

The Caretaker and the Healer

By

Pietro Abela

I must admit I always enjoy making this announcement to the ARC students who join us for their very first class:

“A part of you, and a significant part of you is attracted to the healing arts because you were, and maybe still are, successful caretakers.”

This puts the new student at a crossroads. If they are willing to accept the possibility that they could have a history of caretaking they set out on the road towards healership. If they are not willing to accept this they stay caretakers, meaning they will likely live their life out feeling drained, resentful and on a constant lookout for inner fulfillment, but never quite getting there.

A caretaker lives life in hope. Sometime in the early years a child decides her needs are not going to be met. So she shifts the parameter. She may decide to take care of the caregiver. She adopts an irrational rational that if she could somehow fulfill her parent's needs they will be filled enough to fill her. How she takes care of their needs is a very creative process. She may borrow some ideas from a family member. Perhaps if her mother was a caretaker she might steal some of her methods and adopt them for herself, or invent her own.

I know of a young boy who at the age of four would make his parents breakfast every weekend. The breakfast was always simple: bowls of cereal, toast with jars of jam and glasses of milk. Simple as it was they were always thrilled and every time they said they were proud of him and gave him a big hug. The strategy always worked, at least for a while, because they stopped arguing for half a day. With their attention diverted and their needs somewhat met for a while he received more of their attention in that half day than he did from them the whole week.

Caretaking is a co-dependent behaviour. It is invariably true that all co-dependent behaviours are partly successful. What is co-dependence? A book might not be able to answer this question fully. But very briefly, co-dependence is an unequal relationship where one party gives too much of themselves to another. The other, on the opposite side of the relationship receives too much. To the provider, it is an energy loss. To the receiver it is an energy gain. My friend Narayan Singh used to describe co-dependence as an A-frame relationships, where both sides of the structure lean towards each other and therefore are fully dependent upon one another. The provider, in this case the caretaker, loses power to the other, in the hope that the receiver will see them and in turn will provide some sort of attention, recognition, love, nurturance or validation to the provider, essentially to

make up for what the caretaker didn't receive back in their childhood. The object of this hope could be anybody. He or she could be your parents, your lover, your pet, your boss at work or friend. It can be whoever you choose to emotionally invest in. If the receiver is considered emotionally healthy, he or she will be left drained by the unspoken neediness of the provider. The receiver on the other hand, in an unhealthy situation will become dependent on the provider and has no impetus to change his role. Why should he? To some extent he is provided for and his needs are being met.

All co-dependent behaviour is only partly successful. After that phase of our life, our childhood, is over, as adults, we can never again be parented as children. Whether we attempt to mould, coerce or manipulate the people we love in life, they can never become the people we want them to become for us. They can never be the mom and dad we seek. However, if in the provider's life the net emotional revenue increases chances are the caretaking strategy will likely stay and the co-dependent relationship will continue. A caretaker may be aware of this truth but it may not change anything. This is because the behaviour has become unconscious, which is a more complex way of saying it has become a habit.

The caretaker may caretake for every waking hour of their life, but they are most vulnerable, or at their best – whichever polar opposite you wish to subscribe to – when they are next to someone who needs fixing: someone who is emotionally, physically or even spiritually in need. The caretaker will immediately move their energy in your direction with the best of heartfelt intentions that you will be helped. But, whether he is willing and able to admit it or not, in doing this there is an agenda for the caretaker. Beneath lies the hope that if they are there enough for you, that if you benefit from their care, you will give him attention and recognition.

Then what is the difference between the caretaker and the healer? The true caretaker will always be empty because the caretaker always gives out more energy than she receives. There is always a net loss in every caretaking activity. Consequently, the caretaker stares depletion in the face. The true healer sees maintaining fullness within themselves as paramount to the care of others. The healer then serves others from a reservoir of inner fullness. While the healer is prepared to move into depletion on account of another, if needed, the debt is considered temporary and the healer will only enter into that debt knowing what needs to be done to return to inner fullness again.

The main difference between the healer and caretaker then are boundaries. This puts the healer in a polar opposite position to the caretaker. Both monitor their fuel gauges. While the caretaker watches the gauge hovering around empty anxious that she will one day run out and be stranded, the healer will observe the pointer on full, knowing that if it slips to the three quarter full level, it is time to stand still at the fuel stop long enough to fill up again. The healer's boundary is

knowing the intrinsic difference between their needs and the needs of another. The caretaker has no concept of this.

I inform our new students of their caretaking expertise not to finger point or to shock, but rather to set in motion the movement towards conscious living. Many of our students join The ARC Institute purely for personal growth and do not choose to enter the healing profession. Healer or not, living in consciousness is an act of self-monitoring. Self-monitoring is knowing ourselves intimately enough to recognize when we empty out. Self-monitoring is acting on what needs to occur to re-fill and maintain our fullness. This may mean the temporary denial of the needs of another. Ask yourself, if someone was in need and you know you could help, but you were lacking the energy to give to them, would you be able to turn them away? The caretaker may see to do so as selfish. For the caretaker there is no choice in the matter. To the true healer turning another way while in depletion is an act of self-care. The healer has choice in the matter and exercises that choice.

Jesus once proclaimed: “Love your neighbour, **as yourself.**” For me there is a presumption in this that your ability to be there for your neighbour reflects the love and the ability to be there for yourself.

In The ARC Institute we as staff dedicate ourselves to our student's paths. A journey that entails the recognition of depletion in their lives and the movement towards living lives of abundance. I believe it is our birthright to live in abundance. At the very foundation of ARC teaching is the knowledge that life is a reflection of our inner reality. If you are empty inside does life reflect that inner scarcity? It follows that if we make conscious choices to live with inner fullness, our outer life has to reflect that in the form of abundance. What would you prefer?