

Why are some people susceptible to Super-Helper Syndrome and what can be done about it?

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Helping is essential to all human relationships. It is a key part of every job, especially those in the health and social care professions. Our ability and desire to help others is a beautiful part of our humanity. However, our desire to help others can also be the cause of our own downfall. Often, people feel compelled to help others, even to the detriment of their own wellbeing; this is what the authors refer to as Super-Helper Syndrome. The word 'syndrome' here is not meant to imply some sort of medical condition or personality type. It is used to describe a characteristic combination of emotions or behaviour.

Who is susceptible to Super-Helper Syndrome

It is not surprising that during the authors' research on the psychology of those who just cannot stop helping, they found themselves talking to nurses. When the authors asked the question: 'Why did you become a nurse?', the most common response was: 'to help people'. It is an obvious career choice.

When it comes to helping beyond our own limitations, nurses face additional risks. Firstly, as we've seen, people who want to help are attracted to the job; and secondly, the job itself often makes impossible demands to help, with insufficient resources. The authors heard many accounts of this from clinical professionals making difficult decisions regarding patient care. This theme has been termed 'moral distress' (Jameton, 1984). A report by the British Medical Association (2021) explains it as a result of having 'a lack of power or agency, or structural limitations, such as insufficient staff, resources, training or time'. Given that nursing already attracts people who are liable to put their own needs aside, the job can exacerbate that, bringing harmful effects on the helper.

What are some of the signs of Super-Helper Syndrome?

You should be doing more

For community nurses, there is the risk of over-helping. One manager in an outpatient wound care facility described how

Abstract

Chartered Psychologists Jess Baker and Rod Vincent coined the term Super-Helper Syndrome as a useful moniker for the net effects of compulsive helping and not meeting one's own needs—where helping others is to the detriment of one's own wellbeing. Together, they have written an award-winning book that includes excerpts from their qualitative research to offer insights into this common phenomenon that until now has gone unexplored. In this article, the authors provide an overview of Super-Helper Syndrome and why some people are more susceptible to it than others. They describe the range of practical interventions that have been most successful in ameliorating its harmful effects.

Keywords: Super-Helper Syndrome • compulsive helping • interventions • community nursing

she keeps an eye on certain nurses who are prone to getting 'too involved' with their patients.

'I know they just want to help, and that's admirable, but it can and does create a dependency on them as the problem-solver, which is just not sustainable.'

Those who work in a community setting are typically faced with a wide range of needs in their patients and their families. They can easily start to feel that they are never doing enough. This state of mind can be a sign that someone is at risk of falling into Super-Helper Syndrome.

You are tempted to break the boundaries

One district nurse recalled an early moment in her career where she drove a young boy and his mother to the nearby park. It was her day off and she simply wanted to show them that by making small lifestyle changes, they could be healthier. The nurse, now horrified at her naïve younger self, acknowledged she had breached professional and personal



While helping is an essential part of all human relationships and a key part of health and social care professions, the feeling of being compelled to help at all times can have detrimental effects on one's own well-being. This behaviour is termed by the authors as the 'Super-Helper Syndrome'.

boundaries. She said:

'I knew I shouldn't have done it, but I couldn't help myself.'

Going beyond the boundaries of the role is another sign that someone is susceptible to Super-Helper Syndrome. Other signs include experiencing the following adverse impacts.

The four adverse impacts of Super-Helper Syndrome

Exhaustion

Exhaustion is the most obvious way that the Super-Helper Syndrome harms people. Compulsive helpers report bouts of tearfulness or forgetfulness. Long-term exhaustion can impair their judgement. Here is a quote from one of the nurses we interviewed:

'I was rushing to collect the kids from school. I was working crazy hours and leaving at the last minute when it was too late to wait for a bus. I flagged down a taxi in heavy traffic and got in, and then the driver said he wasn't a taxi. I asked him for a lift to the school anyway. When we got there I got out, shut the car door and realised what I'd done. It was completely mad, dangerous, stupid and mortifying. My husband still doesn't know about this.'

Resentment

For many compulsive helpers, there is a general imbalance in their relationships. Helpers give out subtle signals that they are interested in and care about what other people

are telling them, because they do care. Others feel safe and listened to and so, they readily share their own hurts and complaints. This imbalance can lead to resentment, especially where the compulsive helper finds themselves helping all of their family and friends, in addition to a highly demanding helping role at work.

Exploitation

Compulsive helpers are easily exploited; people who deny their own needs are easy prey. Organisations take advantage of those willing to donate themselves. Society as a whole depends on this assumption that some people will be willing to help beyond their capacity; that some will be willing to work in lower paid professions in order to help; that they will be willing to work despite inadequate resources.

*'Just because someone takes a role in the caring professions does not mean they give up all their human rights'.
Nurse, Interviewee*

Self-criticism

For compulsive helpers, self-criticism operates on two levels. First, they undervalue the adequacy of their efforts to help. As mentioned above, they feel they should always be doing more. On the rare occasion when they do not help, they ruminate on how they should have, and criticise themselves by feeling guilty. Second, they blame themselves for experiencing the other three adverse impacts of the Super-Helper Syndrome: for feeling exhausted or resentful or for being exploited.

What drives compulsive helping?

To understand why some people end up as compulsive helpers, we have to explore the underlying motives for helping. From the authors' research with helpers, there were certain unconscious irrational beliefs (Baker and Vincent, 2022) that they tended to hold.

The Good Person Belief

The most common of these was the idea that they needed to help in order to demonstrate that they are good people.

'I must help others to prove I'm a good person'.

Fundamentally, this belief relates to the compulsive helper's own sense of self-worth. This belief can develop where someone is heavily socialised to help as a child and this becomes part of their identity.

The Help Everyone Belief

The second irrational belief that motivates compulsive helping is:

'I must help everyone'.

While this is not something people consciously believe, it is revealed when everyone else's problem becomes your problem. People with this belief are constantly jumping in to help in every situation.

Some compulsive helpers are socialised by childhood messages that highlight the suffering around them—they grow up with role-models who attempt to alleviate that suffering. The Help Everyone Belief can also arise where people metamorphose into helpers as a result of childhood pain. Many had experienced early deprivation or hardship. Some grew up with volatile or abusive parents. They move on from their trauma to become the problem-solver or the rescuer in the family, and on to a career as an expert helper.

The They-Couldn't-Survive-Without-Me Belief

There is another belief that draws people into compulsive helping. Instead of helping everyone, this variant is limited to helping one person or one small group, typically a vulnerable or ageing family member, or one or more patients. It is a belief about the person (or people) being helped: the They-Couldn't-Survive-Without-Me Belief. The compulsive helper typically feels that they are indispensable to the helpee, that the helpee has total dependency on them, and that they as the helper have no choice but to help.

The No Needs Belief

All three of the irrational beliefs mentioned above were often accompanied by one other—the idea that the helper should not have any needs themselves. This belief shows up in their excuses (it is selfish to focus on me); it shows up in the choices they make (squeezing in one extra request for

How to support colleagues

If someone is susceptible to Super-Helper Syndrome, it is unlikely that they will ask for help directly

- If you notice signs of Super-Helper Syndrome, ask them how they are; if they respond 'I'm fine' or similar, offer them your observations: are they exhausted all of the time, are they helping everyone in their life, do they criticise their own work
- Ask them questions to understand the situation better, and/or ask them directly how you can help them
- Invite them to acknowledge that they are better at looking after other people than themselves
- Remind them that this is not sustainable and does not benefit anyone in the longer term
- Urge them to apply some of the techniques that can improve their situation, such as deconstructing irrational beliefs, learning to set boundaries and prioritising self-care.

help); and it shows up in their priorities (other people). It is possibly the most insidious of the four because it leads directly to the four adverse impacts described above.

How to ameliorate Super-Helper Syndrome

When working with people experiencing Super-Helper Syndrome, a variety of approaches can be taken.

Healthy helper mindset

A psychological approach to deconstructing (Baker and Vincent, 2022) each of the four irrational beliefs has been adapted from cognitive behavioural therapies, especially rational emotive behavior therapy (Ellis and MacLaren, 2005). It has five layers:

- Acknowledge you hold the belief—becoming consciously aware
- Expose the belief as irrational—accepting that this belief is not based on any logic
- Expose the belief as harmful—acknowledging it has caused exhaustion, resentment, exploitation, self-criticism
- Let go of the belief—a crucial part of the transition towards the final layer
- Put something in its place—replacing an irrational belief with an alternative healthy belief.

By correcting the way one thinks, people open up the possibility of helping within the limits of their own capacity and with more agency, rather than being swept away in the tide of compulsive helping. Healthy helping is when helping comes from a place of compassion and not compulsion.

Healthy helping boundaries

All of the irrational beliefs that underpin the Super-Helper Syndrome prevent someone from establishing boundaries. In particular, they make it impossible to say no to requests for

CPD reflective questions

- When was the last time you helped beyond the remit of your job?
- When was the last time you helped out of a compulsion to help?
- List all the people you are currently helping; decide who, how and when you are going to continue to help. Do you need to redefine your helping boundaries?
- Practice giving yourself unconditional self-worth—you deserve to have your own needs met. And if you are not meeting them, who will?

help. By protecting personal boundaries, help can be given without the adverse impacts of exhaustion, resentment or exploitation. Healthy helping boundaries can be established when an individual chooses who they are going to help, how they are going help, and when they are going to help. Developing the skills of communicating and defending healthy helping boundaries takes practice and requires assertiveness skills.

Acknowledge the duty of self-care

As well as a responsibility towards their patients, a community nurse's ultimate duty of care is to themselves—looking after their own needs, protecting their own boundaries, and asserting their own human rights. Putting up with the exhaustion, resentment, exploitation or self-criticism inherent in Super-Helper Syndrome is not a sustainable way

to live. It is only by caring for yourself that you will be most effective in caring for others.

Conclusion

District nurses are susceptible to Super-Helper Syndrome because their role attracts people who are highly motivated to help others, and because they face an increasingly demanding workload. District nurses have a duty to care for themselves with the same level of care they provide to those they support. This can be made possible if they are equipped to spot the four adverse impacts of the Super-Helper Syndrome, and if they understand the irrational beliefs that underlie unhealthy helping behaviours. There are many approaches to adopting a healthy helper mindset, and just a few are mentioned here. For further exploration of the subject of helping, why we do it, why it can go wrong, and how to be an effective, healthy helper, refer to 'The Super-Helper Syndrome: A Survival Guide for Compassionate People' (Baker and Vincent, 2022). **BJCN**

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