SCARSTORIES · A LITTLE COMPANY ON THE WAY

How to help without smothering

The line between helping and taking over is thin — here is how to be useful without making them feel helpless.

Caregivers and family

> Educational content.

You are wired to fix this. You cannot fix their heart, so you try to fix their day — and somewhere between the second glass of water and the fourth reminder, you see their face close. This page is about the difference between help and smothering, and how to stay on the right side of the line.

What smothering actually is

Smothering is not love done wrong. It is help that sends a message: every time you take over something they could do, you say — without meaning to — “you can't.” People recovering from heart surgery need to do what they can. Doing things is how they get stronger, and feeling capable is how they keep hope. Help that removes their last bit of control removes hope with it.

- Hovering: watching every move and commenting on it
- Pre-empting: doing things before they ask — or before they even try
- Correcting: constantly adjusting the way they do things
- Deciding: making choices that were theirs — food, visitors, when to walk

What helps instead

- Ask first: “Do you want help, or do you want company?” Both answers are allowed, and they change what you do.
- Do with, not instead of: stand beside them, hand them things, let them do the task.
- Own the unmanageable: driving, lifting, crowds, the phone calls with the team — take what is truly beyond them.
- Let them be grumpy: their irritation is often fear with the wrong address. It is aimed at you; it is not about you.

- Wait three seconds before offering advice. If they solve it themselves, you have given them something bigger than a tip.

> “The day I stopped refolding the blanket and started just sitting with him was the day we both relaxed. He said it felt like being a patient instead of a problem.”

What to ask your team

- What can they safely do alone right now, and what must I always handle?
- If they insist on doing something I am unsure about, what should I do?
- How do I tell the difference between their frustration and something concerning?

> **Take it to your team**
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> Ask the team to write down what is safe for them to do alone at each stage. Written permission is easier to live with than your own guesses, and it settles arguments before they start.

> **Call for help if**
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> Withdrawal is different from grumpiness. Call if they stop talking, stop eating, refuse everything, or say they want to give up — or say anything about harming themselves. That is not moodiness; that is a call, day or night. The physical flags still apply too: severe chest pain, severe breathlessness, fainting, sudden confusion.

You cannot make them recover, and you do not have to. You can make sure they are never alone in it — that is the whole job. The decisions about their care belong to them and their own team; your gift is standing beside them while they make them.

Questions to take to my team

- [ ] What can they safely do alone right now, and what must I always handle?

- [ ] If they insist on doing something I am unsure about, what should I do?

- [ ] How do I tell the difference between their frustration and something concerning?

For discussion and personal reference. Your care team's individual instructions take priority. For an emergency, contact your local emergency service; do not wait for a community reply.