Moving Beyond Caretaking – Caring Beyond Fixing
Part IV in the Series
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This is the fourth in a series of articles I have written about one of the most difficult problems that arise in all caregiving professions: a tacit agreement between practitioner and client that the practitioner's job is to *take care* of the client. This agreement has been transposed into *therapy contracts* and *treatment agreements*. Even with such overt descriptions of the roles of the practitioner and client there, are covert assumptions on the part of each that the real goal is to *fix* the client.

•**Not fixing:** It is very hard to conceive of any kind of caregiving profession that does not focus the greatest part of its resources on symptomatic relief. Implied in that attention is that the techniques the practitioner uses are continually improved in order to be more effective. If the symptoms do not change or even worsen, the practitioner feels guilty and the client feels betrayed. This is especially apparent when the client is facing total disability or death. It requires great maturity on the part of the practitioner and the client to realize that all aspects of the client's life affect the process of therapy. Also there are many factors in the therapeutic relationship that produce growth for both parties. Our need to fix is partly socialized by our professional training but is also conditioned by our own personalities and backgrounds. The following case is an example of the kind of tacit agreement to fix I am speaking about.

•**Self-examine:** A self-examine is an essential starting place. It is an honest appraisal of the patterns of thoughts and feelings that arise in our therapeutic relationships. These are the parts of the therapeutic process that for the most part are unspoken and even unconscious until revealed in the practitioner's therapy or supervision sessions. How many of our client and personal relationships are based upon an underlying belief that the other person is a helpless victim of life who needs our help? The following *case study* is a compilation of my own self examine plus elements of various supervision sessions I have led with colleagues. The signs of codependent caretaking appear in various places but are most obvious where there is fear. Each of us gets clients that challenge our boundaries and self-confidence. One great reason for referrals is that what is challenging for one practitioner may not challenge another. However there are times when referral can acts as an escape mechanism, a means of avoiding our own personal issues.

The Child Within – a Case Study

As a new bodyworker when I was presented with certain client conditions such as extreme depression, and hopelessness combined with physical distress, I could feel my own sense of helplessness arising, like when I was nine years old. I did not mention those feelings of helplessness to my client or to my colleagues because I (the child within) was already worried about being inadequate to the situation. So my first reaction to this feeling of helplessness was to assert some kind of statement that was affirmative and implied that I knew there was a solution to my client's difficulty. My own feeling of helplessness was sublimated as I convinced the client and myself that I knew what would help.

When I first started working as a bodyworker I was very grateful for clients who would keep coming back because he/she felt powerless without my help. I would pray that I could help those "who could not help themselves." I would give them extra time and space in my life. I was unconscious of the transactions I was making. I was so identified with my professional role: colleagues became clients, friends and family became clients, clients became friends, and clients and friends became colleagues.

There seemed to be healthy benefits for my clients. But to the extent that my feelings of helplessness and inadequacy shadowed the relationship, I was left with a nagging sense of dissatisfaction. I would notice that I felt depleted after giving certain sessions and would keep worrying about how long the client would retain the benefits. It wasn't so much a loss of physical energy, it was more a feeling that: "this situation is a bottomless pit—the more I give the more I'm required to give." But these dependent client relationships were a kind of insurance that I would continue to be needed. What I did not realize was that my client's neediness reflected my own. The formula I was engaging in fostered client dependency. The reward of being needed overshadowed a growing sense of tiredness and frustration.

In doing my own self-examine I recall my work with a particular client, lets call her Veronica. She was in her late thirties, and quite depressed. She was walking when a car struck her. Her treatment coverage was already maxed out when she came to me. She was involved in a lawsuit with her insurance provider. A similar accident had happened to her a few years before. The insurance companies, hers and the driver's, stated that they couldn't tell which injuries were from which accident. She claimed that she was unable to work as a result of her injuries. She had very little financial resources. I agreed to wait until the lawsuit was settled before getting paid. I felt angry with the insurance companies since, unless her providers would wait for payment, she would get no more treatment until her case was settled. I have become aware of the fears that arose in me during our sessions. The first fear was the fear of not being in control of whether I would be paid. I also worried that she was not taking care of herself between sessions... caretaking her was a way of balancing that fear. I realize that I worried about doing something harmful or of failing to give her symptomatic relief. Veronica's seeming helplessness was triggering some of my own.

I wanted to help her move towards a healthy relationship with her body. Compassion would come up when I would feel the tightness in her body and realize how much her financial worries were blocking her ability to act effectively for herself. She would tell me about how stuck she felt in her life and how her body had failed her. She would then start to blame others for her inability to change her circumstances. She perceived herself as a victim in many different aspects of her life. In the beginning of our work together, I felt like I should agree with her and rescue her by doing everything I could to help her feel better. After awhile I realized that the stories and the symptoms never seemed to change. I wondered why she kept seeing me. I spoke with her about seeing another practitioner, but she said that she didn't want to "start over" with someone else.

Inside of myself I started to feel resentment and heard a big "no." "There is nobody stopping you from feeling better except yourself." I was afraid to say these words to her because I didn't want her to be angry with me. I also worried about contributing to her depressive mindset. Her fear to break out of her patterns was triggering some deep fears of abandonment inside me. We worked together for some time. She started coming late and changing appointment times at the last minute. She eventually disappeared, missing an appointment and even though I left her messages she did not respond. I was left with feelings of failure and disappointment. A year later I was paid about half of my fees in the settlement.

I took my feelings about my work with Veronica to my therapist and was able to eventually realize how much my early childhood experiences were triggered by her. Her sense of victimization, financial worries, and helplessness were a repeat of the same messages I had heard from my alcoholic mother, who as a single parent, treated me as her confidant at an early age. I tried as a nine year old to assuage Mom's worries and helplessness. When I would try to fix "helpless" clients, I was still taking care of my mother. I started to change my rescuing behavior when my therapist helped me recognize that my feelings of helplessness were a call for my own self-care. I learned to pause, step back, and center myself when I would feel those feelings. If the feelings persisted after the session I would take them to therapy. I became much more able to seek my own help rather than inappropriately fostering client dependency. I now see my clients as uniquely able to help themselves. I would rather empower them than rescue them, or fix them. Empowerment may require helping clients change their relationship with their symptoms.

Respectfully submitted to my colleagues

This case study has been fictionalized to protect the privacy of the individuals. But the material is derived from real practitioners' lives. The previous articles in this series were published in this Journal and can be found on Jack's web site: jackblackburn.homsead.com