A forty-year-old patient became pregnant after trying to have a baby for seventeen years. She wanted the child very much. She was required to have an abortion as part of her “feeling therapy.” When she strenuously protested, her therapist “personally guaranteed” that she would be able to become pregnant again “even in her fifties.” She had the abortion.

“Jewishness” was loosely defined as cultural negativity, and was a term that could be used to describe anyone who was “negative.” As part of a group therapy exercise, a therapist had the patients surround one patient, point their hands and fists at him while shouting “Jew, Jew, Jew” for several minutes.

A therapist required members of his therapy group to physically beat one member because he admitted to having thoughts that the head therapist was a “Nazi-type leader.”

A therapist convinced a female patient to divorce her husband as part of her therapy. He then convinced her to abandon her infant because “kids are basically a suck.” She did so. When she expressed a desire four years later to be reunited with her child, she was told she “was not nearly ready,” and that she was “empty” in her life.

A female patient was told by her therapist that she was too fat. She was forced to crawl around on the floor imitating a cow.

A therapist forced a female patient to stand in a “stress position,” while being yelled at, until she fainted. She was later forced to undress before her therapist and another therapist and told to “do a strip-tease.” She was forbidden to have any contact with her parents without permission and only in the presence of a member of the Center. She was regularly ridiculed by her therapist for being “cold, hard, and hateful.”

These examples come from people who were involved in one form or another with the therapeutic program of the Center for Feeling Therapy. The Center was registered as a psychological corporation in 1971. The “Intensive”
therapy program offered cost $2,500 then (compared to $6,000 for Primal Therapy).

In an interview in Personal Growth (1974), three of the founders list four reasons that led to their gradual dissatisfaction with Arthur Janov’s approach to therapy. They noticed that time passed and they personally did not experience “cures”; although people were primaling (regressing to infantile and childhood traumas), not everyone was showing the primal changes of lowered body temperature, pulse rate, blood pressure, and EEG frequency; persons who did show these physiological changes might not show psychological change; and although patients they were working with were having [primals], these patients were not changing their lives.

As they increasingly questioned Primal Therapy’s results and practices, they “became suspect as not being true believers.” And so they left to set up their own institute, which would incorporate their broader perspective on what produces change. They credit Janov with “one significant discovery and one important rediscovery.” The discovery was the intensive three-week format, which they saw as significant because it allowed momentum to build during the process of “breaking through” defenses. The rediscovery was Janov’s emphasis on primaling, which they saw as a return to the abreactive, or cathartic, process initially used by Freud in his development of psychoanalytic therapy.

In the 1974 article, the three founders most strongly disagree with Janov’s pairing of the results of primaling with the notion of “cure.” What most bothers them about his idea of cure is that it implies that an end to suffering is possible. This end is achieved by dredging one’s finite pool of pain, by returning to a limited number of primal scenes. At this point, one is cured. In place of a notion of “cure,” the founders substitute the notion of patients making progress: feeling better, feeling more, making choices from inside themselves, from their own needs and wishes, rather than choices based on somebody else’s demands and expectations. (Personal Growth, 5)

In place of a few really big traumas, they substitute the notion of “disordering—an ongoing daily deprivation.” Joe Hart, one of the founders interviewed, defines “disordering” thus: “Everyday lack of contact, everyday dishonest contact—that’s disordering, and that’s what most people come to us with” (6). They claim not to struggle to achieve some “perfect end-state” in their therapy; they do assert, however, that “as we feel more and more of ourselves, our lives become better and better.”

Rather than follow Janov in his sole emphasis on returning to early primal scenes and replaying them, the founders of Feeling Therapy assert the importance of dealing with the present, by living from feelings in the present and
by making changes in the present. Getting patients to do these things appears to have been difficult, at least initially. As the founders describe it, patients came to them with specific expectations of what they wanted and how they were going to attain these goals: through primaling. Hart explains the difficulty:

Wanting desperately to primal. That's the first thing we have to take away from them. Trying to primal will keep them from their feelings forever, because when they find they can't do it, they'll either give up or they'll begin imitating primals that they've read about or seen. (Personal Growth, 7)

As the founders see it, they put the primal in its correct place in their therapeutic program: unless patients attend to that which is primary (in their eyes), which is attending to feelings and making changes in the present, primals will "only" be repetitive. If patients follow the Feeling Therapy program, however, they will achieve more fundamental results.

Their discussion of patient expectations of what therapy should be hints at a demand for a particular kind of experience, that of Primal Therapy. They seem to be appealing to these same kinds of potential clients, even as they are trying to differentiate their therapy from Primal Therapy.

What did they think they were offering in place of Primal Therapy? They mention many things they are not offering: a cure, a simple tension release, something as easy as feeling something in the past, a ritual, or something "symbolic." Central to what they are offering is "community." Because there is no end to "disordering" and pain in life, people will need continuous help. Thus, they offer a "therapeutic community" to fill these needs. They claim that after nine months or so of therapy, they trained patients to be co-therapists, or therapists for each other. Therapists and clients also lived, worked, and played together. Central to their theorizing on the function of therapeutic community is their belief that therapists too need continuing therapy, and that living in a therapeutic community allows both therapists and patients to realize continuous benefit. It helps the patient because, according to Dominic Cirincione, the second founder interviewed,

[i]**if you have a therapeutic community, you first of all break your dependency on a therapist, and second, you break your dependency on a totally neurotic environment. I think this is a major contribution of our therapy. (11)**

It also benefits the therapist, says Hart, for

[ii]**if you accept the premise that everyone is basically crazy, disordered, that means that any therapist is going to be in his disordered state every now and then. Unless he gets help, that's going to affect how he does therapy. And you don't always want help when you're crazy. So then you need**
someone around you to say "Hey, what's going on?" You may need more than one other person. (10)

They differentiate their approach from every major therapy in its successfully avoiding the limitations imposed by a single founder. Hart claims that in every major therapy he knows about the founder "limits the practices and ideas, and because the founder doesn't get the therapy for himself, the therapy becomes organized around his neurosis." In contrast, the Center for Feeling Therapy would avoid both the premature stunting of theoretical and technical development and the institutionalization of a single founder's neurosis, because a community of therapists founded it. Hart says that

[as far as I know, there's never been a therapy developed by a community of therapists, and that's what we're about. That kind of activity allows us to have a continuing evolution in our ideas and practices. Most of the spinoffs from founders of therapeutic systems occur right at the point where one set of projections conflicts with another. But we can sift out a person's projections and not let them get organized into the system. That's the value of community. (11)

They do not seem able to conceive of the possibility of a community of therapists institutionalizing a collective "neurosis." And the self-description of nine therapists leaving Janov's institute and starting their own center may imply a diversity in the large number of therapists that is more apparent than real.

What they have retained from Primal Therapy is an emphasis on "direct" as compared to "symbolic" ways of acting. They scorn the "symbolic" and express this disdain in many ways. One is their criticism of "ritual" in therapy. Richard Corriere, the third founder interviewed, in commenting on patients' desires to have something happen to them by doing something (in therapy) the right way, speaks of how easy it is for a therapist to gratify this hope.

I could take anybody I know and put them through a Gestalt ritual, a bioenergetic ritual, or a primal ritual—those aren't hard to do. But if I put myself through a ritual, I've done myself a disservice, and if I put someone else through a ritual, I've done him a disservice, too. But patients love to be put through rituals. They love it. Because everything that happens is controlled—even if it's a primal. (8)

Corriere's remarks seem to reflect his change from being a Primal Therapist to being a Feeling Therapist. Even though he saw the limits of Primal Therapy, he cannot yet see the limits of Feeling Therapy. All that occurs in Primal Therapy is disdainfully seen and termed as a "ritual"; all that occurs in Feel-