

WARNING DREAMS PRECEDING THE DIAGNOSIS OF BREAST CANCER: A SURVEY OF THE MOST IMPORTANT CHARACTERISTICS

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Background: There are rare reports of warning dreams about breast cancer in the dream literature and even fewer in the medical literature. Anxiety about breast cancer is increasing due to uncertainty about conflicting guidelines regarding mammography screening.

Objective: The purpose of the study was to survey women with breast cancer who had warning dreams prior to diagnosis to determine the most common and important characteristics of these dreams.

Methods: Eighteen women with a known diagnosis of breast cancer completed a survey of 19 Yes or No questions about their warning dreams and submitted dream narratives.

Results: The five most common characteristics of warning dreams in descending order of frequency reported in the survey were: a sense of conviction about the importance in 94%; the dreams were more vivid, real or intense than ordinary in 83%; an emotional sense of threat, menace or

dread in 72%; the use of the specific words breast cancer/tumor in 44%; and the sense of physical contact with the breast in 39%.

Conclusion: Warning dreams of breast cancer were often reported to be life changing experiences that prompted medical attention leading directly to diagnosis. Further research needs to be done to determine the frequency of such dreams in women without known breast cancer in order to assess the predictive value of a warning dream. These preliminary results suggest that keeping a dream diary might be a useful adjunct to routine self-examination as part of a breast self-care program, particularly for women in a high-risk category.

Key words: Dream, diagnosis, breast, cancer, warning, precognitive

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BACKGROUND

Dreams were once honored as important diagnostic components of the healing process in the temples of Asclepius, the god of medicine in ancient Greece.¹ Pilgrims to asclepieia (dream temples) would incubate dreams overnight and report them to a priest the next day with the expectation of receiving an appropriate prescription for a cure. In indigenous cultures around the world there is a long tradition of shamanic dream interpretation and guidance.² Modern uses of dreams in medical diagnosis are usually limited to anecdotal case reports that occur on a sporadic basis.³

The first research correlating dreams with physical illness was published in Russia in 1967 by Kasatkin.⁴ The best known English report about this work was provided by Van de Castle.⁵ Kasatkin based his observations on 10,240 dreams from 1200 dreamers noting the following common dream

features related to physical illness: (1) an increase in dream recall; (2) distressful, violent and frightening images; (3) occurrence preceding the first symptoms; (4) long duration and persistence; (5) content revealing the location and seriousness of the illness.

Prospective research on dreams and health was carried out in the 1980s by Smith⁶ including one study published in a mainstream psychiatric journal that used a Staged Interview Technique to limit bias in gathering dream material from patients on a cardiology service prior to cardiac catheterization. The number of dream references to death correlated with the severity of cardiac dysfunction as reflected in the subsequent ejection fraction measurement. It was concluded that these dreams might have had a biological meaning and a possible warning function.

Over 400 health-related dreams were collected by Royston and Humphries⁷ including the case of "Bad Nancy," a dream play-on-words reported by a woman named Nancy who self-diagnosed her own breast "malignancy" in a dream shouting that accusatory name at herself. This dream and four others of women who dreamed about their breast cancers before diagnosis were described in detail by Barasch⁸ including this observation by Royston, "These are not ordinary dreams, but big dreams, archetypal dreams, so laden with powerful emotional affect that the dreamer is forced to take them seriously."

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Disclaimer: The views expressed in the submitted article are the author's own and not an official position of Dreams Book, Inc. Source of support: Dreams Book, Inc.

An initial version of this paper was presented at the 31st Annual Conference of the International Association for the Study of Dreams, Berkeley, CA, June 7, 2014.

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The first report of a warning dream about breast cancer in the medical/nursing literature was published in 1996 by Kinney.⁹ It is a personal narrative of having a maternal history of breast cancer without symptoms and being woken up by a commanding dream message, "Go make your appointment for your mammogram right now. Do not delay." The diagnosis was confirmed by the mammogram and subsequent biopsy followed by successful treatment with double mastectomies, Oriental medicine and acupuncture, nutritional changes and an exercise/dance program resulting in long-term survival.

An informal retrospective study of 19 women from a breast cancer support group by Burch was included in 2013 as part of a literature review with case reports by Burk.¹⁰ Ten of the women experienced prodromal dreams of their breast cancers prior to diagnosis featuring warning messages from deceased family members in all but one of them. Ten other case reports were included in the review, five of which described specific localization of the tumors that was confirmed on imaging studies and at surgery.

These anomalous anecdotes are particularly interesting in the context of recent controversies¹¹ with regard to guidelines for screening mammography.¹² The U. S. Preventive Services Task Force published recommendations for routine screening every two years starting at age 50¹³ in conflict with the American College of Radiology recommendations for screening every year starting at age 40.¹⁴ A 2014 study performed without state-of-the-art technology suggested that mammography does not reduce mortality beyond that of physical examination.¹⁵

This uncertainty creates anxiety among women which has been further heightened by reports of celebrities electing to undergo bilateral mastectomies. The anxiety is particularly evident in high-risk women with the BRCA 1 and 2 genes where magnetic resonance imaging (MRI) is recommended as an additional screening method.¹⁶ Ultrasound also has value as an adjunct screening method.¹⁷ Thermography was judged ineffective by radiologists in 1983,¹⁸ but has been gaining in popularity in the alternative medicine community as a holistic approach.¹⁹

With all these technological options and conflicting opinions, it was a timely opportunity to investigate an intuitive approach to self-care using dreams as a supplement to breast self-examination. The purpose of this study was to determine the most common and important characteristics of warning dreams in a systematic fashion. This information may empower women to feel more comfortable sharing their dreams with their doctors and offer a foundation for future research with imaging and surgical correlation.

METHODS

Study Design

A 19 item questionnaire was developed with a Yes/No format based on the characteristics of warning dreams previously reported in the dream and medical literature and discussions with dream researchers from the International Society for the Study of Dreams and a holistic breast imaging researcher. The questionnaire and a consent form were approved by the

Rhine Research Center Institutional Review Board. The consent form indicated that the answers and dream information would be kept confidential and secure.

A launch page for the study was initiated on www.dreamscloud.com, an international social networking site dedicated to sharing dream information. The questionnaire and the consent form were implemented using www.surveymonkey.com and linked to the launch page along with instructions for posting descriptions of the accompanying dream narratives. Two participants who did not have access to the Internet or did not want to use the social networking site were given the option of participating by mail or email.

The participants who elected to use the social networking site were instructed to choose a dreamer pseudonym for posting their dreams and designate a level of sharing ranging from public to only with the principal investigator. Names and email addresses were collected on the consent form. Disclosing a history of proven breast cancer was a requirement for entering the study, but no other medically-related information was collected on the questionnaire. Two respondents with benign disease and recurrent breast cancer were excluded from data analysis.

Participant Recruitment

Participants were recruited for the study through interpersonal contacts and email lists, the International Society for the Study of Dreams (IASD), the Rhine Research Center, the Association for Research and Enlightenment and social media including Dreams Cloud, Facebook, Twitter, Google+ and LinkedIn. Unsuccessful attempts were made to collaborate with breast cancer organizations such as Susan G. Komen and the Dr. Susan Love Research Foundation. Attempts to connect with breast cancer support groups were also unsuccessful.

Data Analysis

The Yes responses to each question for all 18 participants were summed and percentages were calculated. Due to the small sample size, no formal statistical evaluation was performed. Dream characteristics were ranked from most to least common. Dream narratives were evaluated to confirm that the answers on the questionnaires were consistent with the dream content. Dream narratives and questionnaires from the three women not included in the formal study were also evaluated for similarities and differences from those reported by the 18 women included in the study.

RESULTS

Participants

Twenty-one women from the United States, Europe and South America who reported warning dreams of breast cancer were identified during the recruitment phase of the study. One woman had no warning dream prior to her initial diagnosis, but had a dream prior to a recurrence. One woman had a warning dream indicating malignancy and embarked on a lengthy course of intensive alternative healing. Subsequent biopsy showed a benign lesion. One woman had a warning dream which was dismissed by her doctor despite having associated breast pain, but she was diagnosed a year later with

advanced breast cancer and died before being able to participate in the study.²⁰

Most Common Warning Dream Characteristics

Eighteen women completed all phases of the study which ran from October 2013 to March 2014, and their dream questionnaire data is presented in Table 1. The most common characteristics of warning dreams in descending order of frequency reported in the survey were: (1) a sense of conviction about the importance; (2) the dreams were more vivid, real or intense than ordinary; (3) an emotional sense of threat, menace or dread; (4) the use of the specific words breast cancer/tumor; and (5) the sense of physical contact with the breast. The following case is illustrative of all five of these common features of warning dreams:

In March 2004 I had a vivid dream (unlike any before) in which I was lying on an operating table and a woman surgeon was operating on my left breast. At one point, she went to a microscope and looked through it and came back and told me that I have breast cancer. After hearing this news from the doctor, my daughter and former husband broke down and cried. I woke up. While I was startled, there was also a sense of calm at the same time—A knowing that I needed to get checked medically as soon as possible. I was scheduled for an appointment several months later for my annual mammogram and I called and moved the appointment up.

The mammogram was “normal” so the radiologist told me “all is well” and that I can go home. I told her that I wanted to have an ultrasound. She insisted that it was not procedure unless there was something unusual found on the mammogram, and since nothing was found on the mammogram she was not going to do an ultrasound. I insisted, she insisted it's not procedure. We went back and forth, and I think she got tired of me insisting. She

finally said OK with a sense of frustration/irritation, and she personally did the ultrasound. There it was on the screen black, with tentacles. The doctor literally went white and silent. And then she turned to me and asked me how I knew. I told her about the dream.

On April 9, 2004, I was lying on an operating table. A woman surgeon excised breast tissue which was then examined under a microscope and determined to be cancer. Shortly after waking up from the anesthesia and getting dressed to go home, the doctor came to tell me that I had breast cancer. At home, my former husband and my daughter cried with the news.

Similar dreams were reported by many women in the study, and in 72% of the cases the dreams prompted medical attention, were shared with consulting doctors in 61%, and provided the location of the tumors leading directly to diagnosis in 56% as in the case above.

Dream Messengers

A less frequent characteristic was a warning message from a deceased family member which occurred in only 17% of the cases. Review of the actual dream narratives revealed other types of messages in another 28% of the dreams. Doctors wearing white coats were present in 22% of the dreams. These features are illustrated in the following two dreams:

My father appears and seems to be checking on me. Someone else is also in the dream: a man dressed in a medical coat. He tells me, almost shouting that, I have a malignant lump in my breast and that I must have my breast removed. He continues to shout, telling me that, no matter what I hear, it is not benign. He is now leading me out the door to the Mayo Clinic, where a doctor is shouting to me that I have a malignancy and I must act immediately.²¹

Table 1. Breast Cancer Warning Dreams Questionnaire, 18 Responses

		Yes	%Yes
1	Did you have any dreams warning about breast cancer before your diagnosis?	17	94
2	Do you keep a dream diary to record your dreams?	9	50
3	Did the first clues about the breast cancer come in your dreams?	17	94
4	Did you have more than one dream warning you about breast cancer?	5	28
5	Did the dreams increase in intensity, specificity or urgency with time?	4	22
6	Were the dream(s) more vivid, real or intense than your ordinary dreams?	15	83
7	Did the dream(s) contain an emotional sense of threat, menace or dread?	13	72
8	Were the specific words breast cancer/tumor used in the dream(s)?	8	44
9	Did the dream(s) localize the tumor to a specific breast location?	10	56
10	Did the dream(s) involve the sense of physical contact with your breast?	7	39
11	Did you receive a breast cancer dream message from a deceased family member?	3	17
12	Was there a sense of conviction about the importance of the dream(s)?	17	94
13	Did the dream(s) prompt you to seek medical advice and diagnostic testing?	13	72
14	Did you share the dream(s) with your doctor?	11	61
15	Did the dream(s) directly lead to the diagnosis being made?	10	56
16	Did you ignore the dream(s) until the diagnosis was made for another reason?	3	17
17	Did you forget about the dream(s) until after the diagnosis was made?	2	11
18	Did you overlook the significance of the dream(s) until after the diagnosis?	6	33
19	Did anyone else you know have dreams warning about your breast cancer?	3	17

Enjoying my dream, it suddenly stops, much like what happens when a computer screen freezes, and a pop-up window appears, also similar to that of a computer. My spiritual guide/guardian angel, in the brown robe, rope belt, and leather sandals of a monk, steps through the window and says, "Come with me. We have something to tell you." I obediently follow him into a room I call the Room Between Realms, a place that is neither of the living nor the dead, yet both can visit to share information. It is a parallel universe of consciousness. A guide takes my hand, places it on my right breast, and says, "You have cancer right here. Feel it? Go back to your doctor tomorrow. Don't wait for an appointment."²²

Conviction About Importance of the Dreams

The two dreams above were so compelling that the two women wrote books about their experiences. Three other women published blogs,²³ and one woman published an article in a nursing journal. In 94% of the dreams were the first clue of having cancer. In a third or less of the cases, the dreams were ignored, forgotten or the significance was overlooked until the diagnosis was made for another reason. In 28% of the cases, there were multiple warning dreams, most increasing in intensity with time. In 17% of the cases, women reported that their cancers were also dreamed about by other family members.

Long Latency Period Between Dream and Diagnosis

Half of the women kept dream diaries, some providing dates of the dreams. Most of the dreams occurred just prior to diagnosis, except in two cases. One woman had a dream of breast cancer nine years prior to her diagnosis. Another woman had a dream about her mother's breast cancer a week before it was diagnosed along with a message that she also had cancer in her right breast. After a series of negative yearly mammograms she was diagnosed with cancer in her right breast five years later, and the oncologist estimated it had been growing for about five years.

High Risk Groups

Two of the women in the study are sisters who have disclosed that they have a family history of breast cancer and carry the BRCA gene. The risk status of other women in the study was not specifically investigated although four other women did disclose a family history of breast cancer in their dream narratives. One woman disclosed a HER2 genetic predisposition for recurrence.²⁴ The woman who only had a warning dream after her second recurrence and was not included in the data analysis reported waking up with the question, "Where is it?" and placed her hand deep in her axilla identifying a hidden lesion.

Benign Disease Dream Characteristics

The woman who had benign disease reported a dream that had many of the features described above. "I had a dream that a man illuminated in white light held up a glowing pearl and showed it to me. He said, 'You have breast cancer. It's in your left breast, close to your chest wall. It is this size. You need to have it checked out.'" It was not visible in her dense breasts on mammography, but was detected on ultrasound in the

location indicated in the dream. She used energy healing for 18 months with slight decrease in size prior to having an adenoma removed at surgery.

DISCUSSION

There is a long and time-honored history of dreams playing a role in medical diagnosis and healing. Anecdotal reports of warning dreams about breast cancer have begun to be documented in the past two decades, but the study detailed here is the first formal scientific research to be performed on this specific topic. The results suggest that such warning dreams have a number of characteristic features in common. Most of these dreams were more vivid, real or intense than normal, contained a sense of dread, menace or threat, and most significantly, left the dreamers with a sense of conviction about the importance of the dreams.

Despite the lack of compelling physical symptoms in almost all the women, the warning dreams frequently prompted the dreamers to seek medical attention, often leading to breast imaging studies. In some cases, the dreamers were so convinced of the reality of the received information that they persisted in seeking a confirmatory diagnosis even in the face of initial negative testing. The report of the woman who was unable to participate in the study due to her untimely death is a cautionary tale of the consequences of a physician not taking the warning provided by a dream seriously enough to initiate an appropriate workup.

This potential skepticism on the part of physicians may be the reason not all of the women in the study shared the warning dreams with their doctors. For those that did, perhaps the most paradigm-shifting aspect of the warning dream phenomenon was their ability to localize the exact site of the tumor in the correct breast. Since this study is retrospective without officially documented clinical correlation, a follow up study with examination of the imaging and surgical records would be a useful next step. Ideally, a prospective study with documentation of the dream location of the tumor prior to imaging would be the most effective way to evaluate these claims.

The specific localization of tumors in dreams raises questions about the source of the information and the mechanism of transfer into consciousness. The most conservative interpretation would be that the women already had detected subtle physical signs through self-examination or had experienced vague symptoms which were then translated into dream form and brought to conscious awareness. As a middle ground there may be unknown psychophysiological mechanisms for transfer of information from the body to the brain. Lastly, some of the warning dreams appear to be precognitive in nature suggesting a non-local, intuitive explanation.²⁵

There are other intriguing characteristics of the dreams that also provide potential evidence of non-locality. Apparent after-death communications (ADCs) from deceased family members occurred in few of the dreams, although not as frequently as had been previously reported by Burch.²⁶ There is rich literature on this subject in the past two decades with reports of ADCs in up to 20% of the general population.²⁷ Most of these studies refer to spontaneous occurrences

including dreams.²⁸ There is also an emerging field of Induced-ADCs occurring intentionally during psychotherapy with eye movement desensitization and reprocessing.²⁹

In a few cases from the current study there were other family members who had dreams that correlated with the warning dreams of the participants, and one of the women also had an accurate dream about her mother's breast cancer. This feature harkens back to indigenous stories of shamans who dream for other members of their tribes.³⁰ Statistically significant evidence of dream telepathy has been documented in a review of multiple scientific studies performed since the original Maimonides dream telepathy research project in the 1970s.³¹ Mutual shared dreaming is also a phenomenon reported in the lucid dreaming literature.³² A more mundane explanation would be that subtle cues were picked up by family members through observation of physical signs that manifested in their warning dreams.

Additional unique features of the warning dreams included other messengers such as guides or white-coated doctors. In many cases the message was delivered as an actual auditory command in the dream, sometimes waking the dreamer up. There was frequently a sense of urgency expressed in the messages. The messengers were sometimes responsible for indicating the exact location of the lesions in the dreams. Specific use of the words breast cancer/tumor and the sense of physical contact with the breast were reported in slightly less than half of the cases.

As a small retrospective survey without a control group, this study serves to raise more questions than it answers. The small sample size limits statistical evaluation of the dream characteristics. Lack of documented clinical correlation leaves the claims of tumor localization open to skeptical criticism regarding the possibility of inaccurate recall of events that occurred in stressful medical circumstances. Similar concerns can be raised about the reports of ADCs and dream telepathy. Rigorous documentation of the fact that the dreams occurred prior to diagnosis was only available in a few cases, and it leaves open the possibility that some of the retrospectively reported dreams were unconsciously altered upon recollection.

Another issue that was raised by members of the IASD prior to beginning the research is the possibility that warning dreams might be related to symbolic psychospiritual metaphors rather than actual physical illnesses. As an illustration of this concept an IASD researcher shared a clinical story of a patient who dreamed of having cancer in the groin leading to multiple negative medical imaging studies. She finally recognized that her boyfriend was "malignant" as well as being a "Cancer" astrological sign and acknowledged the dream as a metaphor guiding her to end the relationship.

The metaphor discussion raises some interesting possibilities regarding cause and effect. If the woman in the example above had ignored the dream warning and married the boyfriend without remedying the relationship issues, would she have eventually developed an actual cancer in the groin? For the two women who reported dreams five and nine years prior to diagnosis, did they consider their dreams most likely metaphorical? This point is particularly intriguing for the one woman who shared the dream with her doctor and had yearly negative mammograms during the five year period prior to her diagnosis.

The two women in the study who wrote books about their warning dream experiences also used their dreams for guidance during their surgery and chemotherapy. O'Keefe-Kanavos had a primary tumor in the right breast and a single positive lymph node and was warned about a recurrence through a dream about three crabs. The third "crab"³³ appeared in her left breast five years later with the cancer being announced in a dream by a "scary circus clown."³⁴ Burch had a healing dream about chemotherapy transforming into "energy food" as it passed through tubes into her body, and she tape recorded it as a healing meditation for daily use.³⁵

The woman with benign disease who had a warning dream similar to others with proven malignancy held the belief that her alternative healing activities caused her lesion to revert to benign pathology. Regardless of whether one believes in such a possibility, this case points out a major limitation of the study. The lack of a control group of women dreamers with proven benign disease leaves open the questions of whether such dreams are also common in women with fibrocystic disease and dense, lumpy breasts, and whether the only ones that are remembered or reported are those with cancer.

These questions suggest possible design options for future studies. With the cooperation of open-minded surgeons and holistic breast imagers,³⁶ a study of women scheduled for breast biopsies could be performed by having them keep dream diaries during the interval between their diagnostic studies and the biopsies. Dreams may be more likely to occur and be remembered during this high stress period. Since the majority of these biopsies prove to be benign, such a design would yield a substantial control group. Criteria could be developed for scoring the dreams with regard to benign versus malignant characteristics.

Another possible prospective study with dream diaries could involve women at high risk carrying the BRCA gene like the two sisters in the current study. These women who have the highest anxiety levels would also likely have MRI correlation in addition to mammography. Detecting recurrent malignancies in women who have had previous lumpectomies and radiation represents another challenge for breast imaging, as breast architecture is often distorted by scar and difficult to interpret. These women might also be motivated to participate in a dream diary study, especially those with the HER2 gene.

The present study was designed in collaboration with the dream social networking site in hopes of exploring the possibility of creating an international online breast warning dream registry patterned after tumor registries in mainstream cancer research. Such a resource could provide prospective data on dream information with dates of entry recorded as a permanent record to be compared to any future clinical correlation. These kinds of more ambitious future studies would need substantial funding to perform and might attract support from the major breast cancer research organizations.

CONCLUSION

Warning dreams of breast cancer were often reported to be life changing experiences that prompted medical attention

leading directly to diagnosis. Further research needs to be done to determine the frequency of such dreams in women without known breast cancer in order to assess the predictive value of a warning dream. These preliminary results suggest that keeping a dream diary might be a useful adjunct to routine self-examination as part of a breast self-care program, particularly for women in a high-risk category.

Acknowledgement

The author wishes to acknowledge the late Robert Van de Castle for providing the inspiration for the research project.

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