



Psychotherapy Guidebook

INTENSE FEELING THERAPY

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Intense Feeling Therapy

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DEFINITION

Intense Feeling Therapy is a therapeutic approach that puts emphasis on the breaking down of personality defenses and inducing a regressed state in which the most primitive feelings are expressed.

HISTORY

Intense Feeling Therapy goes back to early Freud. Freud encouraged his patients to express themselves freely. And as these early patients did so, he discovered that each of them found unexpected feelings coming to the surface. These were deep, intense feelings, no longer appropriate for the patients currently living, but connected with emotionally painful experiences in childhood.

Before coming to Freud for treatment, each of these patients had developed defenses against these feelings — methods of controlling, disguising, and repressing them that varied from patient to patient. As by-products, however, the defenses produced a bewildering array of symptoms,

uncomfortable and sometimes incapacitating — tics, tremors, phobias of all sorts, sexual difficulties ranging from impotence to indiscriminate promiscuity, and many others.

Freud focused on getting each patient to understand both his feelings and his defenses, on the assumption, which later therapists shared with Freud, that this understanding would undermine the defenses and heal the patient. In practice, however, the undermining and the healing were successful only in part. The problem was apparently that the therapy was kept on a verbal level, and the very process of trying to put the feelings into words tended to hamper their free expression.

The aim of Intense Feeling Therapy is to go far beyond verbalization in aiding the patient to express his innermost feelings with great depth and intensity. Using the techniques of Wilhelm Reich, Fritz Perls, J. L. Moreno, and Arthur Janov, this form of therapy puts emphasis on the participation of the whole person, body as well as mind.

TECHNIQUE

There are three stages to the therapeutic process. The first phase is the three-week intensive in which the patient is seen daily in open-ended sessions lasting as much as three hours. Some patients need only one or two weeks, and a few need no intensive. In this period, the patient is isolated in a

hotel, forbidden to see anyone, and not allowed to smoke, watch TV, or indulge in any other of his usual anxiety-relieving tactics. In the sessions with the therapist, he is encouraged to regress and allow his deepest feelings to take over his whole being. Mentally and emotionally he becomes again the child he once was, reliving his past and expressing the feelings he had to suppress in childhood.

In this regressed state, he uses the language of childhood. He cries out for help, or vents in cries and screams the rage he could never before allow to reach consciousness. Now, however, he has with him a part of his adult self that can inject new elements into these recordings of old memories.

He is able to digest and complete the unfinished business of the past, freeing his potential for growth. In time, he becomes capable of achieving voluntary regression, and from that point on he is, in a large part, his own therapist. Intense Feeling Therapy is not the kind of treatment you can begin in June and leave in July. Once the defenses are down, they must be kept down, and this is only possible if there is someone to take your place while you're away.

At the end of the crash program, the patient enters a group for three sessions a week. This is the second phase of treatment. He has learned to "primal." These groups, however, are vastly different from those of traditional

group therapy. As the patients enter the room, they have little to say. Each goes to a different part of the room, lies down, and goes into the voluntary regressed state he has learned to enter in the intensive program. If he has difficulty, as often happens, the therapist helps him. After about two hours the patient may leave without saying a word to the other patients, or he may remain and join a discussion group to talk about new insights and childhood memories he may have come upon. Interaction, however, is not encouraged. Occasionally a patient, listening to the others, may find pain stirred up, and instead of reacting to the other patients, he may leave the group to go into his regressed state again to see whether the feeling will lead him to old memories and the source of the pain.

It is very difficult for patients to relate to each other in the group just after completing the two- or three-week intensive. In this stage, some group cohesion exists based on sharing what they experienced in the regressed state.

This regressed state, the “primalling,” is an altered state of consciousness in which the individual is “acting in” instead of “acting out.” retreating from the present world, in the regressed state he goes back to earlier periods, before behavior patterns were developed to contain, control, or channel conflicting feelings. In this regressed state, all kinds of primitive, raw feelings emerge and then what is projected on the screen in his

imagination are the scenes in his childhood that led to the need to hide and disguise feelings. What emerges are feelings he was not aware of, directed to figures of the past. Raw feelings come first, followed by scenes depicting their origin, followed by insight. This leads to an awareness that he is not reacting to present events as they are but in terms of past conditioning, and he learns about this in vivid visual, dramatic details.

Gradually, the nature of the group participation changes. Whereas before acting out was permitted to allow regressed feelings to surface, now an attempt is made to tap other group cohesive elements. This is the third phase in which group games, encounter techniques, psychodrama, and transactional analysis tactics are invaluable to enable patients to develop new behavior patterns.

One outstanding feature of the intense feeling approach is for the patient to welcome pain and, if the everyday situation permits, to allow it to take over. If this happens, it leads to very intense feelings connected with childhood, and sometimes to actual memories of the original source of the pain. The patient does not need explanations or interpretations from the therapist; he learns from his own innermost feelings.

Patients, after a year, are able to be on their own and stop coming regularly, but will come occasionally when needed. They have developed the

capacity not to run away from pain, to remain with it, and when necessary, go into the regressed state to discharge tensions and to connect with early sources.

Most insight therapies deal with the neurotic superstructure. This approach by its attack on the neurotic defenses, goes all at once to the core of the neurosis — the pain, the leftover, unfinished feelings from the past that had to be suppressed and repressed in order for the child to survive.

Janov's approach has proved of enormous value, but his view is a limited one. He looks upon character structure as involving only one feeling axis — the strength-weakness axis. This is an outgrowth of our times, because it is necessary to have strength to be alone and not feel the loneliness, which is inevitable today. In today's world there is no tribe, there is little family, there is almost nothing to belong to as there always has been in the past. In addition, the scene changes from day to day, so that rootedness is impossible. It is more and more difficult for an individual to feel any responsibility for the welfare of others. Each person has to resort to the strength in himself.

Janov describes the post-primal patients as being free of tension, with much less sex drive or social drive. They do not sound like life-loving people with a feeling of responsibility to others or to society. Further, they seem contemptuous of others who have not been through this therapy.

Janov is disappointed because he discovers that his patients become apolitical. In a sense he over cures them, so that the healthy dependency and need for others disappear with the resolution of the neurotic dependency. The individual is still left with a void, even though he is free of tension. It is because of this void that the third stage of therapy is important.

Another difficulty is that there are some individuals who make the new therapy a way of life. They keep talking about how they are getting there, but they tend to stay at the same level. The “primalling” for them has become a ritual. They have developed a malignant transference, a morbid dependency that is the bane of all therapies.

APPLICATIONS

The therapy is not a cure for neuroses, as Janov claims. However, for many patients it is the most effective approach. It is not a therapy for patients who have not made any adjustment to adult life (which is why Janov will not take patients under age twenty-six). There should be some ego strength manifested by some ability to relate to others, to hold a job, etc. It is not a suitable form of therapy where the genetic factor is pronounced as in schizophrenia or in some depressions. Furthermore, those who feel they are already “primalling” before they begin therapy have weak defenses and it is a mistake to encourage them to enter this therapy. There are others who

cannot regress. Some are locked into a possessive love need and will seek this treatment when they lose their love objects.

They use the therapy briefly for catharsis and quickly return to the neurotic solution of seeking a partner as soon as they get temporary relief.

Still others who are locked into a vindictive solution to their conflicts cannot really regress but instead of “primalling,” remain on an adult level as they give expression to their inner rage in an adult manner. They want to smash things now, hurt people in their present environment instead of acting-in and regressing to childhood.

In time, the effectiveness of the intense feeling approach, with its crash program, will prove itself and be used more widely.

It was Arthur Janov who first put emphasis on the importance of breaking down the defenses in a crash program as described in his book *The Primal Scream*. Intense Feeling Therapy adopts the same approach but in addition, recognizes the need for a relationship between therapist and patient so that other influences can be brought to bear to help the patient resolve inner conflicts and integrate himself into society.

