



**SPECIAL
SUBSECTION
RESPONSE**

Response to Commentaries on “From ‘Baby Doctor’ to ‘Witch Doctor’”

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HIGHLIGHTS

Incorporating the commentaries leads the author to conclude that further protocols and research in this domain are warranted for validating spiritual therapy techniques.

KEYWORDS

Spirituality, clinical practice, research methods, clinical outcomes.

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INTRODUCTION

The Target article in this issue—*From ‘Baby Doctor’ to ‘Witch Doctor’*—presented the history and protocols of retired physician Charles Tramont’s shockingly unusual, though not unique, practice of Spirit Releasement Therapy (SRT) as an alternative approach to certain types of requests for healing. Five brave and esteemed scientists contributed their thoughts regarding his methods and conclusions, as well as how these might be further researched or possibly explained. My formal Reply, therefore, emphasizes some points of agreement and disagreement and clarifies areas as needed or where further information is available but was not included in my original paper.

Points of Agreement

Each commentator made strong points with which I agreed. Clearly, those authors’ perspectives are vastly different from mine since they all hold doctoral degrees

and are professors and scientists, whereas I have a Bachelor of Arts degree. Hopefully, my descriptive summary of Tramont’s work and his patients’ testimonies will encourage further scientific research on SRT and related approaches. With these commentaries, I believe we are off to a great start.

Prominent consideration is to be given to the skeptical opinions from cognitive neuroscientist Peter Brugger because they likely reflect the attitudes of much of mainstream academia and certainly the conventional biomedical community. His viewpoint provides a realistic launching pad from which the other four more ideologically-tolerant authors acknowledge the obstacles but also encourage additional study of various aspects of SRT. Brugger sees things vastly different from the other commentators, whose life experiences and interests may have led them to investigate extraordinary experiences of their own. He did rightfully acknowledge that scientific interest in spirituality increased significantly between 1990-2023, during which time journal articles about this



general topic skyrocketed 1000-fold.

Noting that “non-human entities” are often central figures reported in paranormal-like encounters, anthropologist Jack Hunter encouraged more research in the entity component of SRT. Hunter’s (2023) statement that “if the phenomena described in this paper are real, then they would imply that consciousness is far more complex than any of the standard models of mainstream psychology can accommodate” (p. 738) is one that I, though untrained in psychology, would take to be true, especially after reading the psychologists’ commentaries. The concept of “Gothic psychology” intrigued me when Hunter quoted William James’ comparison of Gothic architecture to Myers’ model of the mind, which evoked images of designer Gaudi’s *La Sagrada Familia Cathedral* in Barcelona, Spain. Interior and exterior photographs of that majestic edifice brought on feelings that were at once somewhat synesthetic and discombobulating but stimulating, powerful, and appropriate to this entire discussion... and perhaps similar to what one might feel were one to have a personal extraordinary experience with non-humans.

Sociologist and critical social psychologist Madeleine Castro outlined the Complementary and Alternative Medicine (CAM) therapeutic model and the Placebo Effect, explaining how people can heal themselves, and I agree that CAM features seem applicable to Tramont’s SRT practice. There was a strong bond between Tramont and his patients, who knew his approach upfront and discussed their desires and expectations during the initial interview. I believe this interaction would have promoted relaxation in the hypnotic induction. His patients trusted Tramont, and he instilled confidence in the patient to expect improvement. Tramont’s patients essentially did heal themselves in SRT, and in the process, some came away with a broader perspective and a different mindset after their session. Ultimately, Castro (2023) concluded that Tramont’s CAM therapy may be useful to some people, although the psychological characteristics of receptive people or the presenting complaints that are most associated with positive outcomes deserve serious study.

I stand corrected by the psychologists in that hypnotherapists *can* and often *do* plant ideas in the patients’ minds as part of the practice of conventional medical hypnosis to minimize labor pain, to address smoking cessation and other unwanted habits, or phobias and such. Tramont had very successful results with conventional medical hypnosis, too, but that was not addressed in the Target article because the present author was not included in that process.

Some encouraging technical information came from quantum physicist Robert D. Klauber (2023), who concluded that “the existence of living beings such as those

described by Tramont is possible...They are not precluded by extant theories of physics.” (p. 754). Klauber described not only how discarnate entities might exist but also how “they could, at least at times, impact other worlds in some manner. They might connect via interaction types that are only activated through consciousness” (p. 753). The world turns on such innovative thoughts from researchers.

Points of Disagreement

Regarding Brugger’s (2023) statements that Tramont was naive and that his “transition ‘from baby doctor to witch doctor’... follows a sad developmental trajectory” (p. 749), I strongly disagree. Tramont’s 30-plus years in both military and traditional medical practice included conventional medical hypnosis in his later years of obstetrics. In both professions, Tramont likely dealt with his patients’ intimate emotions as they shared their more guarded thoughts with him. After retiring, his curiosity prompted him to investigate the possible therapeutic value of past-life regression (PLR). While doing that research, he heard what he interpreted to be a discarnate entity speaking to him about his patient and through his patient. With no prior training on how to handle that circumstance, Tramont looked for answers and found them in Baldwin’s book, *Spirit Releasement Therapy: A Technique Manual*. (1992) Tramont had not been focusing at all on SRT until his practice led him to it.

Regarding the assertion that “there is no evidence for past lives”, according to Castro’s (2023) quotation from Andrade (p. 756), I beg to differ. While Castro referenced Ian Stevenson’s work as being unsupportive of the practice of PLRs, it was this same Stevenson who founded the Division of Perceptual Studies at the University of Virginia in 1967 to actively investigate reincarnation, and that department is still going strong. Stevenson’s books, including *20 Cases Suggestive of Reincarnation*, (1980) have brought many researchers into that field. In the Consciousness Studies program I attended, psychiatrist and professor Raymond Moody invited two psychiatrists from UVA to share their research: Bruce Greyson, who shared his findings on near-death experiences and their profound effect on him, and James Tucker, who, in 2001, summarized details of the 2700+ reincarnation cases investigated at UVA. But perhaps of greater interest to those reading this Reply was what guest speaker and Seattle pediatrician Melvin Morse presented as support for reincarnation, namely a sketch drawn by a resuscitated six-year-old patient after she had apparently drowned. Morse was called to the site and accompanied her on the helicopter flight to the hospital. She was known to have no heartbeat for 45 minutes, but after recovering,

she sketched out what she had envisioned while clinically dead. In his lecture, Morse displayed her drawing, which he said accurately depicted her on a gurney with doctors on either side of the table. Three angels were drawn above them, as well as a door on the right side of her picture behind which, she **explained**, were grandmas and grandpas and babies, all waiting to be born. Many cultures worldwide accept reincarnation, but on this belief, science and spirituality clash. The question of hypnotherapists' ethics was brought up in the commentaries, to which I would respond that there are unethical practitioners in many if not all, fields of human endeavor

Isolated instances of false memory implantation by a few unethical hypnotherapists should not disqualify this potentially valuable therapeutic modality from being researched. I feel this concern is one of many reasons why formal studies are needed to elevate Tramont's comprehensive SRT from "pseudoscience" to science or at least a proto-science.

New Insights Sparked by the Commentators

Social psychologist Everton de Oliveira Maraldi outlined many challenges associated with scientific research regarding the theories behind spiritual healing practices, particularly those used by Tramont. Lacking his education, I was unaware of the complexities involved with the nearly infinite variables associated with such formal studies. Maraldi accurately grasped much better than I the philosophy behind Tramont's SRT and its application. By laying out his ideas for research protocols and realistically pointing out the obstacles involved in conducting a scientific study of this multi-faceted therapeutic modality, he has helped to advance this topic to one day becoming an acceptable treatment for spiritually-minded individuals.

Maraldi pointed out the chasm in perspectives between scientists and spiritual practitioners. However, to ignore spirituality and the various religious beliefs held worldwide would be irresponsible; beliefs affect one's mindset, and the mind not only can affect health but can also affect the outcome of scientific experiments. Maraldi (2023) contended "that a dialogue between science and spirituality is not only viable but potentially fruitful," and "the most important prerequisite is open-mindedness, from both sides" (p. 741).

UnityGpt (<https://unitygpt.org/>), an AI-search engine, reported that "the World Health Organization's support extends to the broader category of CAM their (sic) policies, their overall stance on integrating traditional and alternative medicine suggests that they would support the inclusion of these practices as long as they meet

certain criteria, such as safety, efficacy, and cultural relevance... and contribute to the overall goal of improving healthcare" (author query conducted 17 October 2023). As the United States and other Westernized societies increasingly become melting pots, belief in various types of spirits and their potential effects on humans may become less exceptional and more "culturally relevant".

With malevolent human behavior, mental illness, and unrest increasing at an alarming rate, I hope the study and acceptance of SRT as a viable tool or tactic will come sooner rather than later. If my Target article does nothing else, it hopefully will prompt further investigation so that practitioners ponder the potential benefits of SRT in their arsenal of hypnotherapeutic treatment. Ultimately, the goal is that SRT be recognized by clinicians as a valid alternative to traditional therapies.

Tramont had several patients from the Middle East, Russia, and America seeking relief from hexes, spells, and curses. While remotes were performed for them, it has been impossible for me to investigate the efficacy of our treatment, but the requests deserve to be recognized.

Additionally, quite a few American and foreign patients approached Tramont specifically for spirit removal or to address their belief or fear that they'd been abducted by extraterrestrials. So, this author asks, where else would these people go for help? It's likely some patients felt more comfortable with a professional who had spoken publicly about helping those with such spiritual concerns rather than consulting a therapist unknown to them. Maraldi (2023) supported this notion, pointing out that "a significant percentage of psychiatrists... complain about the lack of adequate training to deal with spiritual needs of their patients in clinical practice" (p. 741).

Protocol Clarification

In his section titled *Development of a Structured Protocol*, Maraldi (2023) correctly pointed out that Tramont's therapy included past-life regression, SRT, and other holistic treatments (such as chakra-balancing, on occasion, but rarely). However, when Maraldi asserted that "specific procedures may vary substantially from one session to another and from one patient to another," I would disagree and say that Tramont's application of the protocols was actually quite consistent. As I detailed in the original paper, and as Tramont himself summarized in the session transcripts provided, the overall protocols were fairly uniform and thorough, although his note-taking may have been sketchy. Perhaps that was due to his need to focus on the flow of the conversation while simultaneously trying to take notes. In a more structured research situation, video and audio recordings could supplement or elimi-

nate the therapist's note-taking task. At least Tramont left us some authentic historical material with which to work. Tramont followed Baldwin's protocols in SRT following his initial private interview with the patient. After invoking the protection of all who were present in the room and the patient was hypnotized, his protocols were:

- Inquire about any attachment of dark forces. If there are any, use the specific protocols for their removal.
- Inquire about any attachments of earthbound spirits, mind fragments, extraterrestrials, or other entities and their reasons for attaching to the patient.
- Using the entity-specific guidelines for each, conduct their removal as needed and confirm their release.
- Inquire whether the patient himself is fragmented. If so, retrieve the fragments.
- Inquire about prior lives appropriate to the patient's situation (medical and/or emotional problems, relationship issues, etc.).
- Inquire about the number of past lives and the present life's purpose.
- Supplement with additional helpful information, either from the patient's own Spirit Guide, the surrogate's Spirit Guide, or the reading of any therapeutic script(s), if appropriate.
- Instruct the patient to repeat affirmations and seek spiritual protection daily.

One area in which I can shed some light is in Tramont's past-life regression protocols, as few were provided in the Target article. These are from my own experience, all of which took place before he had ever heard of spirit attachments.

As a new subject, I was initially directed to go back to infancy in this life and was then asked to look at my prior life. Material that came through in that prior life regression was later validated when an important but obscure detail came through which my conscious mind certainly did not know. As Tramont was conducting research on PLR, I was asked to go to a life when I had a special talent or lived on another planet, "if such a life existed", or to a life when I might have experienced an event that caused a health problem or concerns with which I was dealing at the time. After the trance state was achieved, Tramont began with general questions such as:

- What do you see?
- Are you indoors or outdoors?
- What are you wearing?
- Are you male or female?
- Are you alone or with other people?
- What are you doing?

- And then, "Please go to the next significant event in this life," which was usually requested a few more times.
- Then finally, "Let's go to the last day of that life. What is happening?"

When no answers were forthcoming, we just moved on. Towards the close of the session, he would at times read a script (such as the chakra-balancing technique) if needed and then wake me up gradually until I was fully awake.

Tramont's Conclusion

In late 2021, Tramont was diagnosed at home with Covid-19 and treated with Ivermectin, but a few days later, after becoming almost rigid, he was taken to a local hospital. The following day, he had improved enough to sit up in bed, watch television, and enjoy a full meal, but that night, he had a heart attack and developed blood clots in his legs and lungs. The hospital wanted to intubate him, but Tramont had put in writing that he did not want his life prolonged by artificial means, so his son and I decided instead to put him under Hospice care, which allowed him to come home from the hospital, although apparently unconscious.

On oxygen with a cannula, his breathing was raspy and labored. His son and I sat by his side for 24-hours, with music playing softly, trying to make him as comfortable as possible. A Hospice nurse visited and told us that sometimes the transition was eased when stimuli were removed, so we turned off the music, and with both of us seated on either side of Tramont, I let go of his hand. Charles instinctively conducted the relaxation technique his father had used in his hypnotic inductions. In a calm voice, he slowly led his father to relax his body from his toes to his head, counting softly from ten down to one, progressively addressing various body parts to "fully and completely relax." At the count of three, focusing on the upper chest area, Tramont's breathing became normal, and at the count of one, he simply never inhaled again. Charles and I looked at each other and smiled. His dad's suffering had ended; our tears would come later.

At the funeral home the following day, Charles and I met with the elderly gentleman who handled our needs and shared the story of Tramont's passing. At its conclusion, the funeral director put his hands, palms down, on the table, gazed into our eyes, and said, "I've been looking for a new career for about ten years now. I believe I just found it" ...as a sort of midwife for the dying. Tramont still had something to offer the world with his dying breath. I feel it's my duty, and my privilege, to pass it on.

Charles Tramont can do no more, but the rest of us

can. That the *JSE* found this material worthy of publication, and these venerated scientists were stimulated enough to support further study of his treatment methods, is most encouraging. The lack of sufficient training in the field of psychiatry on how to deal with the spiritual needs of patients points out a treatment deficiency which potentially affects the mental health of a significant portion of the population, and Hypnotic Spirit Release Therapy may help satisfy that need. My hope is that further knowledge will bring further investigation of this practice's efficacy.

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