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IoPT, the Helper Syndrome, and the Danger of prolonged Dependence

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Speaker

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„Nothing shapes the human psyche more than the bonding relationship with the mother“.

TRUE

BUT this implies the danger of a **misunderstanding**, because it does NOT mean that the (traumatic) experience of this relationship has to remain the determining factor of the psyche!

INSTEAD: The healthy self CAN become the determining factor of one`s psyche via self encounters, (self) resonance etc.

Possible signs of that misunderstanding

- Some people get lost in (trauma)biographic details. Too much focus on „what“ has happened to me, when, where, etc. Too less focus on the question – WHO did it to me? And WHY is this still bothering me?
- Many people still think that a WE with perpetrators is possible. They keep contact with perpetrator-parents, they often even care for them. Many people do not want to end abusive relationships etc. But: **Children owe their parents nothing!**
- Too much talk on trauma, too less talk on transformation and the potential of the healthy self
- Transference often occurs, which unfortunately is addressed and discussed far too rarely. Why? Would that jeopardize the “therapist-client-relationship”?
- Victimhood mentality seen quite often
- Trauma work is not necessarily a “lifelong” endeavor, as is often claimed. But if you choose so, it may become “lifelong”.
- Restaging trauma sometimes even encouraged during self encounters.

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Major Goal: The emotional detachment from perpetrator parents!

For as long as there is an intrapsychic perpetrator-victim dynamic involving perpetrator parents, the trauma of rejection will be re-enacted over and over again, so that healing becomes impossible.

IoPT helps to strengthen the healthy self via realizing: What is it that still keeps myself entangled with the parents? In short: The need of love not received. The entanglement can be very complex (e.g. the connection with parents' feelings and attitudes, illusions of love, trauma survival strategies that protect the perpetrators, etc.) – **however: there is a realistic chance to get finally disentangled so that the healthy self can become the determining force in one`s own psyche!**

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“Symbiotic entanglement/fixation”: In cases of rejection, the psychological mother-child bond serves only to ensure survival. It prevents the development of a strong self and lays the foundation for a life as a victim and/or perpetrator. A ‘trauma of love’ can result in lifelong symbiotic entanglement with parents and, as a result, symbiotic entanglement in **other close relationships**. Due to the lack of fulfilment of symbiotic needs, parts of the self remain fixated on the mother/or father, in order to still receive love or support, etc. This entanglement prevents constructive, healthy relationships. The symbiotic fixation on the mother/father makes fulfilling relationships impossible, because there is **no substitute** for a mother's love.

The unmet need for that missing love of one`s mother/father is – if not resolved - nevertheless seeking this love to be received from other persons (e.g. therapists, coaches, clients, caregivers etc.) or institutions (e.g. communities, groups).

The Helper Syndrome

'Helper syndrome': negative effects of excessive help on the helper, often found in social professions. It was first described in 1977 by psychoanalyst Wolfgang Schmidbauer in his book 'Die hilflosen Helfer' (The Helpless Helpers). Weakness and helplessness are accepted in others and recognized as worthy of treatment, while the self-image of one's own weakness and helplessness must be kept at bay at all costs.

It is often trivialized, because it is socially accepted or even desirable in some cases. However, it is directly linked to burnout syndrome.

The Helper Syndrome

Symptoms

- Recognizing weakness and helplessness in others, but not in myself.
- No eye level – avoiding reciprocity in relationships. 'Helping' instead of genuine connection. Only one-sided relationships.
- People unconsciously seek out the absent father or needy mother as a partner in all kind of relationships. Because they still expect love from their parents.
- Rejection of one's own need for help.

The Helper Syndrome

Symptoms

- Inability to express one's own feelings and needs.
- Inability to accept normal affection and appreciation. Appreciation for helping is only partially satisfying. 'HS helpers' primarily see what has **not** been achieved, the shortcomings.
- One's own needs are indirectly fulfilled by fulfilling the wishes of others.
- Fear of closeness.
- Latent aggression through identification with the helper role and superego (i.e. values, morals, norms, ideals, etc.). Helping can so easily turn into violence. One's own desires accumulate, become reproaches and manifest themselves in physical or psychosomatic reactions to overwork.

Helper Syndrome - Causes

- Rejection, especially by the mother, is the main cause.
- “Early childhood developmental disorder of self-esteem”: A child cannot develop its self, or can only do so inadequately, if it is rejected by its mother. The self develops in resonance with the mother.
- Restriction of the healthy self by the superego (idealization of values, introjected expectations of parents, etc.).
- Existential guilt – the child's conviction that they should not be there at all, that they are to blame for their mother's condition because they are a burden in her eyes, etc. This guilt must be ‘worked off’.

Helper Syndrome - Causes

Narcissistic neediness: Since a healthy mother-child symbiosis was never experienced, the longing to merge with the mother remains. There is still the unmet need to be the **most important person** for the mother and to get her full attention. Due to rejection, childlike parts of the psyche remain fixated on the mother. **This narcissistic neediness can be transferred to patients or clients. These are perceived symbiotically, as part of oneself, "my" patient, client, etc. Also vice versa: "my" coach/therapist.**

Helper Syndrome - Causes

- Hope as a result of narcissistic neediness for conflict- and tension-free relationship with a being (mother) who belongs entirely to him (the helper). Problems arise when the patient/client shows signs of individuality.
- The desire for symbiotic fusion is so urgent because it is fueled by a deep-rooted feeling of rejection by the mother, of not being lovable.
- Through rejection, identification of the helper with the superego: morality, conscience, intellect, reason instead of connection with one's healthy self. The main concern is to proceed according to method, level of training, hierarchy, therapeutic school, etc., in order to maintain **relations of power**.

Helper Syndrome - Causes

- HS Helpers want to be loved, but cannot accept love for fear of being rejected again.
- Overwork as a result of striving for ideals that have little to do with their own personality.
- HS Helpers orient themselves towards the ideal with which they were perceived as tolerable by their mother: Conformist, kind, no backtalk, obedient, loyal, etc. They were 'loved' for these behaviours, not for who they are. Belief: I am loved for what I DO, ACHIEVE, PERFORM. Victim mentality: Only as a victim I have a place, only through self-sacrifice I have value.

Helping until breakdown

- Helping to block out one's own victimhood (traumatized by lack of love, neglect, violence, etc.). Clients and patients distract from one's own trauma biography ("there are people who are really suffering...").
- Unconsciously helping and giving until I am finally seen and loved – by the mother actually. But this love will never come. And it cannot be replaced by any other person or institution. The pain remains and is numbed by the mode of constant helping.

Impact on the client/patient relationship

As coach or Therapist my personality, my humanity, is the most important 'tool' in my work with people. If I separate off important parts of my identity (victimhood, my own helplessness and powerlessness, my own limitations, etc.), a human relationship on equal terms is not possible. The danger of objectification is great ("cases", "mortality", etc.). Sometimes people are degraded to objects of permanent care, which denies them any potential for development and thus the core of their humanity.

HS-Helpers need permanent "crisis" and thus permanent neediness as legitimation: this way help can turn into the opposite. Diverse patient needs are subjected to rigid theoretical systems and, in some cases, unnecessary procedures and methods. From bloodletting to prenatal diagnostics to the Corona "vaccination".

Impact on the client/patient relationship

- Selflessness makes HS helpers manipulable and economically exploitable by institutions that take advantage of this – at the expense of the quality of care and support.
- HS helpers want to be the most important person in their clients' lives, sometimes taking away the space they need for their own development and healing.
- The HS helper-client relationship is almost always characterized by authority, i.e. power. The boundaries between “professional authority” and actual power are fluid. “Experts” are not to be contradicted.

Digression: The narcissistic helper

Narcissism is a trauma survival strategy resulting from severe rejection by the mother (identity trauma). I become the idealized version of myself that my mother envisions. Loving, compliant, obedient, inconspicuous to the point of invisibility. That is what I identify with. Yes, I even 'love' this distorted image of myself, because I am allowed to. And I identify completely with my mother's needs; my whole life revolves around her fulfilment. I become an expert in my mother's needs, because this gives me a secure place and a semblance of meaning to my existence.

The narcissistic helper – explained by my own example

- Rejected by the mother. Start of a survival fantasy: Mother is not well, so that she cannot love me. I give her comfort, I console her, maybe I can even save her, so that she will love me in the end. I become the saving protector for my mother, willing to sacrifice anything for her wellbeing.
- I become the number one expert of my mother`s needs. This pseudo identity „expert“ secures my place at my mother`s side. Anyone else who is close to my mother I perceive as threat, because I have to prove that I am the only expert who knows what is best for my mother.

I have applied this pattern to my working life. I tried to “save” others in international humanitarian aid to be finally recognized and loved by my mother who never understood what I am actually doing. I became the “expert” in change processes in organizations till close to burn out etc. I had the belief to be responsible for anything and that I am the only one who actually can solve problems. **Only the application of loPT, while breaking through the emotional entanglement with my mother, helped me to break these patterns in a sustainable way.**

Types of narcissistic helpers

„**Do-gooders**“ don't do anything „good“ by themselves, but claim, others (e.g. tax payers, society) should do something or the client is not doing „enough“ for instance. They like to show they are „good“ without any real interest in people in need. Their interest is narcissistic self-enhancement.

„**Experts**“ claim they have the „authority“ to work with clients. They impose what they think is the best for their clients onto their clients. Some of them become „gurus“ to make clients completely dependent on them.

The „**rescuer**“ likes to appear self-sacrificing and very understanding. However, he tends to display a paternalistic attitude. He prefers to look after – or even “save” people - rather than encourage them to develop independently. He is not interested in clients becoming healthier, but rather in treating them as mere objects of care.

„**Buddies**“ who actually want normal relationships with their clients, taking therapeutic sessions as opportunities for having social interaction for their own benefit. They are „nice“, but not very effective in their work.

Examples of perpetrators (excessive „helping“, „protecting“, „saving“) - History

Otto Ohlendorf

- Ohlendorf was commander of Einsatzgruppe D, which operated in the occupied East from 1941 to 1942.
- Under his command, around 90,000 people, mainly Jews, were systematically shot.

„SS“: Schutzstaffel=**Protection** Squad

Nürnberg trial: „Why also shooting the children“?

Ohlendorf: „..these measures were necessary to **protect** the troops and the occupied territories and to prevent the children from later becoming avengers against Germany“.



Examples of perpetrators (excessive „helping“, „protecting“, „saving“) - Corona

Karl Lauterbach (former Health Minister, Germany):

“Our top priority is to **protect** the population during the health crisis”.



Jens Spahn (former Health Minister, Germany):

“The lockdown was necessary at the time to **protect** the population from the virus”.



In fact: Millions of traumatized victims of coercive measures, hundreds of thousands of vaccine-damaged individuals and vaccine-related deaths

Examples of perpetrators (excessive „helping“, „protecting“, „saving“) – Climate „Protection“

Robert Habeck, former Minister of Economic Affairs, Germany:

„Climate protection means **protecting** the foundations of life for our children and grandchildren“.

In fact: economic foundation of Germany destroyed



Danger of prolonged Dependence

- Transference: Therapist is confusing the client with the parent or vice versa
- **Client does „therapy“, in order to please the therapist**
- Therapist needs to become the most important person of the client making lifelong „therapy“ necessary
- Clients/therapists confuse their working groups with „family“
- Therapy becomes a purpose in itself, a form of substitute „relationship“ for its own sake

Eye level in the coach/therapist – client - relationship

Recognizing –

- We both suffered, we both are traumatized
- We both are individuals and therefore the experts of our own life and psyche
- We both are **humans** – no „therapist“ or „coach“ or „patient“ or „case“
- Only the individual themselves can liberate themselves in the end
- We are equal in our diversity in how we respond to trauma
- We both have a healthy self
- We both are not „perfect“, i.e. in constant process towards ourselves

There is room to address transference and irritations!

Purpose of Therapy

- It needs to have a goal and an end, otherwise it is not therapy. WHAT NEEDS TO BE „TREATED“?
- Making people fit to be used and abused further turns the very purpose of therapy on its head. Therapist is responsible to make clients aware if inner freedom does not turn into outside freedom.
- Therapists need to support the client to find out what he/she is wishing for him/herself and not to impose their own wishes and will on the client.
- Clients must experience noticeable relief and improvement in their situation.

Purpose of Therapy

- Always strengthening the healthy self is the goal, not to strengthen surviving strategies (“resilience”, “self optimization”).
- Offered whenever needed by the client. Therapy is no career, there are no “levels” of “performance”. It is not a “programme”, but an **opportunity**.

Final Goal: A person who can bear who they are. A person who is independent, self-regulating and in control of their own life. A person who knows who they are and what they want. A person in healthy relations.

Coaches/Therapists are there to help END dependency, not to prolong it!

Literature

- Franz Ruppert (2022): Self encounters and the intention method
- Franz Ruppert (2017): Symbiosis and autonomy
- Wolfgang Schmidbauer (1977): Hilfloose Helfer (not available in English)