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### **Healing at a Distance: Playing Your Part In Dad's Bypass**

"Distant Healing" is a term now used at the National Institutes of Health (NIH) and at an increasing numbers of hospitals to refer to what others know as prayer, energy healing, spiritual healing, or non-local healing. Within just the last two years two major medical journals and have published reviews of positive studies of distant healing. *The Archives of Internal Medicine* published a 990 patient study in which cardiac patients who were prayed for fared better than those who were not even though the patients did not even know they were enrolled in a study about prayer. *The Annals of Internal Medicine* published a review of 28 formal double blind distant healing studies in mainstream journals and concluded that there was evidence to support an effect and that future research was warranted.

Findings from our own labs at California Pacific Medical Center (CPMC) also support these conclusions. Patients with advanced AIDS who received distant healing without knowing whether or not they were receiving it showed fewer new AIDS related illnesses, fewer doctor visits, fewer hospitalizations, and less psychological distress. As I write, researchers around the country are designing experiments to compare different types of distant healing and to attempt to understand the mechanisms.

When we began this type of research, it was the vision of my colleague, psychologist Fred Sicher, that if distant healing really worked it could be taught to friends, partners, and family members of people with AIDS. He conceived that distant healing could be taught and practiced in the many support groups available to people with AIDS, and that similar groups could be set up at a grass roots level for people with AIDS in Africa.

Of course, to train lay people in these techniques requires that distant healing be somehow "teachable." Interestingly, while many of the formal studies used experienced "healers," some very successful ones have included novices as well. Others, such as the famous prayer study by Randolph Byrd, involved people who regularly participate in prayer circles but were not identified as "healers." These data suggest both a continuum of healing abilities and that healing skills can be learned.

The idea of teaching healing skills has been widely embraced by multiple schools such as Reiki International, which reports 300,000 graduates, and schools of Therapeutic Touch, and Healing Touch, which report close to 100,000 graduates — most of them nurses. To date, there have been no formal studies comparing healing efforts by trained and by untrained individuals or comparing healing by people before and after they receive such training. Such studies will be extremely helpful.

Meanwhile, the NIH has called for research specifically to address the question of how to integrate such practices into mainstream medicine, and Larry Scherwitz, Ph.D. Research Director of CPMC's Institute for Health and Healing has addressed this challenge in a novel way. Dr. Scherwitz, who was director of research with Dr. Dean Ornish, M.D. at the Preventive Medicine Research Institute in Sausalito, California, has designed special guided imagery sequences to help cardiac bypass patients control blood flow and minimize complications during surgery. These patients will practice the imagery technique in the weeks before they go into surgery. The twist is that the imagery will be taught to their families as well.

On the day of surgery, while the patient is being prepared in the operating room, the family will prepare for their part by taking a meditative walk on the beautiful labyrinth painted in the

hospital courtyard. Then, while the patient is asleep on the operating table, the family members will sit with a therapist in the waiting room and practice the guided imagery for the patient. They will visualize the surgery proceeding with minimal bleeding, the heart rate steady, the surgeon's hands deft, and will picture their loved one waking up easily in comfort and clarity. This procedure can be adapted easily to any kind of surgery.

Results from the studies remind us not only of the possibilities for better health by using our thought and intentions. They also remind us that we have a responsibility to make sure that our thoughts and wishes carry healing intent. A harried and angry doctor who had been hoping Mrs. Jones would be transferred out has no business visiting her room until the doctor can carry a loving and compassionate wish for her happiness and gentle recovery.

We are apparently much more connected than we realized. Maybe the trip to Mrs. Jones's room will help the doctor, too. Let us hold that intention.