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# Public Perceptions of Self-Harm: Perceived Motivations of (and Willingness to Help in Response to) Adolescent Self-Harm

Emma Nielsen  and Ellen Townsend

*We investigated public perceptions of, and responses to, adolescent self-harm—an under-researched topic, given that the majority of self-harm in this group is not disclosed to formal support services. Participants (N = 355, aged 18–67 years) were presented with 1 of 10 vignettes and completed self-report measures assessing perceived motivations for self-harm and helping/rejecting responses. Vignettes were manipulated across conditions for stated motivation, controllability of stated cause, and presentation format. Results indicate that stated motivation for self-harm, controllability of stated cause, and presentation format affect perceived motivations. Further, participants demonstrate an understanding of the complex nature of self-harm, indicating an appreciation that an individual may hold multiple motivations simultaneously. Perceived motivations for self-harm are associated with the endorsement of helping/rejecting behaviors. These relationships are important to explore, given the critical importance of initial responses to self-harm on subsequent disclosures and help-seeking.*

**Keywords** adolescents, motivation, non-suicidal self-injury, self-harm, suicide

## INTRODUCTION

Self-harm, “self-injury or self-poisoning irrespective of the apparent purpose of the act” (National Institute for Health and

Care Excellence, 2004, p. 6), is a serious, and growing, public health concern which disproportionately affects young people (Owens, Hansford, Sharkey, & Ford, 2015; Townsend, 2014). In order to understand self-harming behavior, it is important to consider the function(s) it serves. Indeed, the motivational dynamics underpinning self-harm have important implications for both intervention and the prevention of subsequent episodes (Boergers, Spirito, & Donaldson, 1998). Salient motivations for self-harm include

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release or relief (primarily from overwhelming, aversive affect), distraction, self-punishment, control and functions related to dissociation or depersonalisation (Rodham, Hawton, & Evans, 2004; Suyemoto, 1998). Contemporary theoretical accounts (e.g., Chapman, Gratz, & Brown, 2006) posit that individuals self-harm primarily to reduce intense affective responses that they find difficult to tolerate (Laye-Gindhu & Schonert-Reichl, 2005).

The available empirical evidence supports this assertion. Scoliers et al. (2009), using the Child and Adolescent Self-harm in Europe (CASE) data of 30,477 adolescents, investigated motivations of self-harm. Relief motives received the highest endorsement. The least frequently reported intentions were all interpersonal in nature. Tension relief motivations are also highly endorsed in spontaneous reporting (Rodham et al., 2004).

Research indicates that the vast majority of people with a history of self-harm disagree with the statement “self-harm is a failed suicide attempt”<sup>1</sup> (92.9% disagree; 5.8% no opinion; 1.2% agree) (Warm, Murray, & Fox, 2003). However, the survey assessed generally held perceptions of accuracy/inaccuracy of statements. Therefore, while the results clearly indicate that, within this sample, the majority of respondents disagree that self-harm is typically related to a suicide attempt, this is not to say that individual episodes of harming may not have suicidal motivations. A significant number of people—in both clinical and community samples—who report histories of non-suicidal self-injury also report having attempted suicide, and non-suicidal self-injurious thoughts often

co-occur with thoughts of suicide (Andover, Morris, Wren, & Bruzese, 2012). Indeed, recent taxometric analyses demonstrate a continuum of intent in self-harmful behavior (Orlando, Broman-Fulks, Whitlock, Curtin, & Michael, 2015).

Nock, Prinstein, and Sterba (2009) systematically examined adolescent (non-suicidal) self-injurious thoughts and behavior in real time utilizing ecological momentary assessment. The primary motivation reported was intrapersonal in 85–90% of cases. Interpersonal intention was indicated in just 15–20% of episodes. More specifically, intrapersonal-negative reinforcement (the reduction of, or distraction from, aversive affect) was reported in 64.7% of instances, representing the most frequently endorsed motivation. Intrapersonal-positive reinforcement (the generation of preferred emotion, feeling or stimulation) and interpersonal-negative reinforcement (the escape from, or avoidance of, aversive social situations) were less frequently endorsed (24.5% and 14.7%, respectively). Self-harm with the intention of gaining attention or facilitating help-seeking (interpersonal-positive) was noted infrequently, endorsed in just 3.9% of the episodes reported. Thus, results point to a cognitive-regulatory function of self-harm as well as the frequently cited affect-regulatory functions (Klonsky, 2007).

In stark contrast to the empirical data, a commonly cited motivation among the general public, the broader literature, and indeed over-reported by healthcare professionals is the elicitation of a caring response from others (Gratz, 2003; Long, Manktelow, & Tracey, 2013; Ross & Goldner, 2009). This is commonly depicted as a means of manipulating or coercing others, or as attention seeking (McCann, Clark, McConnachie, & Harvey, 2007). Interpersonal motivations are reported by a minority of those who self-harm—albeit rarely as a sole motivation (Boergers et al., 1998; Lloyd-Richardson, Perrine, Dierker, &

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<sup>1</sup>We believe that notions of “failure” (or indeed “success”) in relation to suicide attempts are unhelpful, inaccurate, and potentially stigmatizing. We include this statement in quoted prose as this is the language employed within the original research.

Kelley, 2007) or a primary goal (Levenkron, 1998; Linehan, 1993).

It is important to note that relationship problems are commonly identified as a life problem contributing to self-harm in those presenting to general hospital (e.g., Townsend et al., 2016). However, such epidemiological studies show that people report multiple life problems. Further, they do not collect data about the potential psychological functions associated with self-harm. Thus, it is likely that it is the emotional distress caused by relationship problems that is the key precipitant for self-harm. While self-harm provides a potent social signal, which may prove influential when other communicative means prove inadequate (Nock, 2008; Wedig & Nock, 2007), only a small minority (20%) of individuals report a positive experience of attention, that they “like attention resulting from self-harm” (Favazza & Conterio, 1989, p. 285).

#### Motivations for Self-Harm and Helping Responses

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Understanding the dynamics that influence perceived motivations for self-harm is crucial, as perceived motivations may directly influence the helping/rejecting response given to those who self-harm (Knowles, Townsend, & Anderson, 2013). Initial reactions upon disclosure of self-harm are critical, given their influence on subsequent disclosures and help-seeking (McDougall, Armstrong, & Trainor, 2010).

Individuals whose self-harm is perceived to be interpersonally motivated may, naively, be deemed at a lesser risk of suicide and less in need of support from mental health services (Knowles et al., 2013). Knowles et al. (2013, p. 1189) suggest that staff engaging with young people within a Youth Offending Team (YOT) dichotomize episodes of self-harm as “genuine” or “attention seeking”

dependent upon perceived motivations. Specifically, their results indicate that self-harm was frequently dismissed as merely manipulative if the behavior was perceived to be interpersonal or socially motivated, with these individuals perceived to be not “seriously at risk” (Knowles et al., 2013, p. 1190). This demonstrates an apparent lack of understanding that self-harm may serve multiple functions simultaneously (e.g., Suyemoto, 1998).

Negative emotional responses and dismissive reactions may be attributable to a lack of appreciation for the motivations underpinning self-harm; results of Hopkins (2002) ethnography indicated that nursing staff who had difficulty understanding why someone may self-harm expressed the highest levels of frustration and helplessness. This is concerning, given that increased negative affect is associated with a reduced willingness to help (Mackay & Barrowclough, 2005). Owens et al. (2015, p. 3) highlight that the consequences of such negative attitudes and rejecting behaviors are three-fold, “reinforcing the feelings of shame and worthlessness with which the young people arrived (to A&E); avoidance of future help-seeking, and adverse health outcomes, both mental and physical.” The need for accurate perceptions of the motivational dynamics underpinning self-harm is further highlighted by research suggesting that a clinician’s ability to comprehend motivation(s), and then frame their engagement within this understanding, impacts a young person’s willingness to engage with clinical services and is paramount to appropriate tailoring of treatment (Boergers et al., 1998).

Despite the weight of evidence indicating that perceived motivations relate to the propensity to help (or reject) in response to self-harm in professionals, to date there is a dearth of evidence considering public perceptions and responses to self-harm. It is paramount to understand public responding given that self-harm is usually

first disclosed within informal support structures (e.g., friends, family, etc.) (Rowe et al., 2014). Thus, here we explore perceived motivations of, and subsequent responses to, self-harm in a community-based sample. We build on previous important work in the field (Cutcliffe & Barker, 2004; James & Hawton, 1985; Knowles et al., 2013; Law, Rostill-Brookes, & Goodman, 2009; Nielsen & Townsend, *in press*; Ramon, 1980; Schnyder, Valach, Bichsel, & Michel, 1999; Scoliers et al., 2009) by selecting variables known to influence public perceptions—these are discussed in the paragraphs that follow.

#### Stated versus Perceived Intent

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Motivations for self-harm may be reported. They may also be inferred or assumed. Schnyder et al. (1999) reported that both clinicians and individuals who had engaged in self-harmful behaviors showed greatest endorsement of intrapersonal intentions. Similarly, manipulative motivations were largely rejected by nurses, doctors, and those who had self-harmed. While this would suggest a degree of consensus between stated and perceived motivations, incongruity is frequently cited. Typically, medical professionals are reported to demonstrate inflated endorsements of communicative intentions, overestimating the role of interpersonal motives (Knowles et al., 2013).

A reported discrepancy between stated and perceived motivation is not limited to healthcare professionals; relatives also demonstrate a bias to ascribe interpersonal motivations, assuming self-harming behavior is undertaken primarily for communicative means (Ramon, 1980). Family members and significant others are often naïve to potential intropunitive motivations of self-injurious behaviors (Scoliers et al., 2009). This propensity to attribute interpersonal, communicative intention shows clear contradictions with personal

testimony and verbalisation of intent following self-harm.

In risk assessment procedures, a statement of suicidal intent is not considered sufficient evidence of its existence (Cutcliffe & Barker, 2004). Some research evidence suggests that in instances where interpersonal motivations are assumed, professionals wrongly believe that the individual is at a lesser risk of death by suicide than in episodes without a socially motivated component (Knowles et al., 2013).

There is some evidence to suggest that levels of suicidality associated with an episode of self-poisoning are differently perceived by the individual who overdosed and their significant others. James and Hawton (1985) reported that over 35% (38.2%) of those who had self-poisoned stated suicidal intention as a behavioral motivation. However, only 2.9% of significant others concurred, acknowledging suicidality. Low perceived suicidal intent is evident in the converse also; 8.8% of those who have self-poisoned denied suicidal intent to any extent, compared to 41.2% of significant others.

The literature exploring perceived suicidal intent is extremely restricted in scope, with a notable absence of recent research. Given (i) the reported increases in self-harm and suicide in the last 30 years, and (ii) increased discussion of mental health, including self-harm and suicidality, and awareness and education campaigns across the last 30 years, it is feasible that public perceptions have shifted. Given the potential ramifications for help-seeking, it is important to explore perceived suicidality in a contemporary sample.

Perceived motivation influences helping intentions and behavior, thus it is crucial to further explore the relationship between stated and perceived motivation experimentally. Self-harmful behaviors are frequently accompanied by complex emotions; often individuals who engage in self-harmful behaviors are unable to identify

their own intentions, appear ambivalent, or believe they behave without distinct motivation (Csipke & Horne, 2008; RCP, 2010). Given that people are often unable to identify clear motivational antecedents, it is of methodological relevance to include a control comparison condition with unknown cause and motivation for self-harm. Therefore, the current study will explore not only the congruity between stated and perceived, but also perceived motivations in the absence of reported known motivation.

#### Controllability of Cause

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Attributions of controllability have been highlighted in theoretical accounts as having both a direct and indirect influence on affective and behavioral responding to mental health concerns (Corrigan, Markowitz, Watson, Rowan, & Kubiak, 2003; Nielsen & Townsend, *in press*), with empirical evidence supporting their role in emotional and behavioral responding to self-harm in both healthcare and non-healthcare student samples (Law et al., 2009). While researchers have suggested that perceived motivation may be related to controllability (Knowles et al., 2013), this has yet to be systematically explored.

#### Current Study

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Here we extend existing research by exploring perceived motivation in the absence of stated motivation, as well as the effects of stated motivation and controllability of stated cause on perceived motivation, in the general population.

As Knowles et al. (2013) note that vignette studies would be optimally placed to explore the impact of attributions of motivation, participants here will be presented with a representative hypothetical case vignette, depicting a presentation of adolescent self-cutting. The vignettes will be manipulated between groups in terms of controllability of stated cause of self-

harm (controllable vs. uncontrollable) and stated motivation (interpersonal vs. intrapersonal). Typically, research employs written case vignettes (e.g., Law et al., 2009) but, given that many disclosures of self-harm encountered in the community are likely to be face-to-face, the effect of presentation style of perceived motivation will also be explored, comparing text format with a video format (see, Nielsen & Townsend, *in press*. for further discussion).

Additionally, the study will explore the relationship between perceived motivation for self-harm and endorsement of helping behaviors. To explore this, participants will be presented with a scenario in which they are volunteering within an Accident and Emergency (A&E) department and encounter the character depicted in the vignette. Participants will be asked to rate preferences in behaviors ranging from direct, self-initiated helping (starting a conversation with Megan) through to rejection (ignoring Megan).

The study aims to explore:

1. Whether perceived motivations align with stated motivation for self-harm.
2. Perceived motivations in the absence of information regarding motivation (unknown motivation).
3. The effect of controllability of stated cause for self-harm (controllable vs. uncontrollable) and presentation format (text vs. video) on perceived motivations for self-harm.
4. Whether perceived motivations are associated with perceived suicide risk and helping/rejecting responses.

## METHODS

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### Participants

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A total of 355 ( $N = 355$ ) adult participants took part in the study. The majority



of the sample were female (73.5%) and White (84.5%) (2.3% Black, 7.0% Asian, 2.8% mixed background, 3.4% unspecified/other). Participants ranged in age from 18–67 years ( $M = 25.65$ ,  $SD = 10.95$ ). Four participants (1.1%) did not indicate their age. The community sample was self-selected, with participants responding to poster, e-mail and word-of-mouth advertisements.

Participants were not pre-screened for, nor excluded on the basis of, personal self-harm history. The majority of the sample (73.4%) had low to moderate familiarity with self-harm (see Nielsen & Townsend, *in press*). The study protocol was approved by the institutional ethical review committee (School of Psychology) and signposting to sources of emotional support was provided to all participants.

Design and Procedure

Data were collected via an anonymous, cross-sectional, online survey. The experiment followed a  $2 \times 2 \times 2 + 2$  between subjects design (10 total conditions, see Table 1): stated motivation (intrapersonal vs. interpersonal) x controllability of cause (controllable vs. uncontrollable) x presentation type (text vs. video presentation) with

hanging control comparisons (unknown motivation/unknown cause) in each presentation format (text vs. video). Participants were randomly allocated to condition, via Randlink.

Each participant was presented with a single, representative (see Nielsen & Townsend, *in press* for further discussion), hypothetical case vignette adapted from those employed by Law et al. (2009), to consider the stated motivation for self-harm, as well as the controllability of stated cause. In-line with the manipulations employed by Law and colleagues, the stated cause of self-harm was either drug misuse (controllable) or childhood abuse (uncontrollable).

My name is Megan and I am 17. I deliberately cut my arms, legs and stomach with a sharp instrument, resulting in wounds. [I wanted to get relief from a terrible state of mind (intrapersonal); I wanted to show others how desperate I was feeling (interpersonal); I don't know what I wanted to happen as a result (unknown)]. [I think I do this because I misuse drugs (controllable); I think I do this because I was abused when younger (uncontrollable); I am

**TABLE 1. The  $2 \times 2 \times 2 + 2$  between Subjects Design. Participants Were Randomized to One of Ten Vignette Conditions**

Condition	Stated motivation	Controllability of stated cause	Presentation format
1	Intrapersonal	Controllable	Text
2	Intrapersonal	Controllable	Video
3	Intrapersonal	Uncontrollable	Text
4	Intrapersonal	Uncontrollable	Video
5	Interpersonal	Controllable	Text
6	Interpersonal	Controllable	Video
7	Interpersonal	Uncontrollable	Text
8	Interpersonal	Uncontrollable	Video
9*	Unknown motivation	Unknown cause	Text
10*	Unknown motivation	Unknown cause	Video

Note: \*indicates hanging control condition.

not sure why I did this to myself (unknown)].

Vignettes were controlled for length, containing 43–45 words. No information regarding psychiatric diagnosis, or lack thereof, was provided. In video vignettes, an 18-year-old actress delivered the lines with neutral tone and expression. In an effort not to introduce additional information, the video was shot face-on from shoulders upwards, against a neutral background. Both video and text vignettes were hosted externally of the questionnaire, allowing participants to review the information at any stage during study completion.

#### Measures

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Measures were presented in the order outlined below.

*Perceived Motivations.* Perceived motivations for self-harm were adapted from Bancroft et al. (1979, Bancroft, Skrimshire, & Simkin, 1976). In line with previous studies (e.g., Rodham et al., 2004), the motivations were presented in list format. The study assessed motivations across a series of ten, 9-point (*not likely–very likely*), Likert scales (“Megan wanted others to notice her;” “Megan wanted to frighten someone;” “Megan wanted to get her own back on someone;” “Megan wanted to direct other people’s thoughts to be focused on her;” “Megan wanted to find out whether someone really loved her;” “Megan wanted to get some attention;” “Megan wanted to show how desperate she was feeling;” “Megan wanted to die;” “Megan wanted to punish herself;” “Megan wanted to get relief from a terrible state of mind.”) High scores indicate high endorsement of construct.

Interpersonal communicative motives (here listed 1–7) demonstrated excellent internal consistency ( $\alpha = .859$ ). However, the internal consistency for intrapersonal

motivations was not optimal ( $\alpha = .503$ ). Therefore, intent to die, self-punishment, and relief motivations were examined independently.

*Helping Scenario.* To assess the endorsement of helping and rejecting responses, participants were presented with the following hypothetical scenario:

You are a volunteer in your local Accident and Emergency Department. You see Megan alone in the waiting room. When she moves her arm you notice it is covered in cuts and scratches.

They were then asked to endorse their intended response(s) to Megan on a series of four, 9-point Likert scales. The scales captured direct, self-initiated helping (“I would start a conversation with Megan”), responsive helping (“I would respond to Megan only if she started a conversation with me”), indirect helping (“I would get another volunteer to talk to Megan”) and rejecting (“I would ignore Megan completely”) responses. High scores indicate high endorsement of construct.

*Demographics.* Age and gender demographics were captured.

#### Data Analysis

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Data were analyzed using SPSS v. 21 for Windows. The overall level of missing data was extremely low (.3–1.1%). In all instances of missing data, cases were excluded pairwise. The data were non-normally distributed, therefore all analyses used do not rely on assumptions of normality.

A Kruskal-Wallis test was conducted to explore the effect of stated motivation on perceived motivations. In cases of between-groups differences, Mann Whitney U tests were performed to explore the location of significant differences. A series of Wilcoxon



signed rank tests were then conducted, considering just participants in the hanging control conditions, to explore the relative endorsement of perceived motivations (interpersonal, suicidal, relief, self-punishment) in the absence of known stated motivation. Mann Whitney U tests were performed to explore the effect of presentation format on perceived motivation for self-harm. A series of Kruskal-Wallis tests were then employed to investigate the effect of controllability of stated cause on perceived motivation for self-harm. Again, in cases of between-groups differences, Mann Whitney U tests were conducted to explore the location of significant differences. Finally, a series of Spearman's Rho correlations were run to explore the relationship between both perceived motivation of self-harm (interpersonal, relief and self-punishment) and suicidal motivation and also perceived motivations of self-harm (interpersonal, suicidal, relief and self-punishment) and the endorsement of helping/rejecting responses.

## RESULTS

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### Do Perceived Motivations Align with Stated Motivation for Self-Harm?

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Vignette conditions were collapsed to explore the effect of stated motivation (intrapersonal vs. interpersonal vs. unknown). Results of a Kruskal-Wallis test indicated that the level of perceived interpersonal motivation was different between groups of differing stated motivation. Mann Whitney U tests indicated that both the unknown motivation and stated intrapersonal motivation groups were significantly lower in perceived interpersonal motivation than the stated interpersonal motivation group. There was no statistically significant difference in perceived interpersonal motivation between the stated intrapersonal motivation and unknown motivation groups (see Table 2).

The level of perceived suicidal motivation also varied between groups of differing stated motivations. Participants in the intrapersonal motivation group gave significantly higher ratings of suicidal motivations than those in the unknown motivation group. Conversely, those in the interpersonal motivation group rated significantly lower intent to die than the intrapersonal motivation group. There was no statistically significant difference in perceived suicidal motivation between the interpersonal motivation and stated unknown motivation groups.

The level of perceived self-punishment motivation differed between groups of differing stated motivations. Participants in the unknown motivation group were significantly higher in perceived self-punishment motivations than those in the interpersonal motivation group. There was no statistically significant difference in perceived self-punishment motivations between either the intrapersonal motivation and interpersonal motivation groups, or the unknown motivation and intrapersonal motivation groups.

Finally, the effect of stated motivation on perceived relief motivations for self-harm were explored. Again, the level of perceived relief motivation differed between groups of differing stated motivation. Here, participants in the intrapersonal motivation groups were significantly higher in the endorsement of relief motivation than both those in the unknown motivation and interpersonal motivation groups. There was no statistically significant difference in perceived relief motivations between the unknown motivation and interpersonal motivation groups.

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### Perceived Motivations Reported in the Absence of Information Regarding Motivation

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A series of Wilcoxon signed rank tests were conducted within the unknown

**TABLE 2. Descriptive Statistics, Kruskal-Wallis and Mann Whitney U Tests Comparing Perceived Motivations for Megan's Self-Harm between Stated Intrapersonal (n = 132), Interpersonal (n = 142) and Unknown (n = 81) Motivation Groups**

	Intrapersonal motivation (Intra)		Interpersonal motivation (Inter)		Unknown motivation (Unknown)		$\chi^2$	Significant differences (r)
	Mdn	(IQR)	Mdn	(IQR)	Mdn	(IQR)		
Interpersonal	4.43	(2.57)	5.62	(1.96)	4.71	(1.57)	33.691***	Unknown < Inter (-.31)***; Intra < Inter (-.31)***
Suicidal	3.00	(3.00)	3.00	(3.00)	2.00	(2.00)	7.978*	Intra > Unknown (-.17)*; Inter < Intra (-.14)*
Self-punishment	7.00	(3.00)	6.00	(3.00)	7.00	(2.75)	6.011*	Unknown > Inter (-.16)*
Relief	9.00	(2.00)	7.00	(3.00)	8.00	(2.00)	20.498***	Intra > Unknown (-.22)**; Intra > Inter (-.26)***

*Note.* Mdn = Median, IQR = Inter-Quartile Range. Possible scale scores range from 1–9. Higher scores indicate higher endorsement of construct.

All analyses survive Bonferroni correction for multiple comparisons.

\*Significance at  $p < .05$ .

\*\*Significance at  $p < .01$ .

\*\*\*Significance at  $p < .001$ .

motivation group to explore the relative endorsement of differing perceived motivation in the absence of a clearly stated motivation for self-harm. Participants reported lower levels of endorsement of perceived interpersonal motivations ( $Mdn = 4.714$ ,  $IQR = 1.57$ ) than relief motivation ( $Mdn = 8.000$ ,  $IQR = 2.000$ ,  $Z = -6.792$ ,  $p < .001$ ,  $r = -.38$ ), self-punishment motivation ( $Mdn = 7.000$ ,  $IQR = 2.75$ ,  $Z = -6.107$ ,  $p < .001$ ,  $r = -.34$ ) and suicidal motivation ( $Mdn = 2.000$ ,  $IQR = 2.000$ ,  $Z = -5.550$ ,  $r = .31$ ,  $p < .001$ ). Self-punishment ( $Z = -7.311$ ,  $p < .001$ ,  $r = -.41$ ) and relief ( $Z = -7.455$ ,  $p < .001$ ,  $r = -.41$ ) motivations were more highly endorsed than suicidal motivations. Perceived relief motivation was higher than perceived self-punishment ( $Z = -2.811$ ,  $p = .005$ ,  $r = -.16$ ). Considering suicidal intent, it is interesting to note that while the median is low, participants used the full range of the scale (1–9).

#### Does Controllability of Cause of Behavior Influence Perceived Motivation for Self-Harm?

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Vignette conditions were collapsed to explore the controllability of stated cause (controllable vs. uncontrollable vs. unknown) on perceived motivations for self-harm. Differences between groups were observed in perceived interpersonal motivations,  $\chi^2(2) = 6.125$ ,  $p = .047$  (Kushkal-Wallis test). Mann Whitney U tests indicated that participants in the controllable cause groups were significantly higher in perceived interpersonal motivation than those in the unknown cause group,  $U = 4257.500$ ,  $Z = -2.441$ ,  $p = .015$ ,  $r = -.17$ . The controllable cause and uncontrollable cause groups did not differ in perceived interpersonal motivation. Similarly, there was no statistically significant difference between the uncontrollable cause and unknown

cause groups in perceived interpersonal motivation.

A series of Kushkal-Wallis tests indicated there was no difference in perceived suicidal or self-punishment motivations between the differing controllability of stated cause groups. However, differences between groups were observed in perceived relief motivations,  $\chi^2(2) = 9.381$ ,  $p = .009$ . Mann Whitney U tests indicated that participants in the uncontrollable cause group were significantly higher in the endorsement of relief motivation than both those in the unknown cause,  $U = 4624.500$ ,  $Z = -2.400$ ,  $p = .016$ ,  $r = -.16$  and controllable cause,  $U = 7533.00$ ,  $Z = -2.758$ ,  $p = .006$ ,  $r = -.17$  groups. There was no significant difference between the endorsement of relief motives in the unknown cause and controllable cause groups.

#### Does Presentation Format (Text vs. Video) Influence Perceived Motivations for Self-Harm?

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Vignette conditions were collapsed to explore the effect of presentation format (text vs. video) on perceived motivations for self-harm. A series of Mann Whitney U tests indicated that there was no between groups difference in perceived interpersonal, suicidal, or relief motivations. However, participants in the text group reported significantly higher levels of perceived self-punishment motivation for self-harm than those in the video vignette group,  $U = 13166.00$ ,  $Z = -2.593$ ,  $p = .010$ ,  $r = -.12$ .

#### Are Perceived Motivations Associated with Perceived Suicide Risk?

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A series of Spearman's Rho correlations indicated that perceived suicidal motivation was positively associated with perceived self-punishment motivation

**TABLE 3. Spearman's Rho Correlations Exploring the Relationships between Perceived Motivations and Endorsement of Helping/Rejecting Responses, N = 355**

	1	2	3	4	5	6	7
1. Interpersonal							
2. Die	.090 <sup>Δ</sup>						
3. Self-punishment	.097 <sup>Δ</sup>	<b>.239<sup>†***</sup></b>					
4. Relief	<b>-.206<sup>***</sup></b>	.122 <sup>**</sup>	<b>.347<sup>***</sup></b>				
5. Direct, self-initiated helping <sup>a</sup>	-.070 <sup>°</sup>	-.030 <sup>‡</sup>	.088 <sup>‡</sup>	<b>.261<sup>****</sup></b>			
6. Responsive helping <sup>b</sup>	.084 <sup>°</sup>	.138 <sup>‡*</sup>	.008 <sup>‡</sup>	-.103 <sup>×</sup>	<b>-.568<sup>‡***</sup></b>		
7. Indirect helping <sup>c</sup>	.099 <sup>*</sup>	.043 <sup>×</sup>	.007 <sup>×</sup>	-.007 <sup>Δ</sup>	<b>-.284<sup>****</sup></b>	<b>.264<sup>****</sup></b>	
8. Rejecting <sup>d</sup>	<b>.170<sup>*</sup></b>	.096 <sup>‡</sup>	<b>-.142<sup>‡**</sup></b>	<b>-.175<sup>****</sup></b>	<b>-.493<sup>‡***</sup></b>	<b>.392<sup>‡***</sup></b>	<b>.284<sup>****</sup></b>

Note. <sup>a</sup>"I would start a conversation with Megan," <sup>b</sup>"I would respond to Megan only if she started a conversation with me," <sup>c</sup>"I would get another volunteer to talk to Megan," <sup>d</sup>"I would ignore Megan completely." **Bold** survive Bonferroni correction ( $\alpha > .006, .05/8$ ),  $*** < .001$ ,  $** < .01$ ,  $* < .05$ . <sup>‡</sup> $n = 353$ , <sup>×</sup> $n = 352$ , <sup>Δ</sup> $n = 351$ , <sup>°</sup>  $n = 350$ , <sup>\*</sup> $n = 349$ , two-tailed.

(see Table 3). There was no relationship between perceived interpersonal motivations and perceived suicidal motivation. The positive association between perceived suicidal and relief motivations ( $r = .122$ ,  $p = .022$ ) did not survive conservative Bonferroni correction for multiple comparisons ( $\alpha = .006$ ).

#### Are Perceived Motivations Associated with Helping/Rejecting Response Preferences?

A series of Spearman's Rho correlations were conducted to explore the relationship between perceived motivations for self-harm and the endorsement of helping/rejecting responses. Increased perceived interpersonal motivation was associated with an increased endorsement of rejecting (ignoring) Megan. Higher levels of perceived suicidal intent were associated with increased endorsement of responsive helping (see Table 3). However, this association ( $r = .138$ ,  $p = .010$ ) did not survive conservative Bonferroni correction for multiple comparisons ( $\alpha = .006$ ). Of note, perceived suicidal intent was not significantly related to the endorsement of direct, self-initiated

helping, eliciting the assistance of another (indirect helping), or rejecting behaviors.

Increases in both perceived self-punishment motivations and relief motivations were related to lower levels of rejection. Increased perceived relief motivations were also related to an increased propensity to advocate for direct, self-initiated helping. Perceived motivations for self-harm did not predict the endorsement of indirect helping.

#### DISCUSSION

The findings indicate that perceived motivations align with stated motivation for self-harm. Those randomised to the interpersonal stated motivation group reported higher levels of perceived interpersonal motivation than both other groups (intrapersonal; unknown). Similarly, a congruency between stated and perceived intentions was observed in intrapersonal, relief motivations; those in the intrapersonal stated motivation group are significantly higher in perceived intrapersonal motivation than both other groups (interpersonal; unknown).

Participants showed a comprehension of the complexities of self-harm and an appreciation that an individual may hold multiple motives simultaneously (Rodham et al., 2004; Scoliers et al., 2009; Suyemoto, 1998), even when a primary motivation was stated within the vignette. The congruency between stated and perceived motivations is reassuring. While the broader extant literature indicates an over-reporting of interpersonal motivations, commonly depicted as a means of manipulating or coercing others, or as attention seeking (McCann et al., 2007), our data suggest that the general public may be prepared to listen to and believe the stated motivations of others. Participants used the full range of the Likert scales (1–9) when reporting perceived motivations. We are therefore confident that they were not merely answering ‘correctly’.

Interestingly, between group differences were also observed in perceived self-punishment and suicidal motivations, despite no information pertaining to the presence or absence of these dynamics being provided in the case vignettes. Participants in the stated intrapersonal motivation group gave significantly higher ratings of suicidal motivations than those in the unknown motivation group. Conversely, the stated interpersonal motivation group were seen to have lower intent to die than the intrapersonal stated motivation group. In the unknown stated motivation group, participants were lower in the endorsement of self-punishment motivations than those in the stated interpersonal motivation group. The finding that interpersonal motivation is associated with lesser perceived risk of suicide is in-line with the existing literature and is of concern, given that these individuals may be inaccurately deemed as being less in need of support from mental health services (Knowles et al., 2013).

However, some caution in interpretation is needed given that, while perceived suicidal intent was positively associated

with perceived self-punishment and relief motives, and stated interpersonal motivation was associated with higher increased perceived suicidal motivation, there was no relationship between perceived interpersonal motivations and perceived suicidal motivation. Notwithstanding this caveat, taken together, our results indicate the importance of acknowledging that multiple simultaneous motivations frequently underpin self-harm behaviors (Suyemoto, 1998).

Perceived motivations in the absence of information regarding motivation (unknown stated motivation) were explored to try and gauge generally held public perceptions of the motivations underpinning adolescent self-harm. Participants showed higher endorsements of intrapersonal relief and self-punishment motivations than interpersonal communicative motivations. This is consistent with the pattern of motivations cited by young people who self-harm (e.g., Scoliers et al., 2009), suggesting some degree of consensus between generally held perceptions of the relative importance of motivations underpinning self-harm and those reported by adolescents with lived experience. In the context of the debate regarding the conceptualization of suicidal intent in self-harm behaviors (e.g., Kapur, Cooper, O’Connor, & Hawton, 2013), it is interesting to note that, although median endorsement of suicidal intent was low, participants used the full range of the suicidal motivation scale.

Participants in the text group reported significantly higher levels of perceived self-punishment motivation for self-harm than those in the video presentation group. We are unsure what this finding means. It could be related to the physical appearance of the actress used in the film. Research evidence indicates that intention to punish others is affected by the physical characteristics of the “other” (Li & Zhou, 2014). If participants are less willing to punish the actress themselves, it is feasible that they would also consider her less able to punish

herself. Perceived innocence may also contribute to this. The video was deliberately neutral in tone and expression. This aimed to ensure that no extra information was available in the video vignettes that did not appear in the text format. However, it is possible that this neutrality contributed to the observed difference in perceived self-punishment motivations, especially if those in the text vignette conditions created more emotionally rich mental scenarios.

Controllability of stated cause also influenced perceived motivations. Participants in the controllable cause groups were significantly higher in perceived interpersonal motivations than those in the unknown cause group. Participants in the uncontrollable cause group were significantly higher in the endorsement of relief motivation than both those in the unknown and controllable cause groups. This has clear implications for psychoeducation and the need to highlight the complex and multifaceted nature of self-harm. Self-harm functions to afford people a means of coping with difficult and distressing situations (Chapman et al., 2006). It is unclear if, and how, this would differ with divergent causes. Considering attribution models of public discrimination (e.g., Corrigan et al., 2003), our findings have implications for the development of training activities to reduce attributions of personal responsibility beliefs (blame). Indeed, compassion is vital in responding to self-harm; Owens reports that participants presenting with self-harm “talked about feeling highly vulnerable, fearful and *desperate to be shown a little kindness*” (Owens et al., 2015, p. 2).

The significant relationships observed between perceived motivations and the propensity to help/reject in the A&E scenario further highlight the importance of understanding perceptions of self-harm. Participants were more likely to advocate rejecting Megan if they considered her self-harm to be interpersonally motivated,

rather than driven by relief of self-punishment motivations, where participants were significantly less likely to strongly advocate rejection. This has important implications—as Knowles et al. (2013) note, self-harm that is socially motivated (either partially, or primarily) should not be dismissed as not genuine. Socially motivated self-harm should not be equated with the absence of psychopathology or distress. This may speak to the need to distinguish the negative connotations and rejecting attitudes associated with notions of attention-seeking, from the attention needing realities of self-harm. All those who self-harm both need, and deserve, understanding, support, and compassion. Increased perceived relief motivations were related to an increased propensity to advocate direct, self-initiated helping.

There was a positive trend between levels of perceived suicidal intent and the endorsement of responsive helping ( $p = .010$ , adjusted  $\alpha = .006$ ). This warrants further exploration as any tendency toward responding only if Megan initiated the interaction could tentatively be interpreted as highlighting the need to emphasize asking directly about suicidality and to educate people as to how best to approach these potentially difficult conversations. This would fit within a broader consensus that encouraging reaching in to initiate helping (as well as encouraging reaching out if in distress) is important, given that someone who is distressed and suicidal may be unable to reach out.

#### Limitations

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While the present research assesses the endorsement of a range of helping and rejecting responses, the study measured intention to act, rather than behavior itself. Further, in the helping scenario presented, participants were not provided with detailed information regarding the role of volunteer. We elected not to provide



additional information to ensure that participants' responding was unlikely to be constrained by notions of duty of care. This was important as we aimed to investigate public perceptions and helping/rejecting responses. Therefore, future research would benefit from the addition of a behavioral helping measure. For example, participants could be given the opportunity to donate a proportion of an inconvenience allowance earned through study participation to a self-harm support/suicide prevention charity. The inclusion of such a component may also counter concerns regarding socially desirable responding. While a possible influence, we argue that socially desirable responding is unlikely to explain our results. Online, computerized research protocols have proven useful in obtaining data on sensitive topics, increasing participants' ease and enhancing disclosure (Tourangeau & Yan, 2007). Furthermore, in the current study, participants endorsed the full range of behavioral responding (e.g., some people said they would ignore Megan, get another person to deal with her, or not initiate interaction). It is arguably less socially acceptable to state that you would ignore Megan—completely, although participants felt able to do so, using the full range of the Likert scale (1–9). Future research would benefit from exploring the congruency between stated intended behavioral response and behavioral responding (e.g., donations placed to assist those struggling with self-harm).

Future research would also benefit from gauging the perceived outcomes of the intended actions (e.g., it is possible that someone would elect to signpost Megan to another person as they want her to receive the most suitable source of support, but feel they are ill-equipped or unable to provide this). Additionally, a forced-choice scenario, in which participants are required to elect one behavioral response to Megan, may also increase task fidelity.

The current study examined the effects of stated motivation for self-harm, stated cause, and presentation format independently. While this offers novel insights, future research may benefit from the exploration of the combined effects of these depiction characteristics. Considering the dynamics of the vignette further, while the literature guided the creation of the case vignette in terms of demographics and methods, these factors may have influenced responding. The current study could therefore be extended by considering the effect of manipulating key characteristics within the depiction of self-harm. The gender of the character within the case vignette and the method of injury may be important variables to explore. Further, understanding perceptions of, and responses to, first time versus repeat episode self-harm also warrants investigation. Finally, it is important to note that participants may be responding to both the nature and controllability of the stated cause of self-harm. Therefore, exploring whether the controllability effects observed are replicated with alternative uncontrollable and controllable causes would be advisable.

### Implications

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Notwithstanding these limitations, the study offers novel insight into public perceptions of self-harm. To the best of our knowledge, this is the first study to consider factors influencing public perceptions of the motivations for adolescent self-harm, as well as the associations between perceived motivations for self-harm and the endorsement of helping or rejecting behaviors. Understanding the dynamics that influence perceived motivations for self-harm is crucial, as perceived motivations may directly influence the helping/rejecting response given to those who self-harm (Knowles et al., 2013). Initial reactions upon disclosure of self-harm are critical, given their influence on

subsequent disclosures and help-seeking (McDougall et al., 2010).

Results highlight the need for public awareness and education programs concerning the complex nature of self-harm and the likely interplay of multiple determinants and motivations. Our findings outline the need to reinforce the message that, when there is a social aspect to the motivations underpinning self-harm behavior, this does not invalidate the distress associated with harming or reduce the need for helping responses. This work contributes to a growing body of research that highlights the need to distinguish the negative connotations and rejecting attitudes associated with interpersonal motivation and notions of attention-seeking, from the attention needing realities of self-harm. All those who self-harm both need, and deserve, understanding, support, and compassion. It is therefore critical that all potential support networks are able to identify and respond appropriately to signs of distress (Nielsen, Sayal, & Townsend, 2017). Given the constraints on current clinical services and the fact that most people who self-harm do not present to clinical services (McMahon et al., 2014), it is vital that we understand how those who self-harm are perceived in the community. First responses to distress are most likely to be encountered within these informal networks (Rowe et al., 2014) and these perceptions will drive how people respond. Our work is a first step in understanding this process in more detail.

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