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THE HEALING RELATIONSHIP

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The only thing I know that truly heals people is unconditional love.
- Elizabeth Kübler-Ross, MD

The Wounded Healer

As therapists and healers, we cannot avoid bringing our own histories of experiences and pain to each therapeutic encounter. This may, in fact, be our greatest asset, for the comfort we have with our own wounds, not their absence, is what provides the ability to intimately connect with another's wounds in the therapeutic relationship. The more present we are in our own vulnerability, the deeper the connection in which we can participate. Our openness to regular self-examination (especially the function that our caregiving role plays in meeting our own needs) furthers our healing and promotes healing in those that we are helping on their path of healing

For most, true self-exploration and growth blend imperceptibly into a spiritual path, for mind and spirit resist separation just as do the body and mind. Thus, the holistic perspective of a healer's path of growth cannot be ignored. It is a major factor in creating a positive therapeutic outcome. When we choose not to pursue the path of personal growth, our capacity as healers becomes limited. When we open in gratitude and surrender to each moment, we continue to grow.

From this perspective, we can mentally move into sympathy, emotionally create empathy, and spiritually experience compassion. All of these states begin to pull us, the caregivers, beyond ourselves, into a deeper resonance with our healing partners, the careseekers. In other words, we transcend our personal woundedness and its limitations. Ultimately, transcendence calms and strengthens those who connect with it. In its fullest expression, this sacred spiritual experience brings healing to both parties in a healing relationship. We sample transcendence in our finest moments in relationship. Indeed, this stands out as perhaps the deepest, truest reward for the therapist. In pursuit of this ideal, we must constantly exercise our ability to provide more compassion, acceptance, and love. Each encounter becomes a valued mutual opportunity for growth, not merely a one-way exchange of information or a remedy.

The greatest challenge for the wounded healer lies in holding his or her actions to the light of regular self-examination. Some who explore these concepts fear that they hold practitioners to a saintly

standard. – “I must be pure, selfless, and unconditionally loving.” On the contrary, practitioners are released through this mutual healing to be human and real, with inevitable failings.

Sadly, when we choose not to pursue the path of personal growth, we limit our ability as therapists and healers to guide and inspire our patients. T. B. Karasu, MD, spent decades examining these issues in therapy. In 1999, he wrote:

Traditional approaches eventually reach an impasse, a place where the therapist himself resides and in which he and his patients can become irretrievably trapped. This invariably occurs when the confident clinicians, regardless of their respective schools, present themselves as prototypes of health and salvation for their recipients to emulate. Alas, they are limited by an inherent constraint: they can take their patients only as far as they themselves have come. Then the question - and the quest - remain: How does the therapist get beyond this barrier; more aptly, how does he venture toward, and eventually attain, a soulful and spiritual experience? (Karasu, 1999, p. 145).

The Training Process of Traditional Healers

Throughout history, the training process of traditional healers, shamans, and medicine men has focused on two areas – the outer world and the inner world. The outer world training consists of remedies, techniques, and rituals. (The prominent place of ritual and ceremony also respects the intuitive understanding of the power of the mind to heal.) The inner world training, often including initiation rites, involves a path of inner challenges and exploration that promote transformation.

Elders often select healers at a young age based on their personality and temperament. They are groomed as they grow in body, mind, and spirit for this sacred task. For example, in 1938 the Buddhist priests of Tibet identified the current Dali Lama to be their spiritual leader when he was only two years old. He was given intense instruction and training in meditation, rituals and other practices, and proved to be a highly gifted student.

Psychiatrists previously recognized these truths and encouraged residents in training to be involved in their own personal psychotherapy or analysis. Between 1940 and the 1970s, this was quite common. In fact, psychiatry was the only field of medicine that acknowledged each participant’s personal healing journey. For example, psychoanalytic training always included one’s own personal analysis as a core of the process. With the ascendancy of biological psychiatry, however, this tradition has all but been lost. In many psychiatry programs, psychotherapy is now offered only as an elective – one that residents often elect not to study.

We must step out from behind the desk and the credentials and connect human being to human being. As Rollo May so aptly wrote, “The therapist is assumedly an expert; but if he isn’t first of all a human being, his expertness will be irrelevant and quite possibly harmful” (1958, p. 82).

Emotional Bonds & Connections

In every encounter, we indelibly leave our “fingerprints,” whether the impact is physical, emotional, or spiritual; whether relational or environmental. Nowhere is this impact seen more profoundly than in the emotional bonds and connections established with our children. These connections, which begin at birth and maybe even at conception, form the basis for much of what follows in the mental and physical health of each of us.

We can document the impact that biology/genetics has on mental illness. For example, genetics play

an important role in such common disorders as anxiety, unipolar depression, ADHD, and addictions. Nevertheless, genetics do not provide full predictive value or "expression." In fact, even in the most biological of psychiatric illnesses our genes contribute less than 50% of the risk. Expression depends on the more complex details of each individual's mind and spirit, which are grounded in her or his personal history of relationships and the beliefs that these interactions create. These non-genetic influences, often labeled "environmental factors" or "human relationship factors," are typically at least as important as each individual's genetic makeup and have a powerful effect on each of our lives (Kaplan & Sadock, 1985). Generally, these factors are expressed as support and understanding or rejection and abuse.

Two important long term studies (one lasting over 50 years, the other over 35 years) document the significant predictive value of a close parent to child relationship on the subsequent health of that child (Russek & Schwartz, 1997; Thomas & Duszynski, 1974). In these studies, the risk for illness when a distant or strained parent-child connection exists is striking and independent of other disease risk factors. Yesterday, I saw a 50 year woman for the first time. Her father was a psychiatrist who was distant and verbally abusive. Her mother supported the father at the expense of the mother–daughter relationship. Today, she is isolated and lonely . She has dealt with severe depression, chronic pain and alcoholism for the last 32 years. I ask every adult about their early history and current relationship (if alive) with their parents in order to understand their inner world more deeply. Child psychiatrists know that the best predictor of success in adolescent treatment of any kind is the level of parental involvement, a reflection of the connection in the parent-child bond. In light of this, early experiences may ultimately outweigh genetic factors as important predictors of physical and mental health.

Holism – Expanding our Concepts of Human Connections

Both the emerging paradigm of holism and the many cultural changes that occurred in the "human potential movement" of the '60s have helped expand our concept of human relationships, especially within the healing process. Whereas early in psychoanalysis, detachment (representing a movement toward control of both relationship and technique) was valued, the emerging humanistic paradigm shift began to break down these rigid walls of distance and detachment. This "third force" in psychology integrated many concepts of holism into theory and practice, including a redefined notion of the therapeutic relationship. For example, Carl Rogers created a widely accepted standard for therapists with his concept of unconditional positive regard. Hakomi, a new form of psychotherapy elaborated over the last twenty years, employs the concept of loving kindness, an extension of Rogers (Kurtz,R., 1990).

The philosophy of holism mirrors the new quantum mechanics, which teaches us that the observer and the observed actually cannot be separated. In an overview of the new physics, Gary Zukav (1979) states,

The new physics, quantum mechanics, tells us clearly that it is not possible to observe reality without changing it. If we observe a certain particle collision experiment, not only do we have no way of proving that the result would have been the same if we had not been watching it, but also all that we know indicates that it would not have been the same, because the result that we got was affected by the fact that we were looking for it (p. 56).

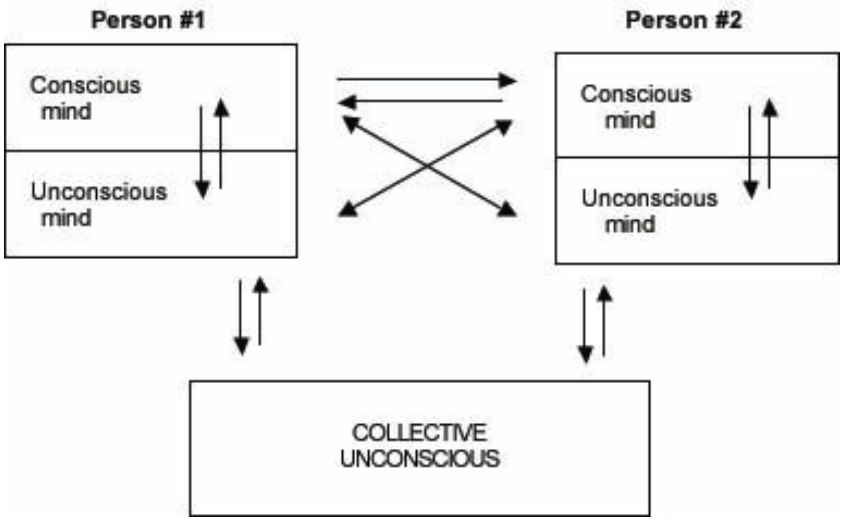
In an analogous way to the inseparability of observer and object in quantum physics, human relationships create a connection that alters both people. We cannot connect and remain unaffected. Similarly, we cannot discount the power of any interpersonal connection even when psychotherapy is not the goal. Much of these deeper implications were explored in Martin Buber's I and Thou (1970):

I-You can only be spoken with one's whole being. The concentration and fusion into a whole being can never be accomplished by me, can never be accomplished without me. I require a You to

become; becoming I, I say you. All life is in relationship... The relation to the You is unmediated...and memory itself is changed as it plunges from particularity into wholeness (p. 62).

C. G. Jung diagramed a connection between two people that contained a conscious-to-conscious component, a conscious-to-unconscious component (times two), and an unconscious-to-unconscious component. Jung further added an unconscious-to-collective unconscious aspect that connects all of us in a much broader web of relationships as well. In essence, the healing relationship inextricably ties healer and client together. (See Figure 1.)

Figure 1. Types of Connections, per C. G. Jung



Furthermore, the HeartMath Institute documented that one person sitting next to another will reflect one's EKG rhythms in the others EEG rhythm (McCraty, Atkinson, Tomasino, & Tiller, 1998). This becomes much stronger when the two people touch but continues to be detectable with up to 18 inches of separation. Although this is apparently an electro-magnetic force, it clearly documents one person's energetic fingerprint upon another.

Thus, rather than selecting a few major mental or emotional sets, holism validates the importance of the therapist's entire internal milieu. All our emotional, mental, and spiritual issues interact with and impact those with whom we work. Our age, gender, experience, struggles, and intentions all add to the "non-specific factors" that dictate the therapeutic outcome. In fact, many experts believe that "the person" of the therapist outweighs both school and theory to which a therapist adheres. In the American Journal of Psychotherapy, T. B. Karasu (1999, p155) states, ."..the therapist's skills are contextually tailored manifestations of his or her personality."

As the paradigm of holism emerges further, our concepts of the therapeutic relationship will evolve even more rapidly. Holism helps us to understand the profound impact that relationships have on our total well being. In fact, who we are at any given moment may be just a static cross section of the dynamic web of the relationships in which we exist. In this emerging view, the therapeutic relationship between client and healer ultimately has more importance than the specific modality selected for healing.

Nonspecific Factors – Relationship vs. Therapeutic Modality
Research in psychotherapy supports this radical concept of the priority of relationship over modality.

T. B. Karasu, MD, now Chairman of the Department of Psychiatry at Albert Einstein College of Medicine, has written extensively on psychotherapy and psychotherapy research as it relates to the

factors responsible for healing, in his terms, a “positive psychotherapy outcome.” His work explored the specific issues of technique, training, process, format, etc., seeking to isolate which factors facilitate healing in psychotherapy. He concluded that non-specific factors promote healing, as opposed to the specific factors of theory or technique, and these factors appear more important than issues of therapeutic modality (Karasu, 1977, 1986). These nonspecific factors are those characteristics of therapists that determine the quality of the relationships they create with their clients. .

H. Strupp and S. W. Hadley, also concluded that positive changes experienced by individuals in psychotherapy could be attributed to “the healing effects of a benign human relationship” (Strupp & Hadley, 1979, p. 1135). Strupp and Hadley go so far as to suggest that the therapist-patient relationship is the supraordinate therapeutic influence that transcends particular technique (Strupp & Hadley, 1979; Strupp, 1970, 1974, 1975).

Other researchers came to similar conclusions: that is, there is very little evidence that the type of training, special technical skill, professional discipline, or theoretical orientation significantly relates to a positive psychotherapeutic outcome(J. D. Frank, R. Hoehn-Saric, S. D. Imber, et al, in 1978, as well as D. B. Hogan, in 1979). Indeed, many experts believe that “the person” of the therapist outweighs both the school and theory to which they adhere

M. L. Smith, G. V. Glass, and T. I. Miller (1980), in their comprehensive analysis of the benefits of psychotherapy, state, “The weight of the evidence that now rests in the balance so greatly favors the general factors interpretation of therapeutic efficacy that it can no longer be ignored (p. 186). Ultimately, for true healers, a clear demarcation between the person and the therapy may not easily be found. They blend into one whole, which connects with the individual in need.

This research clearly indicates that the chemistry or connection that occurs between two people forms the basis for the non-specific relational factors in psychotherapy.

What exactly are these nonspecific relational factors?

If you gathered a hundred different psychotherapists and asked them to outline the non-specific relationship factors, you would hear many different opinions. Some would say that these factors include sensitivity, warmth, understanding, or acceptance. Others might propose positive regard, compassion, or support. Still others might suggest loving kindness, curiosity, or empathy. However, there would be common agreement that these nonspecific factors would not include a critical, judgmental attitude; hostility; disinterest; deceit; or distraction.

At this hypothetical forum, some would include the “fit” with the client, the resonance or chemistry that inspires connection. How much do these people respect or care about each other? Of course, there would always be comments about issues of safety and vulnerability. While there may not be exact consensus, clear themes would emerge. Therapists by their presence, actions, and words need to support their clients and provide a positive (non-negative) personal approach. Most would agree that engagement, connection, or rapport is also important.

In other words, pick the therapist over the therapy. Credentials may be important for some issues, but for the most part, they have been found to have poor predictive value for selecting the most effective therapist in psychotherapy. Technical skills matter, but people skills (especially compassion and caring) seem more related to an overall positive therapeutic outcome. As Karasu states, “Too much attention is often paid to the professional training of therapists and not enough to their personal formation” (Karasu, 1999, p. 154).

Occasionally, treatment of a person with complicated problems requires certain types of training. However, this seems to be less common. My general recommendation to those searching for a therapist is to direct them to visit with a few recommended practitioners and then follow their heart or gut instinct.

Surrender – The ultimate nonspecific factor

The act of surrender, on both sides of the healing relationship, becomes the ultimate nonspecific factor. Surrender removes personal agendas and clears specific intentions. The paradigm of holism helps us to understand that all organisms innately move toward wholeness. Thus, by surrendering, we allow natural wisdom to be amplified. We surrender the personal in order to open to the universal.

The terms involved in this healing relationship are somewhat misleading. The dialect of “healer” and “healee” makes one sound active and the other passive. Rather, we should view this bond more as a partnership between two people seeking transformation together. In this context, each comes to the relationship willing to actively participate and benefit.

As healers, we come to the relationship with an understanding of our own histories of pain and life experiences, and with an understanding of the importance of continually bringing our own personal issues into the light of self-examination. We come with empathy and compassion developed through our own self-exploration and growth. We come with a desire to connect with our healing partners, who have brought powerful experiences (often characterized by pain and isolation) to us for connection and understanding. We can meet their courage and vulnerability with our own empathy and compassion. This is the type of union in which healing occurs.

What do the healees bring to the healing partnership? First, they bring an expectation and a desire for change as well as a willingness to surrender. In this setting, trust must first be established. In essence, surrender and trust form the core of all confiding relationships. (Confiding literally means “with trust.”) When we open to another with trust, we confide. This type of surrender allows us to release our self as we are to the possibility of who we might become. The desire for change, coupled with the emotionally-charged confiding relationship, make up two of the central criteria that Jerome Frank (1971) outlined in his study of the therapeutic factors in psychotherapy.

Many therapies do not follow the traditional psychotherapy model of relationship. Some employ techniques that can be wordless (massage, EMDR, spiritual healing, etc.), instrumental (acupuncture, herbal medicine, nutritional supplements), or autonomous (meditation, creative arts) (S. Shannon, 2001). All these approaches create the same opportunity for healing as does psychotherapy.

In moments of vulnerability, individuals experience surrender. Whether we are meditating on the nature of Buddha, talking with a compassionate/empathetic therapist, ingesting a homeopathic remedy, receiving a massage or the laying on of hands, we open to something beyond ourselves. This transcendence forms the essence of healing. It is an extension outside our being and can strengthen, correct, and bring higher order.

If the approach addresses mainly the physical body (as in psychiatric medication, nutrition, manipulation, herbs, acupuncture), it can rebalance the biological even if the mental and spiritual sides are not addressed directly. Because the body is intimately linked to other levels of being, directing treatment to the body may also bring about shifts in emotions, mind and spirit. These approaches can also help animals where there is no mental set or mind-body factor. However, a strictly physical approach may limit healing to the physical level.

These same modalities can bring deeper body-mind-spirit healing when there is complete involvement of the individual and surrender to something beyond themselves (friend, healer, enlarged belief, community, greater power, God). Acceptance is one form of surrender. Consider Andrew Weil's view of this factor in healing:

Finally, the most common correlation I observe between mind and healing in people with chronic illness is total acceptance of the circumstances of one's life, including illness. Often, it occurs as part of a spiritual awakening and submission to a higher power
(A. Weil, 1995, p. 100).

Physical healing modalities can prepare the individual for deeper healing. Ultimately, however, they possess less intrinsic power than do mental or spiritual approaches (at least in humans), because they do not necessarily involve a healing relationship and surrender. For example, acupuncture can create a pervasive body-mind-spirit impact when performed in the context of a relationship in which this expectation or invitation exists. On the other hand, it also can be simply a physical technique for symptom relief, with no deeper transformation.

Surrender involves the release of the internal attachments that may limit us or hold us back. In addition, surrender acts as the key step in the process of spiritual development, where we are able to transcend our own personal woundedness and its limitations. We need to emancipate from our selfish preoccupation to create a more sustaining spiritual perspective. Surrender moves us towards an ego-less state, where the healing power of both spirit and relationship magnifies. It allows us to enhance our connection to the universal order that guides both life and spirit. "Acceptance, submission, surrender – whatever one chooses to call it, this . . . shift may be the master key that unlocks healing" (Weil, 1995, p. 103).

The therapeutic relationship acts as a vehicle to move us to this place. We can completely surrender to a remedy or to a belief, but most humans find it easier to surrender to another human being (or to their spiritual higher power). It is all about trust In my experience, trust is created through a relationship that builds belief and confidence.

To this end, all healers become spiritual therapists whose. . . relatedness is primarily a redemptive one and superordinates all other forms of relationship, that is, two persons mutually confirming each other's underlying sense of common destiny without blame or debt. Such redemption is not geared to common sin and guilt, but to a more benevolent restitution and liberation. There is no finding of fault, no punishment, and in effect, no need for forgiveness. It is the rescue of self and others, emancipation from the confinement of ordinary human attachments and entanglements, and deliverance from the imprisonment of mind and body without soul. It is a peaceful and restorative union (Karasu, 1999, p. 158).

Boundaries

Boundaries become more critical as we strive for deeper connection. Psychotherapy has much to offer practitioners in other modalities regarding the concepts of appropriate and therapeutic boundaries. I frequently observe CAM practitioners who strive for this ideal of connection but get lost in distorted boundaries with people in need. Issues like dependency surface frequently. I am reminded of one caring holistic physician who would over-extend herself to care for her patients, even going to their homes. In her desire to please, to heal, she would often lose sight of the individual's need to equally participate, and then over-compensate and over-treat. In the end, she was drained and often irritable with her office staff. This is an issue of boundaries. Her actions addressed her own need to

please, rather than her patients' true needs. In this relationship, her patients became more dependent on her, a reflection of her own unmet dependency needs.

I can think of another practitioner who passionately cared about his clients. They became like good friends. Unfortunately, he spent more time than they sharing his distress and issues. Gradually, they felt increasingly burdened. Although he was not a psychotherapist, he was a talented practitioner of his approach. Sadly, he used his patients emotionally to comfort himself. A greater understanding of boundaries, and perhaps even some personal therapy, would have helped this person to become more of a true healer. An extension of this common pattern that I see among counselors and therapists is the friend syndrome. In this situation the practitioner connects with the client in a warm and authentic manner. Sadly, the sense of comfort overtakes the need for focus on deeper issues and real work. In some sense this is a function of shared laziness and avoidance in which the client follows the lead of the therapist. They become comfortable and "friendly" but the light of self examination stays quite superficial for both. The potential for growth is mostly lost.

Appropriate and even therapeutic boundaries are important to creating a healing relationship. As we know in psychotherapy, even withholding at times can be helpful in certain circumstances. However, in mental health and especially in psychiatry, I more often observe an unhelpful variant of this withholding. The practitioner hides behind boundaries in a defense of arrogance, distance, and detachment. Fending off connection and vulnerability, they remain safe and "professional." More than that, these practitioners resist opening to their own deeper experience and needs. In my community, I see a constant flow from psychiatrist to psychiatrist by the chronically mentally distressed as they search for a warmer, more comforting and more empathetic psychiatrist. In my experience, the narrow preoccupation with a medication-only approach to healing parallels a disinclination for real self-examination. Very often this disinclination carries with it an attitude of arrogance or cold distance which can be used to "protect" from the emotional pain of our work. Protection in this way does not work because it sets up a process of disconnection which damages us and moves us further from healing.

On the other hand, I know that people leave my practice because I down-play the value of medications. Some leave in search of the "magic cure" of the next medication which I de-emphasize in favor of greater self-examination and growth. Frequently, I find my self pulled into a frantic dance of medication adjustment when both patient and I unknowingly collude to avoid the deeper issues. Avoidance of these critical issues leads to a strong emphasis on remedies and treatments which can delay or even compromise the potential for real healing. Medications can be a tool for speeding the healing process or it can be a distraction. The challenge for us then becomes how we can connect on the deepest level while at the same time maintaining appropriate boundaries.

What limits our ability to connect deeply? Only when we can answer this question can we further push this threshold through awareness, learning, and surrender.

Proper boundaries are built on inner work. Teaching proper boundaries to a therapist or holistic practitioner who has significant, unattended inner needs can be fruitless.,. Appropriate boundaries are one part technique, one part theory, and four parts inner awareness. Someone with solid inner awareness, the result of their own inner spiritual work, will naturally avoid most inappropriate boundary violations, and will learn readily from errors. On the other hand, a technically well-trained practitioner with unaddressed personal issues will remain an ongoing risk.

Physical touch opens a possible arena for severe boundary violations. Traditional psychotherapy understands this and admonishes physical touch. One psychiatrist/healer that I know told me that it was illegal in his state for psychiatrists to touch their patients. This is in spite of solid evidence (Guzenhauser, 1990) that most patients find non-sexualized touch from a practitioner to be a very

positive experience. Touch constitutes a very powerful avenue for healing, communication, and support. Innovative psychotherapies such as Hakomi and Process Work commonly employ touch. On the other hand, their training aggressively addresses the complicating personal issues involved to make it safe. I would not want anyone to be touched by a therapist who operates out of a personal agenda. On the other hand, to deny other talented and prepared healers this powerful option is ludicrous.

Summary

Specific techniques help in every therapy, but true healing flows from the relationship between the partners in this sacred journey. The non-specific factors that constitute traits and states of the therapist then become crucial. Holism and quantum mechanics dictate that these inner/personal aspects of the healer must speak loudly. Selflessness, positive regard, positive intention, and acceptance all describe important traits for therapists and healers to develop. The more we can surrender our personal agendas to the greater good of our clients, the more effective we become. Boundary issues will continue to remain critical as the enhanced connection of healing tests our human failings.

Ultimately, a positive therapeutic outcome is the direct reflection of the attention given to the wounded healer within. As psychotherapy embraces the emerging humanistic paradigm, it increasingly resembles and overlaps forms of spiritual healing where inner preparedness outweighs technique.

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