

The Healer & The 'Rescuer Role'

by Delcia McNeil

The following article was written in 1995 and published in a number of professional in-house magazines including:

NFSH Healing Review no. 59 Spring 1995 pp.8,9

Journal of Shiatsu & Oriental Body Therapy issue 4. April 1996 pp.14-17

Radionic Journal winter 1996/97 pp.46-54

The article is primarily aimed at subtle energy/spiritual healers. It was written before Reiki healing became very popular, but is as relevant to this modality of healing. In fact the material is relevant to all professionals working in the caring professions.

- Do you give healing sessions at short notice even when it's inconvenient for you?
- Do you feel personally responsible if someone's condition does not improve?
- Do you feel guilty if someone wants a healing session and you are unable to do it?
- Do you often run over your allotted time in a session?
- Do you find it difficult to set a boundary between social and work contact with those you give healings to?
- Do you feel obliged to be of service to others at all times even to the detriment of your own health and wellbeing?
- Do you always think you know what's best for your clients/patients?
- Do you feel the need to jolly someone up when they are feeling depressed?

If the honest answer to any of these questions is 'Yes' then I hope what follows will be of especial interest to you.

INTRODUCTION

My aim in writing this article is to draw on a psychotherapeutic perspective to help bring about greater awareness and understanding of the kind of issues that can arise in the healer/client or patient relationship.

I believe that how we feel emotionally, and consequently how we behave as healers, has an impact on the quality of relationship we have with our clients. Even though we may move into an altered state of consciousness to do healing, our emotional state may well influence the quality of energy we channel and transmit. This does not mean that we have to be perfectly balanced and free from neurotic behaviour in order to do healing. If this were the case none of us would be able to begin! However, I believe it does mean that we should be curious about and take responsibility for our own 'wounded healer' – the internal part of us that is attracted to this work because we have

our own unmet unconscious emotional or psychological needs. The need to help others can sometimes be a problem.

These ideas are in no way meant as criticism, nor are they meant to deride the virtues of compassion, service or dedication. They are an exploration and an attempt to draw on the invaluable body of knowledge of psychotherapy to help us develop as spiritual healers.

HEALERS AS RESCUERS

My interest in the Rescuer Role and the Healer comes from my own personal experience as a healer and my experience of teaching, supervising and meeting with other healers. My colleague, Kate Williams MacKenzie, and I coined the phrase “The Rescuer Syndrome” (NFSH Healing Review Autumn 1993 Supervision for Healers) which is “the desire to make others feel better whether or not it is appropriate. Human compassion should not be confused with responding to someone’s suffering because we cannot bear to see it ... The rescuer syndrome occurs when helping becomes a compulsion and the compulsion covers the healer’s denial of their own needs ...”

THE ROLES OF THE VICTIM, RESCUER, PERSECUTOR & LEVELLER

The term ‘the Rescuing Role’ comes from a model used in a method of psychotherapy called Transactional Analysis. I was introduced to this during my own psychotherapy training at Spectrum, a Centre for Humanistic and Integrative Therapy in North London. I want to acknowledge Terry Cooper, a founder Director of Spectrum, for the theoretical information that follows because he developed this model and created the ‘Leveller’ role.

The model is made up of a triangle, each side of which describes a particular role any of us may play at any one give time. The dictionary definition of the world role is: “one’s function, what one is appointed or expected or has undertaken to do.” Within this model the roles are viewed as behaviour which has been learned in childhood from parents or other authority figures. In adulthood we continue this behaviour unconsciously. It is important to say that each role is a stereotype and in reality we move around the different roles and are a mixture of all of them eg. when a ‘Victim’ won’t be ‘rescued’, the ‘Rescuer’ starts to feel persecutory towards the ‘Victim’.

It is also important to say that there are genuine victims and rescuers. For example, if someone is drowning in a pond and a passer-by jumps in and pulls them out, this is a genuine victim and a genuine rescuer. However, once the victim is rescued and is safe the two roles end.

The Rescuer avoids conflict and desires harmony and often imagines that others are sad. They look after the needs of others but deprive them of being able to do things for themselves. They have difficulties in saying no and maintaining appropriate boundaries, and ignore any negative motivation that exists in others and themselves. Because of unrealistic expectations they often feel guilty.

The Persecutor is isolated, critical, aggressive, and defines things in black and white terms. They welcome conflict and use this as a way of staying at a distance emotionally and not showing vulnerability. They see no good in anyone and are angry a lot of the time.

The Victim complains but doesn't take action. They ask for help and advice but always have a reason not to take it. The Victim leaves you feeling helpless and frustrated. They often think the world owes them a living. They have difficulty in achieving goals.

The Leveller is the emotionally healthy alternative to the other three. They are honest and authentic in their communication. They are not fixed but are flexible and are able to assert themselves without being overpowering. They are also able to maintain a sense of self even though the price may be rejection.

A CASE EXAMPLE

The following is a poem written by one of my clients. She wants to share her poem and background information publicly because she wants others to become more aware of the possible long term effects of childhood trauma. She has read this article and wants her name included. I have simplified the information that follows the poem to illustrate an example of the victim/rescuer/persecutor dynamic. In reality although Christine's pain level has not reduced over time there have been brief periods of some relief and psychologically and spiritually she has made enormous progress. Here I am focussing on what can happen when trying to help someone who is in chronic, severe physical pain. Her case also illustrates the difference between healing and cure.

WHEN I ASK FOR HEALING **by Christine Steer**

When I ask for Healing
Please, don't say "Yes"!

For years and years I've tried and tried
First this remedy, then that,
First this cure, then that,
This treatment and more, and more, and more.
I've wanted to be "fixed"
To be cured.
I've wanted to be healed.

Please "make me better" I would beg
Please, please take away my pain.
Each time I hoped, I prayed, I begged.
Maybe, Maybe, just this time
It will be it –

The time I'm "fixed" for good,
Relief from pain for ever
But no – once again it's not to be.
Hopes come crashing down,
Soul-destroying failure yet again.

But now it's time for change.
Time to let go of the desperation.
No more searching.
No more fighting.
Trying this, trying that.
No more hoping for a cure –
A cure that isn't there.
No more "fixes" please –
I'm fine the way I am.

Not just the "I'm fine thank you"
Which does not mention agony or anguish.
But that which says
"I am in pain, so much in pain,
And my hands are numb
And my legs are weak.
And yet I'm fine –
I'm fine the way I am."

So when I ask for healing
I don't expect a cure,
I'm asking for yourself
To just be there with me
And come into that place –
That place of pain and fear.
Where it really is OK
For me to not get better.

So when I ask for healing
Please don't say "Yes!"
Just say "I'm here with you" –
And we will walk awhile together
And see what is to be.

Christine has chronic spinal pain and suffers from Arachnoiditis. This is inflammation of one of the membranes surround the spinal cord and is the result of a dye used for X-raying the spine. The dye, called Myodil, sometimes does not leave the spine completely. It is now banned. Christine has had operations on her spine and also on her intestines. Several of her vertebrae are fused together, thus severely restricting her movement. She has a history of being seriously and grossly sexually and physically abused. Her physical prognosis medically is poor and she faces a future of increasing loss of feeling in her limbs. After over two years of her coming for regular healing and massage sessions her overall pain level remained the same and

her physical condition has been gradually worsening. No therapy or therapist has been able to help with this in any significant way. She has had osteopathy, acupuncture, homoeopathy and allopathic pain killing drugs over a long period of time. Christine is also in psychotherapy.

We realised that regarding her physical pain we were very much caught up in the roles of the drama triangles. She would say "I don't care what you do just do something to get rid of this pain". In my own need to see physical results I placed myself in the rescuer role. When my attempts failed too we both felt let down and disappointed. Our relationship reached a difficult point in which I felt angry because I thought she was blaming me when in fact she was blaming herself for not getting better. Worse still her sense of hopelessness increased - she felt she was letting me down. She was trying to rescue me!

Fortunately, with the help of my own supervision and Christine's goodwill, integrity and willingness to explore her own part in the situation, we were both able to see that, even though she clearly is a genuine victim of horrible physical symptoms, psychologically she was playing a victim role and I was colluding with this. I was not facing the fact that her condition was likely to deteriorate. We were both denying the reality. Through this recognition a spiritual healing occurred in that for the first time Christine is not denying the seriousness of her condition and she is learning to ask for and receive help. She has stopped fighting against herself and spiritually and emotionally she is stronger than ever. She is preparing for her future realistically and although this is very painful for her she is facing her fear. Instead of pretending to others, she is now talking more openly about the amount of physical pain she is in.

THE STEREOTYPE ROLE OF THE HEALER

The stereotype role of the healer and the expectations of the public make it difficult for us Rescuer types. People come to healers often as a last resort. They may well have tried lots of different therapies as well as having exhausted the medical route, and still expect to be fixed by one healing! We need to re-educate the public and clarify our role. It is important to be clear at the outset when we are taking a history of the client that the healing process is a journey we enter together. The healer should resist colluding with the client's expectations that they, the healer, have some kind of magical omnipotence. The kind of books published that emphasise miracle healings and immediate 'cures' do not help with this issue. These claims set up the ordinary healer going about his or her normal daily healing work to be some kind of magician. This is not to say that we shouldn't be open to miracles, but when they happen they are within a context that is relevant to the readiness and level of development of the client, and the clear degree of connectedness with their healer. And do we only define miracles in physical terms? Miracles come in many different forms and sizes.

HOW TO CATCH YOURSELF RESCUING.

As a Rescuer type I find it useful to become aware of what I am doing when I'm in that role – my posture, tone of voice, the language I use. When I'm playing Rescuer my tone of voice has a patronising, condescending quality. I've learned that I put my head slightly to one side and have a "I'm really caring for you" look on my face. Implicitly I'm telling them that really I know best. Instead of reinforcing the client's or patient's strengths I'll be focussing on their weaknesses. If it seems they haven't been helped much I may well go over time in the session because my need to feel good about them hasn't been satisfied. Then getting tired, frustrated or resentful is a sure sign that I have been in rescuer mode.

THE TRUE HEALER IS A LEVELLER

When I am not rescuing my genuine compassion is not mixed in with my own need to be loved and liked. I am trusting and open to my faith that spiritual help is here and will come through, I can allow this to happen and I can engage in the art of 'not doing'. This frees both the client and myself to be open to a 'possibility sphere', a space in which what needs to be can take place. I am coming from my heart and my belief in the power of unconditional love, I can give the client space to feel and express their own experience. Because I am listening to what they are saying they too can hear their own words. I am in a place of detached compassion; if I don't know what to do next I know I can sit and wait for the inspiration to come. Using the chakra model when I am the Leveller I am coming from my heart chakra and I am channelling universal healing energy. When I am caught up in my own needs I'm functioning primarily from the solar plexus. A long term consequence of the latter is burn out – a condition in which the healer has given so much of their own energy they literally run out of it.

THE CLIENT OR PATIENT IN CRISIS

If the client is in personal crisis or is in an emergency situation it is even more important to be clear about neurotic rescuing and genuine rescuing. They may need genuine rescuing at the point of crisis (eg having someone organise practical support), but as they move out of the critical time they need to be encouraged to take charge of their own lives.

We need to beware of the lure of making ourselves indispensable and needed. If we do this we keep our clients dependent and in the Victim role. If a client insists on staying in the Victim role the healer needs to challenge them and make it clear that their behaviour is stopping them reaching the goal they say they want. It is important to clarify what advantages they may be getting from playing this role.

SELF ESTEEM AND THE HEALER

When a healer's self esteem is dependent on giving to others and getting results they are not only doing themselves a disservice, they also may be robbing their clients of taking part in their own healing process. The need to help can stifle the client and take away from them the space and time they

need to feel their distress and go through it. They may also feel obliged to tell their healer they feel better in order to please them because they sense the healer needs to hear this.

THE HEALER'S OWN NEED FOR HEALING

Finally I want to say something about the healer's need for healing. In my experience of practising and teaching healing this is of paramount importance. We cannot give from an empty place, and the chronic Rescuer is coming from a deep emptiness in themselves. They are giving out what they most need themselves, and what they did not get enough of as children. The origin of rescuing can be traced back to growing up in dysfunctional family backgrounds in which many of us as children felt responsible for the health and happiness of one or both of our parents.

If we do not take care of our own needs now as adults, as already mentioned, we burn out. It is important to accept our own limitations and refer clients on if necessary. We need to get our own therapeutic support, professional supervision, and consciously take care of our own energies through psychic protection, clearing techniques, meditation and a healthy lifestyle. There is much healing work to do in the world. For those of us who are committed to the healing movement and have skills to offer, the demands on our time are enormous. Alongside this we continue to train and develop our own skills and personal growth, as well as earn a living, run our homes and take care of our families. Rescuers find it hard to have fun and relaxation. They feel guilty if they are not 'doing something useful', they feel they need to earn love and affection and a place in the world.

CONCLUSION

I hope this article speaks to healers who recognise some of these aspects in themselves. The energy of the Rescuer part in us all is coming from a genuine need to be loved and accepted. The fact that we can recognise this need in our clients means we can give this to ourselves too.

© Delcia McNeil