

**Releasing troublesome negative spirits like kalicha m wekabi, Pentes Fake-Jesus a.k.a. Geta, who have attached themselves to their victims (fellow Ethiopian).**

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**Issue Date: December 28, 2007**

**'Spirit release' is a different kind of therapy**

**Secular healers report promising results**

**By STAFFORD BETTY**

**A new breed of therapist is healing the mentally ill not with talk and drug therapy but by releasing troublesome or malevolent spirits who have attached themselves to their victims. I am not talking about religious healers like Francis McNutt, but secular healers, some of them licensed psychiatrists or psychologists, who have discovered, often by accident, that this new therapy works better than what they learned in medical or graduate school. They tell us that too often drug therapy only masks symptoms, and talk therapy reaches only as deep as the patient's conscious mind can go. But spirit releasement usually heals, often permanently. Not only does it heal the client; it heals the attached or possessing spirit.**

**William Baldwin's Spirit Releasement Therapy: A Technique Manual, published in 1995, was a watershed event for this movement. Dr. Baldwin left a dentistry practice to pursue his passion. His ensuing doctoral dissertation in psychology was the first ever to take seriously spirit release as a legitimate therapy.**

**The disciples of Dr. Baldwin, who died in 2004, deal with spirits, or entities as they are often called, in a manner very different from most church-based exorcists and deliverance ministers. Missing is the adversarial command to come out in the name of Jesus! These alternative therapists treat the spirits with respect and compassion. To threaten anyone, living or dead, they say, only provokes an angry reaction, but a gentler, more rational approach is usually enough to coax the spirit out of its host and into the light of the afterworld, where it should have been all along.**

**Spirits come in several varieties, we are told. Most often they are EBs, or earthbound. These are more attached to the loved ones they've left behind than to the light they've turned their back on; others are addicted to earth's vices, such as alcohol or narcotics; still others are simply confused, not even sure they've died. But DFEs, or dark force entities, are another matter. Intending evildoing, they attach themselves to unsuspecting mortals to inflict maximum damage to self-esteem, family relations and every expression of love.**

**Speaking through their victims, they swear profusely. They are belligerent, disruptive, threatening and thoroughly unpleasant. They claim they belong to a satanic intelligence that rules them and punishes them when they fail at their tasks. Yet their loyalty to this negative force can be dislodged; with skillful handling they, too, can be released into the light.**

**One of the most extraordinary claims made by this new kind of healer is that nearly all of us, at one time or another, have had entities attached to us. How do they know? The same way they know everything else they tell us: Under hypnosis, their clients, and the spirits speaking through them, tell them. Dr. Baldwin said he did not invent EBs and DFEs; they emerged, unsought, out of therapy sessions. Over and over and over. Other healers -- from psychiatrist Shakuntala Modi, who practices in West Virginia, to the less credentialed but gifted husband-and-wife team of Melanie and Patrick Rodriguez, who practice in Montreal -- describe a spiritual world and a method of dealing with it that is the same. One might suspect a conspiracy except for the fact that the movement is so widespread, with practitioners ranging from Hindu babas living in Pune, India, to a Polish healer who describes herself as a "therapist for ghosts as well as people, both needing the same love and care."**

**Most of us have a child or relative or friend whose life is shattered by depression, sexual dysphoria, obsessive compulsive disorder, eating disorder, chronic fatigue syndrome, schizophrenia, bipolar disorder, autism or a host of other ailments. What if you were told that there was a healer who could get to the bottom of the problem and heal it, but that the source of the problem was probably an attached spirit? Would you go for it? Could you open your mind to the possibility that your sister's untreatable 30-year-long bulimia could be stopped dead in its tracks by identifying the spirit behind the disease, releasing it into the light, and then teaching her how to protect against a future attachment?**

**All in this movement hope that you would. They see the procedure not as a throwback to medieval times when demoniacs were put to death, but as an advance. William Woolger, an internationally renowned transpersonal psychologist, sees it as "the next and essential stage in the development of psychology, a kind of return to the source."**

**In the meantime, Dr. Modi, the West Virginia psychiatrist, recommends a "protection prayer" for her patients, to be repeated every night. It begins, "I pray to God to please cleanse, heal, shield, illuminate and protect me, all my family, friends ..." Dr. Modi is not even certain that spirits are real -- perhaps they are fantastic inventions made up out of her patients' subconscious minds. Nevertheless, they might be exactly what they seem to be, and claim to be. And she, and almost all of her colleagues, strongly suspect they are.**

**In any case, all agree that treating spirits as if they were real is often the key to a startlingly quick recovery. And if the client makes himself permanently uncomfortable company for the pestering spirit through prayer and other spiritual disciplines -- reenter religion -- a permanent recovery.**

**Many years ago I watched a psychically gifted mother-and-daughter team rid a house of bothersome and sometimes terrifying poltergeist phenomena. Skeptical from the start, I studied the sensitive child's eyes as they followed "three spirits" around the house during the procedure. (We called it an exorcism back then.) Like the therapists we've looked at here, the mother used persuasion, not threat, when dealing with the spirits,**

and there was never an appeal to religion. It took over an hour of patient, compassionate urging, and it worked.

The daughter watched the spirits finally exit the home. The phenomena ceased from that day forward. And the victim, who had put her beloved home on the market, took it off a few days later.

Since then I have paid attention to the claims of these "gentle exorcists" -- whether their target was spirits attached to homes or persons. It is impossible not to be impressed.

Stafford Betty is professor of religious studies at California State University, Bakersfield . National Catholic Reporter, December 28, 2007

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## DISSOCIATIVE IDENTITY DISORDER

and

## SPIRIT POSSESSION SYNDROME

### A Comparison

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The study of Dissociative Identity Disorder (DID) cannot be complete without a serious examination of the condition known as Spirit Possession Syndrome (SPS). Comparison of DID and SPS reveals some interesting similarities. Some signs and symptoms of the two conditions are similar, some distinctly different. Among most mental health professionals there is considerable skepticism regarding both conditions.

Dissociation and formation of alter personalities in DID is nearly always the result of childhood trauma. The classic symptoms of DID may be muted and attenuated in childhood. The condition is often ignored, misunderstood, misinterpreted or misdiagnosed. A child's complaints and behavior are frequently disbelieved, passed off as childhood fantasy, and may lead to punishment.

Recognizable symptoms may begin to manifest in the late teens, but the condition is often not discovered and accurately diagnosed until the mid to late thirties. Approximately 65% of cases are found between the ages of 20 and 40 (Kluft, 1985a, p. 215). The condition has a natural history from the original traumatic episode(s) to full manifestation of symptoms of DID. The person with DID usually holds a poor self image of mental and physical health. Cases of DID in the United States may number in the thousands (Putnam, 1989, pp. 54-55).

The earthbound soul (EB) of a deceased human can form an attachment to a living person at any point between conception and death. The mental, emotional and physical health of the host have no bearing on the potential for an attachment. Many cases of SPS are discovered in therapy while seeking the cause of a chronic problem or unexpected new conflict in the life of the client. Some investigators in this field estimate that between 70% and 100% of the population are affected or influenced by one or more discarnate spirit entities at some point in their lives (Berg, 1984, p. 50, Fiore, 1987).

Some phases of the treatment of DID and Spirit Releasement Therapy® are parallel in intent, yet the final goal is totally different. For the alter personalities in DID, the final step is either cooperation and co-

consciousness or integration and fusion (Braun, 1986). For the condition of spirit attachment, only the release of the spirit can bring relief of the symptoms (Fiore, 1987; Baldwin, 1992). Transformations of personality, as evidenced in trance mediumship and dissociative identity disorder (DID) formerly multiple personality disorder (MPD), have occurred throughout history. In ninety percent of societies worldwide there are records of possession-like phenomena (Foulks, 1985). Through the annals of human experience people have believed that there was a non-physical existence parallel and coexistent with the physical universe. People considered this world to be filled with spirits. The ancients believed that most sickness was caused by evil spirits (Hoyt, 1978, p. 6). The early writings of the Chinese, Egyptians, Hebrews, and Greeks show that they generally attributed mental disorders to demons that had taken possession of an individual. Hippocrates, Pythagoras, Plato, and Aristotle studied and wrote about mental disorders. All considered the cause to be natural, not supernatural. Mental illness and demonology, the study of spirit possession, have been inseparably linked through the tortuous course of history (Coleman, Butcher, & Carlson, 1980, pp. 25-44).

## Spirit Possession Syndrome

Demons and devils were thought of as commonplace in Babylonia and Assyria. In ancient Egypt the exorcism was performed by a team consisting of a physician to cure the ailment and a priest to drive out the demon of disease (Hoyt 1978, pp. 6-10).

In the New Testament fully one fourth of the healings attributed to Jesus consisted of casting out unclean spirits. He specified more than one type of spirit. In the Old Testament there is one reference to an evil spirit in I Samuel (Jones, 1966).

In the period of the Middle Ages, 500 AD to 1500 AD, there was a revival of the most ancient superstition and demonology slightly modified to conform to theological demands. Treatment of mental illness was left largely to the clergy in the belief that it was caused by evil spirits. All sorts of physical pain and scourging were used to drive out the devils (Coleman, Butcher, & Carlson, 1980, pp. 30-33).

### The Spiritualist View

Modern spiritualism began in America in 1837 in Mount Lebanon with communications received from spirits. In 1848 two young girls, the Fox sisters, purportedly received spirit communication in the form of knocking sounds. Spiritualism is concerned with two basic premises: the continuity of personality after death and the powers of communication with the spirits of the deceased. (Fodor, 1966, pp. 360-366).

Mediumship is the phenomenon of a non-physical intelligence, usually a discarnate human, assuming some degree of control of a physical body for the purpose of communicating something useful and meaningful. Mediumship is distinguished from the phenomenon of spirit possession in that it occurs only with the deliberate cooperation of the medium and produces a constructive result. The difference is in purpose, duration and effect.

Dr. James Hyslop, was professor of Logic and Ethics at Columbia University, New York, from 1889 to 1902. Hyslop was elected president of the American Society for Psychical Research in 1906. Survival of consciousness, spirit obsession, and multiple personality disorder were high on the priority list for the Society's efforts under his leadership and he explored the problem of distinguishing obsession from multiple personality. (Fodor, 1966, pp. 180, 265-266).

More than a theoretician, Dr. Hyslop was an experimentalist and empiricist. After he admitted the credibility of the existence of spirits, it required ten years of investigation to convince himself of the possibility of obsession by discarnate beings as a cause of mental illness. In the years that followed, he accumulated the facts that make it scientifically probable (Hyslop, 1920, p. 385). He is the true pioneer in the systematic investigation of spirit obsession and possession as a cause of mental disorder.

Dr. Carl Wickland was a psychiatrist and an avowed spiritualist. His seminal work in the treatment of spirit obsession and possession is chronicled in his two books *Thirty Years Among The Dead* (1924) and *Gateway to Understanding* (1934).

Spiritualism began losing its popularity in 1888 after the public confession by the Fox sisters that they had faked the spirit rappings. Belief in spirit possession became increasingly suspect, and the decline of belief in possession paralleled the decline of interest in multiple personality disorder.

Hypnosis lost favor in professional circles, multiple personality disorder was no longer diagnosed, and the process of exorcism as a healing technique virtually disappeared among the medical practitioners and the clergy as twentieth century materialism flourished in America.

Dissociation is considered a coping mechanism for a traumatic or overwhelming, stressful situation. Not all people who suffer this kind of abuse develop DID. It depends on the capacity to dissociate in response to the post traumatic stress of the abuse.

Dr. Richard Kluft (1986, pp. 87-89) has developed a "four factor theory" of the etiology of MPD (DID). The four factors he deems necessary for the development of multiple personalities are:

1. A biological capacity for dissociation.
2. A history of trauma or abuse.
3. Specific psychological structures or contents that can be used in the creation of alternate personalities.
4. A lack of adequate nurturing or opportunities to recover from abuse.

Dr. Bennett Braun (1986, pp. 5-9) has proposed the 3-P model of the development of the disorder.

1. Two Predisposing factors are hypothesized to be necessary. One is an inborn biological/psychological capacity to dissociate and the other is repeated exposure to an inconsistently stressful environment.
2. A Precipitating event must occur, a specific overwhelming traumatic episode to which the potential DID patient responds by dissociating.
3. The Perpetuating phenomena are interactive behaviors usually with the abuser that continue for a n unspecified time and are beyond the control of the abused.

The near-death experience, or NDE, is well described in the literature. It seems as if the consciousness separates from the body, remains fully aware and “sees,” that is, perceives, everything in the vicinity in precise detail. The consciousness of the person rejoins the body, much to the great surprise of observers. The unmistakable implication of the NDE is that the personality survives physical death, fully aware and conscious, as a discrete entity, a volitional being. The term entity is defined as an individual consciousness, a whole integral being of distinct and demonstrable existence, separate from the physical body. By definition, this is a spirit.

## Spirit Possession Syndrome

The condition of spirit possession, that is full or partial takeover of a living human by a discarnate being, has been recognized or at least theorized, in every era and in every culture. This condition has been called possession state, spirit possession, spirit possession syndrome, spirit obsession, or spirit attachment (Hyslop, 1917; Wickland, 1924, 1934; Allison, 1980; Guirdham, 1982; McAll, 1982; Crabtree, 1985; Fiore, 1987; Baldwin, 1992), and Dissociative Trance Disorder (APA, 1994, pp. 728-729).

Contemporary clinical evidence suggests that discarnate beings, the spirits of deceased humans, can influence living people, mentally, emotionally, and physically. The entity becomes a parasite in the mind of the host. A victim of this condition can be totally amnesic about episodes of complete takeover.

An attachment can be benevolent in nature, totally self serving, malevolent in intention, or completely neutral. Attachment to any person may be completely random, even accidental. It can occur simply because of physical proximity to the dying person at the time of the death. Most people are vulnerable to spirit attachment on many occasions in the normal course of life. Some investigators in this field estimate that between 70% and 100% of the population are affected or influenced by one or more discarnate spirit entities at some time in their life (Berg, 1984; Fiore, 1987; Baldwin, 1992).

Any mental or physical symptom or condition, strong emotion, repressed negative feeling, conscious or unconscious need can act like a magnet to attract a discarnate entity with the same or similar emotion, condition, need or feeling. Altering the consciousness with alcohol or drugs opens the subconscious mind to infestation by discarnate beings. This includes the use of strong analgesics and the anesthetic drugs necessary in surgery. A codeine tablet taken for the relief of the pain of a dental extraction can cause enough alteration of consciousness to allow entry to an entity. In the case of an organ transplant the spirit of the organ donor can literally follow the transplanted organ into the new body.

An entity of the opposite gender can influence the sexual preference and gender orientation. In some cases of transvestitism and transsexualism, the spirit of a deceased female is causing the desire to dress as a woman or to become a woman through gender reassignment surgery.

Many areas of a person’s life can be influenced by one or more attached entities. In short, spirit attachment can interfere with any aspect of the life of the unsuspecting host.

Inconsistent behavior can result from a shifting of control between separate entities. This behavior is similar in appearance to the phenomenon of switching between alters in DID.

The host is usually unaware of the presence of attached entities. The thoughts, desires and behaviors of an attached entity are experienced as the person’s own thoughts, desires and behaviors. The thoughts, feelings, habits and desires do not seem foreign if they have been present for a long time, even from childhood

Vietnam Veterans suffering from Post Traumatic Stress Disorder (PTSD) often have flashbacks of horrendous combat scenes, including the experience of having died. Yet they survived the war. These memories often turn out to be the actual memories of men who did lose their lives in violent combat before attaching to the survivor.

In ignorance, most people do not refuse permission to these non-physical intruders. Individual sovereign beings have the right to deny any violation or intrusion by another being. With little knowledge or distorted perceptions of the nature of the spirit world, the non-physical reality, many people leave themselves open and create their own vulnerability as part of creating their own reality.

The differential diagnosis between DID and SPS, must include the consideration of discarnate influence or spirit obsession, possession or attachment as a factor. Certain manifestations of the two conditions are similar enough to appear identical. The etiology and history of the afflictions are vastly different. The outcome and prognosis depend on the correct diagnosis and appropriate treatment.

The essential features of DID include a disturbance of identity and memory and the presence of two or more distinct personalities or fragments of personalities within the person. These personalities may present different gender, race, IQ, age, even specific mental disorders, and claim a different family of origin. The belief that one is possessed by another person, under the control of a dead person, deity or demon, power, spirit or other outside force may occur as a symptom of DID. The separate personalities may be able to function individually and be totally unaware of the others (APA, 1987, pp. 269 -272; APA, 1994, pp. 484-487).

The clinical procedures and interventions of Spirit Releasement Therapy appear to facilitate the release of the attached spirit entity. After successful completion of the process, the imposed symptoms are alleviated partially or fully, often immediately and permanently.

## **Similarities Between DID and SPS**

There are interesting similarities that become evident when comparing spirit possession and multiple personalities. Some signs and symptoms are comparable, some distinctly different. A spirit attachment can develop at any time in the life cycle between conception and a brief period following death.

Dissociation and development of alter personalities in DID nearly always results from childhood trauma. Hypnosis is the accepted method of discovering, diagnosing and treating the condition of DID. Hypnosis is the primary therapeutic method for accessing the subconscious portion of the mind. Hypnosis is also one method of probing for any attached entity that may be interfering with a client.

Onset and development of DID apparently spans a long period of time and the precipitating events occur in early childhood. About half of the reported cases have under ten alter personalities, the other half have from ten to over one hundred. Impairment varies from mild to severe depending primarily on the relationship between the personalities (APA, 1994, pp. 484-485).

A newly formed spirit attachment can occur suddenly and changes are apparent immediately. Long standing spirit attachment may be discovered when a person enters therapy to resolve a chronic or continuing problem. Except in the rare cases of full possession the entity does not take over completely. The effect of spirit attachment is manifested and experienced in unusual ego dystonic drives, appetites, urges, contradictory thinking, internal voices, arguing and dialogue.

The person diagnosed with DID usually has a history of a poor concept of mental, physical, and emotional health. Spirit attachment is neither affected nor determined by the health concepts of the host.

The multiple has a history of emotional, physical and most often sexual abuse in childhood during which there was no sense of being able to control the circumstances. The childhood sexual abuse history of the host has no bearing on spirit attachment.

Alters usually have a feeling of belonging, being part of or owning the body. Entities are aware that they are separate beings. In a futile attempt to remain and not be dislodged from a comfortable place, an attached spirit might attempt to persuade the therapist that the body they inhabit is their own. Specific questions will elicit the truth in this circumstance.

In the true multiple there is normally an amnesic barrier between the alter personalities. Yet, in an altered state of consciousness, sometimes referred to as hypnotic trance, one alter can recall the activities of the other alters when they were "out," that is, in charge of the body. It seems that the sense of self and the memory of the alters exists in the subconscious.

Attached entities usually know about other entities or groups of entities and certainly know about the host as a separate person. Entities with a person diagnosed with DID know about the alters and the alters may recognize the entities as separate beings and not part of the "group." In such a person, the alters will refute the entity's claim to the body.

A traditional therapist may not believe an entity when it claims to be a separate being. Should the therapist attempt to integrate such an entity, the attempt will be unsuccessful and the best result possible will be co-consciousness.

William James (1842-1910) in his 1896 Lowell Lectures spoke on "Demonic Possession." Recapitulating the previous lecture, "Multiple Personality," he mentioned three types of mutations in the sense of self: insane, hysteric, and somnambulistic. The fourth type, he said, is spirit control, or mediumship that in the past had been equated with devil worship and pathology. He went on:

History shows that mediumship is identical with demon possession. But the obsolescence of public belief in the possession by demons is a very strange thing in Christian lands, when one considers that it is the one most articulately expressed doctrine of both Testaments, and...reigned for seventeen hundred years, hardly challenged, in all the churches. Every land and every age has exhibited the facts on which this belief was founded. India, China, Egypt, Africa, Polynesia, Greece, Rome, and all medieval Europe

believed that certain nervous disorders were of supernatural origin, inspired by gods and sacred; or by demons—and therefore diabolical. When the pagan gods became demons, all possession became diabolic, and we have the medieval condition (Taylor, 1984, p. 93-94).

In James' day, there was "...much alarmist writing in psychopathy about degeneration," and he suggested that "...if there are devils, if there are supernormal powers, it is through the cracked and fragmented self that they enter." (Taylor, 1984, p. 110).

James (1966) went on to say:

"The refusal of modern 'enlightenment' to treat 'possession' as a hypothesis to be spoken of as even possible, in spite of the massive human tradition based on concrete experience in its favor, has always seemed to me a curious example of the power of fashion in things scientific. That the demon-theory will have its innings again is to my mind absolutely certain. One has to be 'scientific' indeed to be blind and ignorant enough to suspect no such possibility."

James' prescient forecast concerning the "demon theory" is proving true. Dr. Ralph Allison (1985), considered a pioneer in the modern treatment of DID, says bluntly that many of his multiple personality patients have exhibited symptoms of possession. He states:

Repeatedly, I encountered aspects of their personalities that were not true alter personalities...In many of these cases, it was difficult to dismiss these unusual and bizarre occurrences as mere delusion. In the absence of any 'logical' explanation, I have come to believe in the possibility of spirit possession.

Dr. Allison (1985) states that he has corresponded with many professionals who have come to similar conclusions about the origin and purpose of alter personalities.

It is interesting that the three subjects, hypnosis, spirit possession and multiple personality disorder were prominent at the turn of the century then faded almost simultaneously into obscurity. Popular literature on the subject of MPD again brought the condition into public awareness. Hypnosis gained acceptance in mid-century. Treatment of spirit possession never ceased but continued quietly through the years without much publicity.

Dr. Richard Kluft (1985b) has coined the term *co-presence*. By this he means the ability of an alter to influence the experience or behavior of another personality. This describes precisely the effect of an attached earthbound entity on the host.

Dr. Walter Young (1987) described a case of ostensible adult onset of MPD. Duane, a veteran of WW II, began having dissociative episodes after his discharge from the navy. Duane did not drink or use drugs. He described an inner voice that had been present since the war which sometimes advised suicide. Duane had an unhappy childhood but there were not the usual precipitating factors leading to MPD. Duane and a friend named Max joined the navy together. In a tragic episode, Duane ordered Max to stand his (Duane's) gunnery watch. A Japanese plane strafed the area and Max was fatally wounded. Duane was with Max in the last moments and heard Max promise "I'll never leave you." Duane felt responsible for the death of his friend.

Under hypnosis Max claimed to have entered Duane because Max held Duane responsible for his death. He claimed he had a score to settle with Duane because, he protested, "it wasn't my time to die." He denied the presence of any other alters. He acknowledged that he was the "voice" that Duane heard. He took control occasionally and Duane was amnesic during these periods. Max lived a hedonistic lifestyle when he was in control of Duane's body, riding motorcycles, having affairs with women and urging Duane to leave home on repeated trips. This fits the definition of co-presence described above.

Previous psychiatric records revealed that a dissociative condition was suspected. Max revealed that the psychiatrist knew of his presence and had attempted to "banish" him. He just went away briefly and returned after the psychiatrist was gone. This is the result of inadequate knowledge of the spirit releasement therapy procedures.

Duane left therapy with Dr. Young after three months. His anxiety increased as hypnotic sessions were conducted with the intention of exploring the war and early life experiences.

In the discussion Dr. Young suggests these unusual aspects of the case. Because the adult onset of MPD is rare, it is little studied and little understood. A single alter in a case of MPD is highly unusual. His discussion attempted to explain the case in psychoanalytic terms but without concrete conclusions.

The description of the case of Duane and Max is typical of spirit attachment. There are many specific indications including the following:

1. There was no history that would indicate the antecedents of MPD.
2. The two were friends.
3. Duane was present at the time of Max's death.
4. Duane felt guilt, Max felt blame. This is an exact fit of emotions
5. Max promised, "I'll never leave you."
6. Max said he had entered Duane. This is a clear description that the therapist must accept as valid.
7. The voice urged suicide as a way of assuaging the blame and guilt and achieving peace for both. The idea of achieving peace is a manipulative deception.

8. With Max in control Duane was amnesic of the lifestyle adopted by Max. This is a case of occasional complete takeover.

9. Max knew he was a separate being and resisted the psychiatrist's efforts to banish him. Max was not at all confused by the situation.

10. The situation worsened with further inadequate and inappropriate treatment. Psychiatric intervention was obviously the wrong treatment approach for the condition.

Spirit attachment, or possession, is not affected by standard medical treatment and traditional psychotherapy simply does not apply. Psychiatric intervention especially the use of mind altering drugs can exacerbate the condition. A process of releasing the attached entity is the treatment of choice and indeed the only successful method of alleviating the problem. The process is gentle, logical, methodical, systematic and grounded in sound psychotherapeutic principles.

Spirit releasement therapy procedures are not dangerous or frightening once a client is aware of the reality of the situation. The condition of spirit attachment if properly treated can be cleared immediately. However, hypnotic suggestion can mask organically caused symptoms, behavior can be altered by post-hypnotic suggestion, and the placebo effect of any kind of treatment ritual is well known. For these reasons a psychological evaluation is recommended prior to the intervention and a thorough medical examination is necessary if there are physical symptoms. This treatment cannot be considered as a substitute for appropriate medical or psychological treatment.

#### TREATMENT

Some phases of treatment for these two conditions are parallel in intent, yet the final goal is totally different. For the alter personalities in DID, fusion or integration is the final step; for the condition of spirit attachment, only the release of the spirit can bring the relief of symptoms (Braun, 1986, Fiore, 1987; Baldwin, 1992).

### DID

The steps in the treatment of the multiple personality can be listed as follows:

1. Trust, establishing the therapeutic alliance.
2. Making and sharing the diagnosis.
3. Communication with the personalities and honoring or validating them as individuals.
4. Contracting with the personalities to continue therapy, not to harm self or others, including the therapist.
5. Individual and system history gathering. This means learning details of each personality such as the name, its present age, the age of the client when the personality was created, the reasons for creation and present function, location of the client when the personality was formed, the present position in the power structure, what functions it now serves, what problems and issues arise, and how it believes it was created.
6. Therapeutically working the issues of each personality.
7. Special procedures, such as sand play, art therapy, occupational therapy.
8. Interpersonality communications, an early step to co-consciousness and integration.
9. Resolution and integration. After the conflict areas are resolved, integration is the goal. Some alters refuse to integrate or to be absorbed, some fear they will die. An acceptable but less stable form of resolution is a co-consciousness or mutual cooperation between alter personalities, and is less than complete integration.
10. New coping skills.
11. Social networking.
12. Solidifying gains and skills.
13. Follow up.

These steps are detailed in the first book published on the treatment of MPD (DID) (Braun, 1986). Steps 1, 2, 3, 5, 6, 8, 10, 11, 12, and 13 are also standard in the treatment process for spirit possession syndrome. Step 4 is less important, as the release is most often accomplished during the same session as the discovery of an attached spirit. If the release is not completed during the first session, it is wise to request an agreement with the entity or entities to return for another session, to remain quiet and not attack or harm the host.

Regarding step 7, it is unnecessary to use adjunct procedures for the attached spirits. Therapy with the entity is not aimed at resolution of its issues so it can lead a productive life, as it has left its physical body; it has no life as such. The goal is to effect sufficient resolution to release the emotional or physical bond that holds the entity to the earth plane and release its attachment to the identified client. This will allow the next step to be accomplished—that is, releasing the entity into the Light.

The point of widest divergence between the therapies for the two conditions is step 9. After the resolution in spirit releasement therapy, the entity is sent on to the next step in its own evolution, to its rightful place in the Light. One spirit cannot be fused with another. It cannot be forced to blend or integrate with another separate, sovereign entity.

By letting go of something, releasing some inappropriate connection, by getting rid of the burden of an attached spirit, the client is left whole and complete in him or her self, without the parasitic attachments. In therapy with multiples, the alter personalities are fused, integrated and blended with the original personality in the attempt to reestablish the wholeness that was destroyed by early trauma. The differences between DID and SPS may be due to the disparate theoretical frameworks, or therapeutic paradigms. It may be simply an artifact of the two distinct metaphors. It also may indicate that the two models are both valid and accurate in the description of their respective conditions.

**The two disorders have some characteristics in common that appear similar in outward manifestations, yet are distinct from one another in cause or precipitating factors, onset, history, diagnosis, prognosis, and successful treatment, and must be diagnosed and treated appropriately. The treatment for DID is useless and confusing for a person burdened with attached spirits. Releasing discarnates from the person afflicted with DID may allow for earlier success during treatment with the methods appropriate to that condition.**

## **SRT**

Historically, the treatment of spirit possession has been primarily in the hands of the shaman, medicine man or clergy. Rituals of many sorts have been used from verbal incantations and incense to beating with sticks. Baptism and christening of infants is a form of exorcism. The Finnish sauna and the attendant beating with branches is a form of exorcism. The Native American sweat lodge is a means to the same ends. Jesus commissioned the twelve disciples to heal the sick and cast out unclean spirits. After them He also commissioned the 72 (The Bible, Luke 10). Ministers today perform “deliverance” on those afflicted with “demons.” They employ much exhortation and prayer.

Spirit Releasement Therapy is used on an individual basis. The process of spirit releasement therapy consists of the following six distinct phases:

The first step is to discover and identify any attached discarnate spirits, or entities. Seldom is only one entity attached.

The second step is differential diagnosis. The earthbound spirit of a deceased human is the most common attachment, yet there are many other types of nonphysical beings that interfere with living people. The following steps apply to the attached EB.

The third step is to engage the spirit in dialogue. There are four specific purposes:

1. Resolution of the emotional conflicts or physical needs that have kept it in the earth plane.
2. Determination of the specific circumstances that led to the attachment to the client.
3. Discovery of the vulnerability or susceptibility that first allowed the attachment.
4. Assessment of the effects of the spirit attachment of the client.

At this point, the discarnate entity is treated like any other client with an emotional problem. The therapist assists the entity in resolving these issues for the express purpose of effecting its release from the client. It is helpful for ongoing therapy with the client to discover the vulnerability that allowed the attachment to this person and to identify and assess the effects of the attachment.

The fourth step is the actual release of the spirit into the Light. This is a phenomenon similar to that described in the NDE. There is often a tearful reunion as the spirits of the deceased loved ones come to welcome the returning human soul.

The fifth step is a specific guided imagery of Light. It is very important and necessary to fill metaphorically the space left by the departing being or beings. The client is directed to imagine a brilliant spark of Light deep in the center of the body. It glows and expands to fill the body, then expands outward about an arm’s length all around, forcing out anything unlike itself. It forms a shimmering protective bubble of Light surrounding the person. The client is urged to repeat this visualization several times each day.

The sixth step is ongoing therapy. Other entities, or layers of entities, are often discovered. It is essential to resolve the conflict and to heal the emotional vulnerability that allowed the attachment s. Inner child healing and treatment of subpersonalities is very effective in the ongoing work.

The experience is profound for the client, and very satisfying for the therapist.

## **DISCUSSION**

The ancient concept of spirit possession may be quite valid, though largely ignored in modern, scientifically oriented, materialistic society. Spirit Releasement Therapy can bring profound and unexpected results, mental and physical, ranging from minor improvement to a total remission of hitherto

untreatable symptoms and conditions. The methodology is straightforward and grounded in sound psychotherapeutic principles.

I suggest that some significant and essential knowledge has been excluded from contemporary Western psychology and psychotherapy. That is the transpersonal or spiritual dimension. I suggest that we must view the concept of spirit interference, spirit obsession, spirit possession or spirit attachment, not as a metaphor, but as a condition that exists as a very real part of the human condition. Greater knowledge and understanding of this condition will begin to eliminate the fear and superstition within which it has been veiled forever. If a spirit attachment is present, then the methodology of SRT is a clear, systematically organized, consistent process of correcting the condition. It is truly a holistic, spiritual psychotherapy.

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