

# HOLOTROPIC BREATHWORK

A New Approach to  
Self-Exploration and Therapy

STANISLAV GROF &  
CHRISTINA GROF

Foreword by Jack Kornfield



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(from the Greek *anaklinein* = to lean upon). These involve the need to be held and experience skin contact; he caressed, comforted, played with, and be the center of human attention. When these needs are not met, it has serious consequences for the future of the individual.

Many people have a history of emotional deprivation, abandonment, and neglect that resulted in serious frustration of the anaclitic needs. The only way to heal this type of trauma is to offer a corrective experience in the form of supportive physical contact in a holotropic state of consciousness. For this approach to be effective, the individual has to be deeply regressed to the infantile stage of development, otherwise the corrective measure would not reach the developmental level on which the trauma occurred. Depending on circumstances and on previous agreement, this physical support can range from simple holding of the hand or touching the forehead to full body contact.

Use of nourishing physical contact is a very effective way of healing early emotional trauma. However, it requires following strict ethical rules. We have to explain to the participants before the session the rationale of this technique and get their approval to use it. Under no circumstances can this approach be practiced without previous consent and no pressures can be used to obtain this permission. For many people with a history of sexual abuse, physical contact is a very sensitive and charged issue. Very often those who need it most have the strongest resistance to it. It can sometimes take a long time before a person develops enough trust toward the facilitators and the group to be able to accept this form of help and benefit from it.

Supportive physical contact has to be used exclusively to satisfy the needs of the breathers and not those of the sitters or facilitators. By this we do not mean only sexual needs or needs for intimacy, which, of course, are the most obvious issues. Equally problematic can be the sitter's strong need to be needed, loved, or appreciated, unfulfilled maternal needs, and other less extreme forms of emotional wants and desires. An incident from one of our workshops at the Esalen Institute in Big Sur, California, can serve here as a good example.

At the beginning of our five-day workshop, one of the participants, a postmenopausal woman, shared with the group how much she had always wanted to have children and how much she suffered because this had not happened. In the middle of the Holotropic Breathwork session, in which she was sitting for a young man, she suddenly pulled the upper part of her partner's body into her lap and started to rock and comfort him. Her timing could not have been worse; as we found out later during the sharing, he was at the time in the middle of a past life experience that featured him as a powerful Viking warrior on a military expedition. He described with a great sense of humor how he initially tried to experience her rocking as the

movements of the boat on the ocean; however, when she added comforting baby talk, that brought him back to reality.

It is usually quite easy to recognize when the breather is regressed to early infancy. In a really deep age regression, all the wrinkles in the face tend to disappear and the individual can actually look and behave like an infant. This can involve various infantile postures and gestures, as well as copious salivation and thumb-sucking. Other times, the appropriateness of offering physical contact is obvious from the context, for example, when the breather just finished reliving biological birth and looks lost and forlorn. The maternal needs of the woman in the Esalen workshop were so strong that they took over and she was unable to objectively assess the situation and act appropriately.

The use of nourishing physical contact in holotropic states of consciousness to heal traumas caused by abandonment, rejection, and emotional deprivation was developed by two London psychoanalysts, Pauline McCrick and Joyce Martin; they used this method with their LSD patients under the name of fusion therapy (Martin 1965; McCrick 1966). During their sessions, their clients spent several hours in deep age regression, lying on a couch covered with a blanket, while Joyce or Pauline lay by their side, holding them in close embrace, as a good mother would do to comfort her child.

Their revolutionary method effectively divided and polarized the community of LSD therapists. Some of the practitioners realized that this was a very powerful and logical way to heal "traumas by omission," emotional problems caused by emotional deprivation and bad mothering. Others were horrified by this radical "anaclitic therapy"; they warned that close physical contact between therapists and clients in a non-ordinary state of consciousness would cause irreversible damage to the transference/countertransference relationship.

In 1964, one of us (Stan) had a chance to hear Joyce and Pauline's lecture on fusion therapy at the First International Congress of Social Psychiatry in London and was among those who were fascinated by it. It was clear to him that the "trauma by omission" could not be healed by talking therapy. He asked Joyce and Pauline many questions about their unorthodox approach and when they saw his genuine interest, they invited him to spend some time at their clinic on Welbeck Street in London to meet their patients and have a personal experience with their approach. Stan was impressed when he found out how much their clients benefited from the nourishing physical contact they had received in their psychedelic sessions. Talking to the patients, it also became clear to him that Joyce and Pauline encountered considerably less transference problems than an average Freudian analyst with his or her detached "dead-pan" approach to therapy.