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## CHAPTER ONE

# Why People Don't Heal and How They Can

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By CAROLINE MYSS, PH.D.

Harmony Books

### WOUNDOLOGY AND THE HEALING FIRE

In the late spring of 1988, I arrived at the Findhorn Community in northeastern Scotland to teach a healing workshop. At that point in my career the people who came to my workshops had tended to be searching for a personal healing. They expected me, as a medical intuitive, to facilitate their healing directly by giving them an individual reading and setting up a treatment regimen for them. (These days my workshops are largely filled with self-reliant people who want to learn how to become more intuitive by learning to "speak chakras" and so heal themselves and their lives, or professionals looking to learn how to help others heal.)

Though I myself am not a healer, I was happy to help them, of course, to the best of my abilities. Often in my readings I was simply validating the suspicions, insights, or intuitions that they already had about themselves and the changes they needed to make in their lives. Sometimes these readings ignited an inner physical and spiritual healing process. Even so, at that time, my workshop participants and I all felt that we were on the right track. After all, healing and health had become the main focus of the holistic or consciousness culture as well as the center of my life. Almost everyone I met, professionally and personally, spoke about either wanting to become a healer or needing a healer, being on their way to visit a new healer, or believing that they were meant to be a healer as soon as they had completed their own healing.

I enjoyed traveling around the world and meeting spiritually committed people who needed me as much as I needed them, and I had especially come to love Findhorn, a community of about three hundred people sharing an organic, cooperative life and a respect for all spiritual paths. Some of the community members reside in an enchanting, converted turn-of-the-century hotel; others have made their home quarters in a beautiful park area alongside the Findhorn Bay. The rugged beauty of the Scottish Highlands, combined with the spiritual focus of the community, make Findhorn a most attractive place to be. Whenever I go there, I seem to receive a special energetic charge that results in some important insight, and this visit in 1988 was no exception. This time, however, the insight came in a rather unlikely way.

Prior to beginning the weeklong workshop, I had arranged to have lunch with my dear friend Mary. Having arrived early in the dining room, I joined two gentlemen for tea. Mary entered a while later, and when she walked over to our table, I introduced her to my companions. She had just extended her hand to greet them when another member of the Findhorn community, Wayne, came up to her and asked, "Mary, are you busy on June eighth? We're looking for someone to escort a guest coming to Findhorn for the day."

The tone of Mary's response was as revealing as its length. She snapped, "June eighth? Did you say June eighth?" Suffused with anger and resentment, she continued, "Absolutely not! June eighth is my incest support group meeting, and I would never, ever miss that meeting! We count on each other, after all. We incest victims have to be there for one another. I mean, who else do we have?"

Mary went on for a while longer, but this is as much as I can accurately remember. I was captivated by the instantaneous dramatics triggered by a simple question about her schedule. Wayne hardly took notice of her response, thanked her, and left, but I was astonished. Later, as Mary and I were having lunch, I asked her about her behavior:

"Mary, why, when you were answering Wayne's question about your schedule, did you have to let all three men know that you had suffered incest as a young girl, that you were still angry about it, that you were angry with men in general, and that you intended to control the atmosphere of the conversation with your anger? All Wayne asked you was, 'Are you busy June eighth?' and in response you gave these three men a miniature therapy class. A simple yes or no would have done fine."

Mary looked at me as if I had betrayed her. Her body stiffened, and she emphasized her words in an ice-cold, defensive tone: "I answered that way because I am a victim of incest." She drew back from the table, stopped eating, and threw her napkin over her plate, indicating that our lunch together had come to a close. Although I didn't realize it at that moment, so had our friendship.

"Mary, honey," I replied, softening my own tone somewhat, "I know you're a victim of incest, but what I'm trying to figure out is why you found it necessary to tell two strangers and Wayne your history when all he wanted to know was whether you could help out on June eighth. Did you want these men to treat you a certain way or talk to you in a certain way? What made you lay your wounds out on the table within seven seconds of meeting two new people?"

Mary told me that I simply did not understand because I had not endured what she and numerous other incest victims had gone through, but that she had expected me as a friend to be more compassionate. I replied that lack of compassion had nothing to do with what I was asking her. I could feel the separation of energy between us as I realized that in order for our friendship

to continue, I needed to "speak wounds" to Mary, to follow some very specific rules of how a supportive friend was to behave, and to bear always in mind that she defined herself by a negative experience.

In addition to her painful childhood history, Mary also had a history of chronic ailments. She was always in pain--some days emotional, some days physical. Though she was kind and always ready to support her friends, she much preferred the company of people who had also had abusive childhoods. That day at our lunch, I realized that Mary needed to be with people who spoke the same language and shared the same mindset and behaviors. I immediately began to think of this attitude as "woundology." I have since become convinced that when we define ourselves by our wounds, we burden and lose our physical and spiritual energy and open ourselves to the risk of illness.

That day I felt as if I had been catapulted out of the surrounding healing culture of Findhorn and the general consciousness movement and was viewing it as an outsider. Although I had not previously noticed this pattern of thought and behavior in Mary or in anyone else, the very next day, curiously, a miniature version of the Mary incident took place in my workshop.

I had arrived twenty minutes early to get ready for my presentation and noticed a woman sitting alone. I sat down next to her and asked, "What's your name?" That's all I asked. Yet without even looking at me, she responded:

"I'm a victim of incest, but I'm fifty-six years old now and I'm over that trauma. I have a wonderful support group, and several of us get together at least once a week, which I believe is essential to healing."

She still had not told me her name, so I asked again, "And what's your name?" But she still didn't answer me directly. She seemed to be in a daze. It felt to me as if she had been preparing for a long time to say something publicly, and now, given the opportunity, she couldn't hear any questions that didn't relate to her agenda. Instead of telling me her name, she said how much she enjoyed coming to workshops like mine because a person was free to speak openly about his or her past, and she hoped that I would allow time for people to share their personal histories. I thanked her and left the room, needing a few moments to gather my thoughts.

Meeting this woman the day after the incident with Mary was not a coincidence. I believe I was being directed to pay attention to the ways we expect to heal our lives--through therapy and support groups. So many people in the midst of a "process" of healing, I saw, are at the same time feeling stuck. They are striving to confront their wounds, valiantly working to bring meaning to terrible past experiences and traumas, and exercising compassionate understanding of others who share their wounds. But they are not healing. They have redefined their lives around their wounds and the process of accepting them. They are not working to get beyond their wounds.

In fact, they are stuck in their wounds. Now primed to hear people speak woundology, I believe I was meant to challenge the assumptions that I and many others then held dear--especially the assumption that everyone who is wounded or ill wants the full recovery of their health.

I felt as if I had been given a pair of magical glasses with which to see beneath the behavior of my workshop students. I soon found that the language of woundology was also spoken outside Findhorn. People around the world are confusing the therapeutic value of self-expression with permission to manipulate others with their wounds. Instead of viewing the uncovering of their wounds as an early stage of the healing process, they are using their wounds as a flag and their groups as families and nations.

How did we come to such a pass? A little more than a generation ago, our society was one in which people had difficulty expressing even their most innocent psychological and emotional needs. Today people wear their deepest wounds on their sleeve like a red badge of courage. How did we get to this point? To explain, I have to go back a little further into the past.

### OPENING UP

I had begun my work as a medical intuitive in 1983, when I became able to sense illness in other people. At that time I had lacked any training as a health professional, but I had co-founded a publishing company that was dedicated to producing books about consciousness, health, and alternative or complementary medicine. The company published first-person accounts of healings as well as books by more scientifically oriented authors reporting research and discoveries in medical treatments then considered alternative. Those years as both a publisher and a medical intuitive educated me in such complementary ways that I now feel that this personal edification must have been directed by a higher force.

The countless manuscripts we received containing personal stories revealed the depth of fear people feel when facing a terminal illness. But many of the stories also revealed the power of the human spirit to catalyze a healing process that can reclaim the life-force, give meaning to illness, and heal seemingly chronic or terminal diseases. Occasionally I would come across a manuscript by a patient who had lost the battle for physical life but had won an inner tranquillity--a sense of completion of this life and an acceptance of the next stage: the death of the body.

Our culture in the early 1980s was hungry for healing and searching for the experience or state of mind that would ignite a healing fire. When I started to do workshops in 1984, the alternative healing field had established a new vocabulary for psychological and emotional healing. People spoke openly about their physical, mental, and spiritual health. Sharing the details of one's personal history became commonplace, as childhood experiences of incest, molestation, and abuse were openly discussed. The social boundaries that had previously limited acceptable social exchanges had dissolved into a new form of instant intimacy.

This new kind of intimacy grew out of the therapeutic culture of the 1960s. Prior to the 1960s, family secrets, financial information, political affiliations, occupational difficulties, and rumors about who was having an affair with whom were all considered "intimate" information, shared only with family members and very close friends. Even asking someone which presidential candidate he had voted for qualified as a highly intimate question. Nor were such topics discussed easily even among trusted, longstanding intimates: Before the 1960s we lacked the vocabulary for sharing with others the most intimate contents of our emotional lives. Personal emotional needs had not yet been introduced into our general culture. We had not yet become comfortable expressing inner psychological experiences, and our basic physical and emotional needs were generally considered to be met if we took care of our job and family responsibilities.

Moreover, before the 1960s society in general viewed those who sought the help of a psychiatrist as mentally ill. Even in 1972, the revelation that a vice-presidential candidate--George McGovern's running mate, Thomas Eagleton--had undergone psychotherapy was reason enough to have him removed from the ticket. The notion of working through a trauma therapeutically was still unfamiliar, so people viewed any and all mental stress as mental illness. They were afraid of the deeper recesses of the mind and the heart, and few explored them willingly. Those who did acquired reputations as rebels, eccentrics, mystics, hermits, or social outcasts. Most people did not tamper with their internal forces but lived safely within the assumption that if the external parts of their lives were stable, their minds and hearts would naturally attain a degree of contentment.

The therapeutic age gave birth to an entirely new dimension of thought: It opened up the inner world behind our eyes. With each step inward that we took, new perceptions about ourselves emerged and overran the long-guarded boundaries around our emotions and psyches. The concept that "we create our own reality" seemed to spring into popular usage almost out of nowhere. The electric idea that we have a kind of ultimate, personal spiritual power took hold of the popular imagination, and self-responsibility became a new power word. We applied these beliefs to every aspect of our lives. Most especially, we began to apply them to the healing process.

People became remarkably eager to "stand and proclaim" not only that they were ill but that they were responsible for their illness, as if this act of public purging in itself contained some kind of power that would guarantee a safe passage into health. In my own workshops and in others I attended, one person after another would describe a particular illness and then add, "I know I'm responsible for this." Where speaking about emotions publicly had once been taboo, it was now a requirement for healing.

Fueled by the notion that an emotional wound that they had previously experienced was at the root of their physical illness, people plunged into their inner lives determined to exorcise every negative memory, thought, and attitude. If they could only unlock that deeply secret emotional impulse, or release that negative childhood experience, they believed, their biological

system would respond and reward them with complete health. Almost everyone I encountered during those years was convinced that complete recovery of health was just one psychological insight away. Amazingly enough, every workshop participant who went through this spontaneous public ritual of confession sparkled with enthusiasm and hope. Sometimes, if their story was exceedingly dramatic, applause would follow the confession.

I too believed, as the other workshop participants did, that the psyche held the key to physical healing. An inner power, I was convinced, contained the fuel we needed to reorder our biochemistry and rebuild our bodies. Occasionally someone who had managed to heal an illness--who had not just put the illness into remission but had actually achieved a complete healing--would attain a near-celebrity status at workshops. During the breaks everyone would gather around the self-healer and ask, "What did you do to heal yourself?" I listened, too, eager to learn of some extraordinary treatment, nutritional program, or psychotherapy that would assure a cure.

The self-healers would credit a vast array of factors, including changes in nutrition, vitamin therapy, mud baths, hypnosis, past-life recall, exercise, bodywork, and colon cleansing. Most often, however, they detailed treatments that helped body, mind, and soul together. Regardless of the treatment or the nutritional program that they described, however, the self-healers' greatest gift was the hope they brought to the rest of the group. Those who had made it back to health were considered living proof that individual efforts at self-discovery and healing--that attending workshops, reading books, and learning to express oneself--were bound to pay off.

### THE TURNING POINT

For reasons I may never understand, 1988 was the year when views and beliefs about healing shifted, at least within the network in which I was teaching. By this time, I was giving workshops in several different countries, yet that year I encountered the same reaction around the world: Workshop participants were no longer interested solely in how to heal. They wanted to know why they were not healing. They had tried the many healing alternatives available, but they still were not healing. Their focus had shifted from enthusiasm about their individual quest for the right regimen, for the unique combination of mind-body treatments, to a terrible frustration and a ceaseless asking of "What's going on here? Why isn't anything working?"

The desperation they felt was phenomenal. I cannot even begin to recall the number of times I was asked, "Do you think I'm being punished for something?" At that time I had no adequate answer, only the old favorite: "Hold on to your faith, and keep focused on your healing. You can't afford to become negative." This was probably as helpful as saying, "Don't think about a blue monkey." It might even have added to the person's guilt about his or her illness.

To be sure, faith and optimism are important factors in healing any life crisis, including illness, then and now. Back in 1988, however, I could see that

people were retreating from the hopefulness of holistic health and self-responsibility and returning to the superstitions of what I call the Tribal mind. They suspected that they were being punished for something awful they had done; they saw the disease or suffering as a judgment of the heavens upon them. Privately, I was becoming as mystified as they were. As I watched them struggle so valiantly with their healing, I too began to wonder if maybe they were doing something wrong, or if maybe they weren't supposed to heal, or if maybe the right treatment hadn't yet been discovered....

### **THE SEDUCTIVE POWER OF WOUNDS**

Then came my fateful luncheon meeting with Mary at Findhorn, followed by my encounter with the incest survivor in my healing workshop, and I began to get an inkling of where the problem lay. For the next few years, woundology became my primary focus. I learned to listen between the lines of what my workshop participants were saying. I began to discern when a person was genuinely going through the specific stage of healing that requires a witness and when someone had discovered the "street" value or social currency of their wound--that is, the manipulative value of the wound.

"Whenever you learn a new word, you should listen carefully," my favorite aunt had taught me as a child, "because you'll hear everyone using it." She was right, and once I tuned in to woundology, the majority of the people in my workshops were conversing in this new language, openly sharing their personal histories with other workshop participants. At times, their sharing even took on a competitive feeling in which one person seemed to attempt to eclipse the painful experiences of another.

The sharing of wounds had become the new language of intimacy, a shortcut to developing trust and understanding. The exchange of intimate revelations, which had been originally developed and intended as appropriate dialogue between therapists and patients, had become the bonding ritual for people just getting to know one another. I met one woman, for instance, who stated upon our introduction that the "rules" of being a friend to her began with agreeing to "honor her wounds." When I asked her to tell me what that meant in practical terms, she said that she was only now beginning to process all of the violations that had happened to her as a child and that in the course of healing these wounds, she would frequently have mood swings and bouts of depression. "Honoring her wounds" meant respecting these moods, not challenging them. She claimed the right to set the tone of any social event of which she was a part. If she was in a "low space," she expected her support system not to introduce humor into the atmosphere but to adjust their mood and conversation to hers. I asked her how long she anticipated needing this intense level of support. "It may take years," she replied, "and if it does, I expect my support system to give me that amount of time."

This type of social authority can become very powerful, even addicting--health never commands such clout. When I asked my new acquaintance what motivation she would have for healing, given her "comfort with her

discomfort," so to speak, she was insulted by my question and by my inability to "honor her wounds." Even though I attempted to explain that I was genuinely trying to understand her healing process, she never answered my question.

People also use woundology to make powerful romantic connections. Many people have admitted to me that they come to workshops more for the social contacts than for any actual need to heal. Because loneliness has become so rampant in our culture, when two single, available individuals meet in a workshop, the intimacy of the information they so commonly exchange is often mistaken for romance. There are even "thirteen-steppers"--people who use a twelve-step support group to "hit on" potential romantic partners in vulnerable states of mind.

Many people describe their "soul mate" as the person they have finally found who understands the emotional pain they had experienced as children. Such a bond can certainly feel romantic in the early stages of a relationship, but its foundation is actually injury, pain, and fear. In this paradigm, pain becomes a prerequisite for remaining close to and needing one another, and healing can be seen as a positive threat to the bond. The partnership is inevitably threatened when one of them decides the time has come to release the past and move on.

Don't get me wrong--support groups of all kinds, from AA and other twelve-step programs to those that help people who have lost a parent during childhood, can provide vital assistance and insight. The sharing of wounds has obviously provided a climate that frees people--sometimes for the first time in their lives--to recall their painful memories and explore their feelings and fears with sympathetic, nonjudgmental companions dedicated to supporting them.

The warm and understanding atmosphere that is an almost automatic by-product of this level of sharing also offers group members a social life that may have been missing from their lives prior to joining the group. Another acquaintance of mine, Jane, told me, "The people in my support group, as far as I am concerned, have become my new family. I don't feel judged by them as I do with my biological family. Now I don't feel the need to see my family at all." Certainly the healing intention behind these many support groups is honorable and deserves to be acknowledged; numerous people have benefited and continue to benefit from participating in them.

In addition to all the healing support that they provide, however, another dynamic has made me begin to question their healing value. Those for whom the support group has become an important part of their social life naturally wish to continue indefinitely as members. But because the underlying criterion for remaining a member is a continuing need for support, one must accept the group message "Remain unhealed." That is, to stay a part of the group, you have to "remain apart" from other friends and family.



This dynamic calls to mind a famous saying of the Buddha. "My teachings are a raft," he said, "meant to help you cross over the river. Once you get to the other shore, set them down and go on with your life." "The other shore" was the Buddha's way of describing enlightenment, the goal of his teachings. Once enlightened, continue to live your life, he was saying--just don't carry the raft around with you!

We are not meant to stay wounded. We are supposed to move through our tragedies and challenges and to help each other move through the many painful episodes of our lives. By remaining stuck in the power of our wounds, we block our own transformation. We overlook the greater gifts inherent in our wounds--the strength to overcome them and the lessons that we are meant to receive through them. Wounds are the means through which we enter the hearts of other people. They are meant to teach us to become compassionate and wise.

What would happen, for example, if Jane's support group were to tell her that their role is to give her the strength to heal her unfinished business with her family rather than to become her substitute family? Suppose they told her that as long as she avoided her family with such anger, she was actually running away and not healing, and that she had only a limited amount of time during which the group would help her develop coping skills with her family. At the end of that time, she would be expected to reenter her biological family, to evaluate her own stamina and strength, to see if she could now interact with them without expecting or needing their approval. If she could do that, she would have healed her major wound.

I actually suggested this to Jane, but she immediately became defensive. To her, leaving her newfound family would be like entering an emotional black hole. So intensely had she bonded with her support group that she could not imagine herself able to cope in her world without them. As far as she was concerned, her group was more than a weekly meeting; it was the center of her social life. She could not think of reaching closure with them, even though they required her to remain "actively wounded" and in need of healing.

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