

THE HEALTH OF THE HELPER

Lately, I've attended several meetings focused on the crisis of the spirit in health care professions. How can we best help those who help others? How hard must we strive and how many practices must we undertake to "restore" ourselves and overcome burnout and depression brought on by the stresses of health care?

The fundamental assumption of all this talk is that mind-body-spirit must be reunited or reintegrated in order for us to feel whole, confident and connected to each other and those we serve. That assumption includes the belief that at some point, mind, body and spirit were one, but for most of us, now they aren't. The questions are rarely asked: How did mind, body and spirit become dis-united or dis-integrated? Was unity a natural state, disturbed somehow to become an unnatural state of disunity?

Wholesome healthfulness, high spirits, resiliency, heartiness, calm and optimism are described, in today's prevailing views, as goals, states to work towards, experiences of life that can be achieved at least temporarily by diligence in different activities and practices. Many people who are dedicated to providing nurture for others' mind-body-spirit simultaneously live much of the time in their own stress and distress over how difficult it is to accomplish that, or about how difficult it is to find peace themselves while prescribing peace as a healing balm to others.

The harried social worker advising the young, single mother to find time to relax with her children and read to them rushes back to her car and grabs her cell phone to tell her next appointment she's running late, ask her babysitter to put dinner on, and say a few quick words to her own child before grinding through the end of another late day to return home with a stack of unfinished paperwork.

The doctor advising his middle-aged patient to eat more fresh fruits and vegetables, cut down on his alcohol consumption and start getting regular exercise, cancels his tennis game for the third day in a row because of an emergency patient who must be seen. He drives through a fast food window on his way home because he's missed his family's dinner time and his wife and the children are off to a school play, and eats his food cold, with a couple of beers, after he finally returns all his patients' phone calls and sits down to watch a little television before bed.

The Yoga instructor intensely describing the relaxation and strengthening benefits of her program for body and mind to a lunch group at a factory goes directly to the bank from there to plead for just a little larger line of credit while she establishes her Yoga center. She bursts into tears as she explains how hard she's working to market her work and how much more difficult it is than she thought it would be to get people to sign up and stick

with it. “It’s so wonderful for people,” she cries, wringing her hands together, “because it offers such peace and serenity and a whole different view of life. I don’t know why people aren’t signing up with me in droves!”

The nurse who has just completed a night shift is called back to the nurses’ station to take a phone call from a distressed family member. It is the husband of an irritable patient she has just spent a lot of time with during the night, even as much more seriously ill people demanded her attention. She wants to get home to her children so her husband can leave for work. The caller begins a litany of concerns on the phone. “Look,” the nurse says, “I’m off duty. I did the best I could all night. I’m taking care of a lot of people a lot sicker than she is. I don’t want to hear your complaining right now. She’s not dying, she just acts like she is.” The nurse hangs up abruptly, then drives home in sadness and fear that she will lose her job if anyone overheard her lack of compassion.

The counselor tries to listen empathetically to the client who is agonizing over his inability to relate to his teen-aged son, who is in trouble. The counselor wonders whether the whole world has gone mad. Only moments before the client arrived, the counselor’s daughter’s school principal had called to tell him she would be suspended for inappropriate behavior. He has come to his wit’s end with that girl. The client asks, “What’s wrong with kids, anyway? Why won’t they talk to us?” The counselor shakes his head sadly and says, “I wish I knew. I wish I knew.”

We are baffled by how much we know about the ill effects of stress, and how helpless we remain in the face of it. We complain about patients’ and clients’ non-compliance with our helpful interventions, while finding it next to impossible to comply with our own common sense. As research has accumulated to demonstrate more and more conclusively that stress and distress diminish the body’s neurological and immune system capacity to sustain and regain health, the push to find effective stress relief has gained momentum.

This has occurred to me: The research into stress relief is designed by people sharing the world view of the people who design the interventions for stress relief, which reflects the prevailing view of the populace. That view is that stress is a real thing. It’s a terrible life problem that happens to us. It’s like a form of pollution, something outside of us that can harm us. The questions asked and answered have rested on a basic assumption that stress is a condition of life and that it is really “everywhere out there” and we need to assess how effective various techniques are at coping with it, side-stepping it, or battling it.

So we have clearly defined how stress and distress hurt us, all the way from our behavioral responses through our cellular and molecular responses. And we have measured how much prescription drugs, meditation, active participation in sports, healthy lifestyles, visualization, prayer, Yoga, nutrition, and so many other interventions can affect the consequences of stress. We have taken for granted that stress will always be a

factor, and that we have to find a way to balance how much of our lives we give to it, and how much of our lives we can take back.

The mind-body-spirit questions define how much we can take back. For what percentage of each day, week, month, year are we able to “pull ourselves together” and experience peace of mind and all the health benefits it is proven to offer? The focus on those questions among health care professionals demonstrates, at some deep level, that those who are suffering themselves know they have little to offer others who suffer. “Do as I say, not as I do,” does not resonate with people. If I can barely find the time to pick up my dry cleaning and pay my bills, never mind talk to my family, it’s hard for me to come across convincingly to a client I’m asking to slow down and take time to enjoy the beauty of life. Although we talk in words, we communicate in feelings. The feelings are the music. If the music is brash and fast and atonal, no sweet words will soften its message.

As I’ve listened more and more to this discussion, I have understood more clearly the gap between what we call “the health of the helper” and what is referred to as “caring for the caregiver” or “healing the healer.” The health of the helper originates and flows freely from within a person filled with love and compassion and the desire to serve. Caring for and healing originate from outside of a person and are done for them or to them by others. Intrinsic health is non-contingent and natural. Caring and healing are contingent, dependent on a good match of practitioner and techniques applied. Health of the helper assumes a natural resource that people can access for themselves. Caring and healing assume that we are hurting and dependent on others for help.

The health of the helper is essential to those who base their work on their own understanding of the principles of Mind, Consciousness and Thought. As we create our own experience of life, we communicate through our own expression of life what we see as possible. Knowing that our experience is originating within our own thinking, which mediates what we perceive as we look out upon our world, we experience the freedom to see things differently and know the hope for all people to do so. We are not concerned about whether we will ever run dry or have enough to give to others because everyone already has what they need. Or work is not to “give” it, but to explain how to find it and help people to see it within themselves and then flourish on their own.

It is easy to grasp the notion of how the principles describe an inside-out world intellectually and wonder if it is true and what it might mean, but that is not an experience of health, it is an idea about health. The experience of health is deeply-felt knowledge of the intrinsic promise in the power of thinking to create experience. Our own thinking is a constant, unfailing inner resource that allows us to move through life with grace and without dependence on others. That universal inner resource connects us without entangling us, so that we can navigate through life as a school of fish swim, each on its own and yet all moving together. When that inner resource is recognized and released, it changes the worldview of those who know it.

From the vantage point of innate health, we ask different questions, and we arrive at different conclusions. The question is no longer “What can we do to bring mind, body and spirit together and provide healing to others?” The question is “What would allow people to find for themselves the natural unity of mind, body and spirit that would free them to experience life with exuberance, good will, enthusiasm and joy?”

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