

The Case For Spirit Release

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Spirit possession, according to contemporary science, is impossible, an outworn concept, of interest only to historians and anthropologists. Yet, here in 21st century, two psychiatrists are this evening* suggesting that spirit attachment, as it is now called, may actually be a common and an eminently treatable phenomenon. So what is going on?

I can best respond by telling how I came to involve myself in the subject.

Since I qualified as a doctor nearly fifty years ago, there have been tremendous advances in the practice of medicine. Every branch of medicine has been transformed - every branch, that is, except psychiatry. While there have been advances from improvements in drugs and the development of cognitive psychotherapy, the chief benefits have come from changes in the organisation and delivery of the service. Our understanding of the nature and causes of emotional disorder has advanced scarcely at all. The problems posed by people cutting themselves, abusing drugs and alcohol, suffering periods of depression or experiencing bizarre thoughts and behaviour, seem as great as ever, and we remain in almost total ignorance of the underlying causes. The biological approach, which a century ago appeared to hold out such hope for psychiatry, has run out of steam. Yet, because this remains the only scientifically 'respectable' approach, nothing new is being tried. Where should one look? I suggest that to look productively, we make a 180-degree turn, stand on our heads and scan a new vista!

In 1992 I met a hypnotherapist who spoke persuasively about spirit possession and its treatment by hypnosis. He gave me a little book, 'The Unquiet Dead', by an American psychologist, Edith Fiore ¹, which describes her pioneering hypnotherapeutic work. With the patient in trance, what appeared to be attached spirits were able to use the patient's voice. Through honest negotiation, Fiore helped them to leave. My hypnotherapist acquaintance gave a convincing demonstration with one of my seriously ill patients. I was impressed. I decided to train in hypnosis and to learn spirit release therapy from Dr. William Baldwin ². My training and practice soon convinced me that, whether or not one accepts the theoretical basis, spirit release is a quick and effective therapy.

For some years, I used spirit release therapy in the Health Service, but, as you can imagine, there were problems in using such an approach in the public service. Since leaving the Health Service in 1997 I have been working privately. I have treated hundreds of cases and I can say that spirit attachment, as it is now called, is a common condition for which, in many cases, there is an effective and safe treatment.

Cases speak louder than any argument, but first, here are some clarifying points, seven in all, for your consideration:

1. I believe that consciousness is a phenomenon in its own right and is not simply the result of brain activity. While it is true that during bodily life, consciousness is closely linked with brain activity and largely dependent upon brain function, there are many observations which

support the belief that consciousness survives bodily death and that during life it may, on occasion, operate independently. Examples are: near-death experiences, remote viewing, verifiable recollections of previous lives, mediumistic phenomena, the occurrence of unlearned language, and, of course, spirit attachment. The established scientific view that consciousness is a by-product of brain activity has had the effect of imposing a selective blindness on our thinking. Scientists don't see the phenomena that everywhere challenge their paradigm, because the paradigm cannot contain them. Theory dictates focus, and focus dictates experience. Scientists have become as opinionated as the churchmen who refused to use Galileo's telescope. The limitation on our worldview that this blindness imposes is depriving many areas, especially in complementary medicine, of the recognition and the funding that they deserve. Let us stay with this point; it is so important. Critics of spirit release therapy will say that there is no proof of the existence of spirits. John Snow removed the handle of the Broad Street pump to stop an epidemic of cholera in 1851, thirty years before the microbial cause of the disease was demonstrated. No one would suggest that he did wrong to pre-empt the proof. Spirits, we shall be told, are in a different category; accept them as a possibility and we would undermine the credibility of the accepted scientific paradigm. So what? Every scientific theory eventually outlives its usefulness. The many challenging observations mentioned above cry out for its revision. Must we for ever bow down before the questionable belief that the brain causes consciousness?

2. Reincarnation is another vital concept and a tenet of many world religions, particularly Buddhism and Hinduism. Excluded by the Christian Church at the Conference of Nicea in the 4th century, reincarnation is the dynamic structure that gives meaning to human life and experience.
3. What happens after the death of the physical body is crucial. Normally the soul goes to the Light and enters the spirit world proper. Not always, for it can stay on the earth plane, a misfortune for which there are many reasons. It may then attach to other human beings or to locations.
4. Such attached spirits may cause difficulties and ill health to those affected.
5. Spirit release can be achieved in many ways. Exorcism, practised as a religious rite, is the traditional method. Secular treatments are replacing exorcism and are ever more widely practised. Spirits are viewed not as evil, but as misguided and are offered compassionate help. There are two basic approaches, the Intuitive, which requires psychic awareness in the therapist, and the Interactive, in which the therapist helps the patient into an altered state of consciousness and then dialogues with the attached spirit, which uses the patient's vocal apparatus to respond.

6. Spirit release has two aims: firstly, that the spirit must go safely to the Light; it is not enough simply to get rid of it. Secondly, the patient requires comprehensive healing.
7. That these aims can only be successfully achieved through the assistance of unseen spiritual help is acknowledged by all who do this work.

Cases

There is no such thing as a typical case of spirit attachment. Attached spirits can affect people in many ways. Symptoms are mostly non-specific. Common examples are fatigue, depression, relationship difficulties, addictions or irrational behaviour.

Hearing a voice may indicate spirit attachment, though much depends upon what the voice says. Socrates used to hear a warning voice at times of danger. This was, presumably, from a beneficent spirit, not one attached to the energy field. (It is only lower order spirits that attach to a person and cause problems).

Spirit attachment suggests itself most obviously when patients complain of being possessed. But such cases are rare. Another suggestive complaint, uncommon, but of great theoretical importance, is multiple personality.

CASE 1: Multiple Personality.

Pru, a childless, married woman of 46, had spent lengthy periods in hospital and experienced 14 years of psychotherapy. The diagnosis was personality disorder. She had been sexually abused by her father. Lost time was a characteristic feature. Frequently she had found clothes in her wardrobe that she had no knowledge of buying. Pru came dressed in black, wearing a floppy velvet hat. She held a teddy bear and giggled childishly. Suicidal thoughts and periods of black depression were her chief complaints. There were many scars from self-inflicted cuts. Despite appearances, Pru was strongly motivated. We agreed to use hypnotherapy and she proved an apt subject.

Some very destructive spirits were identified during treatment. Most powerful among these was her father, Jason. Pru would sometimes see him in the consulting room and would recoil in terror. With Pru in hypnosis, Jason spoke through her, claiming her as his possession, to do with as he pleased. To me he was strongly antagonistic. During two of our sessions Pru rose from her chair and stood over me, threatening to kill me. Each time she responded to my steady gaze and the command, 'Sleep!' In deep trance, Jason agreed to look within himself, where he saw blackness. I called for angelic help. With the use of Baldwin's protocol for dealing with demonic spirits, the blackness left. Thereafter, Jason was amenable. He agreed to leave. Other destructive entities responded similarly.

It took time for the most troublesome entities to show themselves. They sometimes made their mark during hospital admissions, when Pru would be seen determinedly walking off the ward. She did not hear voices, but she came under the influence of irresistible compulsions. Several times I had

desperate telephone calls, in which Pru spoke as Jane, a helpful discarnate. 'Pru has driven off and won't go back home; she's lost' or 'Pru is on top of the car park and I'm afraid she's going to jump'. Only by talking to the controlling entity, could I resolve the crisis.

Positive entities were also present. A Guide and a Guardian gave Pru much support. Jane was sometimes able to give me information ('Pru has a razor blade in the heel of her shoe'). At first Pru didn't know. Later, this barrier dissolved and Jane had to be more circumspect. After the destructive entities had left (none of them has returned) came the task of working with the distressed child alters and healing the fragmented soul.

During our two years' work together, Pru had been developing her talents as an artist. Initially her paintings had been largely in black - crucifixes, knives and other objects of violence. Later she painted, in vibrant colour, trees that had a powerful symbolic meaning.

Pru's painting made a major contribution to her recovery. She has held several exhibitions and she came second in an international competition. Pru's artistic success depends upon many factors, determination, and sensitivity and, not least, the hidden influences at work within.

I visited Pru recently and found her much more confident. She needs no medical care and it is years since she last cut herself. The inner 'children' come out, from time to time. Sometimes they splash the paint and she has to start afresh. Jane was still there. The Guardian and the Guide influence her daily. Each day contains surprises. Of her painting, Pru comments, 'I've got to climb now. I feel it will be trees. I'm pulled that way. I know I've no choice'.

I asked Pru to write a paragraph on her experience. She wrote, 'the spiritual approach left me freer from the remaining daily distress than anything tried before. Whilst under hypnosis I found myself talking about some experiences that I had definitely not had and places I certainly had not been to. So, was this spirits, split off parts of my personality, ancestral memory or even false memory/imagination? I very much doubt the latter. There was reluctance, yet at the same time relief, to be spoken to, accepted and contacted. The release from the darkness, into the light and to the beyond had to be experienced to be believed. It was amazing and I still marvel at the sight of these 'entities' disappearing and freeing me.

CASE 2: Chronic pain.

All her life, Ann, a divorced woman of 44, had experienced a knotted feeling in her stomach region. She had given up seeking medical help since tests were negative and no treatment brought relief. The following extract from a treatment session gives a piece of dialogue, characteristic of the Interactive method of spirit release. It also demonstrates how strikingly rapid and beneficial this treatment can be.

Ann readily enters an altered state of consciousness. Finger signals indicate that there are eight people present in spirit.

Sheila speaks first. 'I'm fed up with being here'.

She joined when Ann was two years old. Sheila is 83.

'I'm lost', she says.

The others are all women. 'They get on my nerves'.

I suggest that some of them would like to move on too.

'I wish they would!'

Then, suddenly, 'Reenie, shut up!'

'Hello, Reenie', I say.

'Well, what's all this about?'

'Tell me, Reenie, how are you feeling?'

'I was all right till all this nonsense'.

'Tell me, did you have a human, physical body of your own, once?'

'Of course I did!'

'So how old are you?'

'I'm 63 next March'.

You might suppose that Reenie is looking forward to celebrating her birthday. In fact, she has some catching up to do, because the year for her is 1739.

'And how did you come to lose your body, Reenie? What happened?'

'It was an awful, awful accident, with horses - a pony and trap. It bolted. It threw me'. (Reenie dies in agony, at the scene of the accident).

'Reenie, I'm wondering why you didn't go to the Light. Did you see the Light when you came out of your body?'

'It was dark... frightened. I don't like horses any more'.

'What did you do, Reenie?'

'I just found some people to talk to, just got on with things. I have to keep busy'.

'And who are you talking to? Other people that have lost their bodies, are they?'

'Oh yes. I like winding Sheila up'.

'Now tell me about Ann. Do you wind her up too?'

'Oh yes. And, of course, she gets her fear of horses from me. She's very frightened of horses and they don't like her. They bite her. They bite her and I laugh. And I try and tell her, 'Don't go near them because they'll only bite you,' and will she listen? No. So, of course they bite and then she gets all upset'.

'Apart from the fear of horses, how else have you been affecting her?'

'She gets terrible, terrible pains in her stomach - fear'.

'Where does this come from, Reenie?'

'I suppose it's me. I don't mean it, you know'.

Following Reenie's release Ann was freed from the persistent abdominal discomfort that had troubled her for years and is now able to see horses on TV without having to switch channels.

CASE 3: Gender dysphoria

I am indebted to Dr Edith Fiore for my next case, which is fully reported on the SRF website www.spiritrelease.com. An internationally known 41-year-old physician with severe gender dysphoria, Roger was already being prepared for surgical gender re-assignment. He came at the insistence of his wife, who had read Fiore's book. A psychically sensitive friend had seen a female spirit with him.

During hypnosis, Roger experienced a female spirit leaving. Previously a sceptic, he was utterly convinced by the procedure. Three years later, Roger's orientation was fully heterosexual. His marriage was happier than for years.

This is not the only such case. Barlow et al. ³ report a case responding to exorcism. Gender identity disorder is a condition of particular interest for the assessment of spirit release therapy, since there is no known curative treatment. Surgery is the only available treatment for severe cases. The situation cries out for funded research within the NHS.

CASE 4: Depression and alcohol dependence

James was 40. For many years he had been in a state of psychological invalidism, living alone, unemployed, depressed and subject to periodic alcoholic binges.

As a child James had been shy and lacked confidence. After an unhappy childhood at private boarding schools where he did badly, he got to university to study History of Art, but hated it and dropped out in the first year. He started drinking heavily. For some years, he worked in an art gallery, but was solitary and unhappy.

Catastrophe hit the family, when Ivor, the favourite son, shot himself after a boozy lunch while out alone on the family's country estate. It was James who discovered the body, while on a nocturnal search. The loss devastated the family, several of whom also sought solace in drinking. James spent the next twelve years in therapy of various sorts: psychoanalysis, hospital admissions, rehabilitation for alcoholism and years on anti-depressants. He went to live alone, in a remote area.

Fear was an overwhelming problem. James could never bring himself to engage with things, for fear of failure. Some brief relationships with girls ended because of his drinking. Once, in a fit of frustration, he smashed many of his possessions. When I saw him, he had not worked for 10 years and lived alone, supported by his family. His only social activity was attendance at Alcoholics Anonymous meetings. James had a long-standing relationship with a young woman who was planning to live with him, but there seemed little prospect of this developing into a fruitful relationship.

James came reluctantly, following pressure from friends, one of whom had sensed a spirit presence. He impressed me as a charming, graceful and deeply feeling man, with good verbal facility, who was moderately depressed and seriously lacking in confidence.

James was open to the notion of spirit attachment. (This makes it is easy). In our second session, with James in a relaxed state, I ask if there are any spirits present. The 'Yes' finger moves. The brother signifies his presence. Speaking in soft, short utterances, Ivor tells how, following his death, which he denies was intentional but 'a dreadful mistake', he had been aware only of his grieving family and his mother's devastation. He had attached to James since this was easier than attaching to the mother, the person with whom he was most strongly bonded.

Although Ivor is ready to leave James, he cannot do so, since he is being held back by his mother. 'She must let me go', he says. I ask Ivor to go to the mother and look in her heart. 'She's holding tight', he says. I ask for Ivor's guardian angel to request the mother's guardian angel to explain to her that she has no right to hold on to her son; it is her duty to let go. She does so. Before helping Ivor to leave, I ask if there are any other spirits present. Ivor is able to identify the presence of Robert, a gardener who had died from a head injury at work, long before James's family moved to the estate. He resented the coming of James's parents ('they destroyed the peace'). Robert leaves, without difficulty, in the company of his wife, Mavis, who comes for him. He describes a 'shaft of light, an opening in the dark'. Ivor also goes into the Light, which he describes as 'everywhere'. He is met by an uncle, who is 'beaming'.

Following the release, James feels empty. I call healing spirits to fill the spaces with golden-white light and then to heal the whole subtle energy system - chakras and aura. I conclude by thanking the unseen helpers. I ask if there are any child parts of James that need help. A newborn baby is identified. James is encouraged to take him in his arms. 'Safe!' he says. He takes the baby into his heart. 'That feels like an integration'.

We have two more sessions at which James is helped to cut ties with his mother. I find him transformed, lively and almost bubbling. Two weeks later he writes, 'I seem to have ten times more energy, and yesterday accomplished more than was usual in a week. No crashing out in the afternoons either, and not a suicidal thought in sight. I feel as positive, healthy and happy as I ever have been. I know this has a great deal to do with the work we did together, in particular sorting out the family triangle of Ivor, my mother and myself. She has been considerably improved of late as well'.

Three months later he marries the girl mentioned earlier. In a letter a few days after, he writes, 'my mother keeps saying, 'I haven't felt so happy since before Ivor died''. Several months after the marriage, James remains well and happy. He still attends AA several times weekly, although he has not touched alcohol for three years.

This is a comparatively simple case. Points of particular note are:

1. The dramatic benefit, brought by spirit release, after years of emotional invalidism.
2. Depression and alcohol dependence are two common conditions often associated with spirit attachment.
3. Attached spirits have frequently experienced violent death.
4. Spirit attachment is often a two-way process.
5. There is a need for healing and other measures following release.

The Way Ahead

The effectiveness of spirit release therapy in the above cases is undeniable. Regardless of its factual status, the concept of spirit attachment has value as a working hypothesis in support of the new treatment. Of course there are many patients who are not troubled in this way; even so, spirit attachment appears to be a common phenomenon, with an important role in many forms of emotional disorder. So what can spirit release offer and how can it be promoted?

Spirit release therapy offers a quick and effective treatment, without subjecting patients to the lengthy, unpleasant and sometimes harmful effects of medication or even, as in gender reassignment, surgery. That is a major gain. It will be welcomed by many patients, particularly those who have encountered a lack of spiritual awareness in the mental healthcare service. But it is not a cure-all and it requires a degree of trust and co-operation that is not always available. For this reason, its use will meet many limitations, particularly when treating psychotic states and personality disorders.

Spirit release therapy will have to be promoted with caution and sensitivity. While many will welcome it, others, both patients and therapists, will have reservations on religious or other grounds. Although the treatment received a respectful hearing at a one-day meeting of the Spirituality Special Interest Group of the Royal College of Psychiatrists in May this year, it is a long way from being accorded any recognition by the College. For the present, the best way forward would seem to be as a complementary therapy, under the auspices of the Spirit Release Foundation www.spiritrelease.com, a non-profit-seeking organization, comprising largely non-medical therapists (membership currently 170) that has been in existence for four years. The SRF promotes conferences, publishes a newsletter and runs a training course, leading to accreditation as Spirit Release Therapist. As in the assessment of any new treatment, research is of paramount importance. Controlled studies require money, patient availability, ethical approval and manpower, all of which present problems. Even modest outcome studies require more resources than are currently available. But there is the will and, with so much at stake, a way will surely be found.

References

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2. Baldwin W.J. (1992) *Spirit Releasement Therapy, A Technique Manual*. (2nd Ed.), Falls Church, VA; Human Potential Foundation Press.
3. Barlow D, Abel G, Blanchard E. (1977) 'Gender identity change in a transsexual: an exorcism'. *Archives of Sexual Behavior*, **6**,387-395.

Based on talk given at 'Alternatives' St. James' Piccadilly 27th October 2003

* See Psychiatry and Spirit Release Therapy: a response to Dr. Sanderson by Dr. Andrew Powell www.rcpsych.ac.uk/college/sig/spirit/publications/index.htm