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"Healing Words"

© Interview With **Dr. Larry Dossey M.D**
Interviewed By **Daniel Redwood D.C.**

Larry Dossey's journey of transition from mainstream physician to holistic medical philosopher was something he had no way of predicting, and still finds to be something of a mystery.

The first in his Texas family to graduate high school, Dossey says that when he finished his medical education, "I was as typical and orthodox a person as you could find, akin to stage three anesthesia. I was asleep."

He served as a battallion surgeon in Vietnam, which provided the early seeds of an awakening, as he witnessed the depths of the unconscious drives in the human psyche, and the emergence of his own shadow. Shaken to the core, he began to look more deeply at the world around him. In this he has persisted.

He later helped establish the Dallas Diagnostic Association, the largest group of internal medicine practitioners in the city, and served as Chief of Staff of Medical City Dallas Hospital.

Practicing standard Western medicine, he became intrigued by patients who were blessed with "miracle cures," remissions that clinical medicine could not scientifically explain. Searching for an understanding of the interaction between mind, body and spirit, he developed a biofeedback department at the Dallas Diagnostic Association, and started to study religion, philosophy, meditation, oriental literature, parapsychology and quantum physics.

Dr. Dossey is the author of *Space, Time and Medicine; Beyond Illness; Recovering the Soul; and Healing Words*. He was the first physician ever invited to deliver the

Annual Mahatma Gandhi Peace Foundation Memorial Lecture in New Delhi, India.

In this interview with Dr. Daniel Redwood, Dr. Dossey discusses fascinating medical research which demonstrates the healing effects of prayer. He also points out the differences between directed and non-directed prayer, and his belief that introverted people may need different strategies for prayer and affirmations than do extroverted people.

Dossey has retired from active medical practice, and devotes his time to writing and lecturing. He is the editor of *Alternative Therapies in Health and Medicine*, a journal which debuted in 1995. He lives in New Mexico.

LARRY DOSSEY Interview

DR: What would you say was the major turning point in your medical career, or in your life, which has led you in the directions you have pursued in recent years?

LARRY DOSSEY: I don't think there was one key turning point. It was a gradual development of a different way of seeing, and a different way of being. It was an evolutionary path. When I got out of medical school, I was as typical and orthodox a person as you could find, akin to stage three anesthesia. I was asleep.

I discovered a body of knowledge in Eastern thought which influenced me tremendously. I grew up in the South, and when the forms of religious thought on which I was raised wore thin, I abandoned them, gradually replacing them with other concepts over the years. I was greatly influenced by the tenets of Buddhism, particularly Zen. I also discovered the mystical traditions of Christianity, and the medieval mystics, who for the life of me I have a hard time telling apart from the Zen masters.

I also had to come to terms with a personal health problem, classical migraine headaches. That led me into biofeedback therapy in the early 1970's, after nothing else worked personally for my problem.

This led me to explore further the mind-body connection, and I developed and managed a biofeedback laboratory in my practice. From a philosophical, spiritual and a personal level there were many influences in my life which pushed me in these directions, but no one specific wake-up call or single pivotal experience.

DR: Hearing you speak, I sometimes have the impression of your being a professor of philosophy or one of the other humanities. Did you always want to be a doctor?

LARRY DOSSEY: I haven't the slightest idea how I drifted into medicine. I signed up in college as an electrical engineer, which lasted six weeks. Because I had an identical twin brother who was in pharmacy school, I switched to pharmacy, and got a degree. He and I both decided to get pre-med degrees along with our pharmacy training, and I worked my way through medical school as a pharmacist.

There had never been a doctor in my family. No one in my family had ever gone past tenth grade until my brother and I did, so there's no tradition of either medicine or of scholarship in my family. I just thought that physiology, biology and chemistry were interesting. So I wound up in medicine without really knowing why. I don't know how these things happen. It almost makes you believe in past lives.

DR: Do you believe in past lives?

LARRY DOSSEY: If nonlocality is for real, which I think it is, then past lives make sense. So do future lives.

DR: Speaking of nonlocality, could you define what you call Era III Medicine, and how it differs from Eras I and II?

LARRY DOSSEY: Era I is good old everyday mechanical medicine, technical orthodox medicine. Drugs, surgery and radiation. Era II is involved any time we talk about mind/body events within the person. My mind affecting my brain affecting my body, for good or ill. It's confined to the present moment, it's "here and now" medicine, it's local.

Era III is mind/body medicine with a different slant. It's a collective mind, a mind not localized to the brain or the

body. It's mind possibly affecting many bodies, across space. Mind that is not localized to the present moment, breaking time barriers, as in the recent studies where people received a message three days before it was sent. Temporal nonlocality.

DR: Could you tell us about that study?

LARRY DOSSEY: Sure. Era III is nonlocal medicine, with "nonlocal" meaning that minds are not confined to points in space (such as brains or bodies), or time (such as the present moment.) At the Princeton Engineering Anomalies Research Laboratory studies have been conducted for a decade by the ex-Dean of Engineering Dr. Robert Jahn and his colleague Brenda Dunne. There were many experiments, but the ones that shows this nonlocality of the mind are their remote-sensing experiments.

They had one person in Princeton attempting to mentally send a computer-selected image to a person 6000 miles away. Frequently, the receiver not only got the message in great detail, but received it in many instances up to three days before it was even sent! This is mind operating outside of space and time. Minds seemingly united, not totally confined to brains. This means it's broken through spatial locality, and it's also broken temporal locality with this inversion of the future and the present.

There is absolutely no way you can accommodate this kind of evidence with a local definition of the mind/brain/body relationship. So you are forced, if you take this information seriously, to make a model of reality and mind that accommodates it. You're driven to a nonlocal model.

DR: How would a grounded, rational scientist, one who would disclaim the possibility of nonlocality, reply to data like that?

LARRY DOSSEY: Let me tell you why I picked the term "nonlocality." Over the past several hundred years, many people have talked about the mind doing things like this. They have used terms like "one mind" and "universal mind." Jung talked about the "collective consciousness" and the "collective unconscious." I picked the term "nonlocal" because it doesn't have as much metaphysical baggage and history hanging on it.

Besides that, "nonlocality" is an accepted term in modern physics. There are books written in that field explaining that the nature of the world, at rock bottom, is nonlocal. Nick Herbert's book *Quantum Reality* clearly shows that whatever model you make of the world has to be a fundamentally nonlocal model. So physicists have made their peace with this already.

But doctors have had a serious case of physics envy for the past 150 years. Thus, in speaking to my fellow physicians, I have felt that the best term with which to describe the mind's phenomena is one already accepted in physics. If it's okay for physicists to talk about it, I figure it'll be okay for doctors to at least entertain the data and the concept.

DR: Why do doctors envy physics?

LARRY DOSSEY: A bad case of inferiority complex. In the 1860's, the decade when Lewis Thomas says medicine became a science, medicine wanted to embody the precision and predictability of the exact sciences, the most spectacular example of which is physics. This not only true of medicine, but also economics, education, psychology, and psychiatry, many of the "softer" sciences.

DR: How did your experience in Vietnam affect your growth?

LARRY DOSSEY: It was a phenomenal experience for me. I drifted into it, not in a fully conscious way. I'm not sure I would repeat that experience. I was naive politically about it. But after I got there, I learned a lot about the Warrior archetype. I'm not talking about the "Peaceful Warrior" concept. I'm talking about killing.

DR: Were you a doctor or a soldier?

LARRY DOSSEY: I was a doctor who had the worst assignment I ever heard of in Vietnam. I spent 200 hours in helicopters. I spent time on combat assault missions, carrying a rifle, a revolver, a knife and an aid bag. I volunteered for much of that. I got involved in warriorship in a huge way.

My way of rationalizing it morally was that as a batallion

surgeon, I was not out to kill anybody, but rather to save lives. But I found myself volunteering for patrols, missions, combat assaults and so on. How did that affect me? It taught me a tremendous amount about the depth of the unconscious drives in the human psyche, which aren't always very nice. It taught me a lot about my own shadow and what lies inside my own psyche.

I found myself doing things that six months before I had sworn I would never, ever do. It showed me that people can be overtaken by deep, unconscious archetypal drives in certain situations, and that there are within us things that in our rational moments we would deny to the hilt, but which we are fully capable of. This is basic Jungian archetypal psychology. Vietnam taught me that those things are for real.

DR: You have spoken about science pervading everywhere. Does science pervade religion?

LARRY DOSSEY: There has been a battle between science and religion, because since Darwin, science has said that religion isn't science. In the schools it's the evolutionary biologists who have the upper hand, not the creationists. They don't give Nobel Prizes in religion. The honor goes to the thinkers, the intellectuals. Back in the Forties, C.P. Snow wrote about the two cultures, the literati on one hand and the scientists on the other, noting this deep division in our culture. I think that since then, science has become even more entrenched in the ways we think and operate. Look at the fascination during the Gulf War with the scientists who made those smart weapons that could go down chimneys. Scientists are adulated in this culture. If you don't practice scientific medicine, you are not considered worthy of being reimbursed. It's very pervasive.

DR: Do you see signs that there is going to be a major paradigm shift, or do we have two tracks in which we are developing science to its logical extreme, plus a simultaneously evolving alternative?

LARRY DOSSEY: I think the nature of the scientific endeavor is changing. I talked about Era III research, and this qualifies as an elegant science. We are beginning to focus on subject matter that science hasn't previously seen fit to explore, namely what the mind can do.

It's created a tremendous battle line being drawn within orthodox science. There's a famous statement from one scientist: "This is the sort of thing I wouldn't believe in even if it were true." So even though these new studies are scientific, they're so outrageous with regard to their implications for reality that many orthodox scientists won't have anything to do with them.

As science changes, looking at different subject matter, this creates incredible intellectual indigestion within traditional science. But it's data, it's good data, and it's not going to go away.

DR: You tell a striking story about a study in which prayer seemed to affect medical outcomes. What are the implications of that study?

LARRY DOSSEY: I'm not as enthusiastic about this study as I was when I first discovered it, but it's still worth mentioning. It was done by Randolph Byrd, in the cardiac care unit at the San Francisco General Hospital. It involved about 400 patients. Half were treated with routine standard care, as was the other half, but in addition the patients in the second half were prayed for. Their names were farmed out to various prayer groups.

The difference in the outcomes was really striking. For instance, there were no cardiac arrests or necessity to be put on an artificial ventilator in the prayed-for group, whereas there were twelve in the unprayed-for group. If this had been a new drug or surgical procedure being tested, it would have been hailed as a great therapeutic breakthrough.

Nobody among the nurses and doctors knew who was and who wasn't being prayed for, which prevented them from unconsciously giving preferential treatment to the prayed-for group. When the results were in, it appeared as if the group that was being prayed for was being slipped some kind of miracle drug. There were no deaths in the prayed-for group, while there were three deaths in the other group. Twelve people in the group not being prayed for had cardiac arrests and had to have CPR, or needed a mechanical ventilator, an artificial breathing machine. None of the prayed-for group had to have that done. Twelve to zero - those are pretty good odds. Most people

don't read the *Southern Medical Journal*, where this was carried. But the late Dr. William Knowland, a physician who could always be depended on to weigh in and criticize any study smacked at all of the psychic, looked at this study and said, "This looks like an excellent study. I think it's going to stand up. It appears on the basis of this study that we physicians, when our patients are admitted to the emergency room and to the coronary care unit, in addition to our usual recommendations, should be writing orders that say "Pray for my patient three times daily."

Still, this wasn't the best study in the world. At a bare minimum, what you could say about the study is that it is very strongly suggestive that prayer has a phenomenal effect, that it has a life-and-death influence on people, even when they do not know they are being prayed for. This is good-old classic, Caycean action at a distance.

DR: What problems are there with this study?

LARRY DOSSEY: It was a randomized, double-blind study, but one of the weak points was that we don't really know the details on how often the praying people prayed, or whether in fact they did their job. Also, we don't know how often the people who were sick prayed for themselves. We can't control that. It's also possible that the "unprayed-for" group had relatives praying for them, unknown to the scientists doing the study. This gets really tricky once you think about it. At first, I thought that it was a really clean study, but the more I thought about it, that's not entirely true.

I suspect, however, that if the pharmaceutical companies in this country could figure out how to make money with a therapy that was this potent, it would be marketed immediately.

DR: Are there other studies which support these conclusions?

LARRY DOSSEY: One of the best-kept secrets I've come across in the past few years is an organization in Salem, Oregon called Spindrif. If you look up the term "spindrif" in the dictionary it comes from an old Scottish word referring to the fuzzy spray where a wave breaks and meets the air. It's the interface between something ethereal and something concrete, which is how they chose

the name.

The people at Spindrift have performed experiments for over ten years, showing the ability of what they call "prayer practitioners" to make a difference in what happens in the development and metabolism of extremely simple biological systems, such as sprouting seeds and yeast cultures. They have measured the amount of carbon dioxide a yeast culture gives off to determine how active it is.

One reason they don't work with human beings is that plants are much simpler. You can count sprouting beans, and do it time and time again to see if it's replicable. Beans don't change as drastically as humans. It's far easier to work with yeast, sprouting beans, wheat seeds and so on. So that's what they have done.

They have gone beyond showing that prayer works, and have examined the issue of which prayer strategy works best. They have tested two. The first is a directed prayer strategy, where not only do you provide God, Goddess or the Absolute with the diagnosis of the problem, but you provide the treatment too. You say, "John's got carcinoma of the lung, so make it go away." Or "Harry has a heart attack, we want to see it healed." This is the kind of petitionary prayer most of us grow up thinking is the only kind of prayer there is.

But then they tested what they call a nondirected prayer strategy, which is completely open ended, and does not attach a goal to the prayer. They have several of these nondirected prayer strategies. The most famous prayer of this type is "Thy will be done." Another one they used is from the Beatles tune, "Let it be." My all-time favorite nondirected prayer strategy is the caption on the back cover of the first Whole Earth Catalog, "You can't put it together. It is together."

One of the assumptions of this nondirected prayer strategy is that at some level, in some way, at some deep level of reality, things are just fine, perfect as they are. Over a decade, Spindrift has shown, and this is the bottom line, that both methods of prayer work. But working with these prayer practitioners, they have shown that the nondirected prayer method is two to four times more powerful than the directed.

DR: How will this information affect those thousands, maybe millions, of people out there who are doing specific affirmations in order to attain their goals?

LARRY DOSSEY: One of the reasons I believe it's important to disseminate this information is that in our culture, people are being subjected to the idea that the only kind of prayer strategy that's worthwhile is the directed one. With all the books out there on imagery, visualization and prayer, you will be told by many that unless you make your imagery, prayer and visualization highly specific, you might as well save yourself the trouble, because it probably isn't going to work.

You will be told that you have to make your imagery and visualization physiologically specific, that you need to know what your T- and D-cells do, that you need to know the way your natural killer cells interact with other types of lymphocytes. You may conclude that you need to know all the ins and outs of the physiological process of the disease that you want to work with.

DR: So affirmations may not be the right approach for everyone?

LARRY DOSSEY: The great Swiss psychologist Carl Jung said that there is a watershed in human personality. On one side you have the extroverts, and on the other side the introverts. The extroverts are the people who don't mind at all being forward and outgoing. When they formulate visualizations, they don't mind telling God what to do. Introverts, on the other hand, don't feel very comfortable dictating the terms. My wife's definition is the best I've come across -- "Extroverts are people who talk a lot at breakfast."

Most of the books being written in this culture on how to visualize, image and pray are being written by extroverts. I think it's time somebody took up for the introverts. If you're someone who is introverted by nature, and you don't feel that comfortable telling God how to fix a problem, you've got a lot of scientific data on your side. There are people who, when they're sick, would just as soon commit to the Absolute, and go up like a jungle cat, crawl into a cave, and wait to see what happens. On the other hand, if you are someone who really needs to be

aggressive, specific and energetic, you've got data on your side too. Both approaches are successful.

I have corresponded with the people at Spindrift for several years, and it's my hunch that they're all introverts. It wouldn't surprise me if that's the only kind of prayer practitioner they've tested. If they had tested extroverts rather than introverts, the data might have come out showing that directed, extroverted prayer is the one that works best.

Don't get hung up and think that there is a formula you must follow. That would be an abuse of this information, to attempt to prescribe how one should pray, image or visualize. You don't have to follow what any authority says. Do what's right for you! Turn inward and turn upward. My advice is that when you pick up a book that says "This is the way," that you close it, say thank you, and turn and flee in the other direction.

DR: I've heard it said that when a major paradigm shift spreads through a profession or a society, it's not so much a question of the old folks being convinced of the incorrectness of their thinking, but rather that they eventually pass from the scene, and a new generation comes up which accepts the new paradigm as a given. Do you have the sense that the current younger generation is any more open to the new paradigm than were their elders?

LARRY DOSSEY: Most of them are just like their fathers. However, there is a different element, a different type of younger scientist who doesn't have the same type of intellectual indigestion that his forebears had. Max Planck, the physicist who invented Planck's Constant in 1899, is famous for his saying that science changes funeral by funeral. The old generation that doesn't accept the new way of looking at things dies off, and the new generation comes along, looks back, and wonders what the problem was all about. That's my sense of what is happening.

I carry on a healthy correspondence with young medical students all over the country, and I've got a file cabinet full of their letters. They are carbon copies of each other. These letters say, "I am in medical school. It's painful, I can't stand it. Tell me where I can transfer to a school where the faculty teaches these kinds of concepts. I'm in

pain, I'm in agony, and I want to do it differently." So they get it, and there's a huge switch. There's a complete lack of communication between them and their faculty. The faculty will never get it, but the faculty will eventually be replaced by people who do.

Change never comes as fast as we want it to. It seems agonizingly slow, but if you look back over the past ten to twenty years since I've been writing about this, the change seems immense. But when you cone down right on the moment, you can't see the change happening.

Daniel Redwood is a chiropractor, writer and musician who lives in Virginia Beach, Virginia. He is the author of *A Time to Heal: How to Reap the Benefits of Holistic Health* (A.R.E. Press), and is a member of the editorial board of the *Journal of Alternative and Complementary Medicine*. He can be reached by e-mail at redwoods@infi.net.

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