A qualitative exploration of experiences of people with friends who self-harm, the roles of self-harm literature and the extent it is deemed useful.

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ABSTRACT

A literature review revealed that many people who self-harm seek support from their friends (Evans, Hawton & Rodham, 2005; McDougall, Armstrong & Trainor, 2010) yet there is a lack of information and advice aimed towards friends of a self-harmer (Raphael, Clarke & Kumar, 2006), which is vital in order for them to react constructively (Bateman, 2004). The current research explored the experience of supporting someone who self-harms and views on three leaflets produced by the National Self-Harm Network using semi-structured interviews. Braun & Clarke’s (2006) framework for thematic analysis. Four main themes were identified: trust in professional support, attention seeking, their role as a friend (with sub-themes responsibility & the impact on them and importance of friendship) and finally perceived usefulness of leaflets (including sub-themes distractions list and paucity of constructive advice). Findings suggest friendship is key, both in understanding self-harm and terms of support, NSHN leaflets were inadequate and the impact of self-harm was explored. An underlying faith in professional support was observed despite negative personal experiences. Findings are discussed in relation to the literature with suggestions of further research.

KEY WORDS: SELF-HARM FRIEND SUPPORT LEAFLET THEMATIC ANALYSIS
Introduction

Although there is no single definition, Spandler and Warner (2007) describe self-harm as an ‘expression of, and temporary relief from overwhelming, unbearable and often conflicting emotions, thoughts or memories, through a self-injurious act which they can control and regulate’ (p.ix). Taylor (2003) elaborates by explaining that an individual’s intent is key when defining self-harm as it enables it to be distinguished from attempted suicide or accidental harm. In just one year alone, over 142,000 people were seen in hospital as a result of self-harm (Mental Health Foundation & Camelot Foundation, 2006), however, the true number of people who self-injure is likely to be much higher due to under reporting and the secretive nature of self-harm.

Spandler (1996) argues that self-harm can be a functional, valuable and beneficial coping strategy. Adams, Rodham & Gavin (2005) identify coping, control and validation as three broad functions of self-harm. They draw attention to the fact that much of the literature and research adopts a medical approach in that it focuses on the harm element and damage minimization rather than focusing on the person performing the act itself. In many cases, forcing someone to stop self-harming can be psychologically detrimental, resulting in individuals employing more drastic, damaging measures to self-harm (Shaw & Shaw, 2007).

Jorm (2000) found that self-help interventions for mental health were perceived as being most likely to be helpful, with seeking support from family and friends being the most popular. However, the general public have extremely positive views about psychological treatments, more so than the professionals themselves. Although there is a reluctance to seek professional support, people are much more likely to support when it has been recommended by a peer. Research suggests people are hesitant due to worries of being labelled ‘crazy’, being dismissed as attention seeking, not being aware of the seriousness of the problem and concerns of not being taken seriously. This is not unwarranted, attention seeking is strongly associated with self-harm, even by healthcare professionals who have an understanding of self-harm (Clarke & Whittaker, 1998). Fickl (2007) argues that attributing self-harm to attention seeking lessens individuals anguish at their inability to understand.

People who self-harm might have to be reliant on self-help literature simply because there is no successful professional treatment (Bateman, 2004). However, defining a successful treatment is hard. For example, a reduction in injury could be considered successful but the underlying causes may still be there which suggests it’s only superficial. Bateman found that now with internet based information, there is a wealth of literature that believes an individual can help themselves by learning about the experiences of others. Nevertheless, a large proportion of self-help literature encourages the reader to seek professional help. Only a minority of the people in Bateman’s research had read any self-help books but many had used the internet to seek information, with the National Self-harm Network (NSHN) described as having
the most useful information and advice. There is generally limited advice for partners, family and friends which Bateman believes may be needed in order for them to react in a constructive manner.

The NSHN is a registered charity that aims to raise awareness, provide training and offer support for individuals, family and friends of those who self-harm. Support is provided via email, a telephone helpline, a moderated online forum, leaflets and survivor written literature. The charity aims to empower individuals and encourages them to explore the reasons for self-harm and to seek appropriate help with a focus on support and distraction to enable people to seek alternatives to self-harm (National Self-Harm Network, www.nhsn.co.uk).

Raphael, Clarke & Kumar (2006) interviewed parents of young people who had been admitted to hospital as a result of self-harm. They found that feelings of helplessness and anxiety were intensified by a lack of information and advice from healthcare professionals, general practices and public libraries. During an exploration of local libraries and bookshops, only one book on self-harm was found, which had a waiting list due to high demand. No information leaflets and only one Samaritans poster was found during an investigation of 60 general practices. Raphael, Clarke and Kumar concluded that an information leaflet providing facts, support groups and book lists would be very effective as it would allow parents to read in their own time once they’ve been given an opportunity to cope with their own distress and emotions rather than overwhelming them with information. This research is only concerned about the need for information once the person who self-harms is receiving professional help. It could be valuable to see the steps taken to reach this stage, alternatives to professional help and sources of information that provide advice to those who are not yet under the care of professionals.

This is supported by Bryne et al (2008) who interviewed parents and carers of adolescents who self-harm. A number of themes arose including a lack of support from services and many expressed a need for an information leaflets that included statistics, aetiology, trends and treatments with management and prevention being a priority. Participants felt that the information could be central to the prevention and management of self-harm and the knowledge would give them greater confidence. The need for greater understanding around self-harm is demonstrated by Oldershaw et al (2008) who found that whilst many parents suspected their child of self-harming, none of them sought help for the self-harm alone.

Evans, Hawton and Rodham (2005) found the importance of friends in supporting 15-16 year olds who self-harm. Just over 72%, of teenagers who self-harmed felt they could confide to a friend, compared to only 26% who felt they could tell their mothers, the second highest choice. This demonstrates the importance of friends, as 41% of young people turned to a friend before a self-harm episode and 49.9% have sought help from friends compared to only 18.3% who turned to family members. Not only this, but 85% of individuals felt that being able to talk to someone was a form of
coping strategy and 48.9% have received help from a friend. Therefore a huge proportion of young people who self-harm feel that talking to a friend is beneficial in many ways, which is why it’s important to understand the responsibilities, thoughts and dilemmas a friend may feel when trying to provide support for a friend. As well as this, being around friends was rated as the most common distraction technique employed by individuals who self-harm (Klonsky & Glenn, 2008). Evans, Hawton and Rodham suggest that there is a call for education, advice and how best to help a friend or peer who self-harms. However, this study does not attempt to understand the role of friends, why young people turn to friends and what they can offer in terms of support.

This is supported by evidence in McDougall, Armstrong & Trainor (2010), young people who self-harm were three times more likely to talk to a friend or family member over a professional. Although friends can have an extremely important role in supporting someone who self-harms, it is also important to be aware that problems can worsen if they cannot be resolved within a friendship group. Friends may not be aware of the seriousness of the problem, for example they may not realise when it’s time to tell someone else due to promises of secrecy. This could result in some people supporting a friend to feel overwhelmed and a sense of responsibility over their helplessness to stop their friend’s self-harming behaviour.

**Method**

Qualitative research is part of a debate and not a fixed truth that attempts to explore, elaborate and systematize the significance of a phenomenon Parker (2005). It takes the subjective experience of the participants into account and attempts to understand how people make sense of the world, rather than simply the identification of the cause and effect of variables. A qualitative method was chosen as this research aimed to explore the experiences of individuals and the sense they make of the self-harm literature. The aim of qualitative research is to describe, understand and explain individual’s perspectives of events and their experiences (Willig, 2008).

**Participants**

Eight participants (2 male, 6 female) were recruited using both opportunity and snowball sampling. Friends and peers were directly asked if they were able and willing to participate, who using their contacts, were able to recruit further suitable participants. Participants were identified as someone who has, or has had, a friend who has directly self-harmed that is unknown to the researcher to ensure the person spoken about was not a member of the researcher’s social network. By interviewing friends and peers, it allowed participants to feel comfortable, open up and speak more freely during the interview. Due to the subject matter, having an established rapport between interviewee and researcher is important as it allows personal experiences to be explored quicker, rather than starting with public questions that are used to develop a rapport (Willig, 2008).
Data Collection

The data was collected in the form of recorded one to one semi-structured interviews. Burman (1994) describes the importance of carrying out interviews, it allows the researcher to learn a participant's subjective responses rather than simply using the participant as a comparison with others. Interviews also enable the researcher to explore a wider range of issues in more depth, which such complexity could not be achieved in quantitative research. Due to the flexibility and openness of semi-structured interviews, perspectives and issues that may not have been anticipated by the researcher can be acknowledged (Burman, 1994). During the interview, Willig (2008) advises the interviewer to be naive to encourage the interviewee to elaborate and explain in further detail.

Three leaflets available to download for free from the NSHN website (National Self Harm Network, www.nshn.co.uk), entitled ‘Advice for friends, family and carers’ (AFFFC), ‘Advice for young people’ (AFYP) and ‘Common misconceptions’ were given to the participants three days prior to the interview along with the interview topics. This is so participants had longer to reflect on the information which may have allowed them to give richer answers due to deeper understanding around the subject. This literature was chosen because the charity is well established, has a large range of free literature and was described by Bateman (2004) as providing the most useful information.

The interview setting varied at the convenience of the participant, with two taking place at the All Saints campus and two at the Elizabeth Gaskell campus, with MMU students. The remaining interviews took place in the participant's homes in an appropriate empty room to ensure that no one overheard. This was for both confidentiality reasons and to ensure the participants felt comfortable to open up. Participants were briefed and asked to sign a consent form before the interview. After the interview they were debriefed and given an email address to contact if they decided to withdraw or to enquire about the conclusions of the study. Participants were informed that they were able to withdraw until the process of writing the report begun. The topics of the interview included:

- Finding out
- Feelings about friend’s self-harm
- What they did
- Responsibility
- Previous understanding
- Views on literature & other areas of support
- How literature/support could be improved
Data Analysis

Thematic analysis was used to analyse the semi-structured interviews as it’s a flexible method of identifying, analysing and reporting themes within data. Although it’s widely used, there’s no consensus on what it is and how it should be carried out, so for this study Braun & Clarke’s (2006) framework was used as a guide on how to conduct the analysis. Thematic analysis can be described as flexible as it can be used independently of, and therefore applied to, a wide range of theories and epistemological approaches (Braun & Clarke, 2006). Not only does it organise and describe data in rich detail but it often goes beyond this and interprets various features of the research topic (Boyatzis, 1998). Braun & Clarke (2006) describe it as being useful when working with participants as collaborators and explain that it can highlight similarities and differences in addition to generating unexpected insights.

Braun & Clarke (2006) outlined six phases of thematic analysis, the first of which is becoming familiar with the data which includes transcribing, reading and writing initial ideas. It’s important for the researcher to transcribe the interviews as it allows them to listen again from another perspective and the researcher may notice things such as tone of voice or use of sarcasm that may be lost during the process of transcribing. Transcribing is the first process of interpretation which may alter how the text is later analysed (Parker, 2005), all interviews were transcribed verbatim based on an adapted Jefferson system (Jefferson, 2004). The second phase involved generating initial codes, which involved systematically coding any interesting features across the whole data set whilst gathering relevant data. Searching for themes was the third phase which included collating codes and collecting data for the potential themes. The fourth phase included reviewing the themes and ensuring they worked in relation to both the coded extracts and the whole data set which generated a thematic map of analysis. The next phase was defining and naming themes, an on-going analysis that allowed the specifics of each theme to be refined and for each theme to be named and clearly defined in order to complete the final phase, producing the report.

Ethical considerations

Willig (2008) identified five basic ethical considerations applicable to all areas of research: informed consent, no deception, right to withdraw, debriefing and confidentiality. There was no deception involved, all participants were fully informed about the aims of the research and the procedure, and therefore all participants were able to give informed consent. Participants were briefed and asked to sign a consent form prior to the interview to ensure they understood the aims of the research, their right to end the interview at any time and their right to withdraw from the study until the report had begun to be written. Data was locked securely and digital copies were password protected, personal details were changed so that participant cannot be identified in the report and consent forms will be destroyed upon completion of report. The data collected wasn’t confidential as it was discussed with my supervisor.
and written in a report, however participants were informed of this prior to the interview. Although this is a sensitive subject matter, the participants themselves were not classed as vulnerable and any distress they may have experienced wouldn’t have been beyond their everyday experiences. There were no invasive or potentially harmful procedures in this study and no inducements were offered to participants. The interviews took place in a safe environment to protect both researcher and the participants and measures were taken to ensure the interview wasn’t overheard by others for confidentially reasons. Brinkmann & Kvale (2008) claim that qualitative research should not only protect participants from harm, but also be beneficial to them. The conclusions of the research may be of interest to the participants and could be beneficial as it could increase individual’s understanding of self-harm and research suggests that qualitative research interviews can have a therapeutic effect for participants. Hutchinson, Wilson & Wilson (1994) described how human interaction in a research interview leads to a positive therapeutic outcome. The therapeutic benefits of human interaction have been identified as empowerment, self-awareness, sense of purpose, healing and catharsis (Colbourne & Sque, 2005). This is especially true in this study as due to the secretive topic, many participants have been unable to speak about their experiences and therefore gives interviewees a voice to express themselves, which they have previously been unable to do. Participants may feel some levels of distress if the interpretation of the interview is different to how they felt about the situation they spoke about. However, they were all provided with an email address to contact the researcher with opportunity to discuss the findings.

**Results**

Four major themes were identified after a thorough thematic analysis and interpretation using Braun & Clarke’s (2006) framework. The process of identifying themes can be seen in the thematic map. Table 1 illustrates the major themes and the sub-themes that were identified during the analysis of interview transcripts.
Table 1: Table showing main themes and sub-themes.

<table>
<thead>
<tr>
<th>Main theme</th>
<th>Sub-theme</th>
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<tr>
<td>Trust in professional support</td>
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<td>Attention seeking</td>
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<tr>
<td>Their role as a friend</td>
<td>Responsibility &amp; the impact on them</td>
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<td>Importance of friendship in terms of support</td>
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<td>Perceived usefulness of leaflets</td>
<td>Distractions list</td>
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<td>Paucity of constructive advice</td>
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Trust in professional support

With the exception of one, all of the participants suggested or encouraged their friends to seek professional support, ‘I did try and get her to see someone’. However, many were unsure of where or how to access the support, which is a potential contributing factor as to why not all individuals sought it or why it was simply a suggestion by some participants rather than something they insisted their friend to do. Their lack of knowledge could make the process a much more daunting one, especially when the outcomes are unknown.

Four of the participants friend’s received professional help, although in all cases it was seen as unsuccessful and inadequate, ‘she seemed to get better without the counselling in a way’. Despite this, all of the participants expressed a level of faith that a professional would be beneficial, ‘the right therapy probably might save them’. The utilisation of the words ‘might’ & ‘maybe’ could be used to indicate an aspect of uncertainty in their statements. It suggests that there is no basis for their expectations except for the view of a professional as an expert, which is an indicator of the power they hold.

Nevertheless, the confidence in experts can be seen within the data, ‘obviously my two parents are superiors’ because ‘my mum counsels children and my dad counsels like teenagers’. This demonstrates an underlying trust in the expertise that psy-authorities exert and the use of the word ‘obviously’ suggests that regardless of his friend’s experience, the belief that an expert knows best is something that should be clear to everyone. The use of this word can also be seen by another, which
suggests that as well as a professional being viewed as knowing the solution, that they are also perhaps seen as the only option, for example, 'your first thought is like they need to see a counsellor'.

**Attention seeking**

It is apparent that attention seeking is associated with self-harm as it was a topic spoken about by all of the participants. After first being told, a couple of participants were unsure whether they saw their friend’s behaviour as attention seeking ‘I didn’t really know if I’m honest if she had self-harmed or if she was doing it for attention’. Despite the uncertainty, it was not dismissed by JL perhaps due to the risk involved in doing so, which could make the situation worse thus showing the potential seriousness of the situation.

In total, five of the interviewees contradicted themselves when speaking about attention seeking by explaining things like ‘I’ve always known that people always say self-harm is not about attention seeking’. However, this statement was said after the interviewee had spoken about her personal experience, ‘I did see it as attention seeking’. It seems that a number of participants appear to have conflicting views which suggests that although they explicitly express their awareness that attention seeking is a misconception, it is still a strongly associated one that is embedded in some individuals.

This was also expressed by other participants who noted that attention seeking was something they related to self-harm, whilst evidently excluding their friend from this assumption. This shows that although participants have an understanding that their friend’s self-harm is not attention seeking, they perhaps are not as sympathetic with individual’s they do not know on a personal level. It could be because the information leaflets stress the point that self-harm is not an attention seeking behaviour. As all participants read this prior to the interview, it could’ve altered the way in which they spoke about attention seeking in order to produce more socially desirable answers to attempt to show their compassion for their friend or to demonstrate their knowledge of self-harm. It is easier for people to attribute self-harm to attention seeking than to acknowledge the fundamental cause of it, ‘you kind of know why people attention seek but you don’t know why people do this’.

Five of the participants used the term ‘cry for help’ when describing self-harm in terms of their personal experiences. This demonstrates an ignorance to the functions of self-harm and essentially implies the sole purpose of self-harm is help-seeking.

**Their role as a friend**

**Responsibility & impact on them**

Responsibility was a theme that arose in all of the interviews, with participants feeling varying levels of responsibility for their friend, ranging from ‘totally
responsible’ to ‘I just distanced myself. Because I didn’t want that responsibility.’ Some participants noted that the responsibility they felt was in relation to the general wellbeing of their friend and no sense of responsibility for the self-harm itself which could be due the knowledge that they, could not be held accountable for the actions of their friend, ‘I didn’t feel responsible in a way because I knew it wasn’t me that was gonna stop it or gonna cause it’. This shows an understanding of the concept that there is a root cause for an individual’s self-harm and it is not a superficial behaviour that can be stopped effortlessly. It appears that the extent of responsibility interviewees felt was dependant on their level of involvement, their perception of the severity of the issue and the personal impact it had. One participant felt ‘very upset I couldn’t change anything’ as a result of not be able to provide the levels of support she felt she should have. Perhaps she had unrealistically high expectations of herself as a friend. It could be a result of how she found out about her friend’s self-harm, she was informed after a failed suicide attempt, which unarguable would be a traumatising event.

Some of those interviewed may not have had a conscious choice in deciding the extent of their involvement and responsibility felt, ‘you feel a natural sense of responsibility when someone opens up to you’. The language used implies that it was an instinctive reaction, and therefore a response that one has no control over. However, this was not the case for all participants, one described her rejection of responsibility as a conscious, thought out decision with a number of reasons to rationalize her response, ‘I don’t want to be part of it because I don’t want to be responsible but then if anything else did happen I would feel responsible...for not helping’. This illustrates a dilemma that individuals may face when confronted with a friend’s self-harm, the fear of feeling responsible for any further harm their friend may do to themselves but also the consequences of not directly supporting their friend.

It is inevitable that finding out that a close friend has been self-harming would have a deep personal effect, due to the consequences of supporting someone. Participants explained ‘And like you did feel like you feel like a bit of a carer’. The impact of supporting someone is clearly a big role for individuals to take on, and some may have felt it’s beyond the duty of a friend.

**Importance of friendship in terms of support**

The value of friendship was highlighted by all participants, with it being used by many as the reason why they believe their friend sought support from them over a professional, ‘she said it was easier to speak to me because she knew me on a personal level’. The idea that ‘a friend knows everything about you’ was a prominent concept within the data and used by participants as a method of explanation when describing the beneficial features of friendship.

Words and phrases typically associated with what constitutes a good friendship were frequently used as an explanation of why their friend spoke to them, for example
'they’re always there for you’. Rather than speaking from direct personal experience, the participants could be simply talking about the ideology of a good friend or at least let this influence their views. This can be further demonstrated by a scarcity of explanation of the principles of friendship which shows it’s a concept that doesn’t require any further explanation.

Friends can offer a different type of support as unlike professional help, there is no planning or assessment involved. Perhaps rather than addressing the cause of the self-harm, friends can provide support that requires less expertise but relies on the values of a close friendship. For example, ‘because you know them personal just you can enforce good, good aspects of them’. This was described as being the result of knowing the friend personally which suggests that a close relationship is important in order to be there for an individual when the supporting friend is not an expert.

**Perceived usefulness of leaflets**

**Distractions list**

The distraction list on the ‘Advice for Young People’ leaflet emerged as a theme and was criticised by all of the interviewees as being unconstructive, frivolous and unhelpful. The suggestions provided were seen as unrealistic or impractical ‘I think it would be near impossible to focus your mind away from self-harm into those’. It presumes self-harm is a planned behaviour and someone would have the equipment to partake in these activities. Participants saw it as ‘a bit of a joke’, which could cause them to see the leaflets as trivialising the seriousness of self-harm and therefore lacking credibility, ‘I’d be a bit pissed off that they didn’t really understand my problem’. The fact that participants spoke about the distraction techniques in a light hearted way indicates the extent to which the advice was viewed as flippant, unimportant and useless.

Not only were the distraction techniques viewed as ridiculous they were also viewed as being potentially detrimental as it could prevent an individual from seeking the support they need, ‘it says I need to speak to people but it also says I can stop it if I do these things so instead of speaking to people I just concentrate on this area and do that instead’. There is conflicting advice on the leaflets, as it advises the individual to open up to others, yet also suggests various distractions if one is not ready to talk, which could cause confusion and also undermines the integrity of the leaflets. Self-harm is constructed as a behaviour that needs to be stopped through various techniques, described as ‘healthier and more effective’. It clearly states self-harm is a coping mechanism, insinuating it is beneficial to individual’s mental health, yet ultimately implies that physical health is more important. Individual distress can easily be ignored by the outside world but self-harm is an issue that is beyond cultural norms and therefore needs to be stopped, perhaps to put society at ease rather than the self-harmer. Whilst other behaviours that are damaging to one’s body are seen as socially acceptable, self-harm has been pathologised by mainstream
psychology which ignores oppression as well as the social and economic factors that contribute to mental health issues.

**Paucity of constructive advice**

Although there were favourable aspects of the leaflets, they were generally viewed as lacking in further advice and support. Participants felt there was a shortage of sources of support or what to do after reading the leaflets, ‘I don't think this tells you what to do next’. There were however, contact details for six other organisations on the AFYP which despite being viewed as positive, the majority are not suitable for an adult such as Childline and NSPCC. A contradiction between the leaflets was also noted as participants felt the AFYP was aimed at a young audience, ‘obviously no higher than 16, maybe no higher than 14’ mainly due to the images and language used. However, the statistics on the Common Misconceptions leaflet are not mirrored, ‘most people who self-harm are between 17 and 25, 50%. AFYP was the only leaflet aimed at people who self-harm demonstrating a massive gap, ‘there should definitely be like yeah, one for an older person. The advice aimed at the self-harmer was seen having unrealistic expectations, ‘where it lists what you should do talking to GPs, talking to friends but... in a way it might be a bit idealistic as well’. The leaflets rely on the image of a typical self-harmer, the stereotypical misunderstood white, middle class, female adolescent who cannot express themselves. They presume that an individual wants to stop the behaviour and has the resources to seek help, when many would not talk to a teacher or GP.

Despite these criticisms, not a single participant enquired into the source of the leaflets, although they were made aware they were downloaded from the charity’s website, which could have altered their perceptions of their usefulness. This can be seen by the fact that only three participants researched self-harm at the time and perhaps demonstrates that many participants do not have the same confidence in information found on the internet as that of a professional, ‘the internet's not helpful at all’. This is due to the expertise of a professional which is an indicator of power, something perhaps the leaflets do not have.

**Discussion**

The results depicted the experiences of those supporting a friend who self-harms, their views about self-harm and opinions of the leaflets. The analysis identified a number of themes which will be discussed in juxtaposition to the reviewed literature.

An underlying trust in professional support emerged as a theme, despite a number of participants citing negative personal experiences. These findings reflect that of previous research which suggests that the general public have extremely positive views of various psychological treatments (Jorm, 2000). The idea that these opinions are perhaps unfounded is also supported, due the public having more positive views of mental health interventions than professionals themselves. The public belief in
professional support is an important factor in terms of help-seeking, as professional help is much more likely to be sought when it has been advised by someone else. This can be used as an example of why it is important for the general public to have realistic expectations of professional support. Psychology has led us to believe that only those with expertise are able to ‘treat’ people’s problems, yet it has clearly failed those who sought help. This leads to questioning of the role of psychology, when it simply labels behaviours as problematic without providing a solution or a valid explanation for why such behaviours occur. There is a focus on individual treatment, rather than prevention as social issues such as oppression are rarely taken into account. Psychology continues to reinforce the medical model rather than highlight societal issues that contribute to the onset of self-harm, which is demonstrated by the views of the participants who view self-harm as something that needs to be cured.

This study provides support that self-harm is associated with attention seeking. This finding confirms that of previous research investigating attitudes to self-harm, many people view self-harm as ‘grossly attention seeking’ (Clarke & Whittaker, 1998, p.135). Even those who can be described as having an awareness of self-harm, in other words healthcare professionals, see it this way, which demonstrates the strong association between self-harm and attention seeking. Fickl (2007) claims that labelling self-harm as attention seeking alleviates individual distress because of the inability to understand self-harm, an idea that is supported by this research. However, much of the research fails to take into account why an individual would be harming themselves for attention and why attention seeking is automatically viewed in a negative light. It appears that friendship is not only key in terms of support but also in understanding self-harm, as attention seeking was spoken about differently depending on whether speaking about their friend or stranger.

An objective of this research was to explore and gain a further understanding of the experiences of supporting a friend who self-harms. Despite there being a lack of qualitative research into the role of friends in supporting someone who self-harms, empirical evidence can demonstrate the importance and value of friends. Evidence suggest that friends are the preferred source of support for many young people (Evans, Hawton & Rodham, 2005), with a vast majority describing talking to a friend as a coping strategy. Young people who self-harm are also three times more like to speak to a friend than a professional (McDougall, Armstrong & Trainor, 2010) which is reflected in the findings of this study as all of the individuals spoken about sought support from a friend first.

A good friendship is highlighted by participants and is perhaps something needed in order to respond in a productive manner. Although professionals hold expertise, it could be argued that friends are experts of their situation, because they know the self-harmer on a level that a professional wouldn’t. There is a wealth of research that confirms finding out about someone self-harm can result in feelings of shock, guilt,
concern, sadness and helplessness (Oldershaw et al., 2008; Raphael, Clarke & Kumar, 2006). Although previous research suggests finding out a family member can be traumatising, it could be that finding out did not affect everyone as much as previous findings suggest because friends are perhaps less involved and could feel less responsible compared to a parent of an individual who self-harms. The question of where the responsibility lies in terms of support is raised, further research could examine who is accountable for the wellbeing of individuals who self-harm. Participants in this study noted that it wasn’t them who can stop it, yet presume a professional can which demonstrates an avoidance of long term responsibility, justified by a lack of expertise and due to not being to blame for the onset of self-harm.

An aim of the research was to learn about the impact, usefulness and role of self-harm literature. The leaflets presented to participants were generally viewed as inadequate, basic and in some cases ridiculous. Although some aspects were regarded as useful, a paucity of constructive advice was highlighted with much room for improvement. Previous research advocates a need for information leaflets and advice for those supporting individuals who self-harm (Bryne et al., 2008; Raphael, Clarke & Kumar, 2006). Despite it being clear there is a need for further education, the findings of this research indicate that leaflets are perhaps not the most useful method. This is partly due to the unavailability of them, as many participants said they would read them if they saw them but it is not something they would seek, which is reflected in the number of individuals who searched for information. This raises the question of where the responsibility lies in terms of education around issues such as self-harm, especially when there is a lack of information for the general public.

Contrary to what was observed in this study, there is a vast amount of information that suggests various distraction techniques and alternatives to self-harm can be helpful (McDougall, Armstrong & Trainor, 2010). Writing poetry, listening to music and art are seen as helpful management strategies for young people as they are another method of expression. However many cite this information without empirical evidence to back it up. A number of distraction techniques were reported as being useful such as doing exercise, removing the means of self-harm and talking to someone understanding (Klonsky & Glenn, 2008). However, these studies fails to incorporate the suggestions provided by the NSHN such as popping bubble wrap and drawing on one’s body with a red pen which were highlighted by participants as being ineffectual. It is perhaps the definition of ‘useful’ that is confused, removing the means of self-harm may be momentarily useful in preventing physical injury, yet could cause a greater deal of psychological distress. An abundance of evidence suggests that the focus on stopping self-harm is unrealistic and possibly more harmful, both physically and psychologically (Shaw & Shaw, 2007).
A number of limitations need to be considered. All of the participants were talking in retrospect, time could have altered their perceptions of their feelings, especially their initial reaction because for many it became part of their everyday lives and therefore something that perhaps was normalised by recurrence. It also presumes that a friend has been beneficial, when in some instances this may not have been the case from the perspective of the individual who self-harmed. Furthermore three of the participants were psychology students so they may have a greater awareness of the issues raised compared to the general public. Qualitative methods ensure an in depth exploration of subjective experiences however, these cannot be generalised to populations. The sample of participants was also limiting as they were all acquaintances of the researcher, however this was also beneficial in terms of the information shared by participants.

The findings from this study could be used to increase knowledge of self-harm as it is clear that there is a lack of understanding in certain areas. An outcome of this research could be an improvement of NSHN literature, as well as other sources of information aimed at those supporting someone who self-harms as well as the self-harer, especially as a number of aspects of the leaflets were identified as needing improvement. There are also implications for practice, measures could be taken to ensure that those under professional care receive constructive informal support outside of a professional setting. This could be done by raising awareness and understanding of self-harm so that people have the opportunity to respond in a helpful way that is beneficial to the individual self-harming, but also could reduce the negative aspects of providing support. As research suggests there are no universally successful treatments, alternatives such as community interventions could be introduced such as support groups with friends, where they can learn more about their situations and perhaps together produce more useful information leaflets.

Future research could extend this study by exploring the experience of self-harmers to investigate what they feel is beneficial in terms of support. Further exploration could examine whether education and advice from experts could improve the support provided by friends, with a focus on the self-harer’s wellbeing. There could also be a focus on why individuals hold certain assumptions, perhaps with discourse analysis of literature to examine how self-harm is constructed.

**Reflexivity**

Aspects of research may have been interpreted differently due to my personal experiences of being around self-harm as for a number of years it has been an issue for some people close to me and is an area I am interested in working with in the future. Due to this insider perspective which could affect subjectivity, my understanding of the data may differ from others. I was particularly interested in the approaches taken in Spandler & Warner’s (2007) book which influenced my current understanding of self-harm, psychology and interventions, which has changed over
the process of this research, with a shift from mainstream to a more critical psychology.

I feel a number of themes could have been expanded on and certain issues explored with more depth, however due to word limit constraints this has not been possible. It was important to choose a qualitative method in order to explore the experiences of individuals which resulted in a deep understanding and gave them a voice to express themselves, something that could not have happened with quantitative research. However, being an inexperienced interviewer may have restricted the data and with hindsight, further questions could have been asked.

References


