitous way.

A: *You get people promoting their own versions of Primal, like the Otto Muehl communes in Europe, and they have moved on to doing it more artistically, giving the damage and distress artistic, psychodramatic shape.*

J: You can't give the damage any shape, that's the point. The point is that it's an imprint, and it's going to be run off exactly the way it was imprinted, and there's nothing you can do artistically or non-artistically with it. There is a fundamental lack of neurophysiologic neuroanatomic knowledge about this that shocks me. There's nothing you can do about it except let it happen, when it should happen -and there are certain signs of when it should happen, which one has to be very aware of.

A: *Your argument is to the effect that to have a so-called corrective, positive birth reliving, is just putting down another false brain track, that this has to be dealt with, whereas the Rebirthers argue that such a corrective experience is possible, reliving the trauma in a more adult way the second time around.*

J: There is no way to relive it except the way it is imprinted. It is a physiologic anatomic imprint, and one of the ways you know is that it has skewed the quadrants of the brain and it has skewed the biochemistry. And when you relive it, you don't just relive it once, you relive it hundreds and hundreds of times, and if you're not doing it a hundred times, you're doing something wrong.

A: *One critic observed about these 'vital body signs' - which you claim indicate health in a Post-Primal person - that they are not necessarily good signs; that they are very reminiscent, for instance, of someone who has had a frontal lobotomy, with reduced brain functioning and so on.*

J: When your cortisol level drops considerably, having come in for therapy with a very high plasma cortisol level, it isn't a matter of how you see it, it is a matter of objective biochemistry. The fact is, that if you have permanently lower levels of stress hormones in your body, the catecholamines and all those, it's a very clear sign that you have a much less active brain in the sense of lower alpha amplitude. It's a sign of a brain at rest. It's not just a question of how you see it, it has to do with objective reality. It's not a matter of just anybody's whim or interpretation; there are certain indicators like stress hormones that are very well known and worked out.

The question you have to ask about Rebirthing, is why only birth, what about all the other great subsequent traumas, people being left at orphanages, people being not touched, neglected, humiliated, criticised, abandoned, what about all that? Those things hurt and the pains are measurable. We've put people up against brainwave machines, electronic blood pressure cuffs etc., and these are measurable events, you can actually measure the valence of the pain. And very often they come close to the valence of birth. So why only birth?

A: *Dr. Grof with his COEX systems would agree with you, that you need to go through this later psychodynamic material before you get to birth. He feels, however, and it's a common criticism, that the transpersonal element is missing in Primal therapy. Your books read as if you didn't believe in the Spirit, or God, or the higher possibilities of the mind.*

J: It doesn't matter what the therapist believes. It's very important for the therapist not to be mystical, or he will confound his mysticism with his patient's symbolic behaviour, and the patient's never going to get well. In other words, it's very easy if you're very mystical and the patient gets into something mystical, to miss that he's symbolising a catastrophic pain instead of integrating it.

A: *In your 'Imprints' book, there are examples of the curing happening without the traumas being worked out on all levels of consciousness or integrated consciously. For instance, Mrs K's autistic child resolves his trauma and his autism without making conscious connections.*

J: He did have birth Primals: he was reliving birth, but he was so close to it. You can do that with five year olds. We've seen it happen; they've gone straight through it. But it's not that way with adults, I can tell you.

I can't emphasise enough how dangerous I think it is. I have seen people go through Rebirthing. I have given lectures at Santa Cruz, at the University of California, and people come up to me and say they have had the most marvellous Rebirthing - and in my clinical experience these are the most disturbed people I have seen in a long time, but they are not aware of it, and

that's the danger. They've become one with the universe and got cosmic unity and a whole lot of other stuff that I consider extremely dangerous. They've gone there too soon, and they have that permanent fixed smile and that glazed look and that super-happy false front.

I saw one of our Primal patients in L.A. recently, who told me that she'd now become one with the universe, and obviously she'd gone. I hadn't even known what she'd done. She'd gone from being a normal patient to bonkers. I said, "What have you done? Did you go to a Rebirthing?". I just sensed it. And she said, "Yes, I have. And I'm now one with the Universe". And that became an *idée fixe*. We couldn't get her out of it. We had to tranquilise her and start from zero again. Because you're throwing up heavy valence pains, and it's fragmenting the cortex to try to integrate that kind of stuff.

A: *Do you think that after one's worked out one's Primal traumas, one can then go on into transpersonal, spiritual areas? Or do you disbelieve in that world altogether?*

J: It doesn't matter what I believe. I would bet you that most of my patients haven't the foggiest notion of what I believe. I never tell them: I don't superimpose my beliefs on anybody. It's what the patient experiences that's crucial.

A: *What do you believe though, or is that too intrusive a question? Do you see the universe as a random concatenation of atoms with no grand design?*

J: That's right . . . But the point is, even if that weren't my view, it wouldn't affect the therapy.

A: *Some people who have left your Primal institute write that, if it's not the spiritual element that's lacking, what is lacking for them is a place for early experiences such as joy and love, which they think are as useful to relive as early experiences of pain - that if you can get back to these, these positive experiences can also be corrective.*

J: You don't have to get back to good memories, because they are integrated already. The pleasure areas and the pain areas of the brain are very close, and unless you open up the gates of pain, you're not going to be able to realise real joy and real contentment and real relaxation. You're going to get into a self-deceptive joyous state.

A: *But people's re-experiencing of early happy memories they've forgotten, can give them strength to go back to the painful ones.*

J: That's true, but as an aim in and of itself, good memories are already integrated; it's not what you're after. The gates of pain need to be opened. Pain is stored in the limbic system of the brain which is a gigantic ring of structures, and we know for a certainty that unless you open up these gates,

you can't get to those. The point is that, when you block feelings, you block globally.

A: *Are there any short cuts you have found in Primal therapy?*

J: No, you just follow the imprints. People get in a hurry, they want to speed up. It takes years and years to lay down those imprints, and to think there's some magic weekend seminar, or even a few weeks' work, that's going to reverse 20 years of trauma is ridiculous and simple-minded.

A: *My impression is that your emphasis on birth has increased over the years, you didn't use to put such stress on going back so early.*

J: I don't. I've written the 'Imprints' book about birth, but only because I think we should have decent birth practices. I would say that a good third of the patients never even get to birth and shouldn't. They don't have to.

A: *You mean their damage doesn't go back that far, they had perfectly adequate births?*

J: That's right. And to assume everyone has to go back to birth, that's crazy.

A: *I'm actually surprised that such a high percentage of the patients of the age you're seeing should have had easy, natural, untraumatic births.*

J: I see a lot of home birth people, a lot of country people, a lot of people from the farms, a lot of natural births, believe it or not, so they don't have to go through it.

A: *Dr. Lake and others take the reliving of the damage right back to the first three months of pregnancy in some cases, but, reading you, your emphasis seems to be entirely on the neurological side, in which case such very early memories, before the neurological system was functioning, could not possibly be relived?*

J: You can get way out and talk about implantation and sperm, all the things for which there is absolutely no evidence, and so you're way beyond the realm of what science knows today, but we do know that after the 13th week of gestation there's a functioning nervous system, and once there's a functioning nervous system it can code, store or react to noxious stimuli.

A: *Lake is talking about BEFORE the 13th week, he's talking about a possible extra-neurological memory system that codes memories cellularly or however.*

J: Theoretically it's possible, but practically it's purely whimsy. How in the hell is anybody going to know that? You can get wild with all that speculation. You have to be able to base yourself in some kind of science.

A: *Lake and others base their theories on experience, on their own experience and on the experiences of their clients.*

J: I have been doing this for 18 years now and I've never seen it, and I don't control my patients, or judge them or even try to. I think it's all largely ridiculous. It's not theoretically impossible. You **can** code cellularly. But I think you need an intact nervous system to have the kind of damage we're talking about . . .

A: *To change the subject, what made you transfer your main base, your Primal institute, from America to Paris?*

J: 50% of the American patients in California were from Europe, so it made sense. Also I like France and I'm married to a French girl, whose family live in France.

A: *But the American centre continues?*

J: Yes, it's going strong.

A: *So the criticism that you very grudgingly license trainee therapists, who come through you, to practise, is partly rebutted by the fact that the American centre functions and looks after itself and you approve of what they're doing?*

J: Absolutely, also in New York.

A: *How many licensed Primal therapist are there?*

J: I've no idea. I've not thought about it.

A: *Double figures?*

J: I suppose. There are several hundred clinics that use my name, people who say they have been trained by me, which is almost never true. You have to be very careful, there are advertisements all over Europe. There are something like 25 to 35 French clinics using my name, saying that they are trained by me. Major psychiatrists and psychologists have opened up Primal clinics. I don't care what they do, but I don't know why they use my name. Of all these people out there, doing this kind of therapy, I haven't seen one of them do serious scientific research, either brain research, biochemistry research, or some kind of verifiable research on their patients. I think if people are going to be serious, they should take this out of the area of whim, and get down to basics, because ultimately therapy is making physiologic changes. Primal therapy, I think, is making cellular changes in the lymphocyte system, most particularly the TNB cells and the natural killer cells, which is what we're researching, as they relate to neurotransmitters, plus a lot of other factors which deal with the measurement of pain.

Psychotherapy has too long been the playground of charlatans, and even graduate psychiatrists and so on have not been very serious about all this, in terms of putting it into a systematic measurable science. When we measure a lot of parameters during the reliving of the birth process, we know what the (pain) valence is, we don't have to guess or theorise about that. It's become a plaything all this Rebirthing, and it's a dangerous plaything, because it is very dramatic. It gives enormous power to therapists and creates a lot of drama, something that's very seductive. Anything that is seductive has got to be dangerous.

A: *You quote with approval, or at least neutrality, the research of Chamberlain and Cheek indicating that a return to birth memories through hypnosis is possible?*

J: Not at all. I have seen a film of David Cheek's and I realise that what he says in his writings has absolutely nothing to do with what he does. I haven't seen one drop of evidence that people are back into their births, except what is suggested by him, or theorised by him, or speculated by him. I'm rather shocked by the disparity between what he says he does and what he actually does.

A: *He claims that the position of the head as the baby is being born can be remembered under hypnosis by the adult and verified against the birth record.*

J: Absolutely.

A: *So you do believe that his patients go back to birth under hypnosis.*

J: On rare, rare occasions, but I think it's more speculation with him than reality. He's latched on to some speculation that 'your head is this way because . . .', rather than a real reliving.

A: *Reliving in that hypnotic way would not, in any case, be considered therapeutic in your argument?*

J: You need what I call a third level consciousness, the connector. You can't be unconscious and get well.

A: *So the common criticism that people get stuck for ages in a Primal therapy rut, stuck at that Primal reliving of the pain, is a valid criticism? Presumably, in your argument, it just all takes a long time and patients have got to stay with it?*

J: It's a very good rationale to say 'people get stuck in Primal therapy, we've got a quicker way', because it's very seductive. People who are desperate want to get well, and they want to get well fast, and they don't

want to go through agony, and all I offer truly is months and months of agony, before a lot of joy and contentment.

I didn't put the pain there. I just take it out. But we take it out methodically, systematically and very softly. And we rely on evolution to do it. The interference by the therapist in Primal therapy is practically at zero, I rarely say more than 30 or 40 words in an entire session. You don't need much, but those 30 or 40 words have got to count.

A: *What price is a course of Primal therapy now? It always strikes me as extraordinarily expensive, about £8,000 - isn't it?*

J: No, no, good heavens no. It's 25,000 French francs, about £2,500 which covers the 3 weeks. After that they come when they feel like it. The reason it's expensive is that they get an enormous amount of care. There's one therapist per patient. We take very few patients, and we follow them up carefully, we watch over them night and day. We have meetings and staff meetings and trainings almost every day of the week. Everything is videotaped and watched or monitored by a single therapist or by me. So obviously, because that kind of care takes place, it's expensive. Still, when you consider what it is, against any other kind of therapy, it's not that much.

A: *It might well cost £8,000 then, if it costs £2,500 for three weeks, and patients need to go through at least a year of Primal therapy?*

J: After the three weeks, it's groups and sessions. I seriously doubt it would come to that.

A: *And during that time they need to live in Paris or close to it?*

J: We have a satellite system now, in other words we go where the patients are. We just did one group in Geneva, another in Germany, and we're doing one in England. Patients first of all do their first three weeks or whatever in Paris; then, not monthly, but whenever they get together or want it. We have mini-retreats where people come to Paris and live there for the weekend, they cook and sleep there, and have intensive therapy over the weekend. But we try as much as possible to go where the patients are, within reason.

A: *There is a claim that you are megalomaniac in advocating Primal therapy as THE cure for neurosis and saying that all other therapies are ineffective.*

J: It's not that they're ineffective. I have just finished a 2,000 page manuscript on other therapies, it's to be a book probably called 'The Great Illusion - Psychotherapies Without Feeling', which may come out here in the UK first, in the fall of '85. It won't cover Rebirthing, but it will have a couple of hundred pages on Freud, and I deal with conditioning therapy, transactional, gestalt, directive therapy and hypnotherapy.

A: *If somebody couldn't go for Primal therapy, what would be your therapy of next choice?*

J: It depends what goals you establish. If I'm doing family therapy and I want to reorganise the structure of the family, then family therapy is exceptionally valid and I believe in it; but if you talk about undoing a serious neurosis and you don't undo the imprints, it's not possible to touch the neurosis, because neurosis is based on an accretion of an enormous number of painful imprints.

It's obvious, you can put a probe in the brain and have people relive a particular trauma; and I might add that most of what I'm saying is corroborated by the mainstream of science today. I just came from a meeting of 10,000 neuroscientists in America, and I would say that most of the evidence conforms pretty much to what Primal therapy believes.

A: *Do you find that mainstream neurologists and child development people actually can take seriously the idea that birth trauma can be relived by adults?*

J: None of them do. Strange.

A: *People talk about your therapy needing humanising, that you act as an authority figure and rob clients of the right to mature at their own pace. Do you see Primal therapy as a humanistic therapy?*

J: Those criticisms tend to be the fantasies and speculations of people who've probably never seen Primal therapy. I think it's humanistic in the human sense, people are allowed to go at their own pace, absolutely, no one is bulldozed, defences are not bludgeoned, they are removed systematically and only in keeping with the patient's ability to integrate.

A: *You no longer have the rule of patients having to give up every defence, whether cigarettes, television or whatever, during their three week intensive period?*

J: We haven't done that for twelve years now. The isolation may still take place for 24 hours or 3 days, rarely for more than 5 days. In many cases, we don't do that at all.

A: *Your picture of the Post-Primal person is a bit more sober now than in 'The Primal Scream' - it's no longer the living-happily-ever-after, happily married, no symbolic dreams person?*

J: The lack of symbolic dreams is still partly true. In the main, they are just feeling people, and that's saying a lot. To give someone back their feelings is an enormous gift.

A: *In 'The Primal Scream', you were like a new convert, full of enthusiasm. You said that no one's marriage had broken down, once they'd been through Primal therapy.*

J: That's not true at all. But it would be a shame if I stayed exactly the same as in 1967. We learn, we've seen thousands of patients. We've done 15 or 16 years of research. There are two studies - reported to the World Congress of Psychiatry and in a neurological journal - about the changes in the brains of our patients. I'd like to see that kind of research done by other therapists in a serious way, because then we'll know. I prefer to talk science.

A: *Have you yourself had to go back a hundred times to relive your own birth?*

J: Absolutely. Literally hundreds of times. To pretend you can integrate a birth trauma in 20 or 30 times when the valence is so catastrophic, is unthinkable.

What happens in most cases is that the cortex, when stretched by this incredible pain that's thrown up, is forced to symbolise, to have this or that cosmic or Hitlerian notion.

A: *My preferred hypothesis is that there's some use to this pain, that for say the foetus in the womb, painful feelings, or the mother smoking occasionally, for instance, can act like stimuli to the brain, can kick it into development, so that it takes note, becomes aware, resists. Maybe a minor 'neurosis' like this is useful, it's like the imperfection, the grit in the oyster, that makes the pearl.*

J: If you see a person having just had a birth Primal, you see an exceptionally alert person. I just 'did' a guy who had a deep feeling of depression. He also had a hearing problem, but he came out of the Primal hearing my watch as making a lot of noise. He normalised, and with that normalisation had a very alert brain. You don't have to impose on nature, nature is fantastic in itself. You don't need neurosis to be alert.

A: *My own feeling is that one can be mildly neurotic, and, instead of going into therapy, if one can give it an artistic shape, to write as a novelist what it feels to be neurotic, or to make a painting of it, or to put it into a play, that is more therapeutic in a sense; and also it's like living one's life with one's imperfections, like a Taoist painting of a tree bent and withered by wind and time, where part of the beauty is in the bending.*

J: For you maybe. But there are a lot of people who suffer and who suffer enormously. They are not interested in shaping it, they're interested in getting well.

A: *What are your views about hyperventilation?*

J: You don't need to fool with hyperventilation. In the early days I thought you did, but our techniques were not perfected. But as our techniques have become very refined and precise, we've discovered you don't need any of it. You need a precise diagnostic sense of where the patient is, on what level of consciousness, what his defence structure looks like, what are the weak points, and where to make a therapeutic insertion. We almost never use breathing nowadays.

A: *Your argument is that to use breathing as a regular technique, in the long term would be just another form of defence mechanism?*

J: Hyperventilation knocks out the cortex. You are giving the cortex anoxia. You are knocking out the functioning cortex, so of course you get lower level material. You are getting a flooding. We don't want that, we want a fully functioning cortex.

A: *But in the last resort, it's under the client's control in Rebirthing, to what extent to keep breathing. If it's all flooding in too fast, they can moderate their breathing, it's somewhat self-regulating in that way.*

J: Fragile people sometimes can't do that. People come to us from the mock therapies, they go into hyperventilation, and come up with wild hallucinations and God knows what else.

A: *Have scientists ever got back to contacting birth memories using brain probes?*

J: Some surgeons have fooled around with what seems to be the terror centre area of the brain. There you get that sort of pure terror you can get at birth. You're talking about very low in the neuraxis.

A: *Your hypothesis then is that even animals are capable of having birth trauma?*

J: I suppose, if their birth circumstances cause trauma. But not too many animals are born in the hospital.

A: *Do you have any patients that have been through Primal therapy very fast, who after the three week intensive have not needed it anymore?*

J: Not in three weeks. In four months perhaps. Young kids, 18 year olds, go through the therapy like whiz.

A: *A friend tells me that he heard you lecture in England about ten years ago and that you were barracked and heckled from the audience by activists from the gay movement. Do you still find yourself running into trouble in this way?*

J: No. I rarely lecture. Once every three or four years. And when I do I have no trouble.

A: *Is it still your argument that if a homosexual goes back far enough, to early enough stages, he or she will become heterosexual?*

J: No, not at all. I've never thought that. There is some evidence that trauma in the womb skews the entire sex hormone, and whether that changes your sexual proclivity later on, depending on your life circumstances, I wouldn't know. But my guess, based on what I've seen of homosexuals, is that the damage is enormously complex, enormously early and enormously hard. Most homosexuals who come do not want to change their homosexuality. They want to get over the misery. Some have changed, maybe a fifth. The rest have not, and do not want to.

A: *If they haven't changed, do you argue that is because they have not gone back far enough in their relivings? Or do you argue that their homosexuality has become a habit?*

J: No, I don't think it's just a habit. I think it's a total state of being. I don't think you can actually re-do a human being after say thirty years of experience, and change absolutely everything about him. I don't think so at all. I think your personality, which is now set in grooves, is going to remain that, no matter how many pains you relive. But we can take the misery out, and also the neurotic acting-out. You're not going to re-do radically the way you think, the way you talk, all that kind of stuff.

A: *Do you look forward to a neurological future for Primal in say 15 years' time, where you have these electrical brain probes, or other very exact ways of reliving particular pains from particular times?*

J: It's possible. You could probably do such a thing, certainly with the drug dopamine. Or you can do it with nalaxon. You can soup up the pain, but why fiddle with it? It's just natural. You don't need all that. Very easy and slowly is what you need. I don't think that you'll ever find a probe as accurate as one's own physiology.

A: *Birth trauma therapies are a confusing dog-eats-dog realm. Psychoanalysts Peerbolte and Mott claim wonderful therapeutic results with clients using dream analysis of birth and womb trauma, then Feher talks of wonderful results with her three day Natal therapy, and you talk about wonderful results with Primal therapy, and the only thing you're offering extra is more blood, sweat and tears.*

J: How much research have they done? Where are the external people measuring what's going on, as we have? It's a crucial factor - researchers to look at the biochemistry, to look at the brains, to look at the body signs.

A: *Are you planning to develop a standardised test that can be applied to any therapy, so as to be able to say, 'at least in terms of this test, such and such therapy performs less well than another'?*

J: I think we've done it. There's Michael Holden's Resolution Index in 'Primal Man'. It's a grid. You put various factors into this grid and see what happens to the vital signs, the blood pressure, etc.

But most other therapies won't co-operate. We tried to do it with the psychoanalytic institute in Los Angeles, but they didn't believe in physiological processes.

A: *It seems to me your therapy runs a danger of becoming mechanistic, if you don't believe in the soul or the spirit; and having this very orderly, definite, pre-set way of going about things.*

J: Not necessarily. It runs the risk rather of becoming scientific and objectifiable.

A: *Terrible things are done in the name of science.*

J: To be scientific does not mean to be rigid. It means to have some verifiable evidence. If you say 'my patients are getting well', and you measure their cortisol levels and find their stress hormones are enormously elevated, you're not being rigid if you say 'Eh, look, this guy's under enormous stress, whilst he thinks he's getting well'. That's science at work. There's a lot of freedom within science.

A: *It's almost as if you were returning to Freud: he was the one who believed psychotherapy could all be explained scientifically or pseudo-scientifically.*

J: Anything basic such as human behaviour has got to be subject to scientific investigation sooner or later.

A: *The behaviourists are the ones who claim to investigate behaviour scientifically.*

J: The behaviourists have a science of behaviour but not a science of physiology. A big difference. They have not studied lymphocytes; I think we're the only people doing it. Psychology is not the study of behaviour. It's the study of the state of being, from which behaviour springs.

What we're trying to do, for example, is to measure the feelings on the cellular level.

A: *In your books, you sometimes give examples where you have focused not just on feelings, but on behaviour, where you have suggested to a client new patterns of behaviour in the outside world.*

J: I rarely do, almost never. I'm a great believer in self-determination. My goal is to give them back their feelings, and let them behave how they will.

A: *It is difficult to know where you ground your respect for other human beings, if it's not based on something almost spiritual - where do you ground your humanity?*

J: You don't have to be spiritual to love. You should see the feeling and camaraderie among our patients, and the enormous respect they have for each other. You musn't confuse mysticism and spirituality with ability to have compassion.

A: *You would argue that people in the East who have for thousands of years been doing quite methodical experimental research on altering consciousness and on mystical states, are all deluded, are all avoiding their early pain?*

J: Theirs is subjective not objective research. I'm talking about objective science. Why ignore it when it exists? I've had some Zen Buddhists and monks in my therapy. They have changed and have no longer done it, I can tell you. I also have a guy who was exceptionally religious, who insisted on bringing his prayer rug in, to pray five times a day to Mecca. I let him do it. I never discussed religion. After about 18 months, he rarely prays, and he understands that there's pain in his system. But that's not because of my persuasiveness.

A: *Is it still true that none of your Post-Primal people get involved in politics? It's irrelevant to them?*

J: They are not terribly political.

A: *Is there the further implication that you think the world will not be saved by anything political, but rather by the slower route of consciousness changing?*

J: I think it will be changed by both. I was very political, but I didn't foist my beliefs on anybody.

A: *You used to write that Post-Primal people do not want to have children, they know what a bind and responsibility it is, to do it just right.*

J: That's not true anymore. Although fewer and fewer Primal people have children, that's true, because they know how much a child needs. The parents have to give up their lives totally.

A: *It seems that your own children were rather rebellious against Primal.*

J: That was because I was writing so much and it took time away from the family. But it's not true now. My son has worked at the clinic for nine years helping with the administration . . .

. . . The Paris Primal institute is still very busy, we get more people applying to come than we can handle. In the early days in America, it was all unbelievably busy, we had something like 5,000 applications a month. Full batteries of secretaries couldn't even answer the phone.

A: *Is there any discovery you have made that you would like to be remembered for?*

J: Yes, the concept that you can go back and undo history, that you can get to the most deep layers of the unconscious, never before reached, that you can be in touch with the ancient brain that's millions of years old, that you can relieve people of their old pains.

A: *When you get back to this ancient brain, do you not find any signs of what Jung called the collective unconscious?*

J: No. All that is speculation and theory. When you've brought somebody down to those primordial layers, you don't see any of that stuff they theorise about.

A: *But the direction you set your probe in, affects and prejudices your results to an extent. Set it in a different direction, and you would come up with different results.*

J: I think we have an open mind. We're simply saying what we see. What more can you do than that? If you go in with prejudged ideas about the collective unconscious or whatever, the chances are that's what you're going to find. We go in with an open mind.

A: *If you'd had to chose at the time of the split between Freud and Jung, your sympathies would have lain with Freud.*

J: Absolutely. Freud was the towering genius of the century in psychology. Jung was a major diversion from a very important discovery.

A: *Do you see yourself as a disciple of Freud, who's taken it all a stage further back?*

J: I never was a disciple of Freud. Now that I've re-read Freud, I've realised that if he'd lived now, he probably would have discovered Primal. It's a natural extension. It was neo-Freudians who cocked it all up, getting into this behaviouristic here-and-now mode, and they betrayed Freud.

Leonard Orr sent me the following response to Janov's criticisms:

"Happy to help you . . . Regarding Arthur Janov, I'd like to say that his relationship to Rebirthing is very insignificant. It is true that I read his book and got value from it, but my Rebirthing experiences started long before this and many other books influenced me much more. The teachers who influenced me significantly are Joel and Champion Teutsch, and most of all the Immortal Babaji.

Janov thinks too highly of himself, as everyone who knows him seems to notice. A much more balanced book on the same subject as the 'Primal Scream' is 'Your Inner Child Of The Past' by Hugh Mistledine, and the best book written so far about birth trauma was published in the 1940's called 'The Search For The Beloved' by Nandor Fodor, (University Books, New Hyde Park, N.Y.).

I personally received much more value out of reading Leboyer's book

'Birth Without Violence' than Janov, although I started using water, putting adults into water, before I ever heard of Leboyer. I personally Rebirthed Leboyer, and too bad Janov doesn't have enough humility to get Rebirthed.

What Janov really needs is a good dose of Physical Immortality. Until he unravels his own death urge, he will think everything is dangerous, and of course he has a vested interest in spreading negative thoughts about his competitors. Personally, I try to support my competitors, and I wish him all the best. I support everybody who helps people.

Rebirthing is learning a simple breathing rhythm, it is not in any way dangerous. People's minds are already dangerous. Rebirthing, to the extent that it works, can ONLY liberate people from their self-destructive tendencies".