What follows is the edited transcript of Lissa Rankin’s Awakin Call, hosted by Kristin Von Kundra and moderated by Cynthia Li.

Cynthia Li: It is my pleasure to introduce to you, Dr. Lissa Rankin, who is an inspiration and a friend to me. Lissa is a doctor, speaker, educator, and author of multiple books, including the New York Times bestseller, Mind Over Medicine and her new book, Sacred Medicine: A Doctor’s Quest to Unravel the Mysteries of Healing. She’s the founder of the Whole Health Medicine Institute, which supports doctors and healthcare professionals to bring forth more holistic care of their patients and also themselves. She also founded the nonprofit organization Heal at Last, a trauma-informed, physician-designed community wellness program. She is currently consulting for a task force for President Biden on vaccine hesitancy as a trauma symptom. And there is so much more to say about Lissa, some of which you can find on the bio for this call.

But I’ll close out her introduction by borrowing a word she used to describe herself, which made me laugh out loud when I came across it. But it so accurately captures her spirit, her mind, also her playful and luminous being. And that is to say that Lissa is sort of a unicorn -- being both a self-described skeptic and a mystic, someone who walks comfortably and firmly in the realms of both conventional medicine, and what we might call alternative healing, and in ancient wisdom traditions, and modern spiritual practices.

I first met Lissa about 10 years ago in the living room of a mutual and very dear mentor and friend, Dr. Rachel Naomi Remen, who has been a true pioneer and inspiration for an integrative health movement, someone who has widened the path that Lissa and I have walked. I just wanna take this moment to recognize her and all those who have done work in healing the earth, healing ourselves, expanding science, spreading wisdom and love on all sides of the bedside, so to speak, because we’re really all learning and growing and healing together.

It is a pleasure, Lissa, to be in conversation with you today.

Lissa Rankin: Oh, thank you so much. It’s a joy to be with you and to see you again. And I’m in the woods in California, so I apologize for any tech glitches as well. Where I live we only just got pretty decent wifi during the pandemic because everybody had to be on Zoom. So, we used to get throttled if we even watched a YouTube clip. So, it’s better now.

Cynthia: Great. Great. All right. Well, first off, I just wanna hold up your beautiful new
book. It's called Sacred Medicine, and it's pretty fresh off the presses. And it is a deeply, deeply personal book. I mean, we can call it you as a doctor going on a search for these answers – you're exploring these questions about healing – but you are traveling the world, you are doing deep inner travel as well. And during this 10-year period you sustain a horrible dog bite that could have taken your life; the COVID 19 pandemic hit and actually changed the nature and the content of your book; and your mother got really sick and she died during this period as well. And so, I just encourage anyone who's on a path of soul searching or healing, or just a really good read about the curiosity of life and the universe, to check this out.

And I'm wondering, Lissa, if you could start out first by just sharing with us what the term sacred medicine means to you.

Lissa: Well, if you had asked me 10 years ago when I started this quest, which was really to write the sequel to Mind Over Medicine ... originally, the content of this book was gonna be part two of that book, and we realized at some point that this was too unwieldy. So we separated it out: one book about science, sort of the objective aspects of healing, and then separating out the more subjective, harder-to-document-the-science aspects of healing. So if you had asked me 10 years ago when I decided to write this book, I would've said, "spiritual healing, energy healing, shamanism, sort of indigenous healing methods, sort of any medicine that is related to spirit, soul, energy."

And yet as I journeyed, my definition of that has significantly changed. And part of the significant change was that about halfway through the journey, I had this awareness when I was witnessing these various healers, I was like, "Okay, what are they doing? They're opening up a sacred container for healing to arise." And what was often arising was trauma. And yet many of these people are not therapists. They're not trained experts in treating trauma. And so I was also witnessing that many of them were actually re-traumatizing people. So I got very curious about what happens when somebody who's actually a cutting-edge expert in the field of traumatology, what happens with their patients or clients if they're working with people who also happen to be chronically ill?

And so my whole journey took a U-turn, unexpectedly, into a really deep dive into the field of traumatology. And I started realizing that people in that world would say ... they had all these anecdotes. "Oh yeah. When I do trauma work with my clients, their autoimmune disease goes away." "Their chronic pain goes away." "The cancer that occurred twice is now in remission." And I got very curious about that.

And so I think my definition of sacred medicine really shifted after I started working very deeply in the field of trauma to include basically any medicine that helps peel away the layers of everything that is not our divine essence. And I now think that sacred medicine can happen in the hospital. It can happen in the therapy room, it can happen in indigenous healing settings, it can happen in ritual space. It can happen at Lourdes or these sacred sites of healing. It can happen in the Operating Room, but it has much more to do with the presence and consciousness of the person delivering the medicine, whatever that medicine is, than it necessarily has to do with the actual medicine.

Cynthia: Mm. Beautiful. Thank you. So it's that mysterious, unnamable thing, which I think probably in science today, or in regular language is consciousness, is the state of our awareness and state of our being. Is that correct? Is that what I'm hearing you say?
Lissa: Yeah, I mean, in my language, I call it your inner pilot light. In internal family systems, which I work with a lot, we call it Self with a capital S. You could call it Christ consciousness or Buddha nature. Every tradition has its own language.

But my hypothesis at this point is that the more the person who’s facilitating healing, the more they have access to that, and the more those other layers peel away, at least for the duration of a healing session, the more impact—whatever the method, whatever the medicine that they’re delivering—my hypothesis is that the more effective and the greater the outcome of the delivery of that medicine, whether that’s a pharmaceutical or a surgery or an energy healing, or a trauma therapy.

Cynthia: Great. Great. And in the inner pilot light, that you call it, what would the word be for science? How would you describe that?

Lissa: For science?

Cynthia: Yeah. Just how would you describe that to someone who doesn’t have a particular spiritual practice or religious tradition?

Lissa: Well, again, in IFS we call it Self with a capital S, so if people are skeptics or they don’t identify with any sort of spiritual tradition, they can usually identify with the idea of a higher self. Or in theological terms, we might call it the imminent divine. Right? None of those are words that I even try to put in science. I think it’s sort of, I don’t know. I think science tries to co-opt everything, and I don’t think the mystery wants to be co-opted by science particularly. So I don’t even try. I know some people do, and I find it sort of amusing.

Cynthia: Great. Great. All right. So, and the other term I was wondering if you could define for us, while we’re going into this, is how would you define a miracle. And also, your book, and I know beyond your book you have so many stories of what we might classify as a miracle or kind of unexplained radical remission. You’ve also experienced them yourself. And I was just wondering also, just beyond defining what that is for you, if you could share some stories.

Lissa: Well, I think a miracle is anything science has yet to be smart enough to figure out. There’s that whole category, and you and I have both studied with Rachel Naomi Remen for many years, and certainly part of the significant influence of Rachel in my life, she’s been my teacher for 15 years, is I remember Rachel saying to me, we trade mystery for mastery and it’s a bad trade. And I think science tries to demystify everything that might fit in the category of mystery, which, miracle sort of has a religious overtone, that particular word is usually used to describe some sort of divine intervention.

And that Lourdes, this Catholic pilgrimage site in France, where people are reported to have had these medical miracles. There’s a whole team of scientists and doctors who basically try to rule out anything that might be the placebo effect or hysteria, all kinds of people report what they consider miracles, but they get ruled out by the scientists and they only count, I think there’s like 49 miracles over, I don’t know, a hundred years or something. So they basically rule out everything else to try to say, no, this is an actual miracle. There is no way this could have happened, unless God did it. But that’s not how I define a miracle. I think a miracle is an individual kind of thing, right?

Only the person experiencing it can decide whether it’s a miracle for them. And for
some people just being able to let go of a limiting belief or being able to change a conditioned pattern, that’s a miracle for some people. Being able to actually get out of bed and want to live another day is a miracle for some people.

So, everybody likes to hear the stories that Kelly Turner collects in her radical remission books or that Jeffrey Rediger writes about in his book Cured. I actually, the original draft of Sacred Medicine started with one of those miracle stories, and my editor was like, oh, Lissa, please don’t give us another miracle. She says, do you know how many of us have struggled with chronic illnesses? And we have not gotten our miracles and our children are struggling and they have not gotten their miracles. And every time I read another miracle story, I just feel like, why don’t I get one? Why doesn’t my child get one? Like, why is that person special?

And so I’m not so sure it helps. I think it’s great to give people grounded hope and Jeff Rediger, when we’re talking about this, he said that there are extremes of finitude and infinitude. And I think when we tell miracle stories, we sort of take people more into the infinitude, right? Everything is possible. Never say never. And we need hope, especially in times like this, we can’t give up. We can’t just resign ourselves to a world that’s falling apart around us. So I think miracles can be helpful to give us hope, to lean us into that infinitude, but the reality is that those stories are rare.

They’re very rare. You know, they’re statistical outliers. You’ve got the bell curve of people who don’t get better and who get worse and who die. And then you have these statistical outliers that have a better than usual outcome. And I do think they’re worth studying because we can learn something. Most of these sort of spontaneous remissions or radical remissions don’t seem to be accidents. They were not passive. They didn’t just pray for a miracle and then wait. Many of these individuals significantly changed their lives. They changed their diets. They changed their point of view. They looked at their shadow, they did their trauma healing work. They got rid of toxic relationships and filled their lives with positive connections. They looked at long suppressed dreams and finally went for it. They lived as having looked at maybe their mortality. They decided they weren’t so happy with, if this is the end, am I happy with the way that I’ve lived my life? And they’re like, “hell no, I’m going to use this as the impetus to create a life that my body will love.” And many of those people were very type A about it. They really went for it. Jeff Rediger compares them as the Olympians of the medical world.

They were like Serena Williams, you know, they’re not just tossing a tennis ball around. They really went wholeheartedly into their healing journey. And a lot of other people are sitting there in the same life, doing the same things in the same patterns with the same nervous system dysfunction, looping the same traumas, praying for a miracle. And I don’t think that works almost ever, but I also don’t think that being type A about our healing journeys is always good for us either. I think some of the people that I’ve seen, and I know your story and I love Brave New Medicine, your book, some of the people that I’ve seen, I know your story and I love Brave New Medicine, your book, some of the people that I’ve seen, I like, oh my gosh, the medicine that you need is stop trying to heal yourself and stop trying to control every single thing in your life, and just maybe learn to accept that maybe this is as good as it gets for right now. And relax your nervous system. Stop trying to grasp for your miracle. As Tosha Silver says, the very act of grasping for the feather creates the wind current that pushes it away. Sometimes there’s a place for surrender.

So that paradoxical place. I write a lot in Sacred Medicine about the paradoxes of healing and one of them is to be clear in your intention to heal, to do whatever in your
power to change your life, and go for it. And don’t be passive, make it happen. Let go of attachment to outcomes, surrender to what is, accept the limitations that sometimes we’re limited, we’re not limitless. Sometimes just being able to accept those limitations creates like an opening of peace. That peace can actually calm the nervous system, which paradoxically can sometimes actually create the outcomes that we wanted in the first place that we can’t get when we’re revving our engines, grasping for our miracle.

Cynthia: Wow. You said so much there, so many different things to explore further. One thing, I wanna reflect is the elements that you were talking about of healing. People are healing their toxic relationships, they’re creating a new relationship with their bodies and then they’re creating a new relationship with their environment with nature. Healing is change and healing is conscious change. All of those elements, for me as a doctor, and anyone who’s a healer, and actually probably all human beings, you’re very attached to the outcome being a particular kind of miracle. I’ve known many people who’ve done all that on their journey of healing, and have died or have remained actually quite chronically ill. And yet, there’s a freedom in their spirit, and to me, that is a miracle too. If we can look beyond these attachments of what we think ought to be a true classified miracle.

I think that that’s a really important piece and part of that process is letting go of the attachment. Yet I know in medicine, we’re in this paradigm where we measure things by the attachment to the outcome. So all these other experiences that Lords and the other you’re speaking of, they don’t count scientifically, but these people’s lives are transformed.

Lissa: Rachel is so clear when she’s talking about this -- the difference between healing and curing. Maybe we could say, healing is the miracle and cure may or may not ride shotgun with that. That’s why I said, the individual, I think, is the only one that can tell you whether or not they’ve had their miracle. I heard that over and over again, when I was working with healers around the globe. They would sort of laugh because people would come in and they would say, “I’m here to get a miracle for my disabled leg.” The healers would laugh, especially a lot of the non-Western healers. They would look at me and sort of roll their eyes because the individual thinks that’s what healing is; they’re here to get their leg healed. They would tell me, on the side, that when they’re doing their healing, they never know what’s gonna happen. The individual might have an experience that they later call a miracle that might have absolutely nothing to do with the leg. It may involve the leg, but it may be that their marriage was just healed in this session or that they were able to heal one of their inner children that’s been in distress for 50 years.

They’re able to heal a belief about their financial situation or their work or some completely unrelated thing. They would tell me that whatever wants to move -- the healing is here to create the container, to create the space that whatever is ready to move, can move. And it’s a mystery to the healer.

We come in with the idea of whether or not the healing worked. I’m thinking, for example, of one of my teachers, who I’ve been traveling with on a book tour with her. She wrote a book called Memoir As Medicine, Nancy Ney, and her son was the youngest baby to be diagnosed with juvenile diabetes.

Then, he got multiple sclerosis in his early twenties and she took him to a healer because he was dying. So, she wanted his diabetes to go away and his MS to go away and for him
to live. The way she tells the story in her book, she basically came away from that session with her own miracle, even though it didn’t do a thing for her son. It changed her own relationship to her attachment to this child’s experience with illness and ultimately a very premature death.

It gets complicated, science has its way of objectifying these things, which is why it’s difficult to scientifically measure the kinds of healing I have been studying. They don’t lend themselves to the things that we can easily measure in the objective, black and white world of scientific materialism.

How do you measure the consciousness of the healer? How do you put that into a randomized controlled double blind clinical trial? It gets quite complicated, I don’t know. The way that I talk about this in the book is that I do believe there are particular practices that we can experiment with or share with patients and clients that may make us miracle prone, but whether or not they will have the outcome, the particular outcome that they’re looking for, is a mystery.

Cynthia: Could you share any practices that might make someone more miracle prone?

Lissa: Yeah. Well, the way that I oriented the book, which was quite difficult. It was quite challenging to take 10 years of experience and break it into something that would be clinically relevant for people who read it. The original draft was 250,000 words and they wanted it to be 80,000. So it was tricky, but I wound up structuring it with part one, part two and part three. And part one is full of what I came to call energy transfusion practices.

The way I thought about these practices (I know you can relate to this, Cynthia, because of your own journey) when I see a patient or a client, anemic on life force, if there’s a scale of zero, dead on life force to 10, spilling over at the brim with life force, sharing it with everybody around.

If somebody’s coming in and they’re a two, these are good practices for somebody who’s anemic on life force. And I think of it, if somebody comes into the emergency room and they are anemic on blood, their hemoglobin is six and it should be 13. Then the first thing we’re gonna do is we’re gonna transfuse them with blood, but it would be medical malpractice to then send them home. You need to work them up. Why are they bleeding from somewhere? Is their bone marrow not making blood? Is something happening in the bloodstream that’s killing the blood cells? So we need both. We need to transfuse ourselves with Chi or Prana or energy or whatever you wanna call it.

Then when we hit a certain threshold, let’s say someone’s a two on life force. We’ve given them these practices in part one. And those practices tend to be easy. They’re not triggering. They are pleasurable. They feel good. They don’t require much from the individual that’s receiving these transfusions. They can just drink it in. And then, they typically feel better, but it’s kind of like dosing them with a medication, it wears off. Just like if you gave somebody blood and sent them out into the world, and you hadn’t diagnosed why they were anemic. They would come back a week later and they’d likely be anemic again. So I think of those energy transfusion practices as temporary, and they’re wonderful. I think they’re really an important part of a holistic treatment plan, but the mistake, I think that a lot of healers that work in those kinds of medicines make, is they make sort of exaggerated claims to suggest that the healing is permanent or that it’s a cure that might even be permanent.
What I found, and I might be wrong, is that a lot of those bolus make people feel better temporarily. They might even look like their disease has gone away temporarily, but if you follow them over time, the way Jeff Edgar has over 20 years, typically the symptoms come back, the cancer comes back. A new illness comes back.

Part Three, which is sort of doing the workup, trying to diagnose the root cause of why is this person anemic on life force to begin with? And I'm not saying it's always some psycho-spiritual cause. It could be that they're anemic on life force because they live next to a toxic waste dump or because they were born with two recessive genes of a congenital illness that drains their life force from birth. But given what we know in the science, 80 to 90% of the chronic illnesses and the terminal illnesses are sort of lifestyle illnesses or trauma-related illnesses, stress-related illnesses. And so I broke those practices into these different categories.

And so a lot of the things like hands-on energy healing or nature-based indigenous rituals like offering practices or intentional creativity and art, art therapy, dance therapy, yoga, qigong, going to pilgrimage sites like Lourdes, a lot of those kinds of practices I put in Part One.

And then, Part Three is primarily cutting edge trauma treatments that sort of plug the leaks and restore the nervous system to a ventral vagal, parasympathetic, rest, relax, and restore state; where the body's self-healing mechanisms can begin to sort of replenish so that we're not needing to bolus ourselves and then draining again and bolussing and draining.

And I know, the Awakin community is really involved with meditation practices and stuff, and those are the kind of practices, again, that can be a really good bolus. But, if they're done in sort of a spiritual bypassing way where we're using our meditation as a way to feel better temporarily or even to feel ecstatic or blissful to sort of have this transcendent experience in maybe even in dissociated, multidimensional realms that can feel really good as a relief from this dimension, from a body in pain, from a world that's suffering from a traumatized nervous system - and I think that can be really beneficial - but then, we have to kind of come out of our meditation and make sure that we address the root causes of the pain and suffering, not just in ourselves, but in the world. And I think COVID really made that obvious to me. The last chapter in Sacred Medicine is about collective trauma.

And I think even the idea like self-healing or the individual self on a healing journey became quite obvious to a lot of people that there's no such thing as the individual self when it comes to things like climate crisis or the COVID pandemic or systemic racism or the impact of colonization and genocide and late-stage capitalism and things like that. And that some of our most marginalized and oppressed populations suffered the most. And I would say those populations could be doing everything right. They could be doing everything that, you know, following doctor's orders, perfectly doing everything the wellness industry recommends, doing every practice in Sacred Medicine and still impacted by cultural forces that are completely out of their control. And so I think it's really important to acknowledge that as well.

Cynthia: Wow. Beautiful. I think one thing that you said also, just about these boluses, whether it's something like physical, tangible, like a medication or a blood transfusion or energy boluses. I remember also part of my path was an acupuncturist. So it was like every week or two I'd go and kind of get this. I didn't experience it
as a bolus but I experienced it as a realignment. But, there can also be a -- whether it's a conscious or kind of more existential subconscious -- underright of anxiety that comes with that because there is a temporary nature to it. And we're kind of dependent on someone else or something else outside of ourselves to give us that, right? So, that anxiety can really -- you talked about these loops of our nervousness and the trauma and the anxiety -- it can really feed that, despite our best intentions, right; either as the recipient or as the healer.

Lissa: Yeah, all of the practices that I really was inspired by - maybe there was some dependency on the facilitator or practitioner in the beginning - but all of those kinds of practices over time transferred the power to the individual. So, maybe in the beginning we need a co-regulation -- somebody else who's holding self or your inner pilot light, or that consciousness as a kind of entrainment, especially if we're very anemic on life force. Maybe we are, in the beginning, kind of dependent on that. And I don't think there's anything wrong with that for the short term.

Cynthia: Absolutely.

Lissa: You know, even the story of: 'we need to be independent and we need to be able to do it all ourselves' -- is part of the problem. But, I don't think fostering that dependency in the long term is necessarily good for people. The really good healers didn't do that. They weren't looking to have a 10 year relationship with the patient where they're dependent on coming back every week and paying a lot of money and being really needy and dependent on the practitioner.

Like I said, all of the practices that I was really inspired by, ultimately, having that consciousness and co-regulation of the healer, activated and awakened something in the client and patient where they became less and less dependent on the healer and were able to sort of do what the healer was doing, in a way, on themselves.

Now, I'm not saying they're sticking needles in themselves. In Sacred Medicine, I didn't work with anything that required anything outside of you. So, no medications, no psychedelics, no needles, no machines. There's a lot of stuff in the energy healing world that does work with things outside of you. I just, specifically, excluded all of those because I was particularly interested in what can happen in the body, mind, spirit, soul, energy field exclusively with two individuals and nothing else.

Cynthia: Yeah, that's powerful.

Lissa: So, I really appreciated the internal family systems model which I'm now teaching a lot of. I'm actually teaching in August with the founder, Dick Schwartz, we're teaching internal family systems as medical treatment. I've taught that with him a few times before. We're teaching doctors and therapists how to actually work with the model. In the beginning, a lot of times, people need a facilitator, but it really lends itself to a lot of self-help work as well.

The more people work with an IFS practitioner, the more they're able to do IFS on their own as part of an ongoing treatment so that the bolus comes from my daily practice. I am bolossing myself every morning in my daily IFS practice, which is based on sort of 'parts work' -- the idea that we're all made up of a multitude of parts and that we all have a self and that the self can become sort of the ideal healer sort of perfect mommy, perfect daddy, guru, doctor, therapist for the wounded parts in ourselves. The more we're able to lead those parts, the less those parts need to use our bodies to
get our attention to somaticize various traumas in our system that can be healed by self with facilitation.

Cynthia: Beautiful. Yeah, one of the things that one of my teachers said was he said, that the sign that you have a teacher who’s a good fit for you is when you’re feeling self-empowered in their presence. You’re feeling more and more self-empowered. And I would say the same for a doctor or healer, you know, a partner or anyone that we’re in relationship with.

Cynthia: I would love to segue into a question that you kind of explore too in your book and you help us come into. You’re just very neutral and kind of agnostic as far as — in the camp of conventional medicine, Western medicine, we’ll call it, where there are great gifted doctors and then there are people who will take advantage of you, you know?

Lissa: Yeah.

Cynthia: And the same thing, actually, in energy healing or alternative, what we, what we in the West will call “alternative medicine,” and that there are, we need to be careful...there are people who will take advantage of particularly people who are, very, very vulnerable and just open to whatever, because, right, they’re in significant suffering. So I think self-empowerment is a really big sign. What are some other ways that, I don’t know, we can keep our eyes keep our hearts open and our minds open to it, but we can also really keep our eyes open to what’s in front of us?

Lissa: Yeah. You know, I went into this journey very naive and idealistic. I think, like many people, I think I had a significant distortion in my thinking. And I thought, if you can lay your hands on someone and cure cancer, you must be Jesus. And this must make you an ethical sort of moral, maybe spiritually developed individual. And I now think that absolutely not true. I believe there are people that can put their hands on someone and cure cancer, and I believe it has absolutely nothing to do with whether or not they’re a good person or whether they have ethics or are spiritually developed or any of those things.

Lissa: I think, you know, I think it’s just a siddhi, it’s a superpower, right? And just like there are people who have, a superpower with the guitar, or there are people with a superpower in the operating room, or there are people with superpowers of intelligence or superpowers of political power. And we know that rock stars and sports stars and movie stars and politicians, and, you know, surgeons are not necessarily nice people. They can still be gifted with a certain superpower and be guilty of all kinds of me-too violations and con artistry and corruption even though their superpower is real. And so, I would say the same thing is true in the energy healing world and the indigenous healing world and things like that. I do believe there are people that have these superpowers, but many of them are very underdeveloped. They’ve not worked on their trauma. They have a lot of shadow. They can be very corrupt. And, you know, as we said, there are sort of corrupt and untrustworthy individuals in the conventional medical world.

Lissa: I’d say it’s even worse in the other world because at least doctors and therapists have boards that they’re accountable to. And if you’re corrupt enough, your patients and clients can report you to the board and you can lose your license. So, there is some oversight in the conventional medical and therapeutic world, and there’s no oversight in these other realms. I was really shocked with the level of
corruption, and I felt really helpless and powerless and wound up spending a lot of money on therapy because of my sort of bystander trauma.

Lissa: Most of these traumas didn’t happen to me directly, but I mean, look at John of God, he’s in jail for over 600 accusations of sexual assault and rape. And this is a man who I do believe was doing something that that was facilitating cure for some people. And a lot of people had significant spiritual transformations and other types of healings in his retreat center. And he was also a rapist.

Lissa: So, I think it’s just really important to know that, to go in with eyes wide open. There’s a whole section in Sacred Medicine, a very practical advice of what to look for and the red flags. I think many of these people with these spiritual superpowers, as they say, the cliche power corrupts, and it doesn’t corrupt everybody. There are people with a lot of power who do their work and have good mentorship and have circles of accountability who try to hold them in shape.

Lissa: I have an entire community, including Rachel and the community that you and I have been part of, people I have asked to make sure that I don’t become one of those people that abuses my power; and that if I get out of line or I start getting full of myself or I start abusing my power and I’m not practicing right use of power, please help. I don’t want to harm people. I want to be somebody who can be trusted with the power and platform and privilege that I have. And that’s uncomfortable. It means I get called out a lot, including by my own clients and patients who I empower to call me out and tell me when I’m doing something that hurts. But a lot of people sort of get drunk on their power and don’t have oversight and don’t have a board and don’t have a mentor and don’t have a teacher or a therapist or a circle of accountability. So, I think that’s one of the things to find out is, if you’re going to give your power away or make yourself vulnerable to somebody with these healing powers, who do they share power with or who holds them accountable?

Lissa: And the other thing I found really helpful is, I would ask people right away, tell me about your treatment failures. And let me ask the people that had bad outcomes, because again, there’s a humility that in conventional medicine, I don’t know any doctor that would say, you know, “well, penicillin, cures, everything.” No, penicillin; really good for strep throat, and it doesn’t do crap for COVID. We know that our medicines are not panaceas, and we know that they don’t always work. And we know that there’s side effects, and we know that there’s treatment failures. And we know that before COVID, preventable, medical error was the number three cause of death in the United States. We know these things, so there’s a certain humility in conventional medicine.

But I found that when I challenged a lot of healers outside of conventional medicine, and I asked about their treatment failures and their side effects, they were very arrogant. They would turn it around. They would say, no, my medicine works for every condition for every patient, a hundred percent of the time. And if it doesn’t, it’s the patient’s fault. They’re not doing it right. Or they’re resistant, they’re blocking the medicine or they would do this sort of victim blaming that was a real red flag for me. And the really humble healers were like Bill Bankston, he cracks me up. There’s a whole chapter about William Bankston, and he’s like, I don’t understand, like my medicine, my hocus pocus, seems to work great for late-stage pancreatic cancer and really difficult to treat cancers. And it doesn’t do crap for warts or benign tumors. He’s like, you can throw a sugar pill at a wart, and it goes away for other people, and I can do a thing with it. I don’t know. It seems to work for
Alzheimer’s, but it doesn’t work for Parkinson’s. That’s interesting to me.

Lissa: So, looking for real humility and the willingness of a healer to say, yeah, I have no idea whether this is going to help you. It’s helped some people and not other people, and it’s sort of a mystery. Yeah, just be very, very skeptical, but not so skeptical that you’re not open to things outside of the scientific materialism world.

There is a world of mystery out there, and I’m not sure the mystery wants to be entirely demystified. And it seems to me, it’s like be open, but not so open that your brains fall out, right? Don’t give your power away to somebody with a lot of power who could really hurt you. And that’s where I see people get in trouble, where they idealize somebody or idolize someone and put them on a pedestal. And then their critical thinking and discernment somehow go offline, and they wind up kind of under a seductive spell of somebody very narcissistic and even sociopathic. And there’s a lot of narcissists and sociopaths in that world who do get drunk on their own power. And that’s a trauma symptom.

I tell a whole story in Sacred Medicine, based on an African myth of the evil sorceress with a thorn in her back. I think a lot of these people with power, they developed these powers because they were overpowered in childhood and many of them have terrible trauma histories. So, I have a real trauma informed compassion for why people become that way and make it, you know, having compassion for why people become that way doesn’t excuse the behavior or mean that they shouldn’t be held accountable. Right now there are not good systems to hold these people to account. So it’s treacherous, treacherous waters. So, one of the things I said is, look for somebody with an MD or a PhD or a Master’s in therapy or something. There are lots of people like you, and like Rachel, who have medical degrees, who are also incredible healers. And at least then we know those people have oversight. They have a board that can hold us to account.

Cynthia: I think what you are really underscoring is just the importance of the collective, right, is always to remember. I mean, no matter what our gifts might be and what particular field is, we are one tiny drop in this entire ocean of consciousness, of being, and, past, present, and future. BJ Miller, another great, just totally gifted, humble medical doctor and healer, who we had on this call last year.

Lissa: Also, from the Rachel community.

Cynthia: That’s true, also from Rachel community, yes. But he uses the word “proportionality”, right. He is like, “yes, if we open, we have this immense potential to heal, to create, to be and to grow, and yet we are tiny. We are just small specs of dust, in this massive universe and to hold those at the same time.”

The collective, it could be anything and I never even thought about the collective as something like a medical board, as an organizational structure in terms of accountability and just being a mirror to reflect to ourselves, like, “okay, am I in check? Am I okay?”

Lissa: I was just gonna say, I find one of the easiest ways to create that if you’re not in a system where there’s a medical board or a therapy board is to be really clear with our clients and patients that, I expect my clients and patients to hold me to account. Like, tell me if I am violating a boundary or if I have overstepped a line here. Tell me if I have a blind spot that’s harming you because when I am teaching -- I am teaching
sometimes on zoom to a thousand people -- I get a lot of people if you actually give people permission. I get a lot of people calling me to account on anti-racism issues or language that I might use that might sound ableist to disabled people or any number of ways where they think I can do better and it's hard. It's hard to take all that criticism, but I also know that it's loving. They are trying to help me be a better leader.

So, if we can create relationships with the people that are facilitating our healing, where those who might be in a one-down sort of power-under position, know that the person who might be more of an authority figure knows that they're actually empowered to challenge the authority and that is safe. That, that person is going to appreciate that and be available and open to that and to develop more of a shared power partnership to break down those sorts of power over power under structures and, really share power. That's my goal, always in any healing relationship, to practice good leadership, but also to share power with the people that I am leading and, that's what I try to create in every community, including in Heal At Last, which is the nonprofit work that I am working on now.

Cynthia: Absolutely, thank you, and that's a beautiful place to end this hour of conversation with -- that ultimately we are servants, public servants. We are lifting up from the bottom, not kind of top-down super power.

So Kristen is on, but before we segue over to live questions from the listeners and the viewers, I am wondering if we might play just maybe two minutes of the video for sacred healing. Just to take people more into a visual and direct experience of your ten-year journey in healing and exploring these questions. Also, I know some people are calling in, the music will transport you into a state that is kind of beyond images and, it is, Alyssa's beautiful voice, that is on the video so thank you.

Lisa: And it's Karen playing the piano.

Music plays

Humble yourself in the eyes of the mother, You gotta bend down low and humble, yourself in the eyes of the mother. You gotta know what she knows, and we shall lift to each other up. Higher and Higher we shall lift each other up.

Humble yourself in the eyes of the father, You gotta bend down low and humble yourself in the eyes of the father. You gotta know what he knows and we shall lift each other up. Higher and Higher we shall lift each other up.

Humble yourself in the eyes of the children, You gotta bend down low and humble yourself in the eyes of the children. You gotta know what they know and we shall lift each other up. Higher and Higher we shall lift each other up.

Humble yourself in the eyes of the elders, We gotta bend down low and humble yourself in the eyes of the elders. You gotta know what they know and we shall lift each other up. Higher and Higher we shall lift each other up.

(Music ends)

Lissa: Oh, thank you.

Kristin: This has been such a fascinating conversation and thank you for taking us to some really profound places when this talk about healing and mystery. We have a number of questions that have come in, but I wanna remind our listeners that they are welcome to submit a question anytime.

I would like to start actually with my own question. When I was looking into your work, I was fascinated by the placebo effect itself, but also your interest in it. And you have devoted a good number of years to researching the placebo effect. And the fact that the human body is capable of healing without anything, but essentially an imagination it’s truly astonishing. And, I would love to hear more about what you have learned in recent years. Do you have any new insights on this topic?

Lissa: I do, actually I wrote an entire chapter. This book was three times longer than it was publishable, and I wrote a whole chapter that I cut about the placebo effect, my post-sacred medicine, and understanding of the placebo effect. They did a whole conference, a multidisciplinary conference at Harvard in the 1990s, trying to demystify the placebo effect. And they basically came away from it saying, “we have no idea.” Like they were not able to demystify the placebo effect. But I actually think that part of the reason for that is that the placebo effect may be what scientists are trying to lump together as all the subjective aspects of healing that we cannot control for in science.

So for example, Bill Bankston has a theory about the placebo effect. He’s published a paper about it, where he basically is saying that … well, so I will give a little background on Bill. He is doing hands-on-healing with mice that he has injected with a type of mammary cancer that in the science world is supposed to kill a hundred percent of mice within 28 days.

So it is considered a medical miracle if a mouse lives 29 days based on this model. And he’s curing cancer over 90% of the time with hands-on-healing in this mouse model. He’s controlling for everything -- they have the same DNA strain, they’re from the same backgrounds, the same cages. They’re getting the same food and water.

It’s easier to study these things in mice than in humans where we can’t control for a lot of those things. And he’s teaching skeptical grad students how to do hands-on-healing. They think it’s a gullibility testing study and they’re curing cancer in the mice over 90% of the time.

But the problem is they’re also curing cancer in the control mice. So the ones that are not getting the medicine are also getting their cancer cured and what that? And so he’s been trying to explain. He had to take his control mice completely offsite. And if the study team even visits the mice, they get cured, but if nobody ever makes contact with those mice, they die right on schedule.

So he tried to make sense of that. And part of his explanation is that maybe there’s some sort of healing field that comes with being part of a study whether you’re in the treatment group or not, however you want to define that field. There might be what he’s calling resonant bonding between the people running the study and the people in the study.

Maybe it’s related to the clients or patients and their belief that they’re getting some potential miracle treatment. Maybe it has to do with the caring and compassion and
nurturing relationship of the practitioners that are delivering the medicines. Maybe there's some invisible thing in the bonding of the field, that there's sort of a connection between the practitioners and the study patients such that if anybody in that field has a positive outcome than maybe others are more likely to have a positive outcome.

And he uses the example of -- like when we were talking about my experience going to Lourdes -- he's saying maybe this is like a mega placebo, right? Maybe this is a healing field where... he's saying maybe HIPAA is the worst thing we should be doing with patients. Maybe instead of isolating sick people and having them meet privately one-on-one with a practitioner, maybe we should be putting them all in a group, in a group field and delivering the medicine the way they do at Lourdes with thousands of people at the same time or the way the medicine was getting delivered at John of God with hundreds of people sitting in the current, meditating together and benefiting from this collective field.

When I was working with many of the indigenous healers, I was so surprised because there was no privacy. You go to work with these healers, you show up at the beginning of the day at six o'clock in the morning to get in line. And there's already 30 people. And the healer is working with you in front of everybody and asking these very personal, private questions. And everybody's there, but you're also getting held by a collective community field with everybody in this humble place of surrender and suffering and vulnerability. Everybody's vulnerable together. So I now think that the placebo -- I used to think when I wrote Mind Over Medicine that it's the combination of positive belief and the nurturing care of a practitioner. And now I believe it might be something far more mysterious that has to do with this collective community field -- the more people, the better holding this collective intention to heal in a really vulnerable way and coming together to create this love...call it love. But I certainly can't prove that.

Kristin: It's so fascinating. Thank you for sharing. That sort of leads to this next question, which is on the topic of the collective. A listener writes “This conversation is amazing. Thank you both for your work and insights. My work in the world has been with local communities, neighborhoods, small cities. This portion of the collective has its own nervous system and meridians. I'm looking for allies who are working on and learning about the habits of healthy communities that is exponential communities -- or does she mean experimental? -- I'm not sure -- in unleashing collective self-healing. Is that you or do you have any suggestions?

Lissa: Oh, I love this question. It makes me want to refer people to a new book by somebody who's now a new friend. It's called American Detox by Kerri Kelly. She is a white woman, a yoga sort who was living in that New Age, spiritual world and had a real wake-up call after 9-11 that made her take her yoga off the mat and get really involved in communities of healing at the level of real policy and activism. I would say Kerri Kelly is a great example of somebody who is trying to really move the needle to take our spirituality off the meditation pillow and off the mat and into these communities of healing.

And I totally agree that there are these kinds of fractals -- like me and myself with all of my parts in my inner world is one sort of level. And then there is the community that is surrounding me. As I said, I live in the country in a very isolated community that during COVID became very bonded and we, too, have our own nervous system and our own
meridians and acupuncture points.

And then we're part of -- you go up to sort of greater systems and greater systems. So, yes, we're trying to do that with my nonprofit, with Heal at Last. Our vision -- because I have a real strong social justice part. And one of the things that was really obvious to me during 10 years of researching Sacred Medicine -- especially when I got injured -- and realized I literally have the most amazing healers on the planet on speed dial in my phone and what a privilege that is.

Many of the people who are most in need of healing have no access and don't have the financial resources and can't have that privilege of gallivanting around the world to do the kind of work that I did. I had a very good outcome from my injury and the surgeons told me I would not, that that was impossible.

And I recognize that's not fair. I have every privilege that one can have other than being male. I am white, financially privileged, cisgender heterosexual, able-bodied, educated, all of those privileges. And it's just not fair that most of the things I wrote about in Sacred Medicine are not available to the people that need it the most.

So we've created a nonprofit. We just got our first $100,000 grant to get started. And we're working with a team at Harvard to pilot our program at Harvard, to create a similar to the way 12-step programs have been democratized. You don't have to be rich person and go to the Betty Ford center to get addiction recovery.

But you know, addiction is only one trauma symptom. So we're trying to create a similar way to create healthy communities within the communities in churches and community centers and people's living rooms where we can create circles of healing for anyone who identifies as being in recovery from illness, injury, or trauma, and is ready to do the deep dive of this kind of consciousness and healing work -- by donation only, led by cutting-edge trauma therapists and people with an opening to spiritual healing, to sort of democratize this and create peer support networks where we can support those community acupuncture points.

I want to be part of a community like that. Imagine if we didn't have to go to workshops in order to do the sort of work that's in this book. We've been talking about it in an intellectual way, but it's a completely different thing. I just got back from teaching at Esalen where we actually did the work, where we're having experiential work. We're singing that song that was playing together in a group field and going out in nature and creating mandalas to make offerings to the indigenous elders, the indigenous ancestors of the Esalen land and the experience of doing these medicines.

It's very, very different than the cognitive experience of talking about them. And I'm really interested in moving some of these medicines into communities of healing that cost anything, where you don't have to be a rich white person that pays to go to Esalen to be able to have these experiences. So I know if I answered that question. It's such a good question. I would love to hear from the community.

Kristin: I have a few questions that kind of speak more to the individual. Someone writes, 'I have a mental health challenge. I found that yoga and diet help. The psychiatrist and others think I need psych medicine, and not to go the holistic route a hundred percent, but to use both psych meds and the holistic route. What do you think?'
Lissa: Well, that’s such an individual question. I can’t tell an individual what’s right for that individual. I can say that I personally believe that we have so many medicines in the global medicine bag, whether we’re talking about conventional medicine and psychiatry; whether we’re talking about surgeries and interventions in the conventional medical world; whether we’re talking about things in the wellness industry - nutrition, diet, meditation, acupuncture, these kinds of things; whether we’re talking about the sacred medicine world; energy healing; and indigenous healing; trauma healing.

I personally got the good outcome that I had on my healing journey by using all of them. But I cherry picked. I cherry picked what was right for me, using what I call your Four Whole Health Intelligences. You know, we have our mental intelligence: we can read the scientific data, we can apply critical thinking and be skeptical, and that’s really helpful. But we also have - as Cynthia’s an expert in - intuitive intelligence. We have somatic intelligence. We have emotional intelligence. And I think we can make the best decisions about our medical decisions - but really any life decisions - by kind of being an orchestra conductor of all of those intelligences within us. And I talk a lot about how to do that in the book. And it’s a practice to be able to do that.

So, for example, I had a chunk of my inner thigh about this big [gesturing] taken out of me by a pit bull that was right over my femoral artery. If it had got my femoral artery, I would’ve died cuz I was very far from a hospital.

I opted not to go to the emergency room for a variety of reasons, but I worked with an emergency medicine physician who’s a friend of mine, who’s also an energy healer and craniosacral practitioner. And he helped me care for that wound, which included going to a plastic surgeon and getting a consult to see what do we do.

And she said, "There’s no way this will close on its own. You’re going have to have multiple skin grafts. This is going to take up to a year. There’s a high chance that it’ll get infected. We need to leave it open, do wet-to-dry dressings," and such.

My ER [Emergency Room] doctor friend said, You know what? Let me send you to this other doctor. She’s a 30-year Buddhist meditator, but also a wound care expert in a community medicine practice, where there’s a community with a lot of poverty, where they often can’t afford plastic surgery.

She was amazing. She looked at my wound and said, Yeah, I don’t know if this will close, but I trust your intuition that going that other route is not what’s right for you. And I believe that we can use other non-surgical tools from conventional medicine to support you.

But I also had my indigenous healer sending me bear root. And I also had my trauma healer working to make sure I didn’t get a dog phobia or get PTSD from the trauma of being mauled. And I also had the energy healer doing remote healing - Bill Bengston, sending me Bengston [image] cycling. I was applying nutritional stuff like a high collagen diet to help my body try to make protein. I was eating a lot of meat under the guidance of these nutritionists, and drinking my green juice every day. And meditating and trying to calm my nervous system because it was so very scary.

I had a very optimal outcome. So, I would just say those were individual decisions that I was qualified to make as a medical doctor. I knew from my mental intelligence what the
risks were. But then, I also was consulting a lot of other experts. So I think we can get our best outcomes if we empower ourselves to make that decision, "Is this psychiatric medicine what's right for me, or not?" using all those intelligences. And using our experts as consultants, but not giving our power away.

I don't know if that's a satisfying answer, but I never tell anybody else what they should or shouldn't do.

Kristin: Yes. I think that's helpful to hear. I love how you were held in the collective for that traumatic injury. There's actually a listener on the Zoom call who raised her hand. I'm gonna invite her to ask her question live if she's ready. If not, I can go to another question. I'll just see if she would like to unmute. Her name is Carolyn. And let see...I will go to another question and maybe check back in.

Sacred medicine in many ways feels like the culmination of this entire journey that you've been on after leaving your job as an OB GYN. And you've spent 10 years researching this book and traveling all over the world.

I wanted to ask if there's one thing that you wanted to share more widely to the world from all that you've learned. The most important. You can take this in many different ways - maybe the most important thing you learned, or maybe the most fascinating, or the most surprising thing?

Lissa: Well, I guess the one tool that I would say to people who are chronically ill, who have tried everything in conventional medicine and have maybe tried everything in the wellness world. The one tool I would say, if you haven't tried this, try it, is internal family systems.

And I guess the one big takeaway is, as I said, practice discernment. Really empower yourself to know how to spot abusive and exploitative con artists and charlatans and abusers and narcissists and sociopaths. They are out there. They are out there in every field of medicine and I think they're worth avoiding, regardless of how much power they have. Those people can do more harm than good.

And, you know, I hear a lot of people that are like, Well, I don't care if my surgeon is a nice person. Well, you should care if your surgeon is a nice person. I don't care how surgically skillful someone is, if they are an abusive narcissist, we should not be trusting them with our bodies under anesthesia. I would never give my power away to somebody who is abusive and re-traumatizing just because they happen to have a certain superpower.

So to just actually have enough self-esteem and self-worth to know that we deserve to be treated with dignity and respect... and to not be exploited... and to not have healers fostering dependence with their clients, or taking advantage of them, or violating their boundaries, or exploiting them financially or sexually, or any of those things. We deserve better than that.

I just want people to come away from it saying, I deserve good healthcare!

Kristin: Thank you. Yeah, that's great advice. We are closing out our time. I wish we had so many more things that we could explore, but I want to include a comment from a listener that said, Thank you for this amazing presentation; lots to dive into and explore!
And we have one final question that we ask all our guests and, and that is: How can we in the Awakin Calls community and the broader ServiceSpace ecosystem support your vision and work in the world?

Lissa: Oh, gosh. Well thank you for that question. I guess I would say anybody who is interested in being part of the collective vision of Heal At Last. The website is healatlast.org and we're still in this sort of piloting phase. So anybody who's interested in maybe being in one of those circles can get on the mailing list. Anybody who might be interested in being trained to lead one of those circles can get on the mailing list. And if there are philanthropists that are interested in funding the vision, get on the mailing list and let us know, or send us an email. We've looked at actually the Awakin model as part of our inspiration. Like the 12-Step Model was part of our inspiration, the Awakin model with this sort of volunteer-based peer support group. So you all have been an inspiration to our vision as well.

I would just say, also, for any of you who have your own practice of intention setting or holding the collective field for visionary manifestations - and I don't like to use that word very much cuz I'm not in that law of attraction world at all, but: pray for us. Meditate for us. Help us hold the ground of being for the infinitude of what feels like Mission Impossible. It's really exciting right now, because, like I said, we have Harvard interested in this project. Which, you know, the minute you get academia validating something that more in the realm of infinitude and spirituality, it becomes quite exciting.

But if there's anybody out there that's listening, just feel free to email support@lissarankin.com. We welcome. It's gonna take a community creation. I'm just the holder of the vision right now.

Kristen: Oh, it's very exciting. Somebody asked to repeat the name of your organization, and I'll also say that it will be on the call notes later on.

Lissa: healatlast.org. And the email is support@lissarankin.com.

Kristen: Thank you. That's very exciting. I'm going to pass it back to Cynthia for some final closing words.

Cynthia: Thank you, Kristen. And, thank you, Lissa, for all that you've shared of your experiences, your heart. And I thought I would just close up - I've got 19 here, it looks like - paradoxes of healing, which I think just beautifully kind of summarize, you know, what you have really experienced, come into, on this journey. I just going to read 10 of them and just invite everyone to reflect on those. What I love about paradoxes is that, to our minds they seem contradictory and yet to our totality of being, a complete human being, they are. They coexist at the same time. So, alright, paradoxes of healing. You can heal yourself and you cannot do it alone. Keep an open mind and don't be so open that your brains fall out. Be clear in your intention to heal and surrender attachment to outcomes. Trust your intuition and follow the science and apply critical thinking. Believe in magic and miracles, and avoid indulging in magical thinking and
denial. Be proactive about taking back your power and go with the flow. Your disease is not your fault and your healing journey is your responsibility. Lead with your heart and use your head. Your thoughts influence reality and your thoughts cannot control reality. We are not our bodies, our emotions, or our identities and we are all those things.