

Anaclitic Fusion in Oregon Psilocybin Services

by Reid Stuart. 25-October-2024



Dr. Joyce Martin (1905-1969), Senior Hospital Medical Officer
at Marlborough Day Hospital in London

In the 1960s, the psychologist Pauline McCririck developed anaclitic-fusion therapy. McCririck practiced this and other forms of LSD psychotherapy in collaboration with the psychiatrist Joyce Martin. Although they both worked together at Marlborough Day Hospital, they practiced anaclitic fusion therapy at the Martin's palatial house on Welbeck Street in London. Anaclitic fusion was used to treat patients whose symptoms derived from emotional deprivation in infancy or early childhood. These two therapists used LSD to regress the patient to an infantile state, wherein the patient (who on one level was aware of being an adult) felt emotionally and psychologically regressed to early infancy — the period of the life span

when the emotional deprivation originated. The therapists wrapped the patient in a blanket and spent several hours lying down beside him and hugging him in order to imprint the experience of maternal love that the patient failed to receive from his own mother. The patient must be in an infantile state that does not have sexual overtones. This procedure is particularly helpful for patients who experienced rejection, abandonment, and emotional deprivation during early life.

Martin described the type of support given in anaclitic therapy:

This active participation of the therapist is needed, since the drug regresses the patients to the earliest experiences so dynamically that they literally feel like babies and are unable to cope or fend for themselves; but this is no longer frightening if their present mother, that is the therapist, is warm and understanding and can supply their needs at that level in some practical way, such as giving warm milk, holding their hand or putting an arm round them, and also talking to them at a conscious level, since consciousness is always maintained in the treatment, and reassuring them that it is good and normal to want these things, which all babies need and want, but do not always get.²

The mention of warm milk suggests that unmet anaclitic needs are the basis for the “adult baby” paraphilia in which adults get erotic satisfaction by dressing in diapers and having women feed them milk with a baby bottle.

The psychiatrist Stanislav Grof suggested that anaclitic-fusion therapy should be tried on autistic children. He suggested that MDMA would be the ideal substance. He commented that while there are no strict rules about who would be a good practitioner of anaclitic fusion, he had the impression that middle-aged women would be ideal because they are more likely to be perceived as having a nurturing, maternal quality.¹ Having learned anaclitic fusion from Martin and McCrirk, Grof made some limited use of this technique while practicing LSD psychotherapy in the United States.

Grof’s described a film about anaclitic fusion that probably no longer exists:

At the International Conference on LSD Psychotherapy held in May 1965 in Amityville, Long Island, Joyce and Pauline showed their fascinating film on the use of the fusion technique in psychedelic therapy. In a heated discussion that followed, most of the questions revolved around the transference/countertransference issues. Pauline provided a very interesting and convincing explanation why this approach presented less problems in this regard than the orthodox Freudian approach. She pointed out that most patients who come to therapy experienced in their infancy and childhood lack of affection from their parents. The cold attitude of the Freudian analyst tends to

reactivate the resulting emotional wounds and triggers desperate attempts on the part of the patients to get the attention and satisfaction that had been denied to them.

By contrast, according to Pauline, fusion therapy provided a corrective experience by satisfying the old anaclitic cravings. Having their emotional wounds healed, the patients recognized that the therapist was not an appropriate sexual object and were able to find suitable partners outside of the therapeutic relationship. Pauline explained that this paralleled the situation in the early development of object relationships. Individuals who receive adequate mothering in infancy and childhood are able to emotionally detach from their mothers and find mature relationships. By contrast, those who experienced emotional deprivation remain pathologically attached and go through life craving and seeking satisfaction of primitive infantile needs.³

To mitigate the risk of a wayward facilitator taking sexual advantage of a client who is under the influence of psilocybin, and possibly also to protect innocent facilitators from being unfairly accused by delusional or malicious clients, Oregon Psilocybin Services (OPS) limits the facilitator's physical contact with the client during the administration session to four check-box categories of "supportive touch" as shown in the following excerpt from the bottom of page 1 of the form *Client Consent for Use of Supportive Touch During Administration Session*:

Please select whether you consent or do not consent below.

I consent to allow the facilitator(s) identified above to use the following types of supportive touch during my administration session:

- ☐ Hugs
- ☐ Placing hands on hands
- ☐ Placing hands on feet
- ☐ Placing hands on shoulders

OR

☐ I **do not** consent to allow the facilitator(s) identified above to use supportive touch during my administration session.

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By marking the first checkbox labeled "hugs", the client can give the facilitator permission to use hugs to provide emotional support during an administration session. The form also has a similar section that enables a client to receive physical support from other clients in a group session.

OPS's restriction on physical contact during the administration session is designed to prevent scandals and lawsuits that might arise from potential complaints about sexual abuse or physical violence. Yet, the "Hugs" checkbox does permit the facilitator to practice anaclitic fusion that has been jointly agreed upon by the facilitator and the client during a preparation session. In addition to marking the "Hugs" checkbox, the client should inscribe a signed handwritten note beside the checkbox saying, "Prolonged full-body hugs for the purpose of anaclitic fusion". This would remove any ambiguity by offering an explicit rationale for one or more facilitators to administer full-body hugs.

Looking online, I only found one therapist practicing anaclitic fusion. However, it is a modality that deserves to be resuscitated. The Oregon program is to be commended for being very cautious in regulating physical contact during an administration session. But by inscribing an appropriate notation, clients can legally receive prolonged full-body hugs for the purpose of anaclitic fusion.

I have attached the first article in the following bibliography about anaclitic-fusion psychedelic therapy. This hard-to-obtain unpublished paper is the only written record left by the therapist who devised this procedure.

- 1) McCririck, Pauline. Undated. "The Importance of Fusion in Therapy and Maturation". Unpublished typewritten manuscript from the 1960s.
- 2) Grof, Stanislav, M.D. 1967. "Use of LSD 25 in Personality Diagnostics and Therapy of Psychogenic Disorders". Chapter on pp. 154-190: *The Use of LSD in Psychotherapy and Alcoholism*, Harold A. Abramson (editor). The Bobbs-Merrill Company, Inc. Indianapolis; New York; Kansas City. Anaclitic fusion discussed on pp. 177-178.
- 3) Martin, Joyce, M.D. 1967. "LSD Analysis". Chapter on pp. 223-236: *The Use of LSD In Psychotherapy and Alcoholism*, Harold A. Abramson (editor). The Bobbs-Merrill Company, Inc. Indianapolis; New York; Kansas City.
- 4) Grof, Stanislav. 2006. *When the Impossible Happens: Adventures in Non-Ordinary Realities*. Sounds True Adult.
- 5) Grof, Stanislav. 2014. "Holotropic Breathwork: A New Experiential Method of Psychotherapy and Self-Exploration". *Journal of Transpersonal Research* 6 (1): 7-24. Anaclitic fusion discussed on pp. 13-15.

Footnotes:

1. Grof, Stanislav. 1984. Personal communication at a workshop at the Esalen Institute.
2. Martin. 1967. pp. 223.
3. Grof. 2006. pp. 11-13.