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Science and Spiritual Practices: How Far Can The Dialogue Proceed? Tramont's Spirit Releasement Therapy as a Case Study

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HIGHLIGHTS

Science can assess the effectiveness and mechanisms of spiritual practices, but important philosophical and methodological challenges must be addressed.

KEYWORDS

Spiritual practices, health, spirituality, science, religion.

INTRODUCTION

The scientific output on spirituality and health has increased significantly over the last few decades, with contributions from various disciplines, methods, and theoretical perspectives (Demir, 2019). Overall, these studies indicate that, contrary to earlier conceptualizations of religion and spirituality as detrimental to health and wellbeing (e.g., Ellis, 1980; Freud, 1927), spiritual practices, beliefs, and experiences are positively associated with a series of mental and physical health indicators, even though negative and no significant correlations were also identified (VanderWeele, Balboni & Koh, 2017). The recent rise of research focus on spiritual practices and therapies such as meditation techniques, yoga, and prayer, along with the creation of academic journals and research groups dedicated to studying these topics, suggest that "spirituality and health" have, to a great extent, become a mainstream research field. Many researchers, professionals, and organizations now recognize the significance and impact of spirituality on health and recommend clinicians to consider their patients' spiritual needs when diagnosing and treating them (e.g., Moreira-Almeida et al., 2016).

On the other hand, there is an emphasis in this literature on the more favorable aspects of spirituality to the detriment of studies focusing on the potential adverse effects of spiritual practices (e.g., Farias et al., 2020). Although it is of fundamental importance to understand how spirituality can serve a protective, salutary function, it is equally essential to explore further those circumstances where spirituality can cause harm or is linked to pathological processes and conditions. This is especially relevant given the limitations of available diagnostic criteria to differentiate between healthy and pathological expressions of spiritual experience (Maraldi, 2020; Moreira-Almeida & Cardeña, 2011).

Tramont's spirit releasement therapy (henceforth called TSRT) offers an interesting case study of a spiritual practice developed precisely to deal with the darker aspects of spirituality. It diagnoses the origin of suffering and emotional imbalance as resulting from a combination of different spiritual factors, with special attention to the

pernicious influence of obsessive spirits and "spiritual attachments". It also considers a range of other factors from past-life unresolved issues to the pathological manifestation of dissociated parts of the self. According to Nancy Smoot Tramont (2023), her husband's therapeutic approach consists of a "powerful healing tool" (p. 724) with numerous successful cases of remission and personal transformation. If that is so, then academics and health professionals might benefit from delving deeper into (and gaining more knowledge about) it. But is it possible to investigate TSRT scientifically? Before tackling that issue, it is important to examine more closely the relationship between science and spiritual practices.

THE DIALOGUE BETWEEN SCIENCE AND SPIRITUALITY: PITFALLS AND POSSIBILITIES

Research on spirituality and health is largely based on the assumption that a dialogue between science and spirituality is not only viable but potentially fruitful. However, as many historians have remarked, the relationship between these two domains of knowledge varies widely, ranging from more conflicting perspectives to dialogical and integrative approaches (McGrath, 2020). The conditions or prerequisites for a dialogue between these two areas are being constantly debated and redefined. But maybe the most important prerequisite is open-mindedness from both sides. Open-mindedness means here an openness to different ideas and worldviews, that is, a serious consideration of alternative or contrasting perspectives and opinions. This is not something easy or simple to achieve. Fostering communication and collaboration between diverse fields of human knowledge and activity remains a complex and challenging goal in democratic societies (e.g., Habermas & Ratzinger, 2006).

Going Beyond Patients' Testimonies

One of the first things to consider is that the evidence criteria of scientists are usually different from those of spiritual practitioners and patients. When a person is suffering and seeks help for her ailments, he/she is typically not worried about methodological rigorousness or degrees of evidence. She wants to be freed of what causes her pain and suffering. She may consider, at most, the credentials of the person who attends her if that person is recognized in a specific field, but she will not always have sufficient knowledge to objectively evaluate the treatment received. She knows only the effects upon her (or what she believes to be those effects).

Of course, scientists and health professionals should take patients' perceptions of their treatment into account. Such perceptions are a fundamental part of the whole picture. However, they are unable to tell the whole story. This is so because our perceptions are vulnerable to several cognitive and emotional biases, especially when pain, suffering, lack of meaning, or disorientation is involved. We will do our best to find meaning because this is what our lives are all about; but we may eventually find meaning in things that are not meaningful or relevant in themselves. That's when science comes in to help us evaluate the evidence and separate what is relevant from what may appear effective but has not been rigorously demonstrated to be so.

What is Science?

Science is a form of rigorous knowledge based on experimentation and systematic observation. Because of its enormous power, efficacy, and social influence, some may become convinced that it is the only path to knowledge. However, there are many other forms of perceiving (and thinking about) the world. Science has more to do with a certain attitude toward the data, with the methods used rather than the assumptions made. In this sense, it is not in itself materialist or spiritualist. Put otherwise, science should have no partisan bias.

That would be the ideal situation, but my colleagues from social sciences and the philosophy of science would partially disagree with me at this point because science is a human activity and, as humans, we cannot be completely neutral. Science is also about how the scientific community reaches a consensus on specific topics, a decision that is not entirely determined by empirical investigation and the methods used but which depends to a significant extent on social, political, economic, and historical factors (e.g., Kuhn, 1996). Therefore, the dialogue with spirituality rests largely on the interest of the scientific community to pursue such a relationship and see it as relevant.

Most of the training in different scientific disciplines involves the assumption of "methodological agnosticism" which requires a suspension of beliefs and ideological preferences while carrying out scientific research (Porpora, 2006). That means, in practice, that scientists and academics are routinely trained to avoid identifying possible connections between science and spirituality because this could eventually put at risk the legitimacy or scientificity of their work. Even scientists who are also spiritual practitioners may simply prefer to compartmentalize their relationship with each type of knowledge. They are scientists when doing science and spiritual believers when practicing their spiritual traditions. This is not essentially different in the case of many health professionals; for example, a significant percentage of psychiatrists

see themselves as spiritual or religious and consider spirituality important to health, but are afraid of exceeding the role of the doctor when discussing the spiritual needs of their patients and complain about the lack of adequate training to deal with such issues in clinical practice (Menegatti-Chequini et al., 2019).

A similar, but inverse, attitude to science is observed among most spiritual practitioners. Although some doctrines, theologians, and mystics have associated their spiritual teachings with scientific concepts (e.g., Swami Vivekananda, Teilhard de Chardin), this is not necessarily a fundamental factor in the endorsement of spiritual beliefs by laypersons or the regular practitioner, who often ignore the technicalities and difficulties of a debate between science and spirituality. There is also the fact that these attempts at integration may not fully adhere to the scientific concepts to which they refer or be too speculative (for example, attempts to explain spiritual experiences and phenomena by quantum physics Schweber, 2011), thus requiring further empirical confirmation and theoretical substantiation before they can be scientifically established.

Reconciling Science and Spiritual Practices Through Health

Despite the above-mentioned challenges and limitations, there is still room for advancing the dialogue. In the field of spirituality and health, an important move was made to start a conversation between spiritual traditions or epistemologies and academics from the health sciences (Lukoff, Lu, & Turner, 1992). This field is largely based on the assumption that spiritual practices have something important to teach us, and that it is possible to learn from (and integrate) them with more secular approaches (Sheldrake, 2017). Even some atheists and non-believers now agree with such an assessment of the field (De Botton, 2012; Harris, 2014).

But as previously stated, both sides should exercise openness and collaboration for the dialogue to flourish. Spiritual practitioners should be open to understanding that their theoretical assumptions and expectations are not always amenable to scientific investigation and can even be contradicted by scientific evidence. On the other hand, scientists should be open to the possibility of certain spiritual therapies having some efficacy or validity beyond spurious or illusory effects and that such practices are relevant and meaningful to individuals in different societies, regardless of religious or non-religious affiliation. Spiritual traditions actually formed the basis through which modern systems of psychotherapy historically emerged (Shamdasani, 2005). Acknowledging these roots is an important step in fostering dialogue between science and spirituality. But would it be reasonable to expect scientists to adhere to the existence of spirits, the afterlife, and reincarnation, all topics considered essential for spirit releasement therapy? In other words, how far can the dialogue proceed? What are the limits and conditions for such a dialogue?

This is a complex discussion that far exceeds the more limited scope of the present commentary. But some aspects of the problem can already be discerned and dealt with. Firstly, it might be useful to separate the efficacy of the spiritual treatment from the hypothesized processes that enable its occurrence. We may be able to demonstrate the former without finding sufficient evidence of the latter. Secondly, for either the efficacy or the causal mechanisms of the treatment to be rigorously investigated, we must adhere to at least four basic principles in health science: adequate operationalization of the treatment; systematic assessment of its effects and possible mediators or moderators; controllability and replicability. Depending on the characteristics of the treatment, the mechanisms hypothesized to be involved, and the quality of the research design, the conditions for satisfying each one of those principles may vary, as well as the reliability and robustness of the evidence obtained.

MOVING THE DIALOGUE FORWARD: TRAMONT'S APPROACH AS A CASE STUDY

Nancy is careful when discussing the scientific status of Tramont's therapy. She readily acknowledges that she "is not a scientist or researcher" and that her paper "aims neither to convert anyone's beliefs nor to prove the reality of discarnate entities". In this direction, she urges readers to "focus on the positive patient results and allow the clinical testimony to speak for itself" (Smoot-Tramont, 2023, p. 725). However, her paper was published in a scientific journal. Even if the findings are preliminary, it is important to understand how rigorous evidence of the treatment's efficacy and mechanisms can be obtained and how we can advance the discussion regarding its scientific investigation. This is especially relevant in view of the scarcity of research on spirit releasement therapy in comparison to other complementary or alternative spiritist therapies (e.g., Luccheti et al., 2011). Below are some recommendations of methodological steps to consider in this research area to help advance the present discussion.

Development of a Structured Protocol

Tramont`s therapy is actually a combination of many different things, of past-life regression with spirit release therapy and other holistic treatments. Although some

general principles or guidelines can be discerned in Tramont's practice (e.g., identifying whether the patient is able to achieve trance, resorting to dual sessions when this is not the case, searching for the past-life origins of present conflicts, releasing the patient from obsessive spirits), the specific procedures may vary substantially from one session to another and from one patient to another. There is no clear definition of the next steps; the decisions are made throughout the sessions, depending on what emerges from the spiritual experiences. Without a structured protocol, it will be more difficult to establish the scientific validity of Tramont`s therapeutic model.

On the other hand, one could argue that the phenomena under consideration may not be easily subjected to rigorous or structured procedures. This is a reasonable observation. Even so, it might be possible to systematize and formalize certain aspects or procedures that are at this moment only preliminarily described (for example, it might be possible to better define under what circumstances certain steps should be taken or are, on the contrary, not recommended). This would help discriminate the role of each procedure in the obtained success in order to allow for a more comprehensive understanding of what exactly makes Tramont`s treatment successful, at least based on the patients' testimonies.

Assessment of Clinical Outcomes

A fundamental aspect to consider in the development of a structured protocol is the systematic assessment of clinical outcomes. The use of measurement tools such as psychological scales or inventories is extremely helpful in clinical research, especially with larger sample sizes – which will be required to allow for greater generalization of the findings. Crucially, the variables and measures should be defined before the commencement of the study, and the questionnaires completed by participants at different moments during the study, with the aim of assessing the effects of the treatment over time. Qualitative data analysis methods such as thematic content analysis of patients' reports and statistical analyses of quantitative findings are also strongly recommended, since they will allow a more objective assessment of the treatment.

For all this to be done, the outcomes - that is, the expected results of the treatment - should be clearly stated and defined. For example, in the case of patient C., he improved in a series of different aspects. But what was the purpose of the treatment? Was it the remission of alcoholism? Was it a better relationship with his wife? Although all these things are certainly interconnected, a scientific investigation of the efficacy of Tramont`s therapy would require a better operationalization of the expected outcomes and the ways through which the treatment attempts to address them. This would also allow further understanding of the conditions under which the treatment can be most effective.

Assessment of Predisposing Factors and Confounds

There are many cases in which the apparent success (or unsuccess) of the treatment results from factors that are not directly related to the treatment itself and that were not properly assessed or considered by researchers in the design of the study. For example, some individuals may evidence good mental or physical health at the beginning of the treatment, and for that reason, they will tend to evidence better outcomes in comparison to other participants. It is thus essential to assess participants' general health status or health indicators before the commencement of the therapy to allow for further statistical control of such variables or even to inform the selection of participants for the study, thereby reducing potential sampling biases.

It is also recommended to examine the psychopathological profile of these individuals to rule out an explanation of the spiritual experiences in terms of psychosis or other mental disorders. In addition, given the spiritual nature of the therapy, it is important to systematically assess participants' levels of religiosity, spirituality, and paranormal beliefs since such factors may impact the adherence to (and efficacy of) the treatment in different (and currently unacknowledged) ways.

Controllability and Replicability

The many different techniques used in the context of Tramont's therapy also pose another challenge: the specification of an adequate control group. The golden standard in clinical research is the randomized controlled trial (or RCT). In this experimental design, participants are allocated at random to either an experimental group (which will receive the target treatment) or a control group (for comparative purposes). The definition of the control group may vary; depending on the study, participants will receive another established treatment, a placebo, or simply no treatment at all. Each group (the experimental and the control) will be independently followed during the study to identify any possible differences in outcomes between the conditions. RCT's often rely on blind protocols, so participants, researchers, and professionals do not know which participants will be allocated to which condition. These procedures allow us to reduce potential selection biases and isolate more clearly the factors that may determine the efficacy of a treatment.

Putting aside for the moment all the complex subtleties involved in the design of RCTs, we can say that, in the best-case scenario, the findings should indicate that the treatment under investigation is better than a standard health treatment or than receiving no treatment at all. In many cases, evidence indicating that a new therapy is at least similarly efficacious to standard treatment can also count as a positive finding, particularly if it is possible to show that the new therapy is beneficial to specific groups (for example, the use of religiously integrated psychotherapy with religious believers, Koenig et al. 2015).

However, problems arise with the research design or the analyses if one cannot objectively differentiate the target treatment from the control group. For some techniques, like meditation, it is sometimes difficult to determine what would be an adequate placebo (Relaxation? Guided imagery? A combination of techniques?). A similar situation applies to Tramont's treatment. In effect, various aspects of his therapy are identifiable in standard psychotherapeutic approaches, for example, a cooperative relationship with the client; positive reappraisals of adverse or traumatic experiences; attribution of meaning to otherwise disturbing or confusing experiences; a safe space for expressing negative emotions or feelings; and the use of hypnosis techniques. Of course, this is not a challenge only to Tramont's therapy but applies to virtually any psychotherapeutic model.

An important first step would be to systematically evaluate whether his therapy is at least superior to a no-treatment condition. Then, other layers of evidence could be added in subsequent studies. Many comparative groups could be used, such as, for example, other holistic or complementary treatments and standard psychotherapy (e.g., cognitive behavioral therapy). For the efficacy to be significantly evidenced, the findings should be replicated by independent researchers. Once again, the development of a structured protocol is crucial since it will facilitate the replication and comparison of findings across studies.

Causal Mechanisms

The last and most difficult aspect to consider is certainly the investigation of the causal mechanisms of TSRT. A therapeutic technique may sometimes work for reasons that are unrelated to the theories or conceptions that gave rise to it. In Patient's F case, the positive reappraisal of the black man as a benevolent ET may have served the role of a desensitization technique based on belief change. If such an interpretation is valid, then the patient's improvement has no necessary relationship with spiritual manifestations. It wouldn't be necessary to raise a spiritual hypothesis if more parsimonious explanations are available based on what we already know from psychology. This is important to stress not because I think that standard or secular psychotherapeutic treatments are superior to TSRT but because demonstrating the efficacy of a treatment is not always the same as demonstrating the philosophy behind it. In spiritual therapies, it is often difficult (if not sometimes impossible) to discriminate whether spiritual processes are really the cause of the symptoms or events reported by the clients or whether these individuals were led by their beliefs (or the therapist's interventions) to appraise their experiences as spiritual problems. Are we demonstrating the effectiveness of the spiritual technique *per se,* with all its metaphysical implications, or are we evidencing the power of attributional processes and beliefs in explaining, shaping, and coping with negative life experiences, regardless of their other-worldly origin?

One major challenge in the investigation of the hypothesized causal mechanisms of TSRT is the demonstration of several interrelated, metaphysical assumptions, including, among others: the existence of spirits; their influence in this world; the potential influence of those incarnated upon them – either by their own methods or with the aid of benevolent spirits –; the effectiveness of specific "releasement" techniques or procedures over others; the existence of successive lives or incarnations; the possibility of accessing memories from those lives through hypnosis; the existence of intelligent extraterrestrial beings and the reality of their communication and interaction with humans. The scientific demonstration and acceptance of all these assumptions are unlikely to occur in the short term – if such processes, phenomena, or beings are indeed genuine. It may turn out that at least some of these assumptions are beyond scientific investigation or are not empirically falsifiable. If they are taken for granted by spirit release therapy adherents, they are still highly controversial among scientists and will require a great dose of research efforts, discussions, and openness to be seriously and amply investigated and eventually accepted as real.

There are already many efforts from parapsychologists and researchers in allied fields to investigate several of the paranormal claims relevant to spirit release therapy (for example, the existence of life after death or the survival hypothesis), but if the experimental and qualitative evidence so far obtained apparently points to some scientific anomalies (regardless of their actual explanation, Rock et al., 2023), it cannot be said that it necessarily confirms a metaphysical or spiritual origin (Maraldi, 2021). The evidence is also limited in terms of potential practical uses, which discourages the creation of a whole

therapeutic model based on it. For the sake of brevity, I refer the reader to other of my publications in which the epistemological and methodological challenges in survival research and related areas were extensively discussed (Maraldi, 2017, 2021, 2023; Maraldi & Krippner, 2013).

CONCLUDING THOUGHTS

More important than settling the debate is to keep the conversation going. We need to expand the opportunities for a dialogue between spiritual practitioners and the scientific community. Beyond the more scientific and theoretical aspects, it is also important to understand further how these discussions may impact society and public health policies and how we can bring different collaborators and perspectives to the debate. In this sense, we should not neglect the role of cultural factors. These are topics that tend to attract more attention among members of groups, cultures, or countries where religion and spirituality are seen as relevant and widespread (Maraldi & Krippner, 2019). The decisions that may serve certain cultures may be hard to replicate elsewhere. The question of whether it is possible to achieve a universal consensus on these topics is still open. There are many alternatives to the relationship between science, health, and spirituality (McGrath, 2020). The most important thing to consider is the autonomy of science and the autonomy of spirituality. One should not be reduced to the other, but they can cooperate and eventually enrich each other.

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