



Healing Words: Why Prayer Is Good Medicine



A Webinar Session with
Ruth Buczynski, PhD
and Larry Dossey, MD



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Contents

How the Personal Influences the Professional 3

The Evidence for Prayer 6

How Prayer Works To Heal 10

Brain, Mind, and Nonlocal Consciousness 11

The Role of Premonition in Healing 12

The Difference between Premonition and Worry 15

Thoughts on the Soul 16

TalkBack Segment 18

About the Speakers 23

Healing Words: Why Prayer Is Good Medicine

with Ruth Buczynski, PhD
and Larry Dossey, MD

Dr. Buczynski: Hello everyone and welcome back to our series on Spirituality and Healing. I am Dr. Ruth Buczynski, a licensed Psychologist in the State of Connecticut and the President of the *National Institute for the Clinical Application of Behavioral Medicine*.

No matter where you are calling in from – all over the United States and many, many parts of the world – I am so glad that you're here tonight. It is so important to bring our community of practitioners together. We have a wide, wide range of practitioners watching tonight, and I just want to say welcome. I'm glad you're here.

I'd like to say welcome to our guest, Dr. Larry Dossey. He is the author of many books: *The Power of Premonitions – How Knowing the Future Can Shape Our Lives*.

He is also the author of *The Extraordinary Healing Power of Ordinary Things*. I really love that title. I just think the ordinary is so important, especially as a person is losing a life. The treasuring of the ordinary becomes so profoundly evident. The subtitle of that second book is *Fourteen Natural Steps to Health and Happiness*.

Larry was the former Chief of Staff at Medical City Dallas Hospital, and he has been on *Oprah* – TV, radio and the magazine – numerous times. He has also been the Co-Chair of the Panel of Mind-Body Medicine Interventions at the National Institutes of Health.

I'm only mentioning two of your books, Larry, but I think there are nine more – that would be a nice big stack!

So, thanks for being here!

Dr. Dossey: It's a delight! Thank you for asking me, Ruth.

How the Personal Influences the Professional

Dr. Buczynski: When we organize these calls, it's hard to know if we should start with how you got here, or end with that – but I think tonight we'll start with it. What in your life influenced your perspective? Let's start with health experiences - did you have any health experiences that changed how you thought about healing?

Dr. Dossey: Actually, I certainly did. As a matter of fact, I had a significant serious illness from grade school onward, which almost derailed my career before it even got started. This was the classical migraine headache associated with not just pain and nausea and vomiting, but the worst for me was partial blindness. I would just simply lose my vision.

At that time, I had no concept of what the mind-body connection was all about. I was an obsessive, excellent student; I would do anything to make double A-pluses – so along with that went a lot of stress, tension, and anxiety.

Things got worse in college, and when I got to medical school, they really deteriorated. As a matter of fact, it began to be an ethical issue for me. I tried to drop out of medical school because I thought it was only a matter of time until I had an attack of blindness and a crucial medical situation, which might hurt or even kill a patient! But my advisor wouldn't let me drop out.

I tried everything for relief. None of the medications worked. Things got so bad that, out of desperation, when biofeedback emerged on the national scene in the late sixties, I chased all around the country trying to learn how to do biofeedback. As you probably remember, it was reported out of the Menninger Clinic that people who learned to do biofeedback reported that their migraine went away. That sounded good to me!

After about six sessions of biofeedback training, the whole migraine situation disappeared. You can't have a personal experience like that without really letting it, I think, influence how you see therapy.

“If it had not been for biofeedback, I'm not sure I could have continued in medicine.”

I became so interested in biofeedback that I became certified in teaching it, and I established one of the first biofeedback laboratories in the state of Texas. I integrated biofeedback with my internal medicine practice and did that for many, many years. If it had not been for biofeedback, I'm not sure I could have continued in medicine. I owe mind-body medicine a great deal – probably my career, as a matter of fact.

Dr. Buczynski: In a way, I guess if it had not been for migraine headaches, you might have been in medicine, but not one of our leaders at the frontier of mind-body medicine. With all of the skills and talents you have, you could have really gone in any direction – you had so many choices – so to come to this choice I think was certainly affected by that experience a lot.

I remember you from one of the conferences you were at for us a long time ago, and of course, I read your books – but when I was studying your bio, I found that you were in Vietnam. What did you do there? When was that and can you tell us a little bit about that?

Dr. Dossey: I went out and served as a battalion surgeon in 1968 and '69, and I had an assignment which I didn't even know existed for physicians: I was attached to an airborne infantry outfit way out in the boonies, far beyond anything like a MASH hospital unit, or anything like that.

I spent a year functioning behind barbed wire and sandbags in really the most primitive conditions you can imagine. I spent over two hundred hours flying around the country in helicopters trying to keep kids alive after they got shot up.... This was just one year of gore and death and mayhem – and I was fortunate enough to survive that.

“I spent over two hundred hours flying around the country in helicopters trying to keep kids alive after they got shot up.”

One of the things that was confusing to me after I got back was realizing how many chances I had taken, putting my own life on the line occasionally to save some of these young men who were in terrible situations – I mean, these were life and death issues. For example, there was one occasion when a helicopter crashed close to my medical aid bunker, and I chased out to the crash site; the helicopter was turned upside-down. These helicopters usually explode with horrible consequences.

For reasons that were not clear to me at the time, I simply ran into the helicopter, cut the pilot loose from his straps and, with the assistance of one of my medics, managed to dig him out and save his life. Fortunately, the helicopter didn't explode.

But this is the sort of thing that I did over and over, and I was really confused about that when I got back to the States because I swore before going that I would never take any chances. So, how was I to account for that? I wasn't even sure at the time that I was completely sane!

I will never forget, Ruth, the day that I got back to the United States, and I was just reading randomly philosophical literature and came across an explanation by the German philosopher, Schopenhauer, which actually asked the question that I was struggling with here: Why in a situation like that will one person risk his life to save another?

And Schopenhauer said that at that moment, at the critical moment, there are not two minds. The consciousness of one becomes so fused with that of the other that the person who is the rescuer is not rescuing someone else – he is actually rescuing *himself*.

So he developed a version of the mind in consciousness in which minds can come together and separations fall away – and that means we're talking about a profound level of mental integration between two people.

“...the consciousness of one becomes fused with another; the rescuer is not rescuing someone else, he is actually rescuing *himself*.”

Now, when I read that, I thought, “That's it. That's the best explanation I have ever come across for why someone would take a risk with their own survival in taking action to help somebody else.”

My Vietnam experience, I think, gave me a way of looking at how consciousness can come together, not just within one person, as we acknowledge in mind-body medicine, but in an interpersonal way – not just an *intrapersonal* way. So I credit Vietnam with opening up many avenues of understanding for me.

Dr. Buczynski: In a way, you moved beyond the biofeedback – and I'm going to check this out because I'm talking about *your* life – but the headache and the biofeedback brought you to perhaps mind-body medicine, but the reflection on the Vietnam experience almost took you to transpersonal medicine.

“We are talking about transpersonal interchanges between people even at a distance.”

Dr. Dossey: You have nailed it totally. We are talking about transpersonal interchanges between people even at a distance. I think that this is not limited just to the *see-touch-feel* world where we can interact with someone who is in a visual field or *see-touch* arena, but it is much more profound than that.

It is transpersonal, even at a distance when people don't have sensory ways of communicating. I know that it seems a bit strange, but I think that is where the evidence points.

Dr. Buczynski: We are going to jump right into that, but before we leave, did you get any medals for your heroic...?

Dr. Dossey: Yes, I came back with a chest full of medals of one sort or another and, yes, I keep them in my office because I like to be reminded of that period in my life, which so profoundly affected everything I did after that.

“...we need to find ways where people can enter into these understandings without exposing themselves to war.”

I’m not advertising war; I mean, we really need to find ways and avenues where people can enter into these kinds of understandings without having to expose themselves to something as tragic as war. But there it was – I was drafted and I did my duty.

Dr. Buczynski: You were in the army?

Dr. Dossey: I was in the army, yes....

Dr. Buczynski: A captain?

Dr. Dossey: Yes. I was a captain.

Dr. Buczynski: So we have our very own “Hawkeye” of mind-body medicine!

Dr. Dossey: I’m not sure he would like to be compared to me – but thank you for the compliment!

Dr. Buczynski: Now, Larry, that is a profound story – and I want to thank you for sharing it with us.

The Evidence for Prayer

Let’s switch to prayer. You have written a lot – several of your books have been on prayer. I guess to start with, many of us, when we think about prayer, don’t think in terms of evidence, but you have actually written about some evidence that prayer exists, so I’d like to get into that first.

Dr. Dossey: I was as shocked as anyone to find out that evidence existed for destiny effects of prayer. I will never forget back in the late eighties when I came across a study that had been done in a coronary care unit at San Francisco General Hospital in which a group of patients – almost four hundred patients – were divided down the middle; half got prayed for and half were not assigned a prayer group.

The group that received prayer – unknown to them – did better clinically in many ways than the control group.

I was *really* perplexed by this because at that time I had patients in the coronary care unit...and I wasn’t praying...I mean, I wouldn’t have prayed for my patients on a bet! That just was not on my radar screen at that time in my internal medicine career.

But I thought, “Well, you know, should you be praying for them? If this study is decent, and there are corroborative studies, then maybe you should consider bringing this into your practice.”

“...the group that received prayer - unknown to them - did better clinically than the control group.”

I went on a personal search and spent years tracking down every control study I could find in the world’s literature that had to do with this question of whether people’s intentions can make a difference at a distance – whether you call that prayer or distant intentionality, or even something else. I thought I might uncover two or three more studies, which would shed light on this – but I found a hundred and forty studies.

Dr. Buczynski: Were any of them any good?

Dr. Dossey: Yes! Some of them were really admirable studies. Dr. Daniel Benor, a Canadian psychiatrist, had reviewed these studies I discovered and did a terrific job.

“Could prayer or distant intentionality make a difference?”

He and I put our heads together and I decided that it was time to go public with this because studies continued to come out showing that something goes on. We don’t understand the mechanism fully, but I thought that it was dishonest not to focus on this.

So I wrote a book called *Healing Words*, which was published in 1993. This was the first book in which I tried to bring this evidence together in a sensible way – and I’m happy to say that this book made a big difference; it wound up on the *New York Times* Bestseller List, and it began to be used in the discussion of ethics courses in medical schools across the country.

Actually, you asked whether any of these studies was admirable. They have been looked at quantitatively by Director Wayne Jonas, who was the Director of the National Center for Complementary and Alternative Medicine at the NIH, and he gave these a “B” rating, applying what are called “consort criteria,” which helps you judge the quality of clinical studies – and that is an admirable grade.

Many of these studies do not look at people as subjects – but here is something very impressive, in my judgment – many of these studies look at the effects of prayer or healing intentions not on people but on inanimate objects such as chemical reactions in test tubes.

They look at the effect of intentionality and healing efforts on fungi bacteria in test tubes; they look at the healing rates of surgical wounds on animals and the growth rates of tumors in animals.

I think this is extremely impressive because (these studies) bypass the placebo response and get around most of the objections that critics like to levy toward this area.

Dr. Buczynski: Yes, I was just going to say, why use inanimate objects or animals rather than people?

“Those studies in non-humans are crucial because they answer the big question: Is there a healing effect at all?”

Dr. Dossey: It is an attempt to bypass the effects of suggestion and expectation and positive thinking. As far as we know, bacteria and rats and rabbits don’t think positively, so if you can show an effect in non-humans, I think you really have something here (that’s significant).

Those studies are crucial because they answer the big question: Is there a healing effect at *all*? Or are we just sort of fooling ourselves into thinking so?

These studies in non-humans, I think, give a strong *yes* answer to that question of whether or not there is, in principle, something going on at a distance when one person has an empathic, compassionate healing intention towards someone else.

Dr. Buczynski: Now, I remember when Randolph Byrd’s research came out. That was so *incredible* and really took our community by storm. Has it been replicated since?

Dr. Dossey: There has been a replication. Dr. William Harris at the University of Kansas School of Medicine essentially replicated the Byrd study. And not only that, this has been taken to some really elegant areas - even fMRI brain scan studies have been done on recipients. (We see the effects of) someone else trying to extend compassionate healing at a distance, even when the recipients, who are having their brains scanned with an fMRI, are unaware of when the healing efforts are going on.

Dr. Jeanne Achterberg did a study in Hawaii using native healers and native patients, looking at the fMRI effects on the subjects at a distance. In nine out of ten of these subjects, the brain lit up in specific areas only when the healer was extending healing intentions, but not during the control periods when no healing was being sent.

The odds of it being chance in finding nine out of ten of these being positive is something like less than one in ten thousand. I mean, this is the elegance at which people are approaching this area now.

So we not only have people's stories, which we've had forever about the healing effects of intentions and prayer – but now we have clinical studies along with fMRI and EEG studies as well.

Dr. Buczynski: What part of the brain seemed to light up?

Dr. Dossey: It was the frontal cortex, the precuneus and the cingulate. These were the areas that were affected in almost every one of these subjects. So there was specificity showing increased metabolic activity in these specific areas of the brain associated with the sending of empathic, compassionate healing thoughts.

“...not only do we have people's stories about the healing effects of intentions...but now we have fMRI and EEG studies as well.”

I might add that these native healers often did not use the word *prayer* to describe what they did. Some of them said, “I just really intend for the very best thing to happen. Don't call it prayer – I'm not praying to anyone or anything.”

So they were all over the ballpark about the terminology they used to describe this sort of thing. I find that interesting because that takes this effect out of a religious context and puts it into a transpersonal, empathic, and compassionate way of looking at all of this.

Dr. Buczynski: Was Byrd's study a specific denomination or faith base?

Dr. Dossey: Yes, it was. Randolph Byrd is a born again Christian and he wanted to study whether or not the prayers of born again Christians could be demonstrated as having an effect.

I must say, however, that in the ensuing years since that study was published, we've had an opportunity to judge the effects of people's healing efforts in many, many religions – almost any you can think of – as well as people who don't profess a religion.

There appears to be no correlation between which religion people align with and the effect of their healing intentions in these controlled studies.

“We see the effects of compassionate healing at a distance, even when the recipients...are unaware of when the healing efforts are going on.”

So, I think we can say very firmly, Ruth, that no religion has cornered the market on healing. Actually, I really admire this finding from this huge area of healing research because this finding points like an arrow to the need for religious tolerance, which I think our world could use a lot more of right now.

We can say that no religion has a monopoly on the healing effect, even though some, in real life, as you know, claim that they do.

Dr. Buczynski: Yes. Larry, before we leave the topic on the research, the evidence behind prayer, can we talk a little bit about Elisabeth Targ's work.

Dr. Dossey: Elisabeth – bless her soul – is not with us anymore...

Dr. Buczynski: Yes, she died in 2001.

Dr. Dossey: Elisabeth was very sympathetic to this idea that people's thoughts and intentions can make a difference at a distance. She had a good pedigree...

Dr. Buczynski: Yes.

Dr. Dossey: Russell Targ, who pioneered the field of remote viewing at Stanford Research Institute, was her father, so she came by this interest quite naturally. She did a study looking at the effects of various forms of healing, from very seasoned veteran healers who had spent many, many years doing this sort of work, on patients who had advanced AIDS.

In one of her studies, she found that the AIDS patients who received intentional healing efforts had a lower incidence of what we call AIDS-associated illnesses that kill them, such as pneumocystis pneumonia, encephalitis and others, compared to the group that was not assigned a healing group.

These people also had a lower admission rate to the hospital; if they went to the hospital they were discharged sooner. So it looked like they had a clinical advantage.

“...the AIDS patients who received intentional healing efforts had a lower incidence of AIDS-associated illnesses...”

One interesting thing about this, however, is that there was no difference in the death rate of these people, so this is puzzling; you would think there would be a difference in fatality rate, but there wasn't.

But the quality of life that these AIDS patients had was certainly different from the treatment in the control group.

I think if Elizabeth had stayed alive, she would have been one of the people, one of the great experimentalists who would have shed a great deal of light on some of the mysteries and the puzzles that surround this whole area.

Dr. Buczynski: Yes, actually, she was in the middle of a research study I think when she died. What a tragedy to lose someone so young.

“There appears to be no correlation between which religion people align with and the effect of their healing intentions...and this points to the need for religious tolerance...”

How Prayer Works To Heal

Let's now move away from evidence to how you think prayer actually *works* to heal?

Dr. Dossey: The short answer is that no one knows – and I think that that is a very healthy admission that we ought to put on the table up front. Having said that, Ruth, this is a very rich field where there is a great deal of theoretical imagining about how this could work.

I think some of the most interesting hypotheses come out of quantum physics. Dr. Dean Radin, who is the Senior Scientist at the Institute of Noetic Sciences, has written a book called *Entangled Minds*, which tries to get at this big question of how people can interact at a distance – as in healing and in many other areas of experimentation.

He thinks that the answer will come out of quantum mechanics, from an area called *entanglement*. We know that subatomic particles, once they are in contact and then are moved apart at arbitrary distances, remain in contact in some mysterious way, so that if you change one, you change the other instantly and to the same degree.

This is quite mysterious. Don't expect quantum physicists to explain how this happens. I mean, there is a lot of jargon associated with this phenomenon, but nobody really has a clue about how that could be even possible.

“...The answer to how people can interact from a distance may come out of quantum mechanics - an area called *entanglement*.”

Now, Dr. Radin is one of these people who thinks that (this phenomenon) may prove to be the explanation for what happens at the large scale, at the macroscopic level, in people. I think we have to be very cautious here and not fall into misplaced comparisons in which we equate people with subatomic particles. I mean, I think that really is very iffy.

But the point is that serious scholars now are thinking about how we may sooner or later understand how distant healing might happen. There are many, many other hypotheses – holographic theory happens to be one and chaos theory is another – we will just have to see which one of these eventually floats to the top.

But I think we should just be prepared for surprises; it may be that we don't know and cannot predict, based on current knowledge in *any* area of science, what the explanation is going to be.

“In medicine, we understand *that* something works a long time before we understand *how* it works.”

Dr. Buczynski: Yes, true.

Dr. Dossey: But here is what we need to think about, Ruth - we have to go with the data. In medicine, especially, we understand *that* something works a long time before we understand *how* it works.

We are in the same position with distant healing/remote healing/prayer-based healing – whatever we call it. We need to keep an open mind and honor the data and allow it to take us wherever it leads us and not toss out and ignore the data because we don't have a proper theory. The theory will come a long time later.

Dr. Buczynski: We do have the evidence through some randomized clinical trials that it works – we just don't have a theoretical perspective, at least not one that we can prove.

Brain, Mind, and Nonlocal Consciousness

Dr. Buczynski: Larry, I would like to talk a little bit about *nonlocal* healing. I am not sure if this is correct, but I always give you credit for coming up with the concept of *nonlocal healing* – am I right or – where did that come from?

Dr. Dossey: Yes, I will take credit for the term *nonlocal mind*. I introduced it into the English language in 1988 in a book I wrote called *Recovering the Soul*, which developed this idea of *nonlocal infinite consciousness/awareness/mind*. I can't find any earlier use of the term *nonlocal mind* in the English literature, so I'll take credit for that – thank you!

Dr. Buczynski: As I understand it, you're talking even about where we *place* mind. What do you mean by that?

“...our consciousness is produced by the brain, like the liver produces bile.”

Dr. Dossey: The idea currently is that the mind is confined to the brain. We say that somehow – but nobody knows how – our consciousness is produced by the brain, sort of like the liver produces bile. Nobody has a clue about how that could even be possible – it has never been directly observed. I call it “neuromythology” - it is just one of those myths that keeps being perpetuated without any explanation whatsoever.

I think that if we go with the evidence that comes from an extraordinary number of areas, in studies that have been replicated by people for over fifty/seventy-five years, we know that consciousness can do things that brains can't do.

Brains stay put in the here and now; they don't wander to the other side of the earth. We know that people's thoughts can connect and information can be shared at arbitrary distances, even global distances. People can extract information from the environment at a great distance and insert information into the environment at a great distance.

What do you do with these kinds of facts? If you take them seriously, you would have to come up with a new idea about the nature of consciousness. I think this is where *nonlocal consciousness* comes to the fore.

Nonlocal is just a fancy word for *infinite*. If something is infinite, it is not restricted to a specific point in space, such as the brain, or restricted to a specific time, such as the present. That is what we mean by *nonlocal mind* – it is not localizable to the here and now. It can manifest at a distance.

“*Nonlocal* is just a fancy word for *infinite*...it is not restricted to a specific space, such as the brain, or to a specific time, such as the present.”

If we take remote healing seriously, we are going to have to do something with consciousness – we'll need to get it outside the

brain. This is where the *nonlocal concept of consciousness*, I think, becomes not arbitrary – it becomes absolutely necessary if we take the facts seriously.

Dr. Buczynski: So, are you suggesting that your experience in ‘Nam...that *the nonlocal mind* might have had some bearing on why you did what you did in Vietnam.

Dr. Dossey: I like to think that – those experiences and this idea of *nonlocal consciousness* where barriers break down between people’s minds and they come together as one...I like to think that idea was “made flesh,” so to speak, for me in Vietnam.

“...in *nonlocal consciousness*, barriers break down between people’s minds and they come together as one.. that was ‘made flesh’ for me in Vietnam.”

It became a living experience, not just something for armchair philosophers to talk about, but it really became very real to me and influenced how I would handle things like the healing experiments, which I would bump into so many years later.

The Role of Premonition in Healing

Dr. Buczynski: I want to move into premonition. You have been writing a lot about premonitions lately. First, can you give us an example of a premonition?

Dr. Dossey: Yes, I can. Let me say first that premonition, if you look at the etymology, the origin of the word, it comes from Latin, meaning “a forewarning.” We can think of this as *the warning that comes before*. That sort of gives you a sense of the flavor of what a premonition looks like in real life.

“...premonition is *the warning that comes before*.”

One of my favorite premonition examples is one about a woman that I call Amanda in my book.

She was a young mother in Washington State, and one night she had a dream – it was really a nightmare – in which she saw a chandelier that was positioned above her infant’s crib in a room next to her and her husband’s bedroom.

She saw this chandelier fall down, crush the baby, destroy the crib, and the baby was either killed or severely injured. Also, in the dream, she saw a clock in the baby’s room reading four-thirty, and she saw that it was storming outside the window.

So, she wakes up; she is *horribly* stressed. She wakes her husband and tells him about it...and he says, “It’s just a dream. Go back to sleep. Stop bothering me...” He goes back to sleep, but she can’t. She gets up and goes and brings the baby, the infant, back to their bed. At the time, she notices that the weather is perfectly calm. It isn’t storming as she saw in the dream.

Well, she is awakened a couple of hours later, she and her husband both, by this *horrible* crash. She goes into the baby’s room, and sure enough, the chandelier has fallen down and wrecked this crib – but the baby is unharmed because she took measures. She also looked at the clock in the baby’s room and it read four-thirty, and there had been a change in the weather – now it was storming outside, just like she saw in her dream.

So, this is the forewarning aspect of so many premonitions. It was accurate, not just in terms of the event – the chandelier falling, but she also nailed it in terms of the specific minute as well as a change in the weather.

This is one of those premonitions that “knocks your socks off” and you certainly get a feel for the warning function – and often the life-saving function – of a premonition.

“...the body can register an exaggerated stress response before a stress-related event is observed on a computer screen.”

Dr. Buczynski: That is very interesting – but it is anecdotal. Do we have any evidence for premonitions?

Dr. Dossey: If we didn’t, I wouldn’t have put my name on a book about premonitions!

Dr. Buczynski: I can believe it.

Dr. Dossey: I am kind of a science junky when it comes to these things, and I don’t want to go out on a limb unless I think I can really defend this position with data.

I mentioned Dr. Dean Radin earlier; he has been a pioneer in changing the entire conversation about premonitions. You are right – we have had anecdotes and people’s stories *forever* about sensing the future and so on – but they are stories. You can’t do randomized controlled studies on people’s stories.

Dr. Radin, and by now, many other investigators as well, have done what are called *presentiment studies*. There are a couple dozen of these kinds of studies around the world.

“...there is evidence that the unconscious - our body processes - can gear up before any event even unfolds.”

“Presentiment” means “the feeling that comes before.” He has shown that the body can register an exaggerated stress response before a stress-related event ever is observed on a computer screen. If the image that is going to crop up on the computer screen is going to be a placid, calm image, the body doesn’t do this. The body has a way of anticipating what is *going* to happen before the computer even decides what’s going to be happening.

This is clear evidence that there is something about *the self*, our unconscious - our body processes - that can gear up before any event even unfolds, before it becomes real. This is profound evidence.

This has made the critics just go absolutely *nuts* because they are so dedicated to denying that we can know something ahead of time that they just simply have a tremendous amount of intellectual indigestion even *looking* seriously at these presentiment studies.

I think this just sort of “nails the final nail in the coffin” of the deniers who say, “This just can’t happen.” Clearly it does. This is one of those situations where we are really at a dividing line in human thought. The tendency has been to confine consciousness to the brain and to the here and now, the present.

“...we are at a dividing line in human thought - the tendency to confine consciousness to the brain and to the here and now.”

This shows that this is a limited view – and I think it is about time we begin to acknowledge that there is something more about consciousness than just the *intra* – the intrapersonal aspect of how it behaves. We are back to *local mind*, you see.

Dr. Buczynski: Yes, absolutely. Larry, why are most premonitions negative? At least most of the ones you hear about are negative.

Dr. Dossey: They make better press. They are more colorful and they attract people’s attention, and those are the ones that we generally hear about. But it is an error to assume that all premonitions are about bad stuff. There are nice premonitions as well; premonitions about job promotions, about pregnancy – “announcing dreams” as they are called – are a dime a dozen.

I have a friend who has premonitions, and she says they never fail her. They are about where she can locate the last remaining parking spot in downtown Chicago! This gets a little *woo-woo* here, but she says her premonitions are mediated by a goddess that she calls *Asphalta*. *Asphalta* is known as the parking goddess and she says *Asphalta* directs her to the last place to park.

“I have a friend who has premonitions, and she says they never fail her.”

So people dress these things up in a million ways to suit themselves – but my point is they are not all about bad things; they can be about pleasant things as well.

Dr. Buczynski: What inspired you? How did you get interested in this?

Dr. Dossey: I tried not to! I had a huge reluctance to even *look* at this field until I had a dream premonition that just knocked my socks off.

The very first year I was in internal medicine practice back in Dallas, I saw a clinical event in a dream, which was extremely complex, complicated – and at the time of the dream, I thought this was the most vivid dream I had ever had in my life! It made no sense because of the trivial aspects....

But the next day, the dream was played out in camera-like detail. I talk about this in the book – but this unnerved me. Actually, it sort of scared me because I knew the world didn’t work like that - you couldn’t see the complex future before it happened. I mean, that’s like an effect coming before the cause.

The world doesn’t work like that. I mean, I was trained to reject this sort of thing, and I did for many years.

“Nurses began to talk to me about their premonitions of hospital experiences...”

But my patients began to pick up on the fact that I had an interest in these sorts of things and began to tell me their medically related premonitions. Nurses began to talk to me about their premonitions of hospital experiences – and I have to say, Ruth, that I think I’ve never met a more premonition-prone group of individuals than nurses. They really are extraordinarily sensitive to this whole deal.

Dr. Buczynski: And you should know – you are married to one!

Dr. Dossey: I've been married to one for only forty years! Barbara, my wife, is just sort of a collecting agency for her colleagues in nursing all over the country – she is quite well known. People have flooded Barbara and me with these accounts. Some of them are just dazzling, actually.

I have to say that the last major factor in my writing a book about this is that physicians have begun to volunteer their own experiences to me about these events.

Not so long ago, I gave a lecture to a continuing medical education meeting of hundreds of doctors that was sponsored by the Harvard Medical School, and they wanted me to talk about something different, so I talked to them about premonitions in clinical practice.

I told them my experiences along these lines, and I thought, “Well, this is just over the top for most of these people. They’ll never invite me back.” But in the Q&A session, they began to tell me and the whole group *their* experiences. An internist stood up in this large group and she said, “I get numbers in my dreams.” She said, “I see my patients’ specific lab values before I even order the tests.”

“An internist stood up and said... ‘I see my patients’ specific lab values before I even order the tests.’”

“...we need to loosen up about premonitions in clinical practice...”

I think many physicians are reluctant to talk about these things because they are concerned about what their colleagues are going to think...and so many hang onto these experiences for years. Many physicians write me about these experiences and they usually begin by saying, “I’ve never told anybody about this but...”

So I think we need to loosen up about (premonitions in clinical practice) because we deny a hugely valuable area of human experience.

It is healthy to get these experiences out and to simply acknowledge them because it expands our vision of who we are and how we operate.

The Difference between Premonition and Worry

Dr. Buczynski: How do we know or distinguish the difference between a premonition and a worry – the normal fretting about or the normal anxiety?

Dr. Dossey: I think it can be difficult. There is no way to do a hundred percent prediction about a valid premonition or (an experience) that’s just stress or anxiety, but if you look at the premonition literature, which has been put together over several decades, mostly by psychologists, I have to say, they have distinguished certain aspects and qualities that set these valid premonitions apart from just everyday anxiety and worry.

For example, I have mentioned one already: in my premonition dream, this was so vivid that it was not comparable to an ordinary dream. Vividness is one of the best qualities to set (premonitions apart from worry/anxiety). Also, the frequency is another quality

“...Certain qualities distinguish valid premonitions from everyday anxiety and worry.”

- these premonitions can recur night after night, and if they do, this is a real clue that we ought to pay attention...

“...if you look at vividness, frequency, and theme, you can make a pretty reliable judgment...”

There was one patient I write about who, every night for a year, saw a nurse holding a lamp, a light to her lower leg, and she hadn't a clue about what this meant. This was an iconic version of the “Lady with the Lamp” – Florence Nightingale, the founder of modern secular nursing.

After a year, this woman erupted with a case of severe osteomyelitis and required surgery right at the place the nurse had illuminated in the dream.

So, vividness and frequency are aspects we ought to pay attention to. Also, if these premonitions involve death, they should be listened to. Carl Jung, the great psychiatrist, said, “If you have a dream about death, you really should pay attention to it because you might not get a second chance.”

So if you look at vividness, frequency, and theme, you can make a pretty reliable judgment about whether or not this is something you ought to let go - it's just nonsense, or whether you really need to focus on that as a real possibility.

Thoughts on the Soul

Dr. Buczynski: Now, we have spent the whole hour talking about a variety of fascinating topics, but we haven't talked about the soul. What are your thoughts about the soul?

Dr. Dossey: Earlier I mentioned that we can equate *nonlocal* to *infinite*. It is really a good synonym for it. *Nonlocal mind* is *infinite mind*; it is not restricted to specific points in space or time.

If we tease that apart, we come out with something that looks suspiciously like this old idea of *the soul*. If something is *nonlocal* about our minds with respect to time, then it is eternal. It is immortal. It is everywhere in time. It is infinite in time.

This is a pretty good description of what is meant by *the soul* – it is something that is not born, it doesn't die, and it is infinite in time. It has no beginning and no ending. That is *nonlocal* talk.

I think this evidence that points to a *nonlocal* aspect of who we are is indirect evidence, pointing like an arrow, to this ancient idea of *the soul*.

“...the evidence that points to our *nonlocal* aspect is indirect evidence of *the soul*.”

I don't call it that because of the religious connotations, and people really get into fierce ideological arguments over *the soul*, so I just simply call this *nonlocal awareness/nonlocal mind/nonlocal consciousness*. But who's kidding who here? I mean, these are terms for what humans have always meant by *the soul*.

Dr. Buczynski: Thank you. I am afraid we are out of time. That went by so fast – and you have actually studied a lot of fascinating sub-areas within this whole idea of transpersonal psychology and mind-

“Unless we have some new way of thinking about who we are *beyond* the individual, I think we are sunk.”

body medicine, taking you from way back with the headaches and biofeedback to all the way to the present with premonitions. What is next for you, Larry?

Dr. Dossey: Thank you for asking – it gives me an opportunity to make a shameless advertisement for my book! The book will be published early next year in 2013. The name of the book is *The One Mind*, and it explores all the evidence, from laboratory studies to personal experience, history, and myth on how minds come together.

We are not talking about mythology. We are not talking about anything hypothetical. I think that we can make a very strong defense that our minds are connected at some universal level, some global level.

I look at the evidence for that and why that is important now, at this point in history. We face so many challenges on this planet now, from global climate change to species destruction...Unless we have some new way of thinking about who we are *beyond* the individual, I think we are sunk.

I think we are never going to get through greed and all of the self-destructive things that humans stupidly engage in unless we have more “skin in the game,” by which I mean we are in it together. This is not just *you*, you know. We need to come together with a different way of re-visioning who we *are* in consciousness.

Dr. Buczynski: Thank you. To everyone on the call, I am going to be sending you an email very shortly. When I do, I will have several links to Larry’s books. I will connect you to Amazon, which is probably one of the places that you can get them least expensively. I do suggest you check this out – both for yourself or perhaps for your library, or possibly I think some of these books you might actually recommend to some of your patients, so please do check them out.

“We need to come together with a different way of re-visioning who we are in consciousness.”

I am also going to give you a link to our Comment Board. I would like you to go there and talk about what stood out to *you* in this call, and particularly how you are going to *use* what you heard tonight.

This is our community board; we are all here together to share ideas and you are an important part of this. We want to bring you into the dialog and hear from you. You will want to see what other people are saying and maybe respond to them as they might to you – so be sure to go here and tell us how *you* are going to use what you heard.

Everyone on the call - thanks *so* much for being here – and, Larry, especially to you, thank you so much. Thanks for your life’s work and for sharing this time with us.

Dr. Dossey: Thank you, Ruth.

TalkBack Segment with Joan Borysenko, PhD and Bill O’Hanlon, LMFT

Ruth Buczynski: Welcome back. First let me just introduce my two colleagues to everyone who’s been listening already on this call. This is Joan Borysenko, author of many books. She’s a licensed psychologist, a cell biologist and author of many books including *Inner Peace for Busy People: 52 Strategies for Transforming Your Life*.

Also, I have here, Bill O’Hanlon, who is also the author of many, many books and is a marriage and family therapist. One of his many books is *Pathways to Spirituality: Connection, Wholeness and Possibility for Therapist and Client*.

So, welcome back. That was quite a call. Let’s start as we do each time. What stood out to you on this call?

Today we’ll start with you, Bill.

Bill O’Hanlon:I’ve known Larry’s work for awhile - I read one of his first books, *Space, Time & Medicine* when Larry lost his watch and decided to investigate the experience of time and healing.

So, I’ve been intrigued. He always goes on these byways and highways and what came across to me is something I’ve been thinking about lately: We use antidepressants; we still don’t know why they work!

“Let’s not stop scientific inquiry because the ideas seem a little *out there*.”

They were discovered by accident, and I kept thinking that while Larry was talking about all these byways that he’s investigating that seem cutting edge at this point, we don’t know *exactly why* they work. But they seem to work, so let’s figure it out. Let’s not stop scientific inquiry because the ideas seem a little *out there*.

Ruth Buczynski: Just because we can’t explain why they work, isn’t a reason not to explore further...

Bill O’Hanlon: That’s right.

Ruth Buczynski: How about you, Joan, what stood out to you?

Joan Borysenko: I’ve known Larry for many years. What an extraordinary pioneer he is! One of the things that has always struck me about his work is that it took long enough to convince people that your own mind can affect your own body.

What Larry is trying to say is this: *your mind can affect my body, and my mind can affect your body* because mind is *nonlocal*.

That has become a term in current usage. He talked about the *nonlocal* mind, and in his mind, this has to do with infinity, immortality and it’s another way of looking at the soul.

“...because mind is nonlocal, your mind can affect my body, and my mind can affect your body.”

I think he’s had an extraordinary career in bringing up these fundamental questions of soul, mind, body, time and healing within the medical community. We owe him really a great deal.

Ruth Buczynski: Let me start with you, Bill. Larry and I discussed many interesting studies on the effect of distant prayer on health. Why do you think that the general scientific and practitioner community, both on the mental health side really and on the medical side, doesn't pay more attention to this? Why is it not so much common practice?

Bill O'Hanlon: One of my backgrounds is with hypnosis. If you think back, hypnosis was discovered and in use for about 100 years, and it was sometimes used in medicine, and used a lot in anesthesia. But as soon as anesthetic medicines came in, hypnosis fell into disfavor for a while and it wasn't used by physicians because they thought, "Well, we have this new medicine now..."

But then, we began to see the limits of the medicine - some people are allergic to the medicines and can't take them. Some people are at health risk if they take those anesthetic medicines.

Some anesthesiologists and anesthesiologists came to my conferences on hypnosis because they said, "I have a few patients for whom I really need to use alternative methods."

"When things are first coming out, they seem a little too cutting edge and people wait...until they become mainstream practice."

I think that's the way we'll come into this. When nothing else is working, we need somebody like Larry who is a physician, who can get a little credibility - because it seems a little too *woo-woo*. But you also have to remember, psychotherapy was *woo-woo* when it first came out.

For example, the guy who discovered that *H. pylori* (helicobacter pylori, a bacterium commonly found in the stomach) was causing ulcers was pretty *woo-woo*, and he was dissed by his colleagues because they thought that was just crazy! We know that stress causes ulcers. Of course, stress has a part, but he also discovered a physical cause.

So I think when things are first coming out, they seem a little too cutting edge and people wait until there's a little more evidence or until it becomes mainstream practice.

And again, Larry's out there on the edge - calling us forward to some new possibilities.

Ruth Buczynski: Joan, in your mind, what are some of the inherent challenges of designing a study on prayer?

"I'm not sure we can ever design a study to show scientifically that prayer works... there are just too many variables involved."

Joan Borysenko: They're huge, Ruth. I'm not sure we can ever design a study that's going to show scientifically whether prayer works or not because there are just too many variables involved.

For example, if I know you well, if I love you, if I'm generating emotion, there is some transfer of energy from the emotion itself. Now compare that, for example, to someone I don't know - my church or synagogue has a list of people to pray for and I'm going to pray for someone. She has heart disease, but I have no heart connection to her. I don't believe these are actually comparable and it's one thing that never occurs in these studies.

Larry, for example, cited two well-known studies on heart patients done by a Christian cardiologist by the name of Randolph Byrd.

There was a more recent study called the Mantra Study. It was a multi-site study of cardiac patients and they were prayed for by people of all religions, but the person prayer for was just a name – it was just condition being prayed for. That particular study didn't show results for prayer.

“...if you believe in prayer and it's a natural movement of the human heart, people will have a sense of that when they're being prayed for.”

Actually, I don't think any of those designs will work.

What we really need to know is this: if you believe in prayer and it's a natural movement of the human heart, then whether it works or not - and I'm one who thinks that prayer *does* work - people will have a sense of that when they're being prayed for.

It gives strength and comfort; whether it alleviates illness, I don't know, but perhaps we're not going to find that answer scientifically.

Ruth Buczynski: Bill, Larry talked about his migraines as one of the events that led him to be more open to the whole idea of mind-body medicine and that journey led to spirituality in medicine.

Would you say that's a part of the journey for many people? Or what has been part of that journey?

Bill O'Hanlon: Yes, I think that again, when you have a personal experience - even if you can't prove it scientifically - it probably influences you and moves you in a certain direction.

I was depressed when I was younger and that directly led to me becoming a therapist because I got interested in how people worked, how emotions worked, how the mind worked, how suffering happens, and what you can do to alleviate suffering.

“...even if you can't prove an experience, it probably influences you in a direction.”

So I think his story is one that most people who are watching and listening to this can relate to. They had some experience to sensitize them to this area or move them in the direction of becoming a healer. I love that he did this.

Again, he's really good at using those personal experiences, not just to say, “Well, I had this terrible experience and then I recovered from it.” But he gets curious about that and says, “How can I bring this to the healing community?”

I think that's what probably moved Joan - that's certainly what moved me - to write so many books and to go out and speak - to become a healer. It was those personal experiences we had.

“It's important to take personal experiences out into the world - to make a contribution with them”

It was important *not* to keep the personal experiences personal, but to take them out into the world - to make a contribution with them. That's, again, one of the things that one can admire about Larry.

Ruth Buczynski: Right. Joan, Larry mentioned that many practitioners have had premonitions, but that very few are willing to talk about them. How do you think we can make premonitions more accepted in clinical practice?

Joan Borysenko: Larry talked about premonition, and it's such a fabulous book that he wrote on premonitions. It's amazing how he can go into the science of these really unusual experiences, but if you have a premonition and it's something that's really compelling and vivid, believe me, you believe in it! There's no question about it.

It's not that we really have to convince physicians if they have a premonition. I think people understand gut feelings and premonition is part of that. It's a large part of medicine actually and a large part of therapy to follow the gut.

"...people understand gut feelings and premonition is part of that."

But, I want to give you an example from the other side. What if your patient comes in with a premonition? What are you supposed to make of that? Should you send him to a psychologist? Are they crazy? What is it?

I had a dream personally that was very, very vivid and it involved a vial of nitroglycerine in the breast pocket of a blazer. Now, in the dream, I ended up going to a hospital and a nurse poured the nitroglycerine down the drain, but when I woke up, I actually could feel heat in my breast where that nitroglycerine was.

I thought, "That was a vivid and powerful dream." I had had several breast biopsies previously for a variety of fibrocystic sorts of things and I went to the surgeon who knew me well, and I told him about the dream and I said, "I'm really concerned." And he actually laughed at me, Ruth, and said, "Gosh, you run a mind-body program. Why don't you start a mind-body program for...Nervous Nellies?"

"I was partly relieved that he couldn't find anything wrong, yet I had had this powerful experience."

I left, and I was partly relieved that he couldn't find anything wrong, yet I had had this powerful experience.

Next time I went for a mammogram, the reading radiologist said, "You know, we've been following this accumulation of calcifications in your left breast (right at the site that the dream told me) for three years.

We could just continue to follow these or you could have a biopsy." I'm a minimalist and I hate to go to the doctor, but because of that dream, I had a biopsy.

And it was a precancerous lesion, which got pulled out and poured down the drain metaphorically because I paid attention to it. But if that physician had said, "Gosh Joan, I know who you are. I trust who you are, and if you've had this deep gut feeling, I think we should investigate it." That is how we need to educate our physicians.

Ruth Buczynski: I'm sorry to hear that you experienced that especially by someone who knew you. I remember having, a dream about a breast situation and calling the next day and saying, "I know I'm overdue (for a mammogram), but I had a bad dream last night. Can you squeeze me in?" They took me in the next day.

I guess different places are trained to respond differently, but I think we, as a medical and mental health community, have to be more neutral about premonitions, or at least more receptive to the idea that they're a message of some kind.

Joan Borysenko: Absolutely...and not only are they just a message of some kind of illness, they're a message from your patient and being present to your patient.

If a person is worried, it doesn't matter what the cause of that worry is. You need to have the compassion to actually show up for them and investigate whatever the concern may be.

“If a person is worried...you need to have the compassion to actually show up for them and investigate...”

Ruth Buczynski: Right...we're out of time again tonight. This has been a great call.

Everyone on the call, I'll be sending you an email shortly. In the email, I'll send you the links to some of Larry's books and also to the Comment Board - please go to the Comment Board and tell us how you're going to use what you heard tonight.

In addition to that, in a couple of hours, to all of the Gold Members, I'll be sending a link to tonight's video - to the mp3 of tonight's call. You'll be able to listen to this in your gym or in your car and watch the video. You'll also get all of the links for all of the other calls that we've had so far and on Friday, I'll send you the transcript.

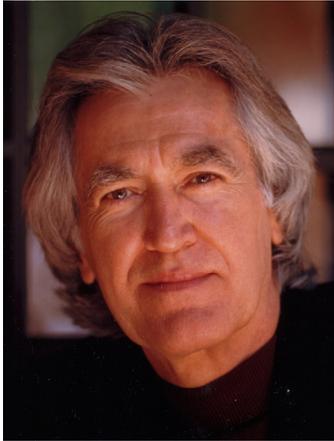
If you're not a Gold Member and you'd like to be, just sign up right below. There's a link right under your screen that you can use to sign up so that you'll get that as we send it out to everyone else.

Next week we have a very special call with my good friend Caroline Myss. You can never predict what that call is going to be about because every call is different, and in a sense, every call is unique...

So, be sure that you're here. I know you'll get something out of it and be glad that you came. Take good care everyone.

And to Joan and Bill, it was good to see you again, and I'll see you next week!

About The Speaker:



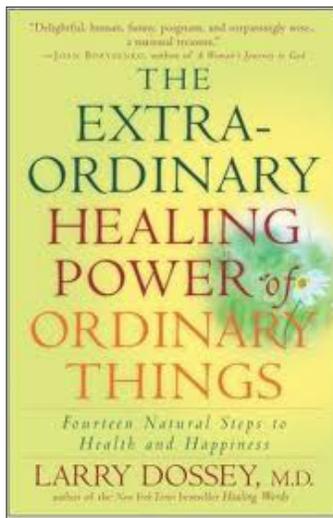
Although trained in the Western tradition of medicine, incidences of unexpected and unexplained healing throughout his medical career proved to Dr. Dossey that there was more to health and medicine than what science had previously explained.

Dr. Dossey has been a pioneer in the field of Alternative Medicine, with his books used as course materials for physicians nationwide. His concept of the *nonlocal* mind, the mind unconfined to the brain and spread infinitely throughout space and time, has been adopted by many leading scientists as the emerging image of consciousness.

Dr. Dossey is the author of nine books, including New York Times Bestsellers, and numerous articles.

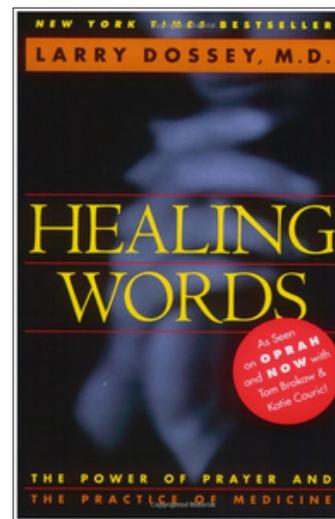
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Since 1989, Ruth has combined her commitment to mind/body medicine with a savvy business model. As president of the *National Institute for the Clinical Application for Behavioral Medicine*, she's been a leader in bringing innovative training and professional development programs to thousands of health and mental health care practitioners throughout the world.

Successfully sponsoring distance-learning programs and annual conferences for over 20 years, she's now expanded into the "cloud." During the past 4 years, she's developed intelligent and thoughtfully researched teleseminars and, more recently, webinars that continue to grow exponentially.



Joan Z. Borysenko, PhD, has been described as a respected scientist, gifted therapist, and unabashed mystic. Trained at Harvard Medical School, she was an instructor in medicine until 1988.

Currently the President of Mind/Body Health Sciences, Inc., she is an internationally known speaker and consultant in women's health and spirituality, integrative medicine and the mind/body connection. Joan also has a regular 2 to 3 page column she writes in *Prevention* every month. She is the author of nine books, including New York Times bestsellers.



Bill O'Hanlon, LMFT, is a dynamic, inspirational speaker and prolific author (over 30 books so far) who helps motivate people and organizations to determine what they are meant to be doing and to remove the barriers to succeeding at those goals.

Originally trained as a psychotherapist, Bill has become known for his collaborative and respectful approach, irreverent humor, storytelling, clear and accessible presentation style, and his infectious enthusiasm for whatever he is doing. He teaches seminars, leads trainings, writes books, coaches people and offers websites, podcasts, blogs, web-based courses, teleclasses and audio and video programs.