



**SPECIAL
SUBSECTION
COMMENTARY**

Meaning Responses and “Rituals of the Mind”? A Nuanced Critical Analysis of an Unconventional Therapeutic Approach

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HIGHLIGHTS

Cultural narratives and alternative ideas about rituals and ‘meaning responses’ can help to explain the beneficial changes reported after some unconventional therapies.

KEYWORDS

Sociocultural frameworks, meaning responses, placebo, ritual, shamanic traditions.

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INTRODUCTION

I am a sociologist and critical social psychologist with an agnostic position towards past lives, spirit, mind fragments, and entity attachments. In response to the target article, I am interested in both the way Charles Tramont’s (CT) approach is depicted and the implications. This includes how CT reportedly understood his clients and their presenting complaints and how matters are framed and thus become comprehensible in a wider context. I begin with a narrow focus, considering issues of ethics and efficacy vis-à-vis regression hypnosis and spirit release techniques. Subsequently, a broader lens aids consideration of patients’ framing in particular sociocultural narratives while also considering alternative understandings. I explore the power of ritual and the *potential* transformative and therapeutic benefits of CTs approach, which leads to an exploration of the ‘placebo effect’, healing responses, and matters of selfhood. While CTs therapy may have

limits, caveats, or problems, I aim to be respectful to the author of the target article, CT, and those who consulted and trusted him and his methods. First, I will outline various observations from the target article to provide a point of departure for my response.

CT was a retired obstetrician and gynecologist turned hypnotherapist who became interested in ‘spirit release therapy’ (SRT) and ‘past-life regression’ (PLR) as tools to aid his clients, predominantly to discern and remove alleged ‘dark entity attachments’ (Smoot-Tramont, 2023, p. 724). CTs’ patients discovered him through word of mouth (p. 725) and various media (including interviews, talks, and books), which popularized his approach and techniques (p. 725). This implies that patients went into treatment understanding CTs perspective. The target article details several patient stories alongside the author’s role as ‘spirit guide’ or conduit (p. 728). Patients present with mostly conventional complaints rather than ‘spirit possession’, including ‘troubling relationships,



undesirable habits, emotional or medical issues, etc.' (p. 726), 'addictions, insomnia, anger' (p. 728), 'digestion issues and opiate dependency alongside alcohol addiction, emotional fog' (p. 729), 'panic attacks, migraines, fear' (p. 730) 'physical, emotional and personal issues... anxiety, depression, lack of self-confidence, back pain' (p. 730), 'history of abusive relationships' (p. 733). These are recast as matters of spirit, entity, or mind fragment attachment, revealed under either individual PLR (e.g., pp. 731-732) or by the author's 'spirit guide' who identifies the number and type of attachments (e.g., p. 732). CT then conducted the release or removal of these 'entities'.

Ethical and Efficacy Issues Surrounding Regression Hypnosis and Spirit Release Techniques

CT's approach 'eschews traditional biomedical or psychological practices in favor of a hypnotherapeutic approach' (Smoot-Tramont, 2023, p. 725). This establishes CTs positioning in opposition to conventional approaches. Although hypnotherapy is now considered mainstream, e.g., for phobias, PLR is more controversial (Stevenson, 1994). While countless therapists promote PLRs' personal growth and healing benefits, e.g., Carol Bowman and Roger Woolger, there are scholars who advise caution (e.g., Baker, 1982; Spanos et al., 1991; Stevenson, 1994). Critical concerns center on the veracity of PLs or reincarnation (Stevenson, 1994) and the propensity for suggestibility (Andrade, 2017; Baker, 1982; Spanos et al., 1991). While advocates suggest PLR is a 'light trance' state, which requires active client participation (Bowman, n.d.), some claim that 'false' matters can easily be 'planted' by the practitioner (e.g., Baker, 1982; Spanos et al., 1991). In the 1990s, regression hypnosis seemingly produced 'false recollections of sexual abuse' (Lacey, 1994: online), which has undoubtedly tarred its reputation. Practitioners, such as CT, will, therefore, be subject to reproach regarding matters of suggestibility and undue influence. In this vein, Andrade (2017) argues that PLR is unequivocally unethical because of the 'false memories' risk and because there is 'no evidence' for past lives.

However, while indisputable 'scientific' evidence for reincarnation has not been established, this impasse is unlikely to be breached due to the physicalist and materialist assumptions on which most currently accepted scientific models rest. Notwithstanding, PLR does not *have* to present matters as undeniably 'true' and *could* draw on PLs in symbolic and imaginal ways, much like dreamwork in therapy (Barham, 2016). Furthermore, the 'false memory' claim relies on conceptualizing memory as a discrete container. But memory is only ever represented in language or via interaction and is perpetually, collaboratively

reconstituted according to the requirements of the situation (Middleton & Brown, 2005). Specifically, memory is socially shaped and consistently (re)formed as life unfolds in the immediacy of human interactions.

Nonetheless, these criticisms highlight ethics in PLR and regression therapies. Ethical procedures were provided in the target article. CT issued Informed Consent and a Disclaimer prior to treatment and did not claim to cure, diagnose, or treat 'any mental illness or disease' (p. 726). CT rejected responsibility for potential harm, and patients waived rights to any claims. The provided disclaimer asserted that harm is unlikely, 'We personally know of no case or have knowledge of any case on record where an individual has ever been harmed in any way by hypnosis, self-hypnosis, or regression'. However, although the target article (p. 726) claims that '[c]ontent of ostensible prior lives, as well as the presence and identification of foreign energy, always comes from the subject or a surrogate, but never from the 'hypnotherapist', it is impossible to substantiate this. In addition to PLR and 'consultation' via a conduit, SRT is used.

The target article depicts CTs treatment process on p 8; invoking 'spiritual protection', inquiring 'whether there was any foreign energy present in the patient', and detailing how 'dark forces' were dealt with, following first Baldwin's (1992) 'entity removal' or 'release' protocol (Smoot-Tramont, 2023, p. 726). Palmer (2015: online) describes SRT as 'a clinical treatment sometimes used with patients who appear to be 'possessed' by a harmful spirit entity, and who have not responded to conventional psychotherapy or psychiatric methods'. Palmer (2015) mentions the *status* of SRT – as unconventional and essentially not yet established or demonstrated by a comprehensive body of evidence – its' claimed *efficacy* – in the eyes of some practitioners, seemingly better than traditional methods – and SRTs' *scope* – centered on mental ill health and related somatic manifestations. SRT is considered controversial because it does not have an established body of evidence for its' efficacy and its' framing is not consistent with secular psychological models. Palmer (2015) remarks how SRT clients have often exhausted traditional clinical avenues. Does this make them especially vulnerable or desperate, and therefore, more likely to be persuaded of matters they would not usually entertain, as is claimed (e.g., Andrade, 2017). This criticism obscures that clients may be vulnerable to matters of projection or transference. Additionally, these types of therapeutic intervention require rapport and trust, and 'abuse' of this is possible in any setting. However, the lack of SRT regulation combined with the projection of a 'paranormal' framework will be an irreconcilable difficulty for many.

Sociocultural Narratives, Patient Framing, and Alternative Understandings

The target article's framework reflects ideas found in the holistic milieu (Heelas & Woodhead, 2005). This describes a context in which multiple ideas and objects associated with holistic spiritualities, esoteric traditions, (Neo)paganism, and the 'mind, body, spirit' genre coalesce with well-being practices such as yoga, self-help, complementary and alternative medicine (CAM), mindfulness, and meditation (Heelas & Woodhead, 2005). Here, crystals and Tibetan singing bowls abut with tarot and paranormal or spiritual ideas such as reincarnation, the 'oneness' of consciousness, and/or forms of spiritism/animism. Many of these are essentially 'folk theories', which are often part of everyday sense-making processes. As Luhrmann et al. (2021, p. 1) note, 'In many aspects of everyday life, cultural models...or, in other parlance, "folk theories"...and personal orientations (attitudes, motivations, and tendencies)...play complementary roles in shaping people's experience and behavior: Cultural models represent how the world works (that is, how it is often understood to work in a particular social-cultural setting), and personal orientations lead an individual to engage with that world in a particular way.'

In the target article, there are references to spirits, UFOs, and aliens. However, the author also intimates that 'dark forces' might be explained *psychologically* by 'imagination, archetype, collective hallucinations, mass hypnosis... [or] a projection of the therapist' (Baldwin, 1992, p. 276 in Smoot-Tramont, 2023, p. 727). The author acknowledges that '[b]elief in spiritual entities will vary from person to person' (p. 726), but the spirit/alien framework is repeatedly reinforced. This is evidenced by the target article's reported claims, including that up to 100 percent of people will be 'influenced by one or more discarnate spirits in their lifetime' (p. 726). If nothing else, this represents entrenchment in a particular perspective. There is no indication that CT seriously entertained any alternative explanations for the 'entities' he 'conversed' with, nor that he questioned the discernment of 'dark attachments'. While the presenting complaints were undoubtedly real enough for those seeking help, how might we view the projected framework?

SRT could be viewed as one element of a wider reaction to Western biomedical, dualist, or reductionist models of human health and well-being (Mijares, 2022). Western models tend to classify, pathologize, and medicate much mental distress (Frazer-Carroll, 2023), though some psychiatrists are open to alternate models of health and well-being (e.g., Powell, 2003; Sanderson, 2022). Within such contexts, the manifestation of multiple 'per-

sonalities' has variously been conceptualized as possession, alters, subpersonalities (Rowan, 1990), archetypes, or ego fragmentation (Mijares, 2022) resulting from trauma, complex repressions, and dissociations (Winkelman, 2012). In conventional psychiatry, 'subpersonalities' may be diagnosed as Dissociative Identity Disorder (DID). The DSM V describes DID as 'a disruption of identity characterized by two or more distinct personality states or an experience of possession' (American Psychiatric Association., 2013, p. 292). Conventional treatments likely include psychopharmacology and psychotherapy. Other approaches include somatic therapies, which work to release and reintegrate through therapeutic movement (Mijares, 2022).

Evidently, the way in which such 'diagnoses' are discerned, the manifestation of 'symptoms', and the treatments offered are very different from CTs approach. Likewise, these alternate voices, however, they manifest, are not exclusively served by one methodology. Shamanic traditions, found in cultures across Australia, Siberia, Korea, and the Americas (Tributsch, 2018), often focus on healing. While exact forms vary, ordinarily, a trained and initiated individual (the shaman) enters an altered state of consciousness or trance state in order to communicate with the spirit world and direct 'healing' (Dobkin De Rios, 2002). Lindquist (2004) advocates an initial suspension of disbelief or judgment when encountering the invoked and enacted shamanic 'non-ordinary reality' (p. 158) to understand how the 'descriptions of phenomenological worlds... by being narrated, performed, and acted upon, become subjectively and socially real' (p. 159). Distinctively, regardless of the veracity of spirit worlds, possession, past lives and reincarnation, alien entities, or fragmentation, the *impact* of incorporating rituals of release and integration in a particular phenomenological framework (e.g., CTs) could have a *real* effect on an individual, somatically, mentally, emotionally, etc. Indeed, Lindquist (2004) affirms that 'some rituals do, in fact, achieve the transformations that they purport to achieve' (p. 157), but 'for transformation to work, a ritual has to create its own phenomenal universe with its own internal logic' (p. 158). It is possible that CTs approach reflects this, with the release protocol as a potentially transformative symbolic ritual. Lindquist (2004) also suggests that these are 'rituals of the mind', in that they occur primarily in the mind of the practitioner (e.g., CT and/or conduit). This is not to diminish the conceivable potency of such rituals but instead to interrogate how we might understand their transformative power. There might be a clue in the 'placebo effect' and healing responses.

The Placebo Effect: Understanding Healing and

Therapeutic Responses

Contrary to negative conceptions of the 'placebo effect' as indicating failure, where an inactive treatment seems to confer patient improvement via some non-specific phenomenon, research has demonstrated the presence of dopamine, opioid, and cannabinoid neurotransmissions in 'placebo' reactions (Beedie et al., 2018). Some argue, therefore, that the 'placebo effect' is a manifestation of a 'patient's self-healing power' (Stub et al., 2017: 2). However, not everyone embraces this healing capacity without caution due to unpredictable results and the 'nocebo effect' (negative outcomes) (e.g., Beedie et al., 2018). The dominant explanation for the 'placebo effect' is (positive or negative) 'expectation'. Nevertheless, some (e.g., Hutchinson & Moerman, 2021, p. 368, original emphasis) have comprehensively argued that expectation is not a convincing explanation because it is reliant on '*belief that*' a particular outcome will or will not occur. They argue that 'studies have shown that those responding to a placebo often do not have the knowledge—the epistemic resources— required to form the belief as to the benefit of the relevant factor' (Hutchinson & Moerman, 2021, p. 368). If the 'placebo effect' is not caused by nonspecific expectancy or *anticipation*, as Hutchinson and Moerman (2021) argue, then how might it be understood, and what is its relevance?

Hutchinson and Moerman (2021, p. 371) convert the 'placebo effect' into 'meaning responses', emphasizing the 'role of meaning' in treatment. Walach (2013) incisively draws on Frank and Frank's (1961) general model of healing in psychotherapeutic practice to understand the sometimes-strong meaning response in CAM therapies. Their four-part model is included here, with a supplementary aspect from psychotherapy research (see also Lambert & Vermeersch, 2002), which combine to promote a healing response (from Walach, 2013, p. 194). In parallel, I highlight how CTs approach might fulfil these.

- 'A therapeutic myth or narrative, shared by both patient and practitioner' – this is evident in CTs framework regarding spirits, aliens, and mind fragments (Smoot-Tramont, 2023, p. 729).
- 'A persuasive therapeutic ritual' – the comprehensive SRT protocols (p. 726).
- From provided documentation from Smoot-Tramont, 'A strong affective bond between patient and practitioner that conveys security, understanding and thereby promotes relaxation and a reduction of anxiety' – evident from reported relationships with patients and reputedly glowing client testimonials.

- 'Convincing insignia of therapeutic power of the practitioner' – confidence in CT, seeking out his services, recommendations, hearing him speak about his approach in various forms of media (p. 725).
- 'Mobilizing resources in the patient and empowering ... [them]' – this suggests that improvements for help-seekers are more likely when the patient is disposed to enact long-term change (p. 729, p. 732).

This model of healing resonates with what Money (2001) calls the 'shamanic healing paradigm', which points to stimulating the body's (and mind combined) own restorative response and offers possible indications as to why patients might report improvements after treatment. While there are still unanswered questions about the efficacy of CTs approach, this is a possible route to understanding its' claimed potency. The target article hints at the notion of individual 'subconscious healing' (p. 736), but how is the self constructed?

In contrast to many Western psychotherapeutic methodologies, CTs approach allows clients to locate the cause of their afflictions and difficulties outside of themselves. This might be problematic for some because of a lack of awareness of attached spirits, indicating the possibility that an individual is being 'duped' into believing that unknown forces are responsible for their ills. Accordingly, this is misaligned with our dominant ideas about selfhood in the contemporary era – as autonomous, independent beings with agency and responsibility for our lives and choices – a 'bounded self' (Taylor, 2007). Yet what if assigning such responsibility was actually aiding healing in a freeing fashion? The opportunity to attribute agency to unsolicited entities who bear at least *some* responsibility may be beneficial for some individuals and help alleviate their problems.

Contemporary evidence convincingly portrays the never-ending laborious pursuit of 'self-improvement', as an overwhelming and distracting neoliberal project (see, for instance, Gill, 2017; Gill & Orgad, 2018). Furthermore, the atomization of our mental distress, as individualized and located 'in us', fails to recognize the role of our living conditions and context as contributing factors to such problems (Frazer-Carroll, 2023).

CONCLUDING REMARKS: THE HEALING POTENTIAL IN PERSPECTIVES OUTSIDE OF THE DOMINANT PARADIGM

Ultimately, there are likely scientists, scholars, and lay people who have concerns about the 'controversial' approach detailed in the target article. These are likely to be centered on the spirit/alien framework, the treatment,

ethics (suggestibility and false memories), and efficacy. Such difficulties rest on dominant Western knowledge forms – memory as a store, the paranormal as bunkum, and people as easily duped. While efficacy concerns are valid, the notion of cure or recovery in *all* psychotherapeutic or psychiatric contexts is relatively capricious (McCrae, 2011). Further, you do not have to subscribe to a paranormal perspective to see the potential value for some people in CTs approach.

Different approaches to healing across the globe have similar frameworks in terms of spirits and possession and healing, including shamanism. Notions of the body-mind, African ontologies, Shamanic traditions, Traditional Chinese Medicine, and perspectives from Indigenous traditions offer challenges to mind-body dualism and reframe some psychological and mental health difficulties as less pathological and more potentially transformative. While it could be argued that CT does not consider alternative ways of interpreting the patients' manifesting issues, it is perhaps this singular focus that contributes to the transformative potential in his approach. Even if some are unable to embrace the target article framework, this does not mean that the actual therapeutic benefits of PLR and SRT are not 'real' for those who can/do. The potential efficacy of CTs therapeutic approach *might* be understood via the concept of a 'meaning response', which appears both in Shamanic traditions (Money, 2001) and the general model of healing (Frank & Frank, 1961). Equally, in the power of ritual to conceivably transform, even those that might occur first and foremost in the mind of a practitioner (Lindquist, 2004). Locating some of the responsibility for an individual's ills outside themselves could also be liberating. Overall, we might wish to consider to what extent is the attribution of attached entities (that are potentially temporary and seemingly resolved by 'release') detrimental to an individual, their presenting circumstances, or their longer-term health and well-being? We know about the intractability of psychiatric disorders, of the crippling side effects of medication, of the limitations of a biomedical model of health, of the problematic pathologization of mental distress, and the Western dualistic framing of the body and mind (Frazer-Carroll, 2023). As such, there may be room for a 'ritual of the mind' (Lindquist, 2004), with its' own internal logic and phenomenology that appears to promote beneficial change for some.

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