Finding Essential Wisdom Within: An Interview with Roger Mills, Ph. D.
by Kathy Marshall

Dr. Roger Mills co-authored The Wisdom Within (2001) with Elsie Spittle. It is one resource used in the National Resilience Resource Center’s basic Resilience/Health Realization trainings. For more than twenty-five years, Dr. Mills has been recognized as a key leader in the ongoing development of these principles and for his impressive applications of this promising approach fostering resilience in inner city housing projects. Dr. Mills was a guest speaker for selected NRRC programs.

**KM:** We are always looking into the “black box” of resilience trying to discover more. What is the most important message you hope people discover as they encounter your new book, The Wisdom Within?

**RM:** People are already whole and healthy. They already have all the wisdom, well-being and common sense—the kind of self-respect that they need inside them as a very natural, innate state of mind—to live a successful, happy life. That seems to be the thing people in our inner city projects appreciate the most—not only that we point that out, or help them recognize their innate mental health, or what they already have inside that they can use to have a better life, but also that we treat them that way. We see them as healthy and whole already. We don’t see damaged goods, or we see past that disguise or that front of toughness or alienation or fear, or whatever that front is that’s really the smoke screen.

**KM:** I’m thinking of your earlier book Realizing Mental Health published in 1995. I notice the shift in language as you titled this new book, The Wisdom Within. You’re choosing to highlight the word “wisdom.” Is there something deeper this time around?

**RM:** Oh, absolutely. Many people think about mental health as the absence of symptoms or problems, getting your life at least back to neutral where you can cope or manage stress better. What we’re saying is there’s a very deep wisdom in everybody, and everybody has as much wisdom in them, potentially, as Gandhi or Martin Luther King, or anybody they’ve admired throughout history—individuals we consider wise or very profound people who see life with a great deal of understanding. We’ve found over and over again in our work over the last twenty-five years that everybody has that same capacity within them to the same extent.

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One of the phrases I use sometimes in some of my talks is that “wisdom is an equal opportunity employer.” It doesn’t discriminate in terms of age, sex, race, education. It certainly has nothing to do with the intellect, it’s a different dimension of our psychological functioning. What really helps people is to see that they are wise and they can trust their own wisdom, trust their own judgment, their own ability to make the right decision, to know right from wrong, to see what’s in their best interests.

They can see even people who are giving them a hard time in life with compassion and understanding. They can see how others are suffering and what they’re doing to themselves with their own thinking. That’s what I’ve been most impressed by. In this new book we just wanted to take it to a deeper level. That doesn’t come through with the term “mental health.”
**KM:** How do you simply describe Health Realization to people who haven’t yet had the opportunity to be exposed it? What are those two or three things that you know are absolutely essential as you begin to teach?

**RM:** Well, to me the biggest thing to get across to people initially is that their reality is moment-to-moment, depending on their thinking. Our thoughts work with mind and consciousness. These three principles really are always working together in unison to create our reality moment-to-moment. As soon as our thinking changes, our reality changes instantaneously. The three principles [our spiritual nature, thinking, and awareness] really show people how that works, how reality is created, why our thoughts look absolutely real to us even if they’re biased or distorted or contaminated with negative things in our past. Even self-defeating thoughts still look real to us in the moment. To me that’s really crucial, just having people understand the underlying processes or underlying dynamics of how their thinking is their reality of every minute across the board.

**KM:** To see that that reality is in fact, in a sense, an illusion?

**RM:** Right. That they’re creating it from inside out; creating their own illusionary world, the bubble they walk around in. Everybody does that. That’s just the human condition. We’re really all in the same boat until we start to tap into this deeper wisdom that we talked about before. Now that still comes via thought, but it’s a different quality of thought; a different source.

**KM:** Yes. The feeling is different for people.

**RM:** They’re much more than what they think they are. They have beautiful feelings in them, deeper feelings of love and compassion and self-respect and joyfulness that are non-contingent, that aren’t conditional on anything really… not on their past, or their situation, or what other people think. Understanding how they operate gives them freedom to tap into those non-contingent, beautiful feelings and see that it’s just their personal thinking that’s creating any other kind of feeling.

**KM:** One of our trainees said, “I think I’m beginning to feel tremendous relief that I’m not my feelings, that there’s something more behind that.”

**RM:** Oh, absolutely.

**KM:** What were the stand-out moments in your own life that really opened your eyes or set you free as you learned the principles?

**RM:** The first thing that really hit me was meeting people who had been listening to the lectures by Sydney Banks about these principles pointing people back toward their inner wisdom. I saw people, some of whom had had horrendous pasts with severe mental illness—alcoholics, people who couldn’t cope with life to the extent they just dropped out of society. When they realized how these principles worked, their lives turned around 180 degrees and they were successful in business, successful at work, had beautiful marriages, lived in beautiful feelings, exhibited an incredible amount of wisdom and presence. What struck me first was just the quality of their level of mental health, because I had been doing a research grant at the University of Oregon where we were looking at mental health.

**KM:** And was that in great contrast to what you were personally living at that time?

**RM:** I didn’t think that I was looking for anything, to be honest with you.

**KM:** You were out there for the grant?

**RM:** Yes. I was out there to help these poor, downtrodden people, but it started to work on me from inside out very subtly. So I started to notice it. The first thing that happened is I started to notice all my insecure thoughts and feelings stood out more. Thoughts that had been invisible: of jealousy or envy, or feeling victimized, or somebody “did it to me,” or getting caught in the politics of the University and all the little cliques and “he said, she said” situations. I just started to notice, in a very neutral way, how much I was caught up in that, and how that affected my stress level, and my tension, and how many bad feelings it created that I hung
onto and made important. So I just stopped doing that. That didn’t even take effort. It just seemed I started to see how silly it was, how wasteful it was of my time and energy. I didn’t want to live in those feelings, so I started letting go of those thoughts. Then I started to experience deeper feelings that I didn’t even know I was capable of—just seeing people’s innocence, feeling loving towards them, experiencing more quiet and tranquility inside, and just wanting to have more time alone to enjoy that space, or that deeper set of feelings. But that happened kind of subtly. It kind of caught me by surprise, you know what I mean?

**KM:** Yes, I think that is a really good description of this process that happens for many people in NRRC trainings. Recently a man in one of our programs was really awestruck when we asked him to put words to what a secure state of mind felt like. He sat there for a little bit and then he said, “You know, it is almost indescribable.” He struggled for what those words were, and yet the expression on his face was just incredibly reverent and beautiful. When we begin to have these healthy experiences that are new to us, they are often without name and rather formless, but very drawing; that self-righting magnet brings out the health. How do you assist people in tapping this natural resilience or innate mental health?

**RM:** I think a couple things help. First, your certainty helps—the fact that I just know that people have the wisdom and health inside them. I know that they’re thinking creatures. We’re all born with ability to think as human beings. We have this divine gift of thought, or the capacity to think and create reality from thought. And if you just present it in a very logical, neutral, matter-of-fact way, with a nice feeling that we’re all in the same boat; we all tick the same way, people recognize that whether they admit it or not, because it’s the truth. There’s something inside people that resonates with it, even if their intellect or the way they’ve been trained is arguing with that. That’s what happened to me at first. My intellect, all my training really fought this; my brain was fighting itself. My thinking would go crazy, but then those changes kept starting to happen anyway.

You know the level of consciousness rises because it’s buoyant. Because this wisdom, health, or understanding is already there, and it has a buoyancy to it. It’s trying to come to the surface, it just does it automatically. So there’s nothing to tell people to do, except just start to recognize the logic of the principles and connect them to their day-to-day experiences. Connect that logic to what they’re seeing and feeling every day; how they’re responding to things. Then the recognition just starts to come when they least expect it, usually when they’re not thinking about it at all. That’s when the insights start to come, or the realizations.

This process of change certainly doesn’t come by intellectual understanding. It comes via realization, and it may not come when students are in the room with you, or in the class, or in front of you. It might come when they’re driving home, or the next day in the shower, or really, when they’re relaxed and not thinking about anything in particular, that’s when the ah-ha’s—that wisdom—starts to bubble up from inside people, and they start to recognize what you’re saying.

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**KM:** This internal nature of change presents challenges for research and evaluation. What have you found to be most helpful in evaluating this work?

**RM:** That’s a tough one because at the beginning we were trying to develop our own instruments and the [traditional] field is skeptical of those instruments. We started using a combination of the two. The thing that’s worked the best so far is trying to correlate the insights people report getting—about thought, mood, state of mind, feelings that they’re
experiencing when this wisdom comes out—with more traditional mental health status, self-esteem, or self-efficacy scales. The most powerful evidence that we have is just the quantitative data from the communities and schools that we’ve worked in—the fact that the majority of people are unemployed and then afterwards that the majority of people are employed, or that the student failure rate goes down by 65 percent, or the truancy rate goes down 80 percent, or there’s no homicides for eight years in an area like Oakland that had the highest homicide rate before and was the center for the drive-thru drug trade. It’s hard to deny that something really powerful happened when you get changes of that magnitude.

I think researchers are starting to realize, at least the ones I’ve talked to at the U. S. Center for Substance Abuse Prevention (CSAP) and other places, that we are trying to evaluate different approaches. They’re starting to see that when you work in these schools and communities, you can’t really do rigorous control group or experimental group studies. We’ve always had external evaluators come in and design their own evaluation process with our input, but they are independent evaluators who’ve done their own observation and surveys, collected the data, and reported it back to us. That has a power because they don’t have a stake in the outcome.

**KM:** At the national level, particularly Martin Seligman as past president of American Psychological Association, is really spearheading the positive psychology movement. He has issued a powerful call for massive amounts of funding to study resilience and strengths-based interventions.

**RM:** I think the whole field is starting to see that a more strengths-based, positive approach is much more effective and that the focus we’ve had historically on pathology, what’s wrong with people and labeling people, treating them as damaged goods, has really actually done more harm than good. If you really understand the principles that we’re talking about, you see that whatever you tell people and they start to believe, is what you get—their thinking becomes their reality. So if they think they’re damaged from the past, or they think they have this pathology, or they think that’s who they are, then that’s the direction their lives move in. If you point out their healthy capacities, their strengths and assets, then they start to focus on those. That becomes their consciousness, their reality.

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**Perspectives on Health Realization Program Evaluation**

As we ponder the future of Health Realization in a scientific world, lingering concerns from our evaluation colleagues demand attention. Evaluation of Health Realization, other resilience or youth development approaches need to use mixed research methods. It may also be helpful to consider our Framework for Tapping Resilience as a basic way of conceptualizing study designs. Fundamental data—high school graduation rates, risk behaviors, employment, academic performance, health status—will inevitably be funder’s yardsticks. Quantitative data can measure academic, social, and health-risk outcomes valued by society and especially policymakers!

However, we must also illuminate the black box of resilience by connecting such societal outcomes with positive developmental outcomes: social competence, self-efficacy, planfullness, hope, mental well-being, civility and more. Some extant measures can help and new instruments under development at West Virginia University, the University of Minnesota and other institutions are needed. These efforts face challenges because non-behavioral existential spiritual development, the inside-out-processes of resilience, and mental well-being are relatively uncharted and illusive scientific territory.
We must continue the *black box* exploration by linking developmental outcomes to the belief in innate resilience that underlies any strengths-based approach. Whether an intervention is teaching Health Realization, mentoring, or community service, the belief in innate resilience is what will determine the intervention’s success. Linking research and practice at this level requires qualitative, quantitative, alternative and innovative methods. Ultimately studies must be significantly funded and presented in peer-refereed journals. Until that time, Health Realization remains a best practice in need of evidence. Dr. Mills is quite right to urge practitioners to always include an evaluation component and seek the best expert guidance possible.

Kathy Marshall and Bonnie Benard
Minneapolis, MN

**NOTE:** The National Resilience Resource Center revived a prevention favorite known as "Bonnie's Research Corner." Bonnie Benard and Kathy Marshall Emerson teamed up to offer an electronic public service bulletin called "Bonnie and Kathy’s Corner" with succinct briefings on classic cutting edge resilience research and Health Realization developments, trends, issues and resources. Questions or comments may be directed to [marsh008@umn.edu](mailto:marsh008@umn.edu).

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