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Leadership Coaching and
the Rescuer Syndrome:
How to Manage both Sides of the Couch

Leadership Coaching and the Rescuer Syndrome: How to Manage both
Sides of the Couch

by
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Abstract

In this article I explore the problem of excessive helping behavior—The Rescuer Syndrome—with particular reference to executive coaching. I also discuss co-dependency between coach and client and question whether these ‘rescuers,’ in their need to help, really help their clients. Do the rescuers themselves need to be rescued? I examine the origins of compulsive helping behavior, including rescuers’ early family dynamics. The indicators of this dysfunctional behavior pattern will be explored, including strategies for dealing with the Rescuer Syndrome. I end with a description of the constructive rescuer, explaining how a better understanding of this specific behavior pattern can contribute to greater awareness of the intensity of the rescuer within. The expectation is that this kind of knowledge will increase coaching effectiveness.

KEY WORDS: Rescuer Syndrome; co-dependency; coach-coachee relationships; disease to please; addiction; saying “No”; rescuer burnout; constructive rescuer; transference-countertransference reactions.

Non omnia possumus omnes.

(We can't all do everything.)

—Virgil

Everyone thinks of changing the world, but no one thinks of changing himself.

—Leo Tolstoy

Act as if what you do makes a difference. It does.

—William James

We make a living by what we get, but we make a life by what we give.

—Winston Churchill

The vicissitudes of doing good

Given the many changes in the world of work, leadership coaching is no longer viewed as merely a tool in the organizational repertoire for dealing with dysfunctional executives. On the contrary, it is fair to say that leadership coaching has become part of the mainstream. People are now much more aware of the high costs of performing below capacity. Ambitious executives now perceive having an executive coach as the right thing to do. Leadership coaches can be particularly effective in cases of change and transition, promotion, stretch assignments, or other new challenges. Whether executives are struggling with a specific career decision, a critical issue at work, or a major life change, coaches can provide the kind of guidance and feedback that is needed to help them attain a more complete grasp of themselves and organizational realities.

Leadership coaching has become a very attractive career option, not the least because it pays well, and often involves working with educated and powerful clients. But

when asked why they became a leadership coach, many people say that they are driven primarily by a desire to help people. In the light of its popularity, we can even go as far as to say that leadership coaching has, to some extent, taken on the role that psychoanalysis (and its various offshoots) occupied in the 20th century.

However, there are a number of important differentiations between leadership coaching and various forms of dynamically oriented psychotherapies. Coaches (unless clinically trained) limit the scope of their interventions to normal behaviors and focus on the professional world, rather than mental health problems. Because coaching is intended to expedite the way executives deal with their business and personal objectives, coaches tend to be much more action oriented than psychoanalysts and psychotherapists. In coaching, current events in an individual's life are given more prominence than past events. And leadership coaches focus more on conscious, rational processes than on the more unconscious (not immediately perceived as rational) ones.

Many people are drawn to the helping professions for genuinely altruistic reasons. Rescuing is a core dynamic found in most interpersonal encounters—notably the relationship between couples. The desire to help people is a very laudable one, and compassion, service, and dedication are real virtues. It is far better to be able to say that someone is in the “helping” than the “not-helping” business. The desire to help, to create a better world for all of us—despite the narcissistic components of this desire—needs to be encouraged.

The human repertoire includes an impulse toward altruism. Empathy is the very basis of all human interaction (McWilliams, 1984). Evolutionary psychologists have speculated that we may be hardwired to behave in ways conducive to the sociability of the species. Some neurologists have even speculated about the existence of mirror neurons—cells in the brain that activate similar cells in the person being helped (Rizzolatti and Craighero, 2004). Thus human behavior is oriented not only toward the survival of the fittest but also the survival of the nicest.

Helping professionals—doctors, nurses, emergency or disaster workers, lawyers, politicians, and so on—have a huge responsibility to look out for their clients' or

patients' welfare. On the other hand, they are, of course, only human, and experience the same conflicting interests and needs as any other person. Therefore, to be effective in their role, helping professionals must be able either to address their own needs outside the relationship or to suspend them—the former response is more effective, in the long run, than the latter.

If they are unable or unwilling to examine their own behavior, sometimes a desire to help can go too far, turning helpers into “rescuers” unable to differentiate between their own needs and those of their clients. Although this tendency is well recognized in the psychotherapy and medical professions, in the still fairly unregulated world of leadership coaching there is a lack of the kind of oversight and protocol that guides other helping professions. Commonly, leadership coaches are not specifically trained to be wary of the Rescuer Syndrome, despite the fact that the boundary between leadership coaching and psychotherapy can be very fuzzy.

Problems arise when people see themselves *only* as helpers. While the role of helper can be viewed as noble and meaningful, *it should not become someone's sole purpose in life*. For some, the need to help seems to become an addiction. They suffer from “the disease to please” (Braiker, 2001). Even more insidious is the possibility that helpers co-opt their clients, in an attempt to resolve their own problems. This can be seen as a vicarious way for helpers to reenact and resolve their own transference or counter-transference reactions. Needless to say, the outcome can be extremely damaging for the client, who, without being aware of what's going on, has been handed a whole new set of issues to work through—those of the helper.

Why do some people cross the line from doing great and genuine good, to becoming parodies—rescuers, White Knights, Florence Nightingales, or Mother Teresas (Lama and Krieger, 2009)? Why are they prone to the “Hero Complex,” compulsively driven to search for people in need (Vaillant, Sobowale, and McArthur, 1972; Flores, 2004)? In the process, they may turn into tragic heroes, needing help themselves.

Given the complexity of the helping operational mode, as a motive for choosing leadership coaching as a career, “I want to help people” is deceptively simplistic, and may even have dysfunctional consequences. Some individuals may have no real

understanding of the underlying reasons that drove them to join the ranks of the helping professionals (Casement, 1985; Dryden and Spurling, 1989; Kets de Vries et al., 2007; Kets de Vries et al., 2010; Bager-Charleson, 2010). Anyone in the helping professions should reflect seriously, with the help of a supervisor if necessary, on the inner motivations that drive them to pursue this path. Experienced practitioners are very familiar with the vicissitudes of the human condition. The question is: Are they familiar enough with their *own* condition?

Although the Rescuer Syndrome is not an officially recognized disorder, an increasing number of people in the helping professions seem to be affected by it, leadership coaches among them. In this article I explore the origins of compulsive and excessive helping behavior, identify this dysfunctional behavior pattern, and discuss strategies for dealing with it. I examine the vicissitudes of the Rescuer Syndrome, particularly in the context of coach-coachee relationships, where I examine the questions of co-dependency and what it takes to be a constructive rescuer. A better understanding of the Rescuer Syndrome will help us achieve a greater awareness of the intensity of the rescuer within us—and how this behavior can create detours from our original, well-meant objectives.

Tipping the balance: When helping goes too far

Many of our actions as human beings can be effective *or* dysfunctional, depending on the extremes to which we engage in them. A compulsive desire to please is very different from acting on altruistic motives. This is true in the case of zealous leadership coaches who become overly involved in the lives of their clients. When coaches become incessant helpers, this specific modus operandi can incur a cost to themselves and their clients, possibly even fostering an unnecessary, unhealthy, and inappropriate dependency relationship. Ironically, as time goes by, these helpers may begin to feel helpless, powerless, resentful and irritated. Instead of generating exhilarating highs, helping turns into a debilitating energy drain.

Eventually, both coach and client will begin to suffer. Helpers become overloaded and overwhelmed as their interpersonal relationships are increasingly experienced as one-way and unfulfilling, rather than balanced, reciprocal, and happy. Eventually, these rescuers may end up bitter, angry, or apathetic. For their clients, on the other hand,

always having someone to rely on is not the best way to develop the skills they need to become self-directive and responsible for their own lives.

These unfortunate collusions between rescuers and rescued are frequently exacerbated by the rescuers over-identifying so completely with helping others that they fail to realize what they are doing to themselves. They don't perceive that there is a great difference between a desire to help people, and a compulsive need to rescue. "Real" helping should be a joint effort; it is never a one-way street. With real helping, great effort is made to grow and develop the people who are being helped—the ultimate altruistic goal is to make the helper's continuing intervention unnecessary. When the desire to rescue becomes extreme, the people being helped have no choice but to go with the flow, following the helper's directions. Any initiative they take is stifled or undervalued. In such instances, these "saviors" seem to be trying to escape their own issues by immersing themselves in the troubles of others (Tillet, 2003). In other words, their apparently unselfish behavior may be driven by very self-centered motives.

The Rescuer Syndrome

People in the helping professions need to be as "normal" as possible. That is, they should strive to understand and alleviate their own personal difficulties, and any dysfunctional behavior patterns that could muddy their outlook on life, so they can see their clients' disturbances and problems more clearly. If not, helpers may run foul of their own needs by becoming hopelessly mired in transference and counter-transference reactions—acting out the problems of the past in the present (Kets de Vries, 2006). When this happens, people who are ostensibly helping others deal with difficulties find themselves having to address issues that are too close to unresolved, conflictual issues in their own lives. The Rescuer Syndrome manifests itself when helping turns into a compulsion based on one central, but very flawed conviction: "The only way to get what I need is to do what other people want." Thus helpers don't help others out of choice; on the contrary, they seem impelled to enter into and prolong a kind of rescuer-victim relationship.

Many of us have lifelong practice in reflexively attuning to others' needs. Risk enters when a conscious, caretaking response transmutes into an over-learned, compulsive reaction. It is probably fair to say that people suffering from the Rescuer Syndrome are suffering from an addiction, in the same way as eating, smoking, drug taking, alcohol, or sex can become addictive. To outsiders, rescuing behavior can resemble some kind of heroic martyrdom. However, there is an upside to it. A closer look at its underlying dynamics may reveal that acting in this way gives rescuers an excuse to avoid dealing with their own problems.

Paradoxically, the more rescuers demonstrate to all and sundry their talent for solving other people's problems, the more problems will be presented to them. Although these requests may make them feel wanted, eventually they become too much of a good thing. Deep down, rescuers are participating in activities that they don't really want to do any longer, but they fear upsetting others by saying "No."

A disproportionate need to be liked—to be seen to be helping—is usually related to a shaky self-image. Rescuers fear that looking after number one will be perceived as unkind, uncaring, and selfish. For them, saying "No" is associated with ending a relationship; "others" will become angry or reject them. Their wish to be liked makes it very hard for rescuers to set limits to others and maintain appropriate boundaries.

There is also a sense of immediacy in the way rescuers like to help people. Although there are often no instant solutions to the problems that are presented to them, rescuers often feel inadequate if they don't provide concrete, even instant advice. Unfortunately, in their zeal to be helpful, they may create new difficulties, even going so far as imagining that everyone they encounter has problems. They add to their own misery with feelings of guilt for not accomplishing the unrealistic goals they tend to set for others.

In many situations, all that people who ask for help really want is to be listened to—they do *not* want to be told what to do. Providing immediate solutions may not be the best thing to do. Rescuers have forgotten that the purpose of helping is to help others discover their own course of action.

The Rescuer Syndrome in leadership coaching

I remember a an executive coach telling me how she would call the office of one of her clients to tell them that he was sick, while in fact the client was a binge drinker and had such a bad hangover he was unable to work. This is the kind of help that goes above and beyond normal caretaking behavior. This particular interface between coach and coachee is an example of co-dependency. The behavior of the coach is helping to maintain the client's destructive or dependent behavior. When I asked the coach why she did this, she explained that her client had repeatedly told her that he couldn't manage without her and that he always felt much better after she took care of problems for him. The coach said the man was one of her best clients—and it is not difficult to understand why. This example may appear extreme, but in my experience as a supervisor of executive coaches, it is actually all too common.

All relationships have something of a co-dependent quality. We are all dependent on each other, and many situations of co-dependency are not dysfunctional. In healthy relationships, there will be a sense of reciprocity. In some cases, however, co-dependency takes on a more serious emotionally destructive form (Mellody, 1989; Gordon and Barrett, 1993), with individuals developing an “addiction” to maintaining one-sided relationships. Genuine caring is fulfilling, while co-dependent behavior is draining. When co-dependency occurs, the caring party feels frustrated, unappreciated, and even mentally and physically exhausted. But at the same time, the caregiver is unconsciously seeking validation of the efforts he or she is putting into the relationship.

Ineffective or even harmful co-dependency is a frequent but under-diagnosed problem in coach-coachee relationships. When it occurs, we may see the Rescuer Syndrome in full flight: The thoughts, motives, and actions of the coach will begin to revolve around the coachee, to the detriment of coach's mental well being. An addictive *relationship entanglement* has formed. The identity of coach and coachee slips toward fusion. They find it difficult to see themselves as separate selves. Some coaches will even continue to work with a coachee after the formal contract ends, without pay.

To complicate matters, coaches with co-dependent tendencies are drawn to highly needy people. And although—at least initially—the interaction with these people may

be gratifying to both parties, this will not last. Rescuing never results in permanent solutions for dependent people. Most people asking to be rescued are usually rather passive. Although they seem receptive, they fail to follow up on good advice, and take very little or no action. They always find excuses for not doing what they are supposed to do, adding to rescuers' feelings of helplessness and aggravation.

For various (probably unconscious) reasons, some people who ask for help operate under the assumption that the world owns them a living. They are entitled to be helped; it is their birthright. Sadly, the Rescuer Syndrome can be the biggest obstacle to helping these dependent people resolve their conflicts. Rescuers give these people the opportunity *not* to rise to the occasion and far too often there is stalemate in their interactions.

An additional complication is that rescuers appear uncomfortable in equal relationships; ironically, they may even become anxious when the people they have been helping get their act together, and no longer want their help. When this happens, rescuers immediately look around for someone else they can "save."

Most coaches discover that balancing their needs with those of their clients is like walking a tight rope—an extremely delicate balancing act that requires mindfulness and precision. Although we all have behavior patterns that prevent us from being fully effective, people suffering from the Rescuer Syndrome have blind spots that prevent them from being truly effective. Furthermore, some may have so many rescuing projects that they lose their sense of priority and end up paralyzed.

Rescuer burnout

With too much helping going on, the helper may be faced with diminishing returns. The emotional labor associated with helping drains energy (Edelwich and Brodsky, 1980; Lakin Phillips, 1983; Hale, 1997; Thompson, 1998; O'Halloran and Linton, 2000; Miller, 2001). It results in a progressive loss of idealism and purpose. Coaches who find themselves in this position become cynical, tired, and apathetic. Their positive outlook and work effort are compromised. Worse, they may unconsciously contaminate their coachees with their own sense of failure and burnout.

Rescuers feel that, at all costs, they need to suppress or reframe their own negative qualities, such as anger, selfishness, greed, rivalry, envy, spite, and vindictiveness. The exertion this requires is extremely tiring. While they may display a positive exterior, under the surface there will be a lot of resentment about the show they have to maintain. And their exhaustion is compounded by the negation of their own needs and their unwillingness to take time out to revitalize their own energy.

Rescuers' frustration and disillusionment are increased by their feeling that they don't receive the gratitude they deserve. It may cross their mind that the people they are trying to help don't really appreciate what they are offering, or worse, don't seem to want to be helped. Eventually a point is reached where rescuers fear they are no longer doing anyone any good.

Other indicators of rescuer burnout are feelings of guilt and self-hatred associated with less interest in rescuing people. Rescuer withdrawal is symptomatic of this state of mind. There can also be an increase in "projection"—rescuers start blaming the people they are supposed to help for various misdoings.

Eventually, rescuers (having become increasingly desperate) may reach the point where they terminate the rescue missions that are stalling. They may even deny and conceal the problems of their troubled client in an effort to find a way out. While this is going on, anxiety, emotional detachment, or depression are common. Substance abuse is not unusual. The chronic stress they are exposed to manifests itself in physical problems, including high blood pressure, diabetes, back ache, digestive disorders, and a compromised immune system (Payne and Firth-Cozens, 1987; Heim, 1991; Ramirez et al., 1996). These physical stresses may even reduce the life expectancy of rescuers.

Apart from these psychological and physiological problems, people suffering from the Rescuer Syndrome may also lose a sense of boundaries. By acting out some of their own fantasies with the people they are supposed to help, they may find themselves into other kinds of trouble. In any form of therapeutic situation—including coaching—there is always the temptation to engage in unethical behavior. Sexual

transgression is a major hazard. People in the helping professions should never forget that, as helpers, they wield extraordinary emotional powers.

Through a glass darkly

Executive coaches would do well to recognize the inner forces that motivate them to help others. To be truly helpful to their clients, they need to have a high level of awareness of their own emotional needs and behavior patterns. They must acknowledge that their state of mind will affect the relationship they have with their clients, for better or worse. This doesn't mean, however, that people in the helping professions need to be perfectly well adjusted, free from any form of dysfunctional behavior. If that were the qualification for entering the profession, very few would ever qualify.

To understand why people are prone to the Rescuer Syndrome, we need to access the unconscious areas of our lives and make sense of the nature of the interrelationship between the self and the other, especially the intensity of the bonds between caretakers and infants (Bowlby, 1982). Children who are securely attached have received consistently warm, sensitive, and responsive care from their primary caretakers. From such experiences, they develop internal working models of the other, knowing their caretakers will always be there for them when needed. Consequently, they grow up secure and confident with a healthy sense of self-esteem (Erikson, 1956). But for children whose caretakers are unavailable or needy the outcome can be very different.

Dysfunctional family scenarios

The typical childhood experience of people who come from dysfunctional families can vary from neediness, addiction, and neglect—where children have no choice but to take on the parenting role (and in the process lose touch with their own needs)—to families that may look loving and stable from the outside, but in which striving for perfection has created a rather claustrophobic, intimidating environment.

In the first scenario, we find families where needy primary caretakers were unable or unwilling to care for the developing child. The parents responded unpredictably to the children's needs (i.e. with rejection, irritability, or hostility). This type of parenting did not provide children with the attention, warmth, and responsiveness they needed. Instead, it was the parents who needed care. Children living in this type of family grow up thinking that their opinions, needs, and feelings are unimportant. They never feel they were significant to their parents or really loved. They become premature caretakers.

People from families like these find it exceedingly difficult to ask for help from others; they see asking for help as a very selfish act. Because of their unsatisfactory early attachments, they try to repair a damaged sense of self in adulthood by taking on the role of rescuer (Bowlby, 1982; Ainsworth et al., 1978). This is a way of working through painful childhood experiences that have never been resolved. It is little wonder that people with this sort of psychological and emotional hinterland turn taking care of others into a life-long quest and see it as a way to obtain some kind of recognition. Unsurprisingly, the helping professions become a right fit for these people.

The second scenario is families where love must be earned. Although outward appearances suggest that the interpersonal dynamics in these families are quite harmonious, the reality for the children growing up in them is very different. For them, being loved depends on being "good," pleasing their parents, and living up to their expectations. The rigid conscious and unconscious rules and beliefs that have been spelled out for them leaves little or no room for their individuality. Children in these families don't feel loved for who they are, but for what they do. Their early experience of parental love as conditional turns them into approval addicts as they grow older. As adults, they are still trying to live up to their parents' expectations and their ways of behaving continue to reflect those spoken and unspoken rules. They have an intense desire to put right the perceived wrongs of the past, trying to repair what has been done to them. Their striving to be perfect hides their great and real need to be accepted and recognized. Whatever they do, however, they never feel good enough and continue to feel inadequate, flawed, and inferior.

Children from these specific family constellations learn to believe that the only way they can enter a relationship is through self-denial, suffering, and sacrifice. Exposure to this kind of parenting means they grow up with the feeling that what they want doesn't matter—their own desires and needs are unimportant. Taking on the “savior” role in their families meant attending to the problems and concerns of the other family members.

Choosing to work in a helping profession is a way of dealing with the feelings of anxiety or impotence associated with having to deal with physical or emotional dysfunction or even death within the family (Feifel et al., 1967; Pfeiffer, 1983; Gabbard, 1985). Relieving pain may become a means of redemption. Unfortunately, the defective child-rearing practices helpers were exposed to in their early life, they have not developed the healthy sense of self-esteem needed for mature functioning. This may mean that they engage in pseudo-altruism, which characterizes many joyless and self-denying martyrs with severe masochistic and narcissistic pathology. Their compulsive caretaking and self-sacrifice can be interpreted as a defense against their anger, envy, and need to control other people (Seelig and Rosof, 2001).

Psychotherapists are a prime example of a helping profession—and many surveys indicate that a large number of psychotherapists, when growing up, felt a responsibility to care for physically or emotionally challenged family members. The death of a parent frequently seems to be part of this troubled family scenario (O'Connor, 2001). Childhood difficulties, especially in the areas of attachment, caregiving, and illness, created a compulsion to care of others—a defensive reaction to feelings of anxiety, impotence, or isolation.

Helpers from these backgrounds try to remedy the emotional neglect they experienced in childhood by giving to others the care and attention they wanted but lacked. This compulsion has been termed “helping profession syndrome,” and is a pattern that contributes to a “severe deficit in the emotional balance of payments” (Malan, 1979, p.139). Adopting a rescuer pattern becomes their way coping with the stresses associated with the physical or emotional issues of family members when growing up. Because of the emotional struggles they experienced, they can be quite effective in

healing others. Often, wounded (but self-aware) healers—more so than well-adjusted helpers—can authentically help others, notwithstanding their need to help themselves.

But, as with many things, there should be limits, even in the helping world. Too much helping—fueled by troubled childhood experiences—can put these people on a highly self-destructive course. Studying the childhood scenarios common to these people, we can see that the choice of a career in the helping professions has a Janus aspect. In the first place, the choice means that people continue a pattern of behavior they have learned in childhood. Second, this way of functioning can be a form of defensive projection. In many instances, helpers have an unconscious identification with their client, based on projection of their own unmet emotional needs. When this happens, the distinction between the helper and the person needing help becomes blurred: The latter becomes a narcissistic extension of the former. Assuming this role may be the result of the kind of role models that were perceived as inspiring and helpful during the rescuer's formative years.

Ghosts from childhood

As adults, helpers with such a past are still troubled by the ghosts of childhood as these difficult, early life experiences create distorted assumptions of themselves and others. Cast in the role of helper in childhood, and with few emotional resources, they may be left with feelings of guilt for not having helped these ghosts from their past adequately.

Rescuers often operate on the basis of a number of faulty assumptions. For example: "I should always be helpful and try and please others. If not, bad things may happen"; "I should always be happy, and never show any negative feelings toward others"; "My self-worth depends on what other people think of me"; "Unless I do what other people want, I will be rejected." Frequently, this compulsion to help—to please others—is maintained by the many "musts" and "shoulds" that linger from childhood. But these "musts" and "shoulds" become terrible drivers. These helpers become addicted to other people's approval, but to no avail. They never feel pleased with themselves; they never reach their self-imposed standards; and although there is a lot to be said for setting high standards, striving for perfection is another matter altogether. It sets

people up for failure. And so people suffering from the Rescuer Syndrome enter a self-perpetuating stress cycle.

Although the scripts that rescuers followed in early life may have been helpful at the time, they become dysfunctional in the present. If rescuers were to look deeper into their driven behavior, they might discover that they are repeating themes from old, unresolved family dramas. All too frequently, while their heroic actions may take the form of slaying their clients' metaphorical dragons, their real goal (usually beyond conscious awareness) is slaying the dragons from their own past. A deeper analysis of rescuers' inner theater may reveal that their choice of client, and that the way they treat them, often repeats (symbolically) the same kind of distress that they themselves experienced in childhood. And ironically, it is often the rescuers who are far more troubled than the client. Their scripts have turned into restrictive liturgies, limiting their sense of freedom. They have yet to learn that being "nice" is not a magical formula that provides protection.

Rescuers have also difficulty getting in touch with their own emotions. The needs and moods of others are all that matters. This attunement to others' needs may go so far that they no longer know what they really want or need themselves. Sometimes, they don't even know what to think or feel. No wonder that so many rescuers find it hard to describe themselves or their feelings. Worse, rescuers experience intense stress, feelings of inadequacy, and low self-regard because they persist in looking for "redemption" by helping others—the old script they follow tells them that doing things for other people will guarantee their love and respect. Instead, they may be setting themselves up for use and abuse.

The modus operandi of rescuers is pleasing other people. But by caring and helping others, at their own expense, they risk becoming a caricature of themselves. When rescuing others becomes the main driver, there can be unhealthy consequences for the giver, the receiver, and relationship as a whole. Trying to meet others' expectations only contributes to self-destructive or unduly self-sacrificial behavior. Rescuers may do more harm than good and prevent people who are looking for help discovering salient issues on their own.

I should point out that it can be perfectly all right to want to feel appreciated for what we do for others. The danger is when people feel *compelled* to seek appreciation and recognition as the *only* way to feel worthwhile. This is a lose-lose situation. Coaches, for example, are on very shaky ground if their self-esteem depends exclusively on their clients. Rescuers are driven to seek constant nourishment—a desperate search that can turn into a mission impossible.

Before they embark on their rescue missions, people suffering from rescuer syndrome would do well to examine their own life situation. They need to find out why they do what they do. They should ask themselves where the need to help people comes from. They need to recognize transference processes—the acting out of specific scripts that once may have been appropriate but may no longer be valid. Making sense of these scripts can provide insights into why their motivation—and may help them to do something different. Ultimately, if rescuers fail to obtain insight about their inner theatre, rather than repairing their sense of self, they will be left with a sense of defeat.

Managing rescuer syndrome

There is a painfully funny joke about someone suffering from the Rescuer Syndrome. One day, he was driving on a mountainous road and hit a patch of ice. As the car slid off the road into a deep ravine, one of his clients' lives flashed before his eyes. People suffering from the Rescuer Syndrome need to find new ways of relating to others. The question becomes what assistance can be given to move these rescuers beyond their destructive fixer mode?

Assessing the degree of contamination

A good start to tackling the Rescuer Syndrome is to identify the degree of individual contamination. Executive coaches need to find out whether this label could be applied to them.

For this purpose, it will be helpful to reflect on the following questions, and determine their relevance. The questions are a quick way of assessing the degree in which you (the reader) fall into the rescuer trap. *Please work through each question.*

Assessing the intensity of rescuer syndrome

- Is it hard for you to make time for yourself?
- Is it difficult for you not to respond to anyone in need of help?
- Do you find yourself always willing to help people in need?
- Do you have a tendency to take responsibility for people who are in trouble?
- Do you become enmeshed in the problems of people you believe need to be rescued?
- Are you often unable to stop talking, thinking, and worrying about other people and their problems?
- Do you have a tendency to help everyone around you, whether they ask for help or not?
- Do your coachees sometimes feel like family members?
- Do you continue to work with coachees on an informal basis after the contract ends?
- Do you feel uncomfortable receiving help from other people?
- Does your life often feel out of control because you simply can't say no?
- Do you always worry about what other people think of you?
- Do you feel more worthy as a human being because you have taken on a helping role?
- Do you feel safest and most comfortable when you are giving to others?
- Do you feel guilty when you are unable to solve another person's problems?
- Are you inclined to make decisions for a person in trouble?
- Do you find it difficult to set boundaries when people put demands on you?
- Do you make excuses—explicitly or implicitly—for the person you are helping?
- Do you feel unfulfilled or anxious when there is no crisis to solve?
- Do you sometimes feel anger and/or resentment to be giving all the time?
- Do you sometimes feel taken advantage of?
- Do you feel resentful when others are not grateful enough to you for your efforts at rescuing them or fixing their lives?

- Does constantly helping other people leave you mentally and physically exhausted?
- Did you grow up in a family with a lot of emotional chaos?
- As you were growing up, did you think it was your responsibility to keep the family functioning?

Add up the times you agreed with these questions. If the majority of the answers were “Yes,” it likely it is that you suffer from rescuer syndrome. If you have very high scores, you may need to take preventive steps to prevent falling into the rescuer trap.

Healer, heal thyself

If leadership coaches suffering from rescuer syndrome want to do something about their problem, the best way to start the healing process is to face it squarely. For someone who has spent a lifetime using denial (a defensive mechanism) to ward off feelings of pain, shame, guilt, or fears of rejection, changing this pattern will not be an easy exercise (Kohut, 1977; Neff, Kirkpatrick, and Rude, 2007).

A combination of group and individual therapy (including couples therapy) will provide an outlet to vent feelings, confront resistances, open up and discuss difficult family patterns and how these dynamics affect present-day behavior. Case meetings, supervision (including peer supervision), and working as a team with clients are also useful opportunities for mutual support, and for obtaining greater insights about personal ways of functioning. These interventions will help to create a new sense of empowerment and forward movement in these people’s lives. In the process, self-esteem will be enhanced, helping people suffering from rescuer syndrome to recreate and relearn boundary setting and validate personal needs that went unmet during their formative years.

During this journey toward change, a number of issues need to be addressed. Helpers need to learn to be more selfish; they need to be nicer to themselves. They need to actualize their own dreams and aspirations, rather than constantly focusing on those of others. They also need to learn how to have fun—not always an easy proposition. Furthermore, they need to take stock of the kinds of people they are attracted to. They

have to learn to become detached from the toxic people in their lives—people who are emotionally and physically draining. They need to reflect on the quality of help they can give. Then they should take a serious look at the reasons why they feel compelled to take on a specific client. If they come to the conclusion that they are once again doing it for the wrong reasons—that they are entering a transference trap, responding at a deeper level to their own problems, not those of the client—they should not enter into such a relationship.

Rescuers will improve their ability to change their default behaviors if they realize that they have been functioning according to a number of fundamentally flawed assumptions. For example, they confuse the act of rejecting a request for help with rejection of the person. Often, this fear is exaggerated, however. If sufficient explanation is given, most people will accept the logic of such a decision. Finally, when rescuers realize that they no longer have to heal the whole world as they were encouraged to do in childhood—a time when they were least capable of doing it—rescuers will be not only more effective, but also much happier.

Being a constructive rescuer

Constructive rescuers are sensitive to the needs of others—within reason. They realize that their efforts to help should not come at the cost of their own health and happiness (Kottler, 1993; Feltham, 1999). Constructive rescuers make clear to the people who come to them for help that they should recognize and accept the consequences of their own troubled behavior.

As constructive rescuers, leadership coaches make it clear to their clients that they own their own life—asking them what they have done to fix their own problems. They make clients understand that they cannot use them as a dump for all their emotional garbage. Helped by the coach, they need to work on their own problems. Constructive rescuers realize that by creating reciprocity in relationships, they will be more helpful than putting others in their debt.

Constructive rescuers act as catalysts in the process of helping people solve their problems. Their role is to encourage people in need to face their difficulties honestly. Handing the responsibility for the problem back to the people in need, and viewing the problem more objectively—taking account of transference processes—encourages clients to take ownership of their problem, and work on them to enact change.

Ideally, leadership coaches will have the sort of self-knowledge and objectivity that comes after having undergone extensive self-examination through various forms of psychotherapy. More than others, they need to develop a high degree of self-awareness, and what psychoanalysts would call a deep understanding of the differences between conscious and unconscious processes. They will have the kind of emotional receptivity that creates self-awareness, reflectivity, and non-defensiveness. Using themselves as instruments, constructive rescuers can recognize major themes in the lives of their clients, and, simultaneously, attend to their own thoughts, emotions, physiological responses, and behaviors during these sessions. This is what social and emotional intelligence is all about.

Constructive rescuers are reliable, trustworthy, and discreet—within reason. They are respectful of the people they deal with and have a steady regard for other people's autonomy and reality. In their work, they are able to put their own interests and concerns aside in the presence of their clients. They have an unselfish commitment to their clients' wellbeing. Their overwhelming desire is to help others obtain in-depth insights about the way they function. While facilitating this kind of learning, they have the knack of making other people shine. They enhance the learning process with their skill at asking good questions that make their clients think and feel challenged and supported rather than criticized. They are also prepared to face difficult questions and ready to tell the truth even if it is not what people would like to hear. But they also time their interventions well, striking when the iron is cold: Too early and the intervention does not stick; too late and the opportunity has passed. Their openness and frankness, and their ability to recognize and express their own feelings in the interface with their clients, makes these exchanges extremely valuable. And they can be even more effective if they know how to use humor well.

Constructive rescuers are exceptional listeners. Their ability to make people feel understood enables them to build an effective working alliance with their clients—the deep, emotional connection that is required between the helping professional and the client to make an intervention work. Establishing this bond necessitates the capacity for empathy, that is, identification with and understanding of another’s situation, feelings, and motives. Constructive rescuers have the emotional sensitivity to be glad when others are glad, and sad when they are sad. They are not only capable of insight, understanding, empathy, and compassion, but are also able to act accordingly without losing their sense of boundaries.

Constructive rescuers also have a considerable tolerance for ambiguity. They have what has been called negative capability—a state of intentional open-mindedness—the ability to keep the imagination alive without having the urge for closure. They are able to accept uncertainty without becoming over-anxious. They value the cognitive complexity and the ambiguity of the human condition. They can suspend disbelief when they encounter puzzling situations. Naturally, this makes the capacity for patience a *sine qua non*.

From this, we can see that actions and motives required of helping professionals are not just those of ordinary decent behavior. They imply recognition of the power of both conscious and unconscious processes. This necessitates a deep understanding of self and others. To be a truly helping professional—to be a constructive rescuer—helpers must have sufficient self-knowledge and self-discipline to manifest these qualities under stress, and when faced with the almost overwhelming temptation to behave differently. These people are hyper-aware of how their emotional health affects the quality of their work.

Concluding comments

As coaches, all of us—to some degree—are broken and wounded by the world, but we learn to cope. All of us have our own unique constellation of strengths and weaknesses. All of us have a shadow side. All of us may regress, at times. We all need help—and that includes the helpers. But it is imperative that helpers help

themselves before they start to help others. As all healing starts in the mind, constructive rescuers are willing to look inside themselves to face their source of their pain in order to become more effective. And they systematically discuss their own thoughts and needs with a supervisor or mentor who will help them see what they are unable or unwilling to admit to themselves.

It is not always easy to take an empathic, tolerant, acceptant, compassionate, and realistic view of our own humanness. Being an effective helper can be a very challenging proposition. It can be difficult to tolerate not knowing; to be silent with others in a moment of despair or confusion; to be with others in difficult times of grief and bereavement. But effective coaches are prepared to face these issues and accept personal vulnerabilities while doing so. What's more, they understand that the nature of the work, and the stresses and challenges it creates in their personal lives, will cause distress that needs to be addressed proactively. Therefore, constructive rescuers accept that ongoing self-care is needed to prevent burnout and impaired professional competence.

Through self-understanding, helping professionals (including coaches) can raise the quality of their relationships with their clients by becoming aware of their own unique attachments and aversions. By knowing their own limitations, ensuring that they have their own therapeutic support, professional supervision, peer interchange, or other forms of help, they will ensure that they don't fall victim to the Rescuer Syndrome.

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