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## PRIMAL INTEGRATION THERAPY

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by

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Primal Integration is a form of therapy brought over to Britain by Bill Swartley, although it was also pioneered here by Frank Lake. It lays the major emphasis upon early trauma as the basic cause of neurosis, and enables people to regress back to the point in time where the trouble began, and to relive it there. This often involves a cathartic experience called 'a primal'. But some people using this approach do not like this language, and instead call what they do regression-integration, or reintegration, or holonomic integration, or intensive feeling therapy. It is strongly influenced by the research of Stanislav Grof (1975), who pointed particularly to the deep traumas often associated with the experience of birth.

Historically, this approach is close to early Freud, early Reich and Janov. But all of these adopted a medical model of mental illness, which primal integration therapists reject. As Szasz (1961) pointed out long ago, neurosis is only a metaphorical sickness. Rather do we stand with those who say that we are less concerned with cure than with growth.

As soon as one gets down into the early roots of mental distress, deep and strong feelings come up, because the emotions of early life are less inhibited, less qualified and less differentiated than they later become. And so the whole question of the importance of catharsis in psychotherapy arises here. But in the kind of work which is done in therapy it seems better to be more specific, and to say with Pierce et al (1983) that catharsis is the vigorous expression of feelings about experiences which had been previously unavailable to consciousness. This lays more emphasis upon the necessity for the emergence of unconscious material.

What people like Swartley, Lake (1980), Grof and others did was to bring together the idea of catharsis and the emphasis on getting down to the origins of disturbance with another very important question - the transpersonal and the whole area of spirituality. This means that primal integration therapy can deal with the major part of the whole psychospiritual spectrum mapped out by Ken Wilber (1980). I believe it is unique in this, except possibly for the holotropic approach recently described by Grof (1985).

I came across Primal Integration in 1977, and worked closely with Bill Swartley until his unfortunate death in 1979. We who had been involved with Swartley carried on for a while as the Whole Person Cooperative, but this no longer exists. At present Richard Mowbray and Juliana Brown are doing excellent work at the Open Centre in London. I am doing individual therapy, and a few training workshops. Good work is being carried on at the Amethyst centre in Ireland.

### **Theoretical Assumptions**

We are naturally healthy mentally, just as we are naturally healthy physically. We have basic needs to exist, for protection against danger, for contact comfort, for love, for sustenance, for exploration, for communication, for respect, and so on. Verny (1982) has shown that these needs go right back to our life in the womb. As long as these needs are satisfied, we will stay healthy and grow, as Maslow (1970) more than anyone else has insisted. But if we get poison instead of food, isolation instead of contact, exposure to danger instead of protection, hate or indifference instead of love, insecurity instead of security, emotional withdrawal instead of support, mystification or double-bind instead of learning, then those basic needs will remain unmet or unfulfilled.

When such primal needs are unmet by parents or other caregivers, or seem to be from the infant's point of view, the child will experience primal pain. And needs do not go away - they still remain - so the child has primal pain and unmet

needs, too. This is what is meant by trauma.

Freundlich (1973) makes it clear that this is not a criticism of parents in general, or mothers in particular, though Janov often seems to put the blame on parents. Freundlich says:

*Thus primal pain will occur no matter how loving and caring parents are, and how diligently they attempt to fulfil the child's primal needs. Since the child is helpless and dependent and cannot understand much of what occurs in his world which is beyond his control, he experiences pain even though the intent of those around him may be loving. (p.2)*

The commonest causes of neurosis are simply the common experiences of childhood - all the ways in which our child needs are unmet or frustrated. Hoffman (1979) has spoken eloquently about the problem of negative love. Because of the prevalence of neurosis and psychosis vast numbers of parents are unable to give love to their children. Hoffman says:

*When one adopts the negative traits, moods or admonitions (silent or overt) of either or both parents, one relates to them in negative love. It is illogical logic, nonsensical sense and insane sanity, yet the pursuit of the love they never received in childhood is the reason people persist in behaving in these destructive patterns. "See, Mom and Dad, if I am just like you, will you love me?" is the ongoing subliminal query. (p.20)*

This is not necessarily a single trauma, in the sense of a one-off event - that is much too simplistic a view. Rather would we say with Balint (1968) that the trauma may come from a situation of some duration, where the same painful lack of 'fit' between needs and supplies is continued.

**Goals of Therapy**

The goal of primal integration is very simple and straightforward, and can be stated in one sentence. It is to contact and release the real self. Once that has been done, enormously useful work can be done in enabling the person to work through the implications of that, and to support the person through any life-changes that may result. But until the real self has been contacted, the process of working to release it will continue (see Rowan 1983a, Chapter 5).

This is actually a very common notion in the whole field of psychotherapy, as the following table will show:

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WRITER	PERIPHERAL	CENTRAL
Adler	Guiding fiction	Creative self
Assagioli	Subpersonalities	I
Janov	Unreal self	Real self
Jung	Persona	Self
Laing	False self	Real self
Mahrer	Operating potentials	Deeper potentials
Moreno	Conserved roles	Spontaneity
Perls	Self-image	Self
Vinnicott	False self	True self

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Lonsbury (1978), who quotes a case from one of Janov's books where Tom deeply cries out to his grandfather - "You really cared,

Many other writers could be cited, particularly Reich, who however did not have any such neat statement of the matter as that given by those above. What they are all saying, in their various ways, is that in therapy we have to encourage the person to move from exclusive concern with what is peripheral in the personality towards what is central in it. Unless this move is made the person will continue to go round in the same circles.

What primal integration says is that this process carries on by the integration of splits in the personality, the most important splits being those which are due to unconscious processes of defence. When we get beneath the defensive layers, we very often find primal pain due to early trauma; and we believe that unless and until the primal pain is experienced and dealt with, the split cannot be healed. However, we say that primal joy is important too. An experience of real love can be just as powerful, and just as primal, as anything else. This point is made very powerfully by

Pop". This was actually very important and very primal, but it was not an experience of Pain with a capital P:

*The deep crying for his grandfather was that of purest love. I can be explicit on these matters because I am Tom. (p.25)*

And Lonsbury quotes another case history where love and joy were the key primal feelings for the individual concerned.

Freundlich (1974a) suggests that there are four phases we have to work through as clients involved in this process of moving from what is peripheral to what is central within the person: first, reliving primal experiences; second, connecting up those experiences with present day existence; third, action in the present where we keep our feelings open instead of being shut down; and fourth, taking responsibility for our own lives and changing what needs change. Freundlich holds that these phases are not sequential, but simultaneous processes which reinforce each other.

We would now go further and say that contacting the real self now makes it easier to go on and contact the transpersonal self. This can be conceptualised as going deeper into the centre - in other words, the centre is itself a series of concentric circles (Rowan 1983a).

### **Therapeutic Style**

The style of the primal integration therapist varies greatly among individual practitioners. In Lake's groups there was often a procedure of taking turns to work. In Swartley's groups there was a formal go-round at the beginning, where people had to state what piece of work they wanted to do, and who

they wanted to do it with. Emerson's groups are different again, and he does a lot of work with children (Emerson 1984). Grof does more individual therapy, and so do I. In individual work the therapist will often use a similar approach, educating the client to the point where one can say at the start of a session - "What would you like to work on today?" But this is even more variable, in line with the needs of the client, the personality and experience of the therapist, and the interaction between the two.

But we do tend to get clients ever so often who may or may not have read Janov but in any case somehow expect to get into primals at once. If they find, as many do, that in fact they are nowhere near ready for that because their defences are much stronger than they thought, they become disappointed and fretful. People can sometimes produce the phenomenon of the pseudo-primal, where an overzealous client tries to make a primal happen by sheer effort of will. But feelings cannot be forced, and primals cannot be manufactured.

Again we are sometimes faced with a client who expects to get immediate entry into the world of deep feelings, which up to now they have been avoiding. When such a client says - "I'm not feeling anything", or "I can't get in touch with my feelings" - it is usually due to not paying attention to gentler feelings, such as relaxation or mild restlessness, because of trying so hard to feel something else. If a person says - "I'm numb, I just don't feel anything" - the thing we do is not to get the person out of this, but

simply to encourage focusing on this itself. Go into the lack of feeling, really experience it, focus on it, sink into it, be it. In that way it can lead us to whatever is really there.

People often expect the primal integration therapist to encourage them to scream, but in fact we do not do that. Nor do we think that screaming is essential or even very important. Experience has taught us that primal experiences vary tremendously from one person to another, and even within one person over time. In any case, the process is much more important than simply having cathartic primal experiences. Indeed, it is even possible to get addicted to primalling, at the expense of any proper integration.

So the style of the primal integration therapist is very broad and sensitive, and places a good deal of emphasis on listening at all levels: body, sexual, emotional, imaginative, intellectual, spiritual, political. We also place emphasis on counter transference, recognising that in primal work it is very easy for the therapist to avoid the deepest levels of experience, because these can be so painful.

### **Major Therapeutic Techniques**

Obviously the main technique is regression - that is, taking the person back to the trauma on which their neurosis is based. Laing (1983) has argued that we should also talk about recession - the move from the outer to the inner world. And Mahrer (1986) makes a similar point. Going back is no use unless at the same time we are going deeper in to our own experience. We agree with

this, and find that recession and regression go very well together. One of the clearest statements of the case for doing this comes from Grof (1975) when he talks about the COEX system. A COEX is a syndrome of experiences which hang together emotionally for a particular person. It is a pattern of feelings, meanings and other mental and physical experiences which fit together and appear or disappear as a whole. It is a gestalt which keeps on reappearing in the person's life.

Often it also helps if the client breathes more deeply and more quickly than usual. There is a very good discussion of the whole question of hyperventilation in Albery (1985), where he examines the medical evidence in some detail. It does seem to all of us who work in this area that deep breathing is very helpful in allowing access to deep emotional layers, going deeper both in regression and recession.

In this process people open themselves up to deeper and deeper feelings, and thus become more and more vulnerable. So a very high degree of trust has to be built up between client and therapist.

In this and other ways we lay a lot of stress on the self-responsibility of the client to do the work and make the necessary internal decisions. For example, in a group where the person may need to go back to a situation where they were being physically squashed or hurt in some way, and where they may need to go back to a situation where they way and where they may need to say all sorts of things about getting away, stopping it, not being able to stand it

and so on, we have a rule that if a client says - "Stop! I mean it!" - everyone immediately stops what they are doing without question or delay. We trust the person to have enough ego outside the regressive experience - vivid though it may be - to know when things are going too far, for any reason. It is the client who decides about readiness to proceed with any approach or method.

When memories come up, the primal integration therapist likes to make them as full and detailed as possible. A dim light often seems to facilitate this, by cutting down the distractions of the environment, so usually we will work in a room with a dimmer switch and heavy curtains or blinds. If the client wanders away from a scene which seems to be important, we often re-establish it by picking on some vivid detail already mentioned, and pulling the client back with it. We always use the present tense in this work.

Music is a potent way of increasing an emotional charge, as Grof (1985) has pointed out, and primal integration therapists often use music for this purpose.

Bill Swartley suggested the principle of opposites: If something doesn't work, try the exact opposite. When a person won't express the feeling, perhaps it is more possible to express the defence against it. Many times, when a person has said that they seem to have a block against doing something, I have asked them to draw a picture of the block, or put the block on a cushion

and talk to it, or to speak for the block. This often results in a strong and effective piece of work, where the block is perhaps a parental voice, or some other important subpersonality or deeper potential.

In my own work, I have found the notion of subpersonalities extremely useful. Very often a person's defences have got into such a convoluted tangle that they are very hard to sort out by following any one single line. But by eliciting the subpersonalities we can then see exactly how the internal games are constructed and played out (Vargiu 1974, Rowan 1983b). The idea of subpersonalities was developed most fully in psychosynthesis (Ferrucci 1983), and we have found these ideas very useful in understanding what goes on at the level of the higher unconscious or superconscious.

One of the things that happens in primal work, as Adzema (1985) has recently pointed out, is that the deeper people go in recession and regression, the more likely they are to have spiritual experiences too.

But if we also believe in the importance of the transpersonal, we can go further, and say that the contacting and releasing of the real self is just one stage in a process which, as Wilber (1980) has pointed out, goes much further. As Adzema (1985) suggests:

*A pramaller also can be viewed as open to subtler energies after having reached a 'cleared out' relaxed state via primalling, and could conceivably use a technique*

like meditation to increase that access. Primal then becomes a technique like meditation to increase access. Primal then becomes a method of dealing with the grosser manifestations of psychobiological energy that keep the body in a tense and overdetermined state. Once these energies are dealt with and released, it becomes possible to employ a 'mindfulness' type of meditation to deal with subtler energies, to connect with and dissipate those subtler energies, and thereby to gain access to subtler energies still. (p.91)

Not only this, but primal integration therapy also teaches us one of the prime lessons of all spiritual development - the ability to let go of the ego. There are times in our therapy when we have to take our courage in both hands and just go ahead, taking the risk, as it seems, of losing everything in the process. Many times the image of stepping

off a cliff comes up in primal work. And of course this ability to let go, to step off into the seeming void, is crucial for spiritual commitment, as Adzema (1985) reminds us:

*Likewise, an important benefit of primal is that it can teach us an attitude of surrender to process. That we can throw ourselves, time and again, into the maelstrom of catharsis and still, somehow, be upheld and even embraced, despite ourselves, gives us confidence in a beneficent universe and allows us to foster surrender in our attitudes to the pushes and pulls of process as it makes itself known to us in our daily life. (pp.111-2)*

Through primal work we learn how to open up to our inner process. Through spiritual development going on from there, we can learn how to carry on with that same process, into the deepest depths of all.

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