

Spirit Release Therapy

Spirit Release Therapy (SRT) is a clinical treatment sometimes used with patients who appear to be 'possessed' by a harmful spirit entity, and who have not responded to conventional psychotherapy or psychiatric methods. Its claims have yet to be substantiated by rigorous empirical studies. However, as a diagnostic system SRT has been found by some medical practitioners, psychiatrists and clinical psychologists to be more efficient than traditional medical diagnostics at identifying the aetiology of a wide range of mental, emotional and psychosomatic illnesses.¹

The treatment evolved from the pioneering clinical experience of practitioners who discovered the benefits of entering into dialogue with the 'possessing entities', bypassing preconceptions about whether they really existed, or their nature. SRT can therefore be described as a 'person-centred' – or following SRT practitioner Thomas Zinser – as a 'soul' centred therapy.² It is fundamentally different from religious exorcism, where spirits are assumed to be 'evil', to be cast out.

Definitions

Each practitioner of SRT has his or her own definition of their practice. William Baldwin places SRT as a therapy within the domain of Transpersonal Psychology, defined by the British Psychological Association as:

The psychology of spirituality and of those areas of the human mind which search for higher meanings in life, and which move beyond the limited boundaries of the ego to access an enhanced capacity for wisdom, creativity, unconditional love and compassion. It honours the existence of transpersonal experiences, and is concerned with their meaning for the individual and with their effect upon behaviour.³

Baldwin writes:

Spirit Releasement Therapy comes under the broad category of Transpersonal Psychology methods, and is so named because it aims to *release* from the client/patient/host, any disembodied consciousness of any sort.⁴

This simple definition incorporates a wide diversity of spirit entities. Baldwin employs the term 'disembodied consciousness of any sort' to include:

- spirits of deceased persons
- non-human destructive entities, commonly referred to in a religious context as 'demons', now more often as Dark Force Entity (DFE)
- negative thought forms created by the host or other living persons
- intergenerational curses, elementals, alien life forms and others less clearly defined.⁵

It has been claimed that a dialogue can be carried on even with the discarnate spirit of a foetus. Winafred Lucas describes methods of communicating with the spirit of

the unborn child – negotiating its return to the spirit world, where it is deemed to exist prior to conception – in preference to being forced out by physical abortion, which is traumatic for the spirit of the foetus and may cause it to remain earthbound and attached to the mother.⁶ Releasing the spirit of the unborn child results in a natural and painless miscarriage.

The SRT practitioner aims to uncover the type of spirit (or spirits) that are affecting the patient. Here the word ‘consciousness’ implies a direct relationship between spirit and consciousness. A spirit can therefore be referred to as a ‘disembodied consciousness’.

The question of whether these disembodied conscious forms exist, either in material or metaphysical form, or are created from the imagination, is a subject of debate among SRT practitioners.⁷

Modern spirit release therapists, and other practitioners who claim to work with discarnate spirit entities, define such entities according to their orientation. One group releases spirit entities from places, another releases them from people. A third type refer to themselves as ‘soul rescuers’, following the shamanic practice of communicating with spirits in accordance with ‘the rules of co-existence with the other world’.⁸

The first group is represented by practitioners such as Archie Lawrie⁹ of the Scottish Society for Psychical Research (SSPR) and Linda Williamson.¹⁰ Lawrie is regarded by many as a ‘ghost-hunter’; however, unlike other paranormal investigators, he enlists the aid of a medium to communicate with restless spirits.

In her book *Ghosts and Earthbound Spirits* (2006) Williamson remarks that mediums disagree about how ghosts or spirits should be defined. ‘Ghost’ is the term generally applied to spirits that inhabit houses; others call these ‘earthbound spirits’. Spiritualists¹¹ refer to those they communicate with as ‘spirits’.¹²

Williamson distinguishes between spirits that exist in a spiritual domain, or spirit-world, such as ‘guides’ and the spirits of the deceased, and those who remain ‘earthbound’ for a variety of reasons. She asserts that ‘evil’ spirits do exist. However, in her experience as a practitioner, poltergeists are not evil but ‘lost and frustrated’ spirits of earthbound souls that are trying to attract attention.¹³

SRT practitioners who say they release spirits from people include Carl Wickland,¹⁴ Hans Naegeli-Osjord¹⁵ and William Baldwin.¹⁶

Communication Methods Employed in SRT

In traditional mainstream therapeutics, counselling or psychiatric treatment is usually carried out in a face-to-face interview, with therapist and client employing their normal, waking cognitive abilities to engage in dialogue. SRT interventions are rarely conducted in this way (apart from the initial consultation), but rather by any of the following methods.

With the **Intuitive Therapist** method, the therapist listens to information that comes from a source lying beyond the threshold of normal waking sensory perception. In this model, the therapist is accessing information from the subliminal mind of the client, whose ultimate source may be viewed as the client's Higher Self or as a spirit guide (*see below*) that has volunteered to assist, or as the possessing discarnate entity (or entities) that are the cause of the client's distress.

The therapist is attempting to communicate intuitively at a level beyond the threshold of normal waking consciousness; however it is not always necessary to induce artificially an altered state of consciousness. The fact that communication with discarnate entities takes place, and that information is forthcoming, indicates that an altered state, or at the very least, a change in mental frequency, has been achieved. An alternative term to describe this method, where 'intuitive' is seen to fall short, is 'channelling',¹⁷ where the therapist uses acquired natural skills in telepathy (mind to mind), clairvoyance (clear seeing), clairaudience (clear hearing) or clairsentience (clear physical sensation).

In the **Interactive** method, the client acts as intermediary between the therapist and the possessing entities. Here, it is the client who employs telepathy, clairvoyance, clairaudience and clairsentience. It is common for clients to be unaware that they have these abilities, seeing the experience rather as the effects of an over-active imagination or even as a form of mental illness. Clients are encouraged to trust their own intuition, and to permit the expression of thoughts and feelings that may seem alien to them, keeping their analytical mind in abeyance.

The **Direct Interactive** method is where the client and therapist are in a face-to-face situation, and the client enters an altered state of consciousness in order to communicate with the attached entity. This is a form of 'positive possession', where the client voluntarily permits the discarnate entity to take control of the speech centres.

The **Remote** method is where a remote scanner – a medium or clairvoyant not in direct contact with the patient/client/host – is used as an instrument of communication between the facilitator (therapist) the patient's higher self, the disruptive entity(s) and any spirit guides that may be present to offer guidance and advice. The mechanisms of communication applied by the remote method could simply be described as 'telepathic' or partial 'astral-projection', which may be understood as a relative of 'remote viewing'. Advantages of the remote method are that the client, being situated at a distant location, is not influenced by direct voice suggestion and is also unable to erect defensive barriers to the therapeutic process. Practitioners of the remote method claim that disruptive spirit entities can be 'caught out' and discovered because of the clandestine nature of the method.¹⁸

Group Soul Rescue involves two or more spirit release practitioners working collectively, a common practice within the Brazilian Spiritist movement.

A session with a client may progress through any one of these methods, or a combination of two or more,

When the earthbound spirit of a deceased person is discovered it is encouraged to move into 'The Light' where it may continue on its spiritual journey. Non-human entities may be 'captured' by angelic beings and escorted to an appropriate place for their education and guidance.

In the practical application of *Spirit Release* techniques, the *hidden observer* is of paramount importance. In SRT protocol there is a spiritual component of the individual, regarded respectfully as the 'Higher Self', from which permission is always sought before proceeding with a therapeutic intervention.¹⁹ In spiritual language, the Higher Self is that part of the personality that lies furthest from the earth-plane and closest to God, or the transcendent.

Historical Development of SRT

James Hyslop

The first published reference to the treatment method now known as Spirit Release Therapy was arguably made by [James Hyslop](#), professor of logic and ethics at Columbia University from 1889 to 1902. Hyslop became an active investigator of psychic phenomena, and headed the American Society for Psychical Research. He used the term 'obsession', in the context of psychical research, to denote the abnormal influence of spirits on the living:

The cures affected have required much time and patience, the use of psychotherapeutics of an unusual kind, and the employment of psychics to get into contact with the obsessing agents and thus to release the hold which such agents have, or to educate them to voluntary abandonment of their persecutions

Every single case of dissociation and paranoia to which I have applied cross-reference has yielded to the method and proved the existence of foreign agencies complicated with the symptoms of mental or physical deterioration. It is high time to prosecute experiments on a large scale in a field that promises to have as much practical value as any application of the scalpel or the microscope.²⁰

Carl Wickland

In 1924, the first monograph was published on the release of discarnate spirits by a medical practitioner. Dr Carl Wickland describes an incident that occurred when he was a medical student practising dissection on the corpse of a sixty year-old man. On his return home, his wife – who had mediumistic abilities – spontaneously entered into a trance state. As Wickland helped her into a chair, a commanding voice issued from her saying: 'What do you mean by cutting me?'²¹

It transpired that the earthbound spirit of the man to whom the body had belonged had followed him home and had taken advantage of Mrs Wickland's gift of mediumship to communicate his displeasure at being molested, not realizing he was dead.

From this moment, Wickland and his wife embarked on a thirty-year career helping the earthbound spirits of deceased individuals progress with their spiritual development. In this they were guided by 'discarnate beings' who, he claimed, were of a superior intelligence, and came from 'other realms in our universe'. On his decease Wickland left an archive of documented cases of spirit possession, including verbatim details of how he cured them, his wife acting as the medium of communication.[22](#)

Against psychologists who considered cases of multiple personalities, dissociated personalities or disintegrated states of consciousness to be *dissociative disorders* – on the ground that these personalities give neither evidence of supernatural knowledge, nor of being of spiritistic origin – Wickland wrote:

Our experience, to the contrary, has proven that the majority of these intelligences are oblivious of their transition and hence it does not enter their minds that they are spirits, and they are loathe to recognise the fact.[23](#)

Among Wickland's recorded cases are several where a patient diagnosed with psychosis was cured following a successful spirit release session. These are of particular interest because they represent a group of patients whose suffering is at the extreme end of the scale of diagnosed mental illnesses, and the most difficult to treat using traditional medical and psychotherapeutic methods.

As an example, Wickland cites the following case:

One summer evening we were called to the home of 'Mrs M', a lady of culture and refinement; she was a musician of high rank and when the social demands made upon her proved too great she suffered a nervous breakdown. She had become intractable and for six weeks had been in such a raving condition that her physicians had been unable to relieve her, and day and night nurses were in constant attendance.

We found the patient sitting up in bed, crying one minute like a forlorn child, and again screaming in fear: 'Matilla! Matilla!' Then suddenly fighting and struggling, she would talk a wild gibberish of English and Spanish (the latter a language of which she had no knowledge).

Mrs Wickland immediately gave her psychic diagnosis, saying the case was unquestionably one of obsession,[24](#) and this was unexpectedly confirmed when Mrs Wickland, who was standing at the foot of the bed, with wraps on ready to leave, was found to be suddenly entranced. We placed her on a davenport in the music room, where for two hours I talked in turn with several spirits who had just been attracted from the patient.

There were three spirits – a girl named Mary, her suitor, an American, and his Mexican rival, Matilla. Both of the men had vehemently loved the girl and just as fiercely hated each other. In a jealous rage, one had killed the girl, and then in a desperate fight the two rivals had killed each other.

All were unaware of being 'dead', although Mary said, weeping wretchedly, 'I thought they were going to kill each other, but here they are, still fighting.'

This tragedy of love hatred and jealousy had not ended with physical death; the group had unconsciously been drawn into the psychic atmosphere of the patient, and the violent fighting had continued within her aura. Since her nervous resistance was exceedingly low at this time, one after the other had usurped her physical body, with a resulting disturbance that was unexplainable by her attendants.[25](#)

Other twentieth-century medical professionals who discovered discarnate entities affecting their own patients and published their findings include (in chronological order of publishing) Adam Crabtree (1985), Edith Fiore (1987), Hans Naegeli-Osjord (1988), Irene Hickman (1994), William Baldwin (1995) and Shakuntala Modi (1997).

Adam Crabtree

Adam Crabtree was a Benedictine monk, ordained in the Catholic Church as a priest in 1964. A serious student of the human psyche, he became a psychotherapist (he has also lectured in philosophy and the psychology of religion).

Crabtree cites several examples from the literature that have been assigned by psychological rationalists as double or multiple personality. He comments:

When examining the data of multiple personality, one cannot overlook a phenomenon which exhibits certain striking similarities: 'possession'. Here, too, the subject exhibits a duality or even multiplicity of personalities which disclaim any identity with each other. Also in both the multiple personality and the possession experience, amnesias of various kinds may be present.[26](#)

In the introduction to Crabtree's first book *Multiple Man* (1985), Colin Wilson writes:

[H]e is first and foremost a scientist, and his first response to the mystery of multiple personality was to study its medical history in detail. The first part of the present book is as balanced an introduction to this bewildering topic as I have ever come across. But the most important section of the book is the one that begins with chapter ten, describing Crabtree's own experiences of such cases. It was, I think, just as well for Crabtree to offer his credentials as a scientific historian in the first part of the book, otherwise some of these cases – and I draw particular attention to those of 'The Confused Father' and 'The Complaining Mother' – would give rise to the suspicion that he is stretching the facts. While some psychologists will, no doubt, prefer to ignore Crabtree's findings, those who are open-minded enough to consider them without bias will find that they open strange and exciting perspectives.[27](#)

The first part of Crabtree's book provides an in-depth overview of the conceptual frameworks that accommodate multiple personality and spirit possession phenomena. These are the same concepts that Wickland identified regarding the spirit world and life after death, but with the addition of the collective phenomena of *altered states of consciousness*. Crabtree goes on to explain the relationship between altered states of consciousness, hypnosis and spirit possession.

On a foundation of the discoveries of the early practitioners of mesmerism and hypnotism, from Franz Anton Mesmer (1734-1815) to the present day, Crabtree identifies various methods of inducing 'magnetic sleep' (hypnotic trance, or the dissociated state) and phenomena that was observed to result from this. The practitioners identified two distinct groupings of abnormal characteristics, which they described as 'lower phenomena' and 'higher phenomena'.[28](#)

Characteristics of the lower consciousness included:

- a sleepwalking kind of consciousness
- double consciousness and double memory
- loss of sense of identity
- suggestibility
- heightened memory
- deadening of the senses
- insensibility to pain
- intense rapport with the magnetiser

The higher consciousness characteristics were grouped as:

- physical or sensorial rapport (perceptions of the physical senses of the other)
- mental rapport (telepathy)
- clairvoyance (clear seeing in spirit realms)
- ecstasy (mystical experience)

Crabtree has researched the development of psychotherapy in the treatment of those who are diagnosed, correctly or incorrectly, as mentally ill from his own clinical experiences with patients.[29](#) Crabtree's work is significant in approaching these anomalous phenomena from a scientific research perspective.

Edith Fiore

Psychiatrist Dr Edith Fiore's contribution to the development of SRT[30](#) is a guide to help sceptical therapists adopt an open minded approach to their patients' experiences, also providing practical advice for individuals that includes a method to clear and protect themselves from spirit possession.

With regard to past-life regression and what she calls 'depossession' Fiore is quick to express her own scepticism pertaining to the reality of non-corporeal existence and reincarnation and acknowledges that she has a natural inclination towards rejection of these ideas due to the fact that she had no conceptual framework in which to accommodate them. But the reality of the 'spontaneous' altered state experiences of her patients compelled her to acknowledge their subjective reality; and she was motivated to conduct her own research into these phenomena in order to find a conceptual framework that fits the experiences.

Fiore's literature search uncovered *The Tibetan Book of the Dead*, references to Jesus of Nazareth casting out demons in *The Bible*, and the ancient writings of Homer, Plutarch and Josephus. She discovered the cultural traditions of the ancient Chinese in their acknowledgement of ancestral spirits that go back more than ten thousand years, and more recently the Japanese exorcistic cult 'Mahikari' which

had four thousand members world-wide in 1970. Fiore accessed information on the ancient Egyptians and the equally ancient pre-Hindu scriptures, the *Vedas*. Fiore takes time to explain the seven-tiered hierarchy of the Vedic model of human spiritual and physical existence.³¹

Fiore's research uncovered information that some of the tenets of the ancient Vedic tradition resurfaced in the West in two movements in the nineteenth century with the emergence of *Spiritualism* and *Theosophy*. All of these traditions, ancient and modern led to the strongly held belief in the continuation of the individual personality after death. Fiore states that since her research was explicitly aimed at uncovering information on possession by earthbound spirits of the deceased she found particular interest in the Spiritualist and Theosophist movements and their influence on healers in various parts of the world.

Fiore discovered that, founded on the ancient world-wide tradition of *Shamanism* and the more recent *Spiritualism*, the modern healing and de-possession practices of 'Spiritism' are flourishing in South America in the present day. Strongly influenced by the work of the French scientist [Allan Kardec](#)³² the modern Spiritist movement in Sao Paulo, Brazil engages thirty-five hundred mediums from all walks of life from humble illiterates to lawyers who provide their services to the suffering for no charge (Kardec (1857; 1874, 18).

Moving up to date at her time of writing, Fiore makes references to the work of Carl Wickland and Adam Crabtree (both referenced above) to which she adds the works of American anthropologist Michael Harner³³ who apparently shocked his colleagues by establishing a Shamanic healing society, and British psychiatrist Arthur Guirdham,³⁴ who, after forty years of working with the mentally ill arrived at the conclusion that every form of severe mental illness can be caused by spirit interference.

Fiore acknowledges that there are a growing number of mental health workers who are becoming aware of a variety of de-possession techniques, and as their work is becoming known so there are others who seek training and it is with this mind that she introduces her methods.

Fiore states that throughout recorded history people have believed in the phenomenon of spirit possession by earthbound entities, and the experience crosses all boundaries of culture, class, intellect, and social structure. Despite these traditions, beliefs and experiences, Fiore still believes that life after death, reincarnation and possession cannot be proven, but suggests that the burden of proof is not a priority; but when it comes to human suffering – results are.

Raymond Moody, another specialist in the scientific research into non-corporeal existence contributed to Fiore's book with this foreword:

Oddly, since the early part of the twentieth century, it has been unfashionable among professionals in the field of psychology to explore, in a careful and introspective way, the many unusual and sometimes spectacular alterations to which human consciousness is prone. In this climate, the early pioneering work of such scholars as William James has been rejected and treated with

contempt by persons who seriously stated that the study of mind as awareness was impossible, and that the only thing which can be studied under the rubric of psychology is objectively observable behaviour. Presently we are seeing a change in this attitude, and today a large number of serious, well trained professionals in the field of psychology and medicine are actively engaged in the study of altered states of awareness. My friend and colleague, Dr Edith Fiore has made a most interesting study of one of the most controversial of one of these states – the ancient enigma of possession.[35](#)

Even after treating more than five hundred patients during a period of seven years, who were possessed by earthbound spirits of the deceased, (that's 75% of her total client list) Fiore remains sceptical as she writes:

I am not attempting to prove that spirits exist or that my patients were possessed. Rather, I will be showing you what goes on daily in my office and introducing a therapy that, although not a panacea, is effective and embodies ancient concepts within the context of twentieth-century hypnotherapy.[36](#)

William Baldwin

The dentist William Baldwin[37](#) cited earlier, used hypnosis to help his patients overcome their fear of dentistry. With an ironic twist to using hypnosis as a means of dealing with a specific fear, Baldwin accidentally stumbled upon the phenomenon of spirit attachment by discovering earthbound souls attached to several of his patients. As a result of this discovery Baldwin gave up dentistry to dedicate the rest of his professional life to treating people suffering from spirit attachment, and his book continues to be acknowledged as a key text in the education and training of spirit release practitioners.

Irene Hickman

Psychiatrist Irene Hickman's initial work *Mind-Probe Hypnosis* is a precursor, not only to her progression into spirit release therapy, but is also an introduction to the later works of Michael Newton,[38](#) Gary Zukav[39](#) and others who had similar experiences with patients spontaneously regressing to previous lives and the 'life between lives'.

Hickman's work progressed under training and guidance from William Baldwin to where she published her clinical experiences of spirit release in what she called 'Remote Depossession',[40](#) and added a new and interesting dimension to spirit release techniques in what could be described as the 'remote' or 'indirect' release method that was introduced above under the heading *Communication Methods Employed by SRT*. Remote (or indirect) spirit release involves the release of an attached entity without the conscious awareness of the host, who may be located some distance from the releasing practitioner. Hickman developed this method in order to overcome the possibility of contamination by suggestion from the therapist.

Involving as it does the use of telepathy, remote depossession could be described as radical – beyond the realms of mainstream scientific theory. In a preface to

Hickman's work, Willis Harman refers to the pioneering work of [William James](#), who appealed for a revised epistemology that embraces 'radical empiricism'.

Spirit Release Today and in the Future

Mental health professionals increasingly encounter people suffering from a wide variety of problems that do not respond to medical or traditional psychological interventions. Some who are sceptical of the existence of spirits, such as hypnotherapist Roy Hunter,[41](#) are nevertheless willing to adopt what might be described as a spirit release technique in order to respond to the needs of their patients. Others, such as psychotherapist Tom Zinser,[42](#) acknowledge the existence of an alternate reality and treat their patients with the aid of 'spirit guides' in much the same way as Carl Wickland.

Associations are being formed by practitioners and other open minded persons eager to learn SRT techniques. In 2000, psychiatrist Alan Sanderson established the Spirit Release Foundation (SRF) supported by Andrew Powell, founder and chairman of the Spirituality Special Interest Group of the Royal College of Psychiatrists,[43](#) and backed by a group medical practitioners and complementary therapists. As a professional SRT training organization, it aimed to redress the imbalance between the experiences of professionals in private practice and the need for education in mainstream psychiatry. It dissolved owing to a lack of funding; however, individual former members with medical, psychiatric and psychology professional status provide expert guidance and support for colleagues who encounter difficult cases.

SRT research has been presented at conferences in the UK for the benefit of medical professionals, the most recent of which, the *Fifth British Congress on Medicine and Spirituality*, took place in London in October 2015. Researchers are particularly active in Brazil, whose Spiritist movement started to incorporate spirit release techniques into institutionalized medicine as long ago as the 1930s.[44](#)

The abbreviation 'SRT' has been used here primarily in relation to Spirit *Release* Therapy, but can also refer to 'Spirit *Response* Therapy', an approach developed by Robert Detzler[45](#) as a means of healing in the spiritual domain by use of a dowsing pendulum. Both involve the release of spirits from patients/clients.

Energy Vortex

Psychologist Andy Tomlinson first described an energetic way of clearing spirit attachments in *Transforming the Eternal Soul*[46](#) in 2011. It works by a therapist creating an energetic vortex, which is a little like a drain pipe, to remove spirit attachments from a client directly to the spirit realms to avoid them jumping onto the therapist. The spirit attachment is pushed out of a client to the vortex by creating energetic links to various energy sources and increasing the energy level intuitively until the spirit attachments have been removed. It is very quick, removing all spirit attachment from a person in a few minutes and can be done remotely. Tomlinson has been [teaching](#) this technique to spirit release practitioners around the world.

Spirits?

The notion that mental illness was caused by possessing spirits was a common belief prior to the eighteenth-century Enlightenment. The traditional remedy was religious exorcism.[47](#) [48](#) With the emergence of scientific rationalism, psychiatrists replaced exorcists, and notions of demons and spirit possession were relegated to the realms of superstition.

However, in the modern period, individual pioneers in the fields of psychotherapy and mental health occasionally had cause to reconsider the possibility of the existence of spirits. Although not generally recognized as such, [Carl Jung](#) can be regarded as one of the twentieth century's pioneering psychologist practitioner of SRT, having once spent three days engaging in dialogue with spirits he believed inhabited his house and assisting them to move on.[49](#) Jung writes:

[T]he souls of the dead 'know' only what they knew at the moment of death, and nothing beyond that. Hence their endeavour to penetrate into life in order to share in the knowledge of men. I frequently have a feeling that they are standing directly behind us, waiting to hear what answer we will give them, and what answer to destiny.[50](#)

Carl Wickland's records from his thirty years of clinical experience and organized psychical research may arguably be seen as a scientific contribution supporting the theory of a non-corporeal existence, or 'the survival hypothesis'. Together with the documented evidence provided by earlier mystics and scientists, such as [Emmanuel Swedenborg](#),[51](#) [Allan Kardec](#),[52](#) [Edgar Cayce](#),[53](#) [William James](#),[54](#) [Frederic Myers](#)[55](#) and [James Hyslop](#),[56](#) Wickland's reports tend to support the hypothesis of spirit attachment as a reality that modern medicine might one day consider.

Terence Palmer

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Endnotes

Footnotes

- [1](#). Modi (1997; 2000).
- [2](#). Zinser (2010).
- [3](http://www.transpersonalpsychology.org.uk/). <http://www.transpersonalpsychology.org.uk/>
- [4](#). Baldwin (1995), 207.
- [5](#). Baldwin (1995).
- [6](#). Lucas (2000), 257-316.
- [7](#). Hunter (2005), 156-57.
- [8](#). O'Sullivan and O'Sullivan (1999), xix.
- [9](#). Archie Lawrie (2003; 2005).
- [10](#). Williamson (2006).
- [11](#). The capitalized term 'Spiritualists' is used to describe those who practice communication with spirits as a religion.

- [12.](#) Williamson (2006), 11.
- [13.](#) Williamson (2006), 11
- [14.](#) Wickland (1924).
- [15.](#) Naegeli-Osjord (1988).
- [16.](#) Baldwin (1995).
- [17.](#) Neate (1997).
- [18.](#) Hickman (1994).
- [19.](#) Professional ethics demands that permission is granted from the patient to introduce any form of intervention. When the psyche of the patient is fragmented, this creates problems, since permission can be granted by one part and denied by others. In SRT, the Higher Self is afforded executive authority over all other parts (Zinser, 2010, 141).
- [20.](#) Wickland (1924), 8-9.
- [21.](#) Wickland (1924), 18.
- [22.](#) Wickland (1924), 21.
- [23.](#) Wickland (1924), 29.
- [24.](#) Obsession is the term used by Wickland to denote spirit attachment. It is also a term used by the Roman Catholic Church as one of the categories of demonic influence (Baglio, 2009).
- [25.](#) Wickland (1924), 25-26.
- [26.](#) Crabtree (1985), 60.
- [27.](#) Wilson (1985).
- [28.](#) Crabtree (1985), 2-20.
- [29.](#) Crabtree, 1985.
- [30.](#) Fiore (1987).
- [31.](#) Fiore (1987), 15-17.
- [32.](#) Kardec (1857; 1874).
- [33.](#) Harner (1980).
- [34.](#) Guirdham (1982).
- [35.](#) Moody (1988).
- [36.](#) Fiore (1987), xi.
- [37.](#) Baldwin, 1995.
- [38.](#) Newton (1994; 2000; 2004).
- [39.](#) Zukav (1990).
- [40.](#) Hickman (1994).
- [41.](#) Hunter (2005).
- [42.](#) Zinser (2010).
- [43.](#) <http://www.rcpsych.ac.uk/college/specialinterestgroups/spirituality.aspx>
- [44.](#) Moreira-Almeida and Santos (2012).
- [45.](#) Detzler (1999).
- [46.](#) Tomlinson (2011), 31-57.
- [47.](#) Ellenberger (1970), 14.
- [48.](#) Crabtree (1993).
- [49.](#) Jung (1995), 339; Ebon (1974), 258-67; Hoeller (1982).
- [50.](#) Jung (1995), 339.
- [51.](#) Swedenborg (1758).
- [52.](#) Kardec (1857).
- [53.](#) Cayce (1970).

- [54.](#) James (1902).
- [55.](#) Myers (1903).
- [56.](#) Hyslop (1919).

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