

# **Psychiatry and Spirit Release Therapy**

Response to 'The Case for Spirit Release' by Dr. Alan Sanderson  
([www.rcpsych.ac.uk/college/sig/spirit/publications/index.htm](http://www.rcpsych.ac.uk/college/sig/spirit/publications/index.htm))

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## **Introduction**

Soul centred therapies such as spirit release are regarded by much of modern society as pre-rational and pre-scientific <sup>1</sup> and so are dismissed as being no more than the product of imagination - what is now popularly called 'fantasy'.

This view of the mind began to form during the age of enlightenment in Europe in the 17<sup>th</sup> and 18<sup>th</sup> centuries, a Newtonian revolution that took society from the God-centred reality of the Middle Ages to the modern world in which the human being stands proudly centre stage. While we can be glad of the many achievements of science and medicine, the prevailing cultural attitude is now one of enormous conceit. We suppose we know what reality is, how it works and essentially what comprises the nature of the universe in which we live.

## **Psychiatry today**

Psychiatry is the branch of medicine dedicated to the study of mental illness. The basic assumption, in line with the Newtonian worldview, is that one day mental illness will be entirely accounted for by brain mechanisms, as indeed will consciousness itself. Recent advances in the neurosciences such as PET and MRI scans are cited in support of this viewpoint. Research into the two major mental illnesses, of manic depression and schizophrenia, has followed along the same lines.

Yet even if these two illnesses could be satisfactorily explained by neuroscience, which is far from being true, it could hardly justify the epidemic prescribing of drugs that has arisen during the last twenty-five or so years. For instance, in just the first five years of Prozac coming on the market, ten million prescriptions were handed out <sup>2</sup>. It is now all too easy to get emotional problems labelled 'depression' and treated ever after as an illness.

Unfortunately, during psychiatric training, almost no attention is paid to the profound question of what is really meant by health. Illness is defined by checklists of symptoms and the trainee psychiatrist is given little help in learning how to acknowledge and support patients whose experiences place them outside the consensus reality of society. We are in a culture that is very intolerant of eccentricity, individuality and the subjective nature of truth. We may think of ourselves as a good deal more enlightened than our mediaeval forebears, but modern society applies all kinds of subtle pressure on us to conform, not just in our behaviour but also in how we think, and in what we take to be the nature of reality.

## **Materialist science**

This brings me back to the assumptions we make about what is 'real'. Newtonian science presupposes that the physical universe is primary and that mind, or imagination, or fantasy, are all productions of the physical. There is nothing 'out there' that is not either physical, or something imagined by our minds. To be sure, we have an inner world, brimming with thoughts and feelings, desires and fears, but what goes on 'in there' is regarded ultimately as being generated by the brain as a specialised organ of the body. Clearly, such a view holds no truck with 'attached spirits'. How could there be a spirit without a body?

This kind of scientific ethos is essentially atheistic. There is no place for God, let alone angels and archangels, devils and demons<sup>3</sup>. Studies carried out on psychiatrists and psychologists have shown that less than one third believe there to be a higher power or divine presence; the Newtonian worldview clearly wins the day. Yet even in our materialist, consumer culture, population surveys show that over 90% of people still hold there to be such a higher power<sup>4</sup>. Why this difference?

The greatest scientists, such as Albert Einstein, have consistently shown awe and humility in the face of the unknown. They know that science throws a light on the mysterious workings of the cosmos like the illumination of a street lamp at night. There is the story of the man who lost his keys and only looked under the streetlight - a good place to start the search but definitely not the place to end it! And to take the analogy one step further, we shall never know everything about the nature of that light source when we ourselves are obliged to use it to see what is going on.

It is in the application of science that the rot sets in. The allure of the technology and the manipulation of physical reality breed an attitude of indifference to what lies beyond. True and impartial intellectual curiosity withers on the bough, just as McDonalds and Mars bars so dominate the culture that we are losing the taste for real food.

Instead of challenging this diminution of consciousness, most of the input from science feeds us with ever more products, being largely in the pocket of big business. Research grants, too, often depend on toeing the line by not challenging the materialist worldview.

## **Psychiatry and society**

The problem for psychiatry is twofold. Firstly, psychiatry is still trying to be a 'proper' science, like its bedfellows medicine and surgery. It wants to be proudly able to take its place among equals. (This has nothing to do with the genuine value of recent advances in brain neuroscience; it has everything to do with human behaviour). Consequently, the door is wide open to the pharmaceutical industry, which idealises the neurochemical model of illness. Massive profits are to be made from medication which is begun in young adulthood in a population that is long lived, for perhaps another fifty years, and which will 'keep on taking the tablets'. Where, on the other hand, is the money to be made out of purely psychological, or even more so, spiritual, aspects of health care? The short answer is that there is none.

Secondly, psychiatry has reason to be even more reluctant than ordinary investigative science to enquire into the 'paranormal'. A great deal of psychiatry has depended on agreeing what is 'normal' and then evaluating in what way, and how far, the mindset of any one individual differs from the consensus view. When a person deviates sufficiently from that norm, we call it psychopathology. Literally translated, this means that the mind is held to be diseased. Psychopathology coupled with enough evidence of suffering, or the threat of harm towards self or others, is the object of psychiatric diagnosis and treatment.

It follows that the practice of psychiatry, more than any other branch of medicine, is dependant on social and cultural attitudes. But who is to say how much suffering is a natural part of life? When is suffering to be alleviated and how much is it like the grit the oyster needs to make the pearl? (The problem was never more chillingly portrayed than in Aldous Huxley's novel *Brave New World*). Yet how much behavioural disturbance should we tolerate? A man driving down the wrong side of the motorway convinced that the flashing headlights of the approaching cars are signals from aliens is likely to get himself killed, very possibly taking others with him. Judgments about what is reality and what are delusional beliefs are therefore crucial to making diagnoses that at times can be life saving.

On the other hand, Jesus Christ would very probably now be diagnosed as suffering from delusions of grandeur. What would we make of the revelations of the Saints and prophets, or of the visions of Julian of Norwich, for example? To this day, we regularly encounter precognition, deathbed visions and out-of-body and near-death experiences. Telepathy, remote viewing and influencing, past-life and between-life regression, Spiritism, channelling and communications from the deceased abound <sup>5,6,7</sup>. And what about the burgeoning research into the 'paranormal' that is now strongly confirming psychokinesis, presentiment and distance healing, to name but a few? <sup>8,9</sup> 'There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy' <sup>10</sup>.

When it comes to psychiatric training, the conservatism of medical education ensures that the blinkers go on early. And to take into account paranormal phenomena would only complicate carrying out an already difficult job. Nor is it just a matter of choosing between belief systems; mental illness and paranormal experiences can occur together, making it very hard to tease apart one from the other.

### **Mind and spirit**

Until quantum theory began to be applied to the question of the fundamental nature of reality, this schism between science and spirit remained wide open. Here, I am only going to summarise a few of the implications of quantum physics <sup>11</sup>:

First of all, there is no such thing as objective reality. All reality is created by consciousness. There is no world of things that exists independently of consciousness, for consciousness itself creates the four-dimensional universe of time and space in which we live as embodied beings. We now know we exist in a multidimensional cosmos transcending time and space. More than that, we have

evidence that everything is connected to everything else, like one unimaginably vast hologram.

We human beings necessarily share a consensus reality that gives structure and stability to the world of sense perception, arising from what technically is known as the collapse of the probability wave. But each of us has the capacity to collapse the wave in a place of our own making. Jesus turned water into wine! Out of infinite quantum potentia we each precipitate a unique experience of reality. No one person's is more or less true than any other. To live in a world of one, which is characteristic of psychotic reality, is a lonely and dangerous place, as I illustrated with the example of the man driving the wrong way down the motorway. Nevertheless, the reality of a person who from the clinical standpoint is hallucinated and/or deluded is still entirely authentic.

### **Psychiatric diagnosis and the paranormal**

How then, to decide if a paranormal experience justifies a psychiatric label? One way of looking at this is whether the experience being reported is enhancing or disrupting that person's life. This is not absolute, in the sense that any life crisis is likely to be felt as shattering and yet contains the seeds of a new integration. As the old saying goes, 'you can't make an omelette without breaking eggs!' But the aim must be to find meaning and purpose in the crisis, with the chance of moving towards wholeness of being.

This is how one would distinguish between mediums who dedicate themselves to helping others through making contact with the deceased, and someone whose life is blighted by the intrusion of voices, which interfere with ordinary thinking. The phenomenology of the hallucinations, to use that term, may be identical, such as hearing voices coming from 'outside' in the absence of any evident stimulus. But the significance for health as opposed to illness is entirely different <sup>12</sup>.

Psychiatry has begun to acknowledge this in a small way. In ICD -10, the diagnostic manual used in the UK, there is now an entry for trance and possession disorders (F44.3) <sup>13</sup>. These are classified as disorders in which *'there is a temporary loss of both the sense of personal identity and full awareness of the surroundings; in some instances the individual acts as if taken over by another personality, spirit, deity or force.'*

Most importantly, ICD -10 goes on to say that *'only trance disorders that are involuntary or unwanted, and which intrude into ordinary activities by occurring outside (or being a prolongation of) religious or other culturally accepted situations'* should be included here.

In the equivalent American manual, DSM - IV, <sup>14</sup> there is a new category entitled 'Religious or Spiritual Problem'. This category does not imply illness but is drawing long overdue attention to the patients' religious or spiritual beliefs.

### **A place for spirit release therapy?**

How might spirit release therapy one day hope to be acknowledged by mainstream psychiatry?

There are two ways in which this could happen. The first would need a

major paradigm shift, the recognition that our spacetime dimension is nested within a multiplicity of other dimensions, some material and some non-material. It requires taking on board the evidence that consciousness is primary and not secondary to physical reality and that it is non-local in nature, meaning that it does not exist inside the skull but is everywhere. It would mean acknowledging that beyond our spacetime are domains in which linear time does not exist; that past, present and future are merely features of our physical universe; that consciousness is eternal and infinite and that we are participants in a living, spiritual cosmos.

Such views are still regarded as heresy. Quantum physicists and cosmologists who have embraced these revolutionary implications have been mocked and pilloried by their colleagues, sometimes losing not only their grants but their academic posts too. The resistance to paradigm change is an age-old characteristic of the human mind, just as when Galileo discovered that the earth went round the sun and for his pains spent the last ten years of his life under house arrest.

Any radical rethink still seems a long way off. As a species, we haven't even been able to protect Spaceship Earth and cherish the unity of life on this little planet, let alone grasp that spacetime is enfolded within other non-physical dimensions.

In the meantime, as far as spirit release therapy goes, there is another way forward. This is to look upon it as a psychological therapy, setting aside any question of what might be the ultimate status of the energies or entities being encountered. The approach has the merit of being pragmatic, for it has long been recognised that working with the beliefs of the patient brings the best results<sup>15</sup>.

All therapy takes place within belief systems, which organise the interpretation of sensory data, how it is processed and the consequent response. The notion of spirit attachment (and release) comprises a coherent, explanatory model for certain experiences. And there is anecdotal evidence of therapeutic efficacy, although not yet the kind of database that would satisfy the hard-line statistics applied to other psychological interventions.

As to the actual mechanism, it is not necessary to prove or disprove the presence of entities. Efficacy can be demonstrated on the black box model, of input, throughput and output, without knowing how it is achieved. While to the clairvoyant the presence of spirit is self-evident, the sceptic will argue that even the best result using spirit release therapy does not in itself prove the existence of spirit attachment as an extrinsic process.

What about the interactive approach, which does not require the therapist to be Mediumnistic and which enables a therapeutic dialogue to take place? It will still be argued that we are dealing with dissociative phenomena similar to that of multiple personality and that the dialogue is therefore taking place with a split-off aspect of the unconscious, or as the psychodramatic exploration of a person's inner world.

Are there any other explanations? Medical science has been in the habit of sceptically dismissing unexplained positive findings as due to the 'placebo response', based on emotional suggestibility. But remember that from the

quantum perspective, there is no such thing as the placebo response. Mind and matter are entwined, being two sides of the same coin. It is consciousness that 'collapses the wave', and brings matter into being. As the duality of wave-particle physics has shown, what precipitates into spacetime depends on the mindset of the experimenter. Reality is not something given but created.

The debate will doubtless continue. What does seem clear, at any rate, is that for spirit release therapy to work, it needs to offer a meaningful paradigm for patient and therapist, one that has heuristic value as a psycho-spiritual tool.

### **Keeping an open mind**

The last point I want to make is that while the Newtonian scientific map is based on the dichotomy of either/or (an object cannot be in two places at the same time, for example), the quantum universe knows no such limits. Technically called superposition, sub-atomic particles exist and do not exist at the same time; they can be everywhere and nowhere, truly an Alice in Wonderland kind of world. And where space was once thought to be an empty vacuum, we now know it as the zero-point field, swarming with energies of unbelievable magnitude <sup>16</sup>.

Nature in her wisdom has shielded us from the impact of these energies, so that our personal, everyday consciousness can get on with raising families, holding down jobs, struggling with our emotions and, when we have spare time, puzzling on the nature and purpose of life. But in an altered state of consciousness, whether through psychedelic drugs, hypnotherapy, meditation or reverie, we find ourselves in touch with very different worlds on the other side of a paper-thin veil <sup>17</sup>.

If a person has the misfortune to suffer from the disturbance of brain function we call schizophrenia, it seems very likely that the veil becomes porous to energies that were never intended to flood in. Likewise, when the emotions of the bereaved connect them to the energies of the deceased, we should hardly be surprised that communications arise transcending spacetime.

The unbounded nature of consciousness is a wonderful thing, but so is spacetime, for without it our bodies would not exist and we should be deprived of the chance of growing in wisdom through the trials and tribulations of life. So, while making the journey through life, might I suggest that when our actions are occasioned by love and tempered with humility, we find ourselves aligned to the workings of the universe with a harmony that makes us tolerant of prejudice and accepting of differences? I am sure this will give the best chance for spirit release therapy to find, in the fullness of time, its place as a recognised and valued contribution to mental health care.

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