

## Interview with Caroline Myss, PhD

by Kathy Doner, MD

Dynamic speaker and “medical intuitive,” Caroline Myss challenges health professionals to take a new look at the etiology of illness, why people won’t heal, and the emergence of the self from a tribal belief system.

Interviewer (KD): You propose that both healers and patients are caught in tribal beliefs of disease and healing.

Carolyn Myss (CM): We are and will always be tribal beings. What I’m trying to emphasize is that the model for biological tribalism and all that is associated with that—culture, medicine, politics...—is breaking down so that first we go our own solo journey and then we create a global tribe. The shadow side of biological tribalism is that the tribe by design wants its members to grow and move together. They want to be diseased together at an unconscious level, they want to heal together, and they pace themselves at an agreed upon speed of change. In tribal consciousness every belief pattern you have is a pattern shared by a whole group of people and you evolve with group agreement. If someone brings a new thought into the tribe, like maybe cancer can be healed, they say, “We’ll think about it, we’ll research it, and we’ll vote on it,” because everything in the tribe has to be moved along at the same speed—the drug industry, the language, the magazines, the hospitals, the medicine. Now if you’re involved in that level of tribal reasoning, you have to take chemical medicine. Energy medicine won’t work no matter how much you read about it because you have agreed to heal at the speed that the group believes.

KD: How as healers can we encourage people to break loose of this limited tribal thinking to explore for themselves or do we simply raise the question?

CM: I don’t think you can encourage anybody to break loose of it. It’s kind of like saying, “How can I encourage this rose to bloom?” You can’t, because when it’s ready it blooms, and it doesn’t need your encouragement at all. I think the most you can do is to catch them when they break loose. You can present the question, but the paradox is that the tribe does not want to hear that a time will come for a person to break away, and the person will not be welcomed with open arms.

KD: Is this the reason that the movement towards holistic healing is a grass roots movement rather than an institutional one—that it involves individuals who have broken away from tribal thinking?

CM: Precisely. And if you think that the tribe is going to find it good news to have someone say, “Hey, your whole model is crumbling, you’re wrong! We need to recognize when someone is going through the trauma of jumping into the self for the

first time. They may have a trauma, illness, a divorce, whatever, and then discover that when they refer to group support for the first time it's not enough. They may need to do a vision quest or something their tribe doesn't even know exists. This is all part of the journey of becoming an empowered self.

KD: How can the healer facilitate that journey?

CM: The healer can recognize that the journey is going to be filled with incredible fear and loneliness. For the first time that person is journeying inside herself or himself and she's not going to find a lot of people that can relate to it because the purpose of the journey is to relate to herself. She has to look at who she is and what she wants, and she is going to find that all her values are changing and she may not even have a feeling for her occupation anymore. Then of a sudden it is going to be reborn in her in a very different way.

KD: You are presenting the concept that healing is unpopular—as unpopular as forgiveness. This seems like a paradox since people come to health professionals to be “healed.”

CM: They want to be understood, they don't want to be healed. They want validation for their pain and they are looking for witness.

KD: This is very frustrating for me as a healer, and I have to wonder how best to serve them.

CM: I think the best way to serve people in this mode is to say to them, “You know, I've listened to this for four or five times now. I'm not going to listen to you cry over the same issue anymore. The only thing I'll listen to now is how and what you are learning from it, and that is what's going to heal you. You are not allowed to use past tense words, you can only speak in present time.” You have to get that remedial because they are so incredibly locked into the historic zone of being wounded, what that means, and the power of it. Their woundedness gives them permission to indulge in their bad habits, nutrition, self pity and in not trying and in aborting their creativity. It gives them permission not to live, which is why they die.

KD: I'm wondering whether by diagnosing a patient or client with a condition and then extending empathy to them, we as healers are encouraging the victim mode. We might be seeing the wound rather than the potential in the person. Now can we keep ourselves and the person from just focusing on the disease?

CM: In addition to covering the physical or emotional needs at that time, the other thing is to say, “You need to do something to fall in love with your life again. You need passion therapy. You're going to find projects and it is going to start small because you have a passion-void. I want to talk about the things that make you live, not the reason you are sick. We've given that enough attention, now we're going the other way. This is not being irreverent and it's not being disrespectful to your wounds.” As if wounds need respect. Where did that come from? Why have we turned our wounds into such a power? Why have we weakened ourselves like that? The wound is on the lead in our culture now and we're in trouble, big trouble.

KD: You are saying that healing requires changes. How as healers can we help people overcome their fear of change?

CM: You can't. The only thing you can do is to help them acknowledge that every decision they make is going to cause change, which may be terrifying. Talk about the terror in that. Let's have change therapy or change empowerment—no, don't even call it therapy any more, just call it change acknowledgment. They're not allowed to talk past wounds anymore. Present day wounds are a different issue, and they have every

right to process them. Let's take a whole new approach—you say to them “Okay, you're getting divorced. How long do you want to take to heal? Let's write it into a prescription. Do you want a six week or a six month healing program? All is possible and we will adjust our vocabulary, our social life, our eating habits, everything to how long you want to take to get this over with.” Work it through with them, really take the fear and stop walking on eggs around the wound. The wound is a bully.

KD: I have patients with whom I make suggestion after suggestion to their complaints and all I get is resistance. Are you saying that it makes more sense to discuss their fear of change?

CM: Not only to discuss it but to say, “I want to tell you what you are doing. You are staying with your biological tribe and not doing the solo journey because you want to take everything with you and you can't do that. And so that's why you are sabotaging healing, not because you are still wounded but because you don't want to change. I don't care how long you stay there but I'm going to call the shots the way they are!”

KD: You teach about removing our attachment to past wounds through forgiveness and thereby having energy available in the present. Is this related to “mindfulness” which involves the decision to simply be in the present moment?

CM: Totally. And this brings up the rich point of whether one has to mourn the past to get into the present. Not at all! Why are we so afraid to just let go and say, “Oh, look what happened?” It's because we know that for everything that happens we speed up change, and so we have to stay wounded to slow down the rate at which change happens.

KD: You have used your gift as a “medical intuitive” to diagnose illness. As healers we need to access our intuitive knowledge. What blocks us from doing so?

CM: In my experience the biggest block to becoming a clear intuitive healer is low self-esteem—nothing other than that.

KD: You speak of so many of our physical ailments as having roots in the past, and that if we as healers are unwilling to go back in the past and do some retrieval and bring the energy into the present, that we are doing “toilet water healing instead of perfume healing. “ How can health care practitioners do this with their current training, or is this a whole new occupation?

CM: It is a whole new occupation and we are just now creating the language. I think only now is someone saying— that's enough woundology! Now we have to get on with the task of healing. We have indulged ourselves enough. Now we have to get on with creating a model of what it means to be healthy while healing simultaneously. We can have parts of ourselves that are still healing and celebrate the parts that have healed; we can have a holographic model of ourselves that says I'm invincible and vulnerable simultaneously. I can be simultaneous instead of linear. I think that that perhaps is the significance of my work—I'm holographicizing us. I'm giving us a good swift kick in the astral!

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*Biographical Data.* The latest book by Caroline Myss is *Anatomy of the Spirit* (Harmony Books, 1996), and she is the coauthor of *The Creation of Health* (Ballpoint Publishing, 1988) with Norman Shealy, MD. Her tape series *Energy Anatomy* can be obtained from Sounds True (800-333-9185) For information about her training program “Vision, Creativity, and Intuition: The Science of Intuition and Energy Medicine,” call (417) 267-2900. She was interviewed by Kathy Doner, M D