

Peer Responses to Non-Suicidal Self-Injury: Young Women Speak About the Complexity of the Support-Provider Role

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Non-suicidal self-injury (NSSI) is a coping strategy employed by young people in response to feelings of distress. Adolescents may communicate NSSI involvement to peers whom they turn to for support. How young people respond to peers engaging in NSSI, how this affects the friendship, and how these supporters cope with assuming and administering this role are largely unknown. A qualitative methodology, Interpretative Phenomenological Analysis (IPA), was chosen for this project in order to explore and understand the experiences of participants. Five 15-year-old females whose friends engage in NSSI were interviewed from a secondary school in a provincial area of New Zealand. Four themes were identified: helping responses, NSSI and relationships, costs of caring, and supporters' needs. The results highlighted the complex nature of this helping relationship and emphasised the need for increased and multifaceted forms of support to be provided for those responding to a peer engaging in self-harm.

Keywords: Self-harm, Non-suicidal self-injury, adolescent, peer, support

Non-suicidal self-injury (NSSI)¹ is the intentional destruction of body tissue that occurs outside of cultural acceptance and without suicidal intent (Nock, 2009). This is considered a maladaptive coping strategy with international prevalence rates between 15-20% for adolescents (Favazza, DeRosear, & Conterio, 1989; Ross & Heath, 2002). A longitudinal study in New Zealand established that 18% of 13-year-olds had engaged in NSSI at some point in their life, and 28% of 15-year-olds (Wilson et al., 2015). Prevalence rates for rangatahi Māori (indigenous youth population of New Zealand) were similar to those for non-Māori (Wilson et al., 2015). NSSI is also a risk factor for adolescent suicide (Klonsky, May, & Glenn, 2013) which makes provision of effective support of the utmost importance. A further confound is that those who self-injure typically report less social support from peers and family than those who do not self-injure (Rotolone & Martin, 2012). This suggests a degree of social isolation which is made more acute as the majority of adolescents who self-injure do not seek help (Evans, Hawton, & Rodham, 2005; Fortune, Sinclair, & Hawton, 2008). If NSSI sufferers reach out at all it is to a very small group, and friends are more than twice as likely to be involved than any other social group (Wester, Clemens, & McKibben, 2015). Indeed, most will turn to a peer rather than a family member or helping professional (Michelmores & Hindley, 2012). Help-seeking patterns of adolescent New Zealanders reflect international trends (Garisch, 2010; Nada-Raja, Morrison, & Skegg, 2003) with friends often being the support resource of choice during times of emotional distress (Barton, Hirsch, & Lovejoy, 2013). Wester, Clemens and McKibben (2015) point out, while social support can be an important factor in extinguishing NSSI, there has been little research directly examining peer support.

James (2013) in a school-based survey of 387 New Zealand adolescent girls aged 13-16 years suggested that high levels

¹ For the purpose of this article the terms "self-harm", "self-injury" and "non-suicidal self-injury" are used interchangeably to refer to the same behaviour and to imply the absence of suicidal intent.

of secrecy desired by young people engaging in self-injury were maintained in the parental relationship rather than with peers. It remains unclear why NSSI is kept from parents, but there are studies documenting high levels of parental stress. Byrne and colleagues (2008) suggest parents experience this as deeply distressing and McDonald, O'Brien and Jackson (2007) document the extreme shame and guilt experienced by mothers in particular. This suggests the possibility that NSSI secrecy is motivated, in part, by protecting parents. Either way, there is a good deal of evidence supporting the proposition that many young people are aware of peers engaging in NSSI, at least some of whom are seeking assistance.

Help-Providing

Despite the fact that peers may be the most informed about their friends' self-harming it is noticeable that there is a dearth of research exploring the young support-provider's experience. This is surprising as research demonstrates a positive correlation between young people in distress (including those engaging in NSSI) who access support from peers and then proceed to access formal help services (Idenfors, Kullgren, & Renberg, 2015; Nada-Raja et al., 2003). Most research in this area focusses on late adolescence with methodologies that capture intention to provide support rather than examples of actual support. Studies focus on a range of behaviours associated with distress rather than self-injury specifically, and show that peers commonly provide emotional support in the form of talking and listening while showing understanding, sympathy, and offering companionship (Clark, MacGeorge, & Robinson, 2008; Yap, Wright, & Jorm, 2011). Denton and Zarbatany (1996) suggest that the type and effectiveness of support provided partly depends on the young provider's sensitivity to a peer's distress, interpersonal skills, and experience meeting the needs for their peer. Adolescent females are more likely to provide social and

emotional support to a close friend or family member than adolescent males, and will also more often engage an adult to help (Yap et al., 2011).

While the provision and receipt of peer support may lead to positive outcomes for both parties, this is far from assured and the relationship is complicated. A non-judgemental response to a disclosure of NSSI may facilitate deeper understanding and acceptance within the friendship (Armiento, Hamza, & Willoughby, 2014). There can be personal benefits to offering support in times of distress including enhancing one's capacity for empathy, and honing social, emotional and problem-solving skills. Equally, there can be disadvantages to providing support given the cognitive, social and emotional maturity that exists at this developmental stage. Adolescents may be ill-equipped to recognise signs of distress and to respond due to a low level of mental health literacy, and developmental needs which may conflict with carrying out this task (e.g. Jorm, Wright, & Morgan, 2007). Curiously, adolescents have been found to have less sophisticated knowledge about identifying signs of distress and responding effectively compared to young adults, yet more confidence about providing help to their peers (Jorm et al., 2007).

If young peers are unable or unwilling to seek adult assistance, this can mean they take on the burden of responsibility for caring for a distressed peer. Adolescents providing peer-support are also more likely to approach another peer for assistance (Fortune et al., 2008). Assuming high levels of responsibility for another's distress could be detrimental to the help-provider's wellbeing in many ways including increased stress, neglecting other relationships or commitments, and potentially detrimental effects to the help-provider's mental health. The promise of secrecy that some distressed peers place on support-providers can also be upsetting and stressful (Coggan, Patterson, & Fill, 1997). Empathetic distress or being unable to emotionally distance oneself from a distressed friend, although related to high positive relationship quality and high social perspective taking skills, also incurs an emotional cost (Smith & Rose, 2011). Adding further to the complexity of these matters is a body of literature suggesting social contagion of NSSI among peers (Jarvi, Jackson, Swenson, & Crawford, 2013). The modelling function of such intimate self-disclosures may be quite sinister as suggested by researchers Heath, Ross, Toste, Charlebois and Nedecheva (2009) who report a number of high impact social factors being involved. In particular, they report 43% claimed to have learned NSSI from another, and 65% report talking to friends about self-injury. Fifty-nine percent said a friend had been the first to engage in self-injury and 17% self-injured in front of friends.

Study Aims

The perspective of the adolescent supporter has remained largely unheard in the NSSI literature despite their position as the 'resource of choice' for peers in distress (Barton et al., 2013). Given the importance of social networks for those involved in NSSI, this study aims to respond to the call (Wester et al., 2015) to further investigate the dynamics occurring within peer based social networks. Indeed, increased

awareness of peer experiences could aid helping professionals working with young people engaging in NSSI, and providing support for young people who find themselves as peer-supporters. This study sets out to examine how adolescent females respond to peer disclosures of NSSI; what support they provide, and how this affects their well-being; the impact this support interaction has on the peer relationship; and what supporters need to continue to fulfil this role.

Method

Design

Interpretative Phenomenological Analysis (IPA) provided the methodological framework for this study enabling the exploration of participants' lived experience in detail. IPA is founded on the belief that there is "a chain of connection between embodied experience, talk about that experience and a participant's making sense of, and emotional reaction to, that experience" (J. Smith, 2011, p10). Capturing these experiences and their meaning to the participant is the primary goal of IPA. IPA also provides a framework that goes beyond a deficit-focus regarding distress and difficulties, in order to tease out the benefits and strengths of participants assuming this role.

There were difficulties anticipated in conducting research with an adolescent population and the topic of NSSI. Factors that made this a complex process were negotiating consent to carry out the study within a school context where adults may have been sensitive to the subject of NSSI, and recruiting participants who were prepared to speak about an experience that not only involved reflecting on their distress but that of their friend. Recruiting within a youthful population required ensuring participants were fully aware of the emotional and practical demands of the research process in order for informed consent to be possible. To ensure potential participants were fully informed about the study and their rights in a context that they felt comfortable and able to decline participation or ask further questions the school's Guidance Counsellor approached students for the project and provided this information. To meet the consent needs of students and the school (and upholding the researcher's ethical obligations) students who were interested in taking part were given information and consent forms to gain parental consent. Approval to carry out this study was provided by the Research Ethics Committee at Massey University.

Participants

Participants were recruited via their School Guidance Counsellor based on a review of student files and the following criteria; (a) female, (b) 13-15 years of age, (c) had experience supporting a peer who had been engaging in NSSI over the last twelve months, and (d) had no personal engagement in NSSI over the last six months. Only females were recruited for two reasons: Past research details higher rates of NSSI for females than males (Jose, Ryan, & Pryor, 2012), and in early adolescence females typically draw support from same-sex peers (Barton et al., 2013; von Salisch, Zeman, Luepschen, & Kanevski, 2014). Thus females may have more 'support experiences' to draw from for the purpose of this

research. From this file review five fifteen year old students were identified and informed of the study by the Guidance Counsellor. All five individuals gained informed consent from a parent after providing an information sheet that detailed the study, and each student consented to participate. Participants were from a single state co-educational secondary school in a provincial town in New Zealand. Participants were all of European or New Zealand/European descent.

Data Collection

Semi-structured, in-depth interviews were conducted with each participant on school grounds. Interviews were conducted by the lead researcher, ranged in length from 30-60 minutes, and were audio-recorded. Examples of questions posed were 'Can you tell me about the time you first found out your friend was harming themselves?', 'How did you respond to your friend at the time?', followed by 'How do you respond now?' Participants were informed that if they disclosed an imminent risk to their safety or the safety of another student, this information would be passed on to the School Guidance Counsellor to ensure student safety.

At the conclusion of each interview participants were invited to discuss their experience of the interview and any distress resulting from this. Each participant was provided with a Resource Sheet detailing a range of local support services available in the community, online or via free phone numbers. Interview recordings were transcribed and analysed, with participants identified with pseudonyms to ensure anonymity. The researcher met with participants at a later date and provided each with a transcript of their interviews.

Data Analysis

IPA advocates moving beyond the spoken word to reveal deeper levels of cognition and belief that constitute connecting and contrasting themes when participants' stories are read together (Reid, Flowers, & Larkin, 2005). To achieve this, transcripts were analysed in stages. The lead researcher engaged with the data by repeated readings of the transcript noting anything of descriptive, linguistic or conceptual interest (Smith, Flowers, & Larkin, 2009). Themes were identified from this added layer of information gathered from each transcript, consistently ensuring that key threads of meaning connected back to participants' responses (Smith, Jarman, & Osborn, 1999; Storey, 2007). After an analysis of individual narratives, thematic analysis was performed across the participants' transcripts to identify thematic clusters. These cross examinations provided a master list of superordinate themes, with their related sub-themes and examples of illustrative quotations (Smith et al., 1999). Next the analysis was discussed amongst the authors to provide a validity check and a rigorous and transparent process of analysis.

Throughout the process of data collection and analysis the lead researcher attended to the reflexive nature of the research process. This required an acknowledgement of inherent characteristics of the researcher such as culture and gender, as well as the impact of professional experiences in the co-production of the data and its analysis. As an example, participants were aware that the lead researcher, who interviewed each participant, was a Guidance Counsellor. It

is possible that this role and its associated parameters, for example the provision of confidentiality and expectation of a talking interaction, influenced participants interviewed to feel more comfortable to both engage with the researcher and reveal personal experience.

Results

Most participants had been offering support to a mixture of peers, family members and close friends engaging in self-injury over the past three to four years. This support was directed to same-sex peers who were of a similar age (maximum one year difference in age) to participants. Data analysis identified four super-ordinate themes: helping responses, NSSI and relationships, the costs of caring, and supporter needs.

Helping Responses – "...Oh what do we do?"

The support that participants provided ranged from minimal interventions to those that were assertive in connecting an individual to a source of adult help. For example, participants described asking peers if they were okay, inviting a discussion of troubles, providing physical comfort, reassurance, distraction from the problem at hand, using humour, discussing a disclosure of self-injury with another friend for the purpose of identifying a helpful response, suggesting the student speak with the Guidance Counsellor, and confronting a peer suspected of self-injuring and demanding an explanation. Other actions taken were discussing the situation with the supporter's parent and making a referral to a responsible adult (e.g., the young person's parents, school counsellor, year level dean). The support response chosen was influenced by the adolescent's motivation, and the beliefs and goals that underpinned the support effort.

a. Motivation.

Each participant referred to their own interpersonal struggles with issues such as bullying, isolation from peers, dysfunctional parental relationships, and mental health issues such as historical self-injury and suicide attempts. These experiences created a heightened sensitivity to recognising signs of distress and augmented their ability to perspective-take, a skill required for enhanced levels of empathy.

Samantha's experience of difficult times when she entertained thoughts of suicide provided motivation to help others.

"...well I actually don't want anyone else to go through what I went through so I want to help people"

(Samantha)

Preventing a friend experiencing further distress and/or a suicide attempt also motivated participants to intervene.

"Before the end of school the [other person] attempted suicide and so it made me think, oh my gosh, what if I can't help her [another friend] and what if this is what I think it is and what if I can't help her and what if she wants to kill herself"

(Lola)

Lola's experience coupled with doubts about her ability

to help a friend who disclosed NSSI motivated her to divulge this information to a trusted adult.

Helping others in order to help themselves was evident throughout participants' stories as another source of motivation to provide support. Whether this was to secure companionship, to heal by healing others, or to avoid dealing with their own challenges, each participant gained something from this helping transaction.

"I've always been a fixer... I don't like people being uncomfortable around me and I think that is me running away from [my] own problems probably... like having to fix everyone else's"

(Sarah)

Participants were practiced at recognising signs of distress and intervening to assist people across a range of differing relationships. Their motivation for doing so stemmed from wanting to help others, to help themselves, and in some cases to avoid peers taking more drastic action.

b. Beliefs.

Beliefs about whether a peer requires assistance, or indeed deserves this, can promote or prevent help being offered. Participants voiced beliefs about how they identified those who required or merited help and those who did not depending on whether NSSI was communicated openly.

"...when people are hurt and stuff they don't like showing it off ...they hide it. It's like some people do it for attention and some people do it because they're actually hurt"

(Samantha)

Participants made judgements about who was genuine and the excerpt shows how self-injury motivated by the pursuit of attention was regarded as inauthentic and thereby less deserving of support. It appears there is a certain way that it is appropriate to ask for help. An honest call for help is one that is spoken quietly or not at all; communicated via the body; and denying that the injuries are self-inflicted appears to hook the helper more securely than an open admission of distress.

c. Support goals.

Most participants viewed the goal of support provision as helping their friend cease self-injuring. Many evaluated their effectiveness in this role by whether this aim was achieved. However, it is unknown whether recipients of this support aspired to the same goal.

"Oh I would be like why are you cutting are you okay or something or I'd be like don't do that you know..."

(Sarah)

Sarah's comment begins on a positive note suggesting the possibility that someone can be engaging in NSSI and still be "okay". Sarah shows interest and empathy, but communicates that she does not want this to continue; a response that may say more about the supporter's goals than those of the distressed peer.

There are a multitude of factors that lead an individual to resort to self-injury and this act in itself can quickly become a coping strategy for dealing with further distress (Klonsky & Glenn, 2009). A lack of awareness of the intricacies of how NSSI functions to alleviate distress and also further perpetuates a cycle of dysfunctional emotional regulation may create dissonance between participant goals and friend's needs.

NSSI and Relationships – The Unwelcome Intruder

For the supporter, once a disclosure of NSSI occurred the person engaging in NSSI appeared different. Even those who were careful to comment that they did not treat their friend differently confided that the relationship changed significantly.

"...like we had to like tip toe around her I guess, like it was quite like stepping on eggshells, I didn't want to say the wrong thing"

(Sarah)

Sarah's comment underlines the delicacy required in the participant's indecisive dance of carefully choreographed support steps. Indeed, participants felt uncertain about how to interact with their friend. In this way NSSI became a barrier to the give-and-take of typical adolescent same-sex friendships.

Participants spoke about their friend's support needs overtaking their own requirements for companionship and problem-solving. For some this was an overt development that sparked a sudden change in the relationship and for others a more subtle and gradual process occurred.

"It's uncomfortable... it's not easy, it's hard to not be able to talk about something that you want to talk about with a friend... you can't say anything that might offend them in any way because then you're worried oh my God they're going to cut themselves or something"

(Sarah)

Sarah suggests the supporter needs to change the way they behave in the relationship with the person engaging in NSSI.

a. Responsibility, trust, and secrecy.

All participants spoke about feeling responsible for a friend engaging in NSSI.

"...she said that if I wasn't there, she probably would have died ...because it would have been so much harder on her"

(Mikayla)

"...you're put in the most difficult spot because you don't want to break that person's trust or you don't want to make them feel like they couldn't tell you things because at the end of the day you want to be trusted, you want people to be able to tell you things, well I do anyway"

(Sarah)

Sarah's reference to being "put in the most difficult spot" points to the dilemma experienced by adolescents

straddling the roles of supporter and friend. The desire to help is surpassed by feelings of loyalty that epitomise close friendships particularly in early adolescence, when developing and maintaining reciprocal peer relationships is important. Despite Sarah's wish to be confided in, she may then act to prevent the employment of further support from an adult or more specialised service to maintain her peer connection.

Interviewer:

"Do you remember what it was like when your friend said 'don't tell anyone'?"

Lola:

"Yes, it felt like I was carrying the weight of a thousand people on my back and I wasn't allowed to tell anyone because I didn't want to hurt her and I couldn't even tell my mum because she didn't want my mum to tell people and it just felt like I had a heavy weight, like I was carrying around something I wasn't meant to have"

If an adolescent wanted to access outside support for their friend engaged in self-injury or for themselves, they had to consider compromising their friendship. In the eyes of the supporter this risked the friendship but they could no longer sustain such an independent helping role and the associated responsibility this entailed. The result of such a disclosure was typically followed by a short-term break in the friendship followed by positive reinforcement of the supporter's actions at a later date. This was a dilemma faced by all participants.

Interviewer:

"When you told the counsellor, and you walked away from that conversation, how did you feel?"

Diara:

"I don't know, I was still quite upset with what had happened, like I was up all night... [friend] had kind of like had a go at me because she found out that it would have been me, but then after a while she kind of thanked me"

These comments demonstrate the strength of the friendship bond and how this can be used in an attempt to constrain supporters' helping responses. Those participants who disclosed to a staff member at school or another professional felt uncertain about whether they had done the right thing and whether this was helpful. This dilemma often resulted in supporters turning to their peers for assistance and advice instead.

"...she told my other friend so my other friend told me, look you know I think she's been cutting and that and it was all like oh what do we do"

(Sarah)

b. Impact within the peer group

A disclosure of NSSI can also change the landscape of the wider peer group. Often group support would be extended to a member engaging in NSSI. Individually they may approach the person and offer support but group discussions concerning the friend's level of distress and what to do about this occurred almost daily. Individuals within the peer group had varying levels of emotional stamina or resilience in terms of sustaining a prolonged support relationship with the person engaged in NSSI. Different tolerance levels to group talk on this topic

was also evident.

"...I got quite sick and then I came back and I noticed two of them are closer and the other girl [engaging in NSSI] was kind of left on her own... so I started to hang out with her because I felt left out as a friend too...it was hard...I was used to having two other people there to like talk to about what she was doing... but they didn't want to know, didn't want the drama in their life"

(Mikayla)

Mikayla relied on her peer group to assist her support efforts as well as to meet her own companionship needs. However, when two group members saw an opportunity to disengage from this responsibility, Mikayla decided to turn to her friend engaging in NSSI in an attempt to find companionship and continued to support her.

Sometimes supporters purposefully relinquished ties to a peer group in order to channel their full attention and efforts to helping their friend engaging in NSSI. This decision to leave a peer group may stem from feeling obliged to support a friend in distress. The support provider in this instance acted out of a sense of duty and fear that sustaining these relationships may contribute to the distress of her friend or dilute the support effort.

"I didn't like being around other people but her because I didn't want her to get upset or jealous"

(Lola)

"I felt like I couldn't partake in other things or be friends with other people because she was hurting herself and I felt like I owed my attention, like all my attention had to be on her always"

(Sarah)

Relationships changed after a disclosure of NSSI. Self-injury provided a barrier to the usual relationship tasks within the friendship dyad and amongst peer group relations. The support response was constrained by the boundaries of adolescent friendships weighted with expectations of loyalty and lacked additional support from parental figures. Thus the process of adapting to new ways of interacting with friends that encompassed a disclosure of NSSI brought both costs and benefits to participants.

The Costs of Caring – Being "Intoxicated with Worry"

Worry, difficulties sleeping, panic attacks, and anxiety were typical symptoms listed by participants as a result of their support efforts. Other feelings such as sadness, desperation, confusion, abandonment, betrayal, protective, angry, overwhelmed, relief, happiness, suspicion, curiosity, helpless, defensive, sympathetic, helpful, exhaustion, guilt, lonely, responsibility, disgust, and disappointment were also mentioned.

"I feel like the stress made me quite... I had to talk about it a lot to let it out I guess and it made my whole life just kind of intoxicated with this kind of worry about this person"

(Sarah)

"...I chose to forget about myself and think about them until their problems were sorted and then I could think about myself again... they would get grumpy because they wanted it to be about them and they wanted their situation fixed before mine could even be thought of"

(Lola)

Sarah's reference to being 'intoxicated' suggests the stress she experienced permeated her day-to-day life leaving her in an altered state. Similarly, Lola's comment points to periods of time when she was so consumed with providing support that she deliberately discounted her own needs.

Unmet friendship needs of the supporter were a common thread leading to feelings of frustration and resentment but sometimes participants did not have another source of support to turn to. Forgoing their own relationship needs for the benefit of a friend's need for support could also result in the support person's emotional experience becoming dependent upon that of the friend's. The supporting adolescent then became vulnerable to experiencing an array of tumultuous negative emotions which she had little control over. Behaviours such as internalising one's own difficulties and engaging in self-harm were also expressed as attempts at coping with this secondary distress.

One disadvantage of harbouring such a potent sense of responsibility is the blame and guilt felt when participants appraised their efforts as inadequate.

"Sometimes I felt it was my fault and I couldn't stop them, because every time I tried they would just go back to it even if they had stopped for a period of time. So it made me feel like it was my fault and that I couldn't stop them and I couldn't do anything to help them"

(Lola)

Lola believes it should have been within her capabilities to prevent her friend engaging in NSSI. She takes personal responsibility for not being able to help and as a result evaluates herself negatively.

While negative impacts are evident there can be some benefits accrued in this helping relationship. Supporting someone in distress provided some with a social connection that perhaps they would otherwise not have had. Others derived a sense of satisfaction from successful helping, a sense of relief tempered with gratification or pleasure at what their efforts had achieved. Lola had been supporting a friend and described how she "kind of talked her out of it [self-injury]". The following is Lola's response to this friend telling her she had stopped self-harming.

"Imagine carrying a 10kg sack of potatoes on your back. It felt that the whole sack had ripped open and fallen off my back... She couldn't see that I was actually crying that I was so happy that she had stopped, I had been so worried about her and I guess when she said that she had stopped, the whole sack of potatoes fell off"

(Lola)

Accompanying someone to such depths of despair and empathising to such a degree evident within these young

participants' stories provides an opportunity for experiencing more positive emotions with a similar intensity such as joy, relief, and a sense of achievement. Lola certainly responded with relief at her friend's disclosure of no longer engaging in NSSI.

Samantha attributes the support she gave her friend to developing the close relationship they now enjoy.

"... like she knows when I'm upset, like I'll walk into school and she'll be like you're upset, come here, what's wrong and yeah she just knows. I'll be texting her and she's like what's wrong. Just by something I've said"

(Samantha)

The characteristics of the friend who is self-harming impact on the supporter's identity particularly within a friendship during adolescence when identity formation is in process. Because of this it could also be beneficial for the supporter to gain insight into their own challenges compared to those of their friend.

Supporting a friend was stressful. Participants' needs were secondary to their friends' and emotions were vicariously experienced. Participants felt a weight of responsibility for the wellbeing of their friend. However, participants also acknowledged benefits from helping such as feeling connected to another person, a sense of satisfaction from helping, and these efforts contributed to a 'supporter identity' for many.

Supporter Needs – "...Our friends hurting themselves is hurting us"

All participants mentioned interpersonal difficulties such as struggles making friends and/or a history of being bullied. This complex social background contributed to participants being reluctant to disengage from a friendship when NSSI was disclosed. Just as friendship provided an open gateway to accelerating the offer of help amongst peers, participants in return often searched for their friendship needs to be met by the person engaged in self-injury. They desired the friendship to be on more equal terms with an expectation that friendship would be reciprocated.

"...I know friends are there to support each other and it's quite difficult when there's that like self-harm in the way I guess of the friendship..."

(Sarah)

"I kind of forgot about what was going on in my life and made them [friends self-harming] more important because I felt like that my problems were slim to nil to what their big problems were"

(Lola)

These excerpts highlight the importance for the supporting peer to be able to connect with another trusted person with whom they can air their own worries and concerns. It was important for most participants to be able to discuss the difficulties of providing support and receive encouragement for the help they provided.

"I think we also need support and someone to talk to, because I wish I had support when I was supporting other people because I felt like I was giving it all away and I had nothing that was keeping me going..."

(Lola)

Few exhibited any attempts at establishing boundaries with friends to ensure their own wellbeing. The application of boundaries was most commonly for the purpose of ensuring the safety of the person engaged in self-injury. Perhaps this lack of restriction to help provided was the result of a knowledge gap for young adolescents. One participant who was most effective at creating boundaries applied her experience from a prior counselling relationship.

"...if someone says hey can we talk I'll be like if it gets really bad or something I'm going to have to tell someone. But they're like yeah that's okay"

(Samantha)

Other participants were aware they lacked strategies to cope with the level of distress their friend exhibited and the resulting stress and negative emotion this caused. Sarah's comment suggests her experiences supporting a friend and the associated distress accumulate and endure through time.

"... I don't have a way of dealing with it... it just kind of stays in my brain. It like stays in the back of my head or something..."

(Sarah)

Only one participant overtly commented on the topic of self-care listing the following tactics to reduce the stress that helping a peer exposed her to: exercise, talking to a parent, accessing counselling, and artistic expression. Learning how to look after oneself, how to manage emotions, and problem-solve are skills that are typically learnt and developed at this stage of life. However, for peers supporting friends in distress these are essential skills to maintain the helpers' wellbeing and to sustain the helping effort.

For young people securing support from their day-to-day environment was fraught with difficulties. Predicting parental response, concerns about burdening parents, uncertainty whether an adult could help, and fears about confidentiality, were common reasons for not accessing support.

"I sort of had to think about it for a couple of days and then be able to be brave and tell my mum what had happened because I didn't know what to expect like what she would say"

(Diara)

"I'd talk to my mum about stuff like that but then obviously she wouldn't know what to do about it. Like she couldn't go and tell her mum that you know her daughter was self-harming or anything because she felt like that wasn't her place to say anything... I was like kind of just handing that stress on to her..."

(Sarah)

Despite these difficulties all participants made reference to speaking to their parents about a friend self-injuring with a view to exploring support possibilities for the friend and themselves. However, parents struggled with how best to advise their daughters just as much as their daughters grappled with their support response. There was often reluctance by

parents to become involved in a direct way, such as contacting a parent of the young person self-harming or a pastoral staff member at school, but instead focussed on supporting their daughter.

Supporters wanted to access support from their school and home, and sought reliable and knowledgeable support for both their friends and themselves. Responses that were empathetic, provided validation and encouragement were important, alongside suggestion of specific actions and information relevant to NSSI to help their support efforts.

The provision of these helping strategies would afford supporters reassurance as the confusion, indecision and worry participants felt required a more in-depth response than simply being told to tell an adult.

"...there is no way that they've actually told us to deal with it and it's really hard... I think having some actual steps to know how to deal with it would be very helpful... I want to know what to do"

(Sarah)

Sarah's comments stem from her commitment to solve the issue at hand (NSSI) and address the effects of this on her friend, their relationship, and herself. Sarah is not yet able to conceive her own limitations and, perhaps crucially, know when to share the support role with an adult.

Adolescents are looking to adult figures in their lives to provide this information and assistance. Perhaps this has been a function of the dilemma for young people supporting a friend engaging in NSSI: How to provide this help with limited resources, skills and knowledge alongside an urge to be the one, instigated in part through the loyalty of a friendship, who fulfils this helping need.

"I think emotionally it would help people and just like let them know what to say like about that, trying... that staying living is the best option for them"

(Mikayla)

Discussion

This study explored how young adolescent females respond to and support a friend engaging in NSSI and the impact this had on the adolescent and their friendships. Whether support was offered depended upon the support-provider's beliefs about who genuinely required assistance. Participants believed that some who self-injure do so to attract attention rather than being motivated by genuine distress and were thus not deserving of support. This is significant given that Armiento et al. (2014) found that individuals reporting prior engagement in NSSI resulting in severe tissue damage (labelled 'severe NSSI' by the researchers) were more likely to disclose this behaviour than those engaging in 'less severe NSSI' (NSSI that resulted in mild tissue damage only). Paradoxically, it appears young participants may be more likely to attend to peers who reveal less severe forms of NSSI and not engage with those exhibiting more serious NSSI. Perhaps the communication of severe or chronic NSSI is left unattended as potential supporters realise they are ill-equipped to meet these more severe needs. This unmet need

aligns with Rotolone and Martin's (2012) finding that those self-injuring typically receive less social support than youth who do not engage in NSSI.

Just as parents report high levels of stress when their child self-harms (Byrne et al., 2008), adolescent supporters also experience various levels of distress (including stress, worry, fear, sadness, sleepless nights, and panic attacks). Often supporters are so closely engaged with their friend's distress that they begin to vicariously experience this person's emotional lows in addition to their own life stress (Kessler & McLeod, 1984). That is, they can experience empathetic distress (Swenson & Rose, 2009) which occurs when individuals are unable to distance themselves emotionally from another's distress, and instead take on this distress as their own (R. Smith & Rose, 2011). This experience is further compounded by the supporter's sparse self-care strategies and limited NSSI-specific support-tools to meet the needs of the person engaging in NSSI, and thus reduce both individuals' stress levels. In this study, participants offered support by discussing their friends' troubles, providing physical comfort and distraction, and sometimes making a disclosure concerning the NSSI to an adult. These are similar strategies to those identified in the existing research (Clark et al., 2008; Yap et al., 2011). If making a connection with an adult who is a formal help provider is one of the young supporters' strategies, this may explain the positive correlation found between accessing informal support (friends and family) and progressing to involvement in a formal support relationship (such as a mental health service) (Idenfors et al., 2015; Nada-Raja et al., 2003).

All participants displayed at least some reluctance to involve an adult who could provide more specialised help. The analysis points to an explanation suggesting the supporter aspired to be the one to provide the helping effort, with some participants referring to this as their responsibility given their friendship connection, or as their "job" to fulfil. Existing research regarding mental health literacy and first aid actions, demonstrated that young people (aged 12-17) had "less sophisticated first aid knowledge and beliefs than young adults (aged 18-25) but were paradoxically more confident about providing help to a peer" (Jorm et al., 2007, p. 61). The developmental stage of adolescence in itself works against the involvement of adults as adolescents form tighter bonds with their peers, weaker connections with adults, and are more likely to take part in risky behaviour. These factors encourage young people to embrace the role of supporter with independence. Thus the friendship bond between peer supporter and the person engaged in NSSI may preclude the involvement of adult help. The involvement of an adult may, for this group of young people, demonstrate their failure as a friend.

For participants who were more confident in their helping abilities the support role formed an important component of their identity. Young people who commit to this role embrace the tasks of the supporter with intensity and determination. Their efforts are not restricted to one or two friends engaged in self-harm, but anyone within their wider social circle may receive this support. For such a young person the support role can transform into a supporter identity such as the 'hero' or even 'vigilante'. The maintenance of a supporter identity

requires exhibiting regular helping efforts which further contribute to and accentuate a positive perception of their identity.

Application of Findings

This is a small-scale exploratory study and therefore caution needs to be exercised when offering practical applications based on the findings. However, the following points would contribute to the creation of an informed approach to assisting those in a supporting role. Supporting adolescents require validation, continuing support, and education about NSSI (including warning signs and how to best support a young person²) and the impact that this role can have on the individual and peer group. Particular skills in self-care, utilising support networks, and setting and maintaining boundaries for the safety of both adolescents need to be imparted. School staff and parents would benefit from similar information being made available to appreciate the stresses involved in the support process and to be able to offer creative solutions to support students. Schools should work to create more open communication between students who act as gate keepers to those who are distressed in order to provide specialised assistance alongside the integral support being delivered by peers. Helping professionals need to be aware of the distress and burden created by a peer helping role, including how an adolescent supporter negotiates relationship changes with the person engaging in NSSI, and the unmet social and emotional needs of the supporter.

Limitations and Future Directions

It is acknowledged that recruitment via the Guidance Counsellor's client files created a limited sample, as recruitment was not open to the wider school population and in particular students who had not sought the assistance of the Guidance Counsellor. Another limitation is that participants were of European or New Zealand/European ethnicity only. Therefore the views of other ethnicities such as Māori (indigenous population), Pasifika or Asian were not represented in the data. However, it is believed that within the parameters of the qualitative methodology applied, the findings are relevant and offer important insights to the experiences of young adolescents supporting their friends engaged in NSSI.

Research with a larger sample of young people from diverse cultural backgrounds, a wider age range, and including males to understand gender differences in the peer support process, would be useful directions for future research. As would exploring whether there is disparity between supporters who have a history of self-harm and those who do not within the support process.

Providing support to a friend engaging in NSSI afforded for some a sense of achievement and a role that helped create a sense of who they were in the world. Yet each and every participant experienced repeated distress in many forms as a result of their support effort. As Lola insisted:

"... we may not be hurting ourselves, but our friends hurting themselves is hurting us." (Lola)

² Peer support resources available within New Zealand and internationally can be accessed via the links <http://www.victoria.ac.nz/psyc/research/youth-and-wellbeing-study/resources>, <http://sioutreach.org/learn-self-injury/friends/>, and <http://www.selfinjury.bctr.cornell.edu/resources.html>.

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