

Supporting the Supporters

How Adolescent Females Respond to a Friend Who Engages in Non-Suicidal Self-Injury

Summary of Findings
2016

Introduction

Non-suicidal self-injury (NSSI) is the intentional destruction of body tissue that occurs outside of cultural acceptance and without suicidal intent (Nock, 2009). Approximately 20-55% of the New Zealand adolescent population in the community engage in NSSI (James, 2013; Wilson et al., 2015). Research shows that young people are often aware of those who are engaging in self-harm among their peer group (James, 2013), with friends frequently being the 'resource of choice during times of emotional distress' (Barton, Hirsch, & Lovejoy, 2013). Due to a scarcity of research in this area the aims of this study were to explore how young female adolescents support friends who engage in NSSI and how the supporting adolescent is affected by this process.

Method

Five female Year 10 students at a single school were identified by their Guidance Counsellor as having experiences relevant to the research topic. They were approached by the Counsellor on behalf of the Researcher and invited to take part in this study. All five students agreed to participate in a semi-structured 40-60 minute interview. A qualitative methodology, Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2009), was utilised in order to explore and understand the sense-making experiences of participants.

Results

Five themes were identified from the analysis of participants' interview transcripts using an IPA methodology; including NSSI and relationships, burden and responsibility, the helping response, costs of caring, and supporter needs. Key findings from this project are summarised below:

The Helping Response

Participants reported knowing many young people who engaged in self-harm including friends, siblings, classmates, peer group members, and acquaintances. Each participant described having offered assistance to several young people exhibiting this behaviour since an intermediate age. Responses included expressing concern, inviting a discussion of troubles, suggesting the person talk to an adult or the School Counsellor, providing physical comfort, reassurance or distraction, discussing concerns with another friend or own parent, and using humour. Less frequently a disclosure was made to a staff member or an outside provider contacted in a time of crisis.

NSSI and Relationships

NSSI changed the way young people interacted within friendships with those engaging in self-harm, as well as affecting wider relationships amongst their peer group. Supporting adolescents do not appear to receive the mutual benefits that a usual adolescent friendship affords, as the support effort is typically one-directional towards the person engaging in NSSI. From the supporter's perspective the regular tasks of friendship such as the discussion of problems, displaying empathy, and providing companionship, fail to meet the requirements of a peer engaging in NSSI. To provide effective support requires the young person to move beyond functioning as a friend to conceptualise, adopt and maintain a support role instead.

Beliefs Regarding Support Provision

Although participants were generous in the assistance they provided peers, they were also selective to whom they provided this support to. A direct and repetitive communication of NSSI was sometimes left unanswered, whereas a more covert and often unspoken message of self-harm was more likely to be attended to. Participants were less likely to offer support if they perceived the communication was motivated by 'attention-seeking' purposes or to advance their social standing within the peer group.

The Costs and Benefits of Caring

Participants recounted feelings of uncertainty and confusion throughout the helping effort. Many worried that the support they were providing was not adequate and deliberated over each aspect of the assistance they offered. Stress, worry, anxiety, panic attacks, insomnia, disconnection from other peer relationships, isolation and loss were reported. Maintaining the secrecy of their friend's behaviour added to the burden supporters shouldered. There were also benefits derived from this helping role including a sense of satisfaction and a closer relationship between supporter and the young person engaged in self-harm. For some participants the support role formed an important component of their identity.

"It felt like I was carrying the weight of a thousand people on my back"

Supporting and Life Stage

Adolescence is a stage where stronger bonds are formed with peers, connections with adults change in their nature as a consequence, and young people are more likely to exhibit risky behaviour and strive for independence. These characteristics coupled with the friendship bond between peer supporter and the adolescent engaging in NSSI often prevented the supporter involving an adult mandated to intervene. This inaction increased the burden of responsibility felt by supporting adolescents.

Supporter Needs

Participants requested on-going support in this helping role that included validation of their efforts, encouragement, as well as information and advice as to how best provide this helping effort whilst maintaining their own wellbeing.

"...we may not be hurting ourselves, but our friends' hurting themselves is hurting us".

Conclusion

This study explored how young adolescents respond to and support peers who are engaging in NSSI. The key findings suggest the following applications in the community:

1. Supporting adolescents requires validation in this role as well as continuing support.
2. The need for students, parents, and school staff to be educated about NSSI (warning signs and how to best support a young person) and how assuming a support role affects the young adolescent (the impact NSSI has on relationships, maintaining appropriate boundaries, 'sharing the caring' by linking with other forms of support, and the importance of self-care).
3. Young people must be provided with a clear message that the safety of their peers is paramount therefore a trusted adult must be informed if any risk to safety exists.
4. Schools must 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. Support must also be provided for these peer supporters.
5. 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 that typically arise.

References

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