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Research Paper

Compassion Fatigue and Feelings of Guilt in Caregivers of Individuals Engaging in Non-Suicidal Self-Injury (NSSI)

Sanghmitra[1]*, Dr. Chhaya Gupta[2]

ABSTRACT

Non-suicidal self-injury (NSSI) is prevalent in adolescents and young adults. The individuals engaging in NSSI often seek help from informal caregivers like peers and siblings. The caregiving process often affects the caregivers and may lead to exhaustion. Thus, this study aims to find out the effect of NSSI on the caregivers, the level of compassion fatigue and presence of feeling of guilt in the caregivers of NSSI individuals. For this purpose, mixed research was conducted. First, the screening tool, Deliberate self-harm inventory (DSHI), was used to find out individuals engaging in self-harm behavior. Through the 40 individuals that engaged in NSSI, their caregivers were contacted. Total 20 caregivers were sent a form of Compassion satisfaction/fatigue self-test – Compassion fatigue (CFST-CF) subscale was sent to them. Then, a semi-structured interview was taken. Through thematic analysis three themes and nine subthemes were found and it was concluded that there is a negative impact of taking care of NSSI individuals wad found. Further high level of compassion fatigue and presence of feeling of guilt was also found in the results. This research suggests an intervention is required for the mental health of the caregivers.

Keywords: *Compassion Fatigue, Caregiver Guilt, Non-Suicidal Self-Injury*

Compassion Fatigue (CF)

It is sometimes expected that burnout, another type of exhaustion, will also follow compassion fatigue. Yet, burnout and compassion fatigue are not always related (Ledoux, 2015). Fatigue, self- doubt, resentment, and negativity are all symptoms of burnout. Burnout may be brought on by excessive workloads, an absence of appreciation for accomplishments, and a disengagement from teams (Henry, 2014). Burnout tends to start quickly and recover quickly once the pressures are gone. On the contrary, compassion fatigue often is a normal reaction brought on by the incapacity to help a patient and leads to stress and self-blame. Long-term repercussions might result if it is not correctly diagnosed and treated (Wu et al., 2016).

According to Blair and Perry (2016), compassion fatigue (CF) is the term used to describe the helplessness, disappointment, worry, guilt, uncertainty, sensation of never-ending hard labor, social isolation, discontent, and decreased capacity of family caregivers. The care

[1]M.A. in Clinical Psychology, AIBAS
[2]Assistant Professor, AIBAS
*Corresponding Author

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given to patients in an effort to lessen their suffering was a direct source of these stressful impacts of CF. After a review of the global literature upon CF, it was discovered that the majority of studies concentrated on nurses working in long-term medical settings, such as tending to patients with sudden and serious mental illnesses or cancer patients (Centrano et al., 2017; Denigris et al., 2016; Dikmen et al., 2016; Lynch & Lobo, 2012; Sinclair et al., 2017).

Burnett and Wahl (2015) state that nurses who displayed sentiments of anger and hopelessness or who suppressed their own feelings in reaction to witnessing their patients struggle with serious diseases or trauma were the first to be characterized as having compassion fatigue by Joinson (1992). It was referred to as the "cost of caring" by Figley (1995). This is a result of working with criminal victims as well as people who have had traumatic and life-altering experiences.

These studies shown that even if caregivers with a career in medicine and the necessary skills to treat patients with kindness, generosity, and compassion, the pain brought on by their disease may still have an impact on them. Nevertheless, there aren't many research on CF in family caregiver populations. Perry and Edwards (2015), for instance, carried out qualitative study on CF amongst long-term healthcare facility caretakers. According to their findings, the majority of family caregivers who had to care for patients with chronic illnesses for an extended length of time developed CF as a consequence of having to constantly monitor and safeguard the patients' needs and responses to therapy.

When Figley (1995) started concentrating on the distinct workplaces of psychological professionals and trauma therapists and how they seemed to live through the impacts of trauma, he created the notion of CF. Specifically, it seemed that CF resulted from dealing with traumatized persons, especially if the worker had a strong empathetic orientation and had been exposed to a considerable number of these individuals (Figley, 1995). When a professional engages in a compassionate relationship with a traumatic client, there is frequently necessary to go into depth about the traumatic experience. While these discussions are regarded to be important for the therapeutic process, they can have a negative emotional effect on caregivers (Figley 2002a, 2002b). In the research, this kind of vicarious trauma has been referred to by the term secondary traumatic stress (Boscarino, Figley, & Adams, 2004).

Compassion fatigue is described as "a state of exhaustion and dysfunction resulting from prolonged exposure to compassion stress and all that it evokes—biologically, psychologically, and socially." Indicators of compassion fatigue include multifaceted physical, emotional, and occupational complaints such headaches, gastrointestinal issues, mood swings, melancholy, irritability, avoidance, even a lack of empathy.

According to Blair and Perry (2016), compassion fatigue (CF) is the term used to describe the emotions, sentiments, and behaviors that family caregivers experience when they are feeling powerless, disappointed, stressed, guilty, unsure, socially isolated, dissatisfied, and that they have diminished their level of competence.

Feelings of Guilt

According to Robins and Schriber (2009), guilt is a judgment about one's behavior or actions based on the belief that a particular, temporary, and changing feature of one's behavior has

negatively or unfavorably affected another. This is expressed as the phrase "I did this bad thing." In order to lessen emotions of culpability for the suffering of other people, guilt is believed to promote empathy & prosocial along with reparative behaviors (Tangney and Tracy, 2012). Consequently, guilt is frequently regarded as an adaptive emotion. Yet, guilt can turn maladaptive when people experience inaccurate or excessive remorse for uncontrollable occurrences or when there is no way to make up for a behavior (Tangney and Tracy, 2012).

Unsurprisingly, research on caregiver reactions to kids who disclose they self-harm indicates that they frequently experience perplexity, helplessness, guilt, humiliation, and shame (Kelada, Whitlock, et al., 2016; McDonald et al., 2007). Physical signs and symptoms include heart palpitations, sleeplessness, exhaustion, appetite loss, nausea, and decreased body weight and are prevalent among caretakers (Kelada, Whitlock, et al., 2016). Due to the elevated risk of possibly fatal suicide attempts, caregivers are additionally likely to become extremely watchful of any further bouts of NSSI (McDonald et al., 2007).

This can result in "secondary stress," that puts the health of the caretaker at risk because they feel overburdened or ill-prepared to care for the requirements of their kid (McDonald et al., 2007; Whitlock et al., 2017). This can also cause sentiments that eventually cause empathy fatigue and a progressive loss of compassion (Thomas, 2013).

McDonald et al., 2007 found out in his research that parents feel guilty about their child’s self- harm. According to every mother contacted for this study, their main emotional responses upon learning that their teenager committed self-harming were sentiments of shame and remorse. They were outraged that their kid acted out their dissatisfaction in such manner and felt bad that their kid was miserable or suffering to the point where they would even consider self-harm.

Non suicidal self -injury

Non-suicidal self-injury (NSSI) refers to the deliberate destruction of bodily tissue that doesn't take place in accordance with societal norms and isn't motivated by suicidal thoughts. NSSI is distinguished from more generic terminology like self-harm, purposeful self-harm, self-injury, and self-mutilation by the presence or lack of suicidal intent. Teens may use NSSI to cope with their grief and prevent suicide. However, participating in NSSI is also believed to increase one's chance of engaging in suicide behavior in the future.

According to Kerr, Muehlenkamp, & Turner (2010), the frequency of NSSI in the general population of adults of the USA ranges from 1 to 4 percent. Additionally, 1% of people engage in the most serious kind of self-injury. According to certain research, the lifetime incidence of NSSI might reach 5.9%. NSSI is more prevalent in young adults and adolescents, with 15% of those surveyed reporting having engaged in self-harm of some kind.

Self-injurious behavior can take place in a manner of cutting one’s skin with a sharp object, burning oneself, scratching, rubbing, pulling the skin or hair, punching a hard object for self-bruising or tattoos and piercing done with the intention of hurting oneself.

Provision of competent assistance is crucial since NSSI increases the risk of youth suicide. Friends have a greater likelihood to be engaged over any other social network when NSSI

patients do call out, which is quite rarely. In actuality, most people will seek out a peer instead of a relative or a counselor.

Parents may find this to be quite upsetting, according to Byrne and colleagues (2008), while McDonald, O'Brien, and Jackson (2007) describe the severe humiliation and guilt felt by mothers in specific. This raises the notion that parents' protection may be one reason for NSSI privacy. In any case, a lot of data points to the idea that a lot of teens have knowledge of friends who are engaged in NSSI, possibly some of them are looking for support.

Informal Caregivers

Giving care is continuous and regular. It develops from a connection with the receiver in reaction to a desire for assistance that is higher than is typical because of a functional disability. Lower levels of caring are generally unseen because they blend into the reciprocity of regular relationships and because there are no formal contracts in place. When users are unable to accomplish things for oneself, informal caregivers help.

These might entail managing personal care tasks around the house, helping with mobility, and offering companionship and psychological assistance. Nursing is another aspect of caregiving. Depending on the recipient's maturity and kind of problems, the caregiver's duty varies, but it usually entails their assuming accountability for the person's wellbeing.

People who willingly provide care for a friend or family who is ill, disabled, or has another condition that needs special attention are known as informal caregivers (Schulz and Tompkins, 2010). This is often acknowledged in the research and media that the role of an informal caregiver increases one's chance of experiencing worsening both physical and mental outcomes (Pottie et al., 2014; Sallim et al., 2015). Even if there is disagreement on this generalization (Brown and Brown, 2014; Roth et al., 2015), this seems that providing informal care can often be stressful for a person (Revenson et al., 2016).

Peers as caregivers

As much as fifty percent of teenagers who are self-injurious do not seek treatment, and of the ones who do, they choose to get it from peers rather than from experts, according to a new systematic study (Rowe et al., 2014). Considering that peer interactions become especially crucial for companionship, closeness, and emotional support during adolescence (Bukowski et al., 1998), finding is not entirely surprising. Though friends of persons who self-harm are found to be crucial for offering support and facilitating interaction with professional care (Idenfors et al., 2015), little is understood about the friend's involvement in acting as the confidant. It may be significant.

Smith (2015) discovered that confiding in a friend might be harmful to the recipient's mental health. This might be explained by co-rumination, which is defined as an excessive amount of discussion about relationship issues (Rose, 2002). According to Rose et al. (2007), co-rumination increased the signs of anxiety and sadness in females while also increasing their sense of intimacy and level of friendship. Reichardt (2016) discovered that when young people revealed their self- harm behavior to a friend, they felt comforted by the shared understanding that resulted; however, this was occasionally accompanied by unpleasant experiences for the companion, like feeling accountable for their friend's self-harming behaviors.

Furthermore, a study by Hall and Melia (2022) discussed in their research on "I Just Pulled Myself Together and Realized I had to be Responsible: Adolescents' Experiences of Having a Friend Who Self-Harms" uncovered that peers of NSSI individuals feel responsible. Participants believed they had no option but to assume this obligation. This belief may have arisen from the fact that throughout teenage years, peers become more crucial for emotional assistance than families (Bukowski et al., 1998), and hence, young people may perceive it as their job to be present for their companion in need. The impulse to alleviate another person's pain, which is thought to be crucial in close connections (Bukowski et al., 1998), might have been the motivation behind carrying on this role, as all participants in their study reported before learning about their friend's self-harming behavior However, this seemed to progress into "empathetic distress," something similar to "compassion fatigue" (Figley, 1995), an issue that typically affects those who work in the helping professions and occurs when people find it difficult to separate themselves from suffering of someone else (Smith & Rose, 2011).

Siblings as Caregivers

According to Myers, Byrnes, Frisby, and Mansson (2011), siblings utilize social support activities like self-disclosure primarily as an approach to strategically preserve their relationships, despite the fact that sibling relationships are marked by disagreement and a struggle of power. Since self- disclosure lets siblings to share their ideas, opinions, and sentiments, and given that these behaviors are seen as more suitable for relationships between siblings than bonds of friendship, this behavior further separates the sibling evolving from the dynamics of a friendship (Floyd & Morman, 1997). Siblings, for example, view proximity behaviors—like hugs and vocal expressions of like and love—as more suitable than friendships (Floyd, 1994).

In a study conducted by by Ferrey, et al., 2015, they examined the psychological, physiological, and practical repercussions of young people's self-harm on his or her parents and family using qualitative methodologies. When self-harming behavior was discovered, siblings' responses differed. Families may experience severe disruptions, particularly when it coincides with significant events like school exams and parents are preoccupied with meeting the requirements every one of their kids. A few siblings were really irate or furious. A few siblings provided a great deal of assistance.

Different siblings responded in different ways. Natural sibling behavior, such as teasing and bickering, sometimes escalate, but in other situations, it was seen as "normal." Certain siblings become more blatantly protective or encouraging of their sibling. In an effort to keep their sibling from hurting themselves, siblings may feel guilty.

REVIEW OF LITERATURE

Compassion Fatigue

A research was conducted titled "Peer Responses to Non-Suicidal Self-Injury: Young Women Speak About the Complexity of the Support-Provider Role" by Fisher, Fitzgerald, and Tuffin (2017). Five 15-year-old girls from a high school in the countryside of New Zealand had interviews about their classmates' involvement in NSSI. One of the girls describes herself as "intoxicated," implying that the stress she endured affected every aspect of her life and changed her condition. Similarly, other people's comments highlight times when she purposefully ignored her own needs because she was preoccupied with offering assistance. Feelings of annoyance and bitterness were frequently caused by the supporter's

unfulfilled friendship demands, but occasionally individuals had nowhere else to turn for assistance. The supportive teenager was then more susceptible to feeling a wide range of turbulent, uncontrollably unpleasant emotions. Self-harming and internalizing one's own problems are two behaviors that have been identified as coping mechanisms for this secondary stress.

Hall, et al. (2021) conducted a qualitative study on “I Just Pulled Myself Together and Realised I had to be Responsible: Adolescents’ Experiences of Having a Friend Who Self-Harms”. Four overarching themes surfaced: identification, too hot to handle, I will be there at any costs, and a frantic search for meaning. Teenagers were worried about the worsening behavior of their peers and felt obligated to support them, but most of them struggled with whether or not to tell others and expressed some sort of discomfort. Every participant experienced personal distress as a result of seeing another person's self-harm. They experienced tension, rage, and upset, as well as occasional feelings of helplessness. The theme of "I will be there at all costs" repeats earlier study findings and captures the participants' strong feeling of responsibility that overshadowed everything else (Reichardt, 2016). According to Bukowski et al. (1998), peers are perceived as more significant sources of emotional support through adolescence than parents, hence it could be an obligation of those taking part to help their friends during difficult times. Nevertheless, this seems to turn into "empathetic distress", a term similar to "compassion fatigue" (Figley, 1995), a condition that typically affects helping professionals and occurs when people are unable to separate from another person's pain.

“Sibling relationships of female adolescents with non-suicidal self-injury disorder in comparison to a clinical and a nonclinical control group” was a study conducted by Tschan, et al., 2019. Examining the state of sibling relationships among teenagers with NSSI, teenagers with other mental illnesses but not NSSI (clinical oversight), and teenagers without a history of mental illnesses (nonclinical controls, NC) being the goal of the present investigation. 73 siblings, ages 10 to 28, and 139 female young people, ages 13 to 20, took part. The degree of sibling relationships and psychopathology were evaluated using self-report measures. Due to the sister's NSSI, siblings described an array of adverse emotional and familial outcomes, including feeling abandoned by their sister and dealing with a difficult family dynamic. Siblings of teenagers who have high degrees of warmth, confidence, and empathy were significantly linked to internalizing issues in siblings of teenagers with NSSI.

Deliberate Self-harm in Children and Adolescents: A Qualitative Study Exploring the Needs of Parents and Carers was a study conducted by Byrne et al., (2008). This study sought to characterize caregivers' and parents' experiences with their kid self-harming in order to determine what kind of help the child needed. The methods employed in the focus groups produced qualitative data. Representative individuals were chosen from the Paediatric Emergency, Child and Adolescent Mental Health Teams, including Family Support Services, based on the behavior of their children that had included suicide. The focus discussion was attended by twenty-five people. The study employed a transcript-based theoretical evaluation to ascertain and investigate surfacing themes. The participants said that they needed assistance, knowledge regarding youth suicide behavior, guidance on raising adolescents, and suggestions for handling such situations in the future. Parents reported serious problems with punishment after self-harm, parent-child interactions, and family communication.

Ailbhe Spillane, Karen Matvienko-Sikar, Celine Larkin & Ella Arensman (2019): How do people experience a family member's high-risk self-harm? An interpretative phenomenological analysis was conducted for the purpose to investigate the health effects of witnessing a family member engage in dangerous self-harm. Participants were drawn from the Suicide Support and Information System: A Case-Control Study (SSIS-ACE) and comprised family members with self-harm instances that occurred one after the other. Nine people were interviewed qualitatively. Four superordinate themes emerged from the qualitative data regarding the experiences that followed a family member's healthcare presentation after a high-risk harming oneself episode: (1) well-being and health consequences; (2) meaning-making procedure; (3) feelings of accountability; and (4) difficulties with support system. Participants' health problems, including as anxiety, high blood pressure, and vomiting, remained. The results suggest that family members should be proactively approached by healthcare experts to mitigate these negative health impacts, since caring for themselves and other people's welfare is important. Additionally, the findings highlight the difficulties in receiving health services.

In order to identify which variables were indicative of the degree of compassion fatigue, the research on "The family caregiver experience – examining the positive and negative aspects of compassion satisfaction and compassion fatigue using a stress process model" by Susan Lynch (2- 017) looked at the concepts of compassion fatigue & compassion satisfaction within family caregivers. It also investigated the link between caregiver burden & compassion fatigue. A survey on the internet was completed by 168 family caregivers who are taking care of family members who have chronic illnesses. The survey was designed using the cross-sectional descriptive methodology and a convenience sample. A demographic survey, the Professional Quality of Life measure, caregiver Burden Interview, plus the Brief COPE assessment were all included in the study. A large number of participants in this study indicated high levels of burden from caregivers, moderate levels of burnout, equal divisions of moderate and low degrees of secondary traumatic stress, but moderate levels of compassion fulfillment, according to the study's findings.

Deliberate self-harm (DSH) constitutes a severe public health concern. In order to determine their support requirements, this study sought to investigate parents' worries, expectations, and reactions following a young person's incident of intentional self-harm. According to the study, by Raphael et al. (2006) parents who witness a DSH occurrence involving their child go through a very terrible experience. Parents expressed extreme sadness and a sense of powerlessness. They also expressed worry about how they would handle their child's departure from the medical facility and about potential future events. Some health providers' apparent lack of knowledge and assistance added to these fears.

Feeling of Guilt

Waals et al., (2018), conducted a research on "The NSSI Family Distress Cascade Theory". The research was to find out the impact of family on the NSSI behavior of the individual. When a teenager harms themselves, parents frequently don't know how to respond. Reports of experiencing fear, humiliation, and guilt are not uncommon after discovering that a youngster has been self- harming. This downward spiral of negative emotions and self-evaluations might cause caregivers to become more vigilant and exert more effort to rein in the child's behavior. This might be seen by the teenager as an intrusion, which would impair family dynamics and raise the likelihood of NSSI.

There is another evidence of caregivers, mainly parents feeling guilt about the self-harm of their child. In a study named "Guilt and shame: experiences of parents of self-harming adolescents" conducted by McDonald et al., (2007), evidence regarding the same was found out through a qualitative study. The research included six moms along with a father who went with his wife. The results show that moms felt guilt, and they discovered that these emotions influenced their behaviors. These moms talked about going through emotional struggles, such not knowing how much of themselves they could be accountable for, not knowing how to comprehend self-harm, and not knowing what to do with their child. These moms disclosed that they had looked for a rational explanation for the self-harming behavior in order to give it significance for both their kid and themselves. It was seen in these situations as rationalization of sentiments of guilt, self-blame, including responsibility. The study also revealed that these mothers' intensely felt feelings of shame and guilt caused them to become estranged from conventional networks of close companions; they also indicated that they needed more information about what to search for and anticipate when caring for their teenager who was self-harming because they frequently felt alone in what they were going through.

Depestele, Lies, et al. (2016) gave a research study on "The Role of Non-Suicidal Self-Injury and Binge-Eating/Purging Behaviors in the Caregiving Experience Among Mothers and Fathers of Adolescents with Eating Disorders". The caregiving perspectives of mothers & fathers of ED hospitalized patients both with and without self-injurious behaviors (NSSI) were examined in this study for patients having restrictive and bingeing/purging eating disorders. The Experience of Caregiving Inventory was completed by 65 fathers and 65 mothers. The research has shown that poor encounters with parent caregiving are linked to the existence of NSSI among ED patients (Arbuthnott & Lewis, 2015). Parents who encounter NSSI experience more negative emotions (such as guilt and self-blame), which is likely to worsen their sense of failure and stress. Furthermore, the emotional aggravation of parents and children as well as the increased care load placed on parents may be caused by teenagers with poor emotion management abilities, who are characteristic of those engaged in NSSI.

Whitlock et al. conducted a research on "Parental Secondary Stress: The Often Hidden Consequences of Non-Suicidal Self-Injury in Youth". Parents performed the Life Orientation Test to gauge their optimism about life and the Caregiver Strain Questionnaire (CGSQ) to gauge the effect of NSSI conduct on the parents for a research including 196 parents who had kids with NSSI conduct versus 57 parents for the control condition. Subjective Internal Strain (SIS), Objective Strain (OS), and Subjective External Strain (SES) are all three CGSQ measures in which the parents indicated significant ratings. The subscale called SIS, which measures emotions of guilt, remorse, or self-blame, had the highest significant score.

"The impact of self-harm by young people on parents and families: a qualitative study" was conducted by Ferrey, et al., 2015. They examined the psychological, physiological, and practical repercussions of young people's self-harm on his or her parents and family using qualitative methodologies. Thirty-seven semi-structured narrative conversations with parents of youth who had self-harmed were subjected to a thematic analysis. Parents acknowledged their initial astonishment, indignation, and disbelief upon learning that their child had been self-harming. Subsequent reactions included tension, worry, guilt emotions, and in few instances, the start or exacerbation of severe depression. There have been reports of social

exclusion as a result of parents cutting themselves off from society because they felt that self-harm was a shame. Significant effects on siblings were also mentioned by parents; these effects ranged from stress and unhappiness to feelings of duty and concerns about being teased at school. When young individuals self-harm, it has a significant effect on families and other close relatives.

Hughes, et al., (2017) published a paper on Making sense of an unknown terrain: how parents understand self-harm in young people. The impact of self-harm upon parents along with other close relatives can be significant. 41 parents along with other loved ones of 38 youths, up to the ages of 25, that had self-harmed were the subjects of narrative interviews. While parents made up the majority of the participants, there was also one spouse along with a sibling. The family participants' experiences are reported in this paper. According to a cross-case thematic examination, the majority of participants found self-harm to be perplexing. Many people underwent an exercise of "sense-making"—by ruminative reflection, searching for knowledge, and creating new ways of seeing—in attempt to comprehend and come to grips with self-harm since it upended their worldview. The majority of individuals seemed to have overcome significant effort and emotional hardship in order to come to terms with self-harm. In the interviews parents mentioned feelings of guilt. A few parents thought that they must bear some of the blame for their kid's behavior when they started to obsess over the reasons why their child was self-harming, which caused them to feel extremely guilty.

Rationale

Non-suicidal self-injury is a serious mental health concern, especially in individuals diagnosed with Borderline Personality Disorder. Studies have been conducted on the individuals who have been engaging in self-harming behavior to help understand the reasons behind it and the treatment plan. However, there has been seen significant impact on the caregivers of such individuals.

Studies like "Parents' Attitudes Toward and Experience of Non-Suicidal Self-Injury in Adolescents: A Qualitative Study" by Fu et al., 2020 were conducted and found many Themes. For example, it was found many participants reported that they had applied for leave or resigned their employment to spend more time with their sick children after learning of their illness. There were also studies on siblings and peers. But very limited studies looked for compassion fatigue and feelings of guild in the informal caregivers of the NSSI individuals.

Therefore, for this study, two variables were taken, compassion fatigue and feelings of guilt in the caregivers of NSSI individuals. The aim was to look for signs of compassion fatigue in the caregivers to further support them in finding out boundaries and enhance the review of literature with the findings. The findings can help identify if they are on the edge of compassion fatigue or not. If yes, then this study can further help in focusing in the mental health of the caregivers itself.

METHODOLOGY

Objectives

The objectives of this study are following –

1. To assess the effect of Non-suicidal self-injury {NSSI} in individuals on the mental health of the caregivers.

2. To assess the level of compassion fatigue in caregivers while taking care of someone engaging in NSSI.
3. To assess the level guilt in caregivers during their journey as a caregiver.

Hypothesis
1. There will be a negative effect of Non-suicidal self-injurious {NSSI} behavior of individuals on the caregivers.
2. There will be high risk of compassion fatigue in the caregivers of NSSI individuals.
3. There will be a feeling of guilt in the caregivers of people engaging in NSSI.

Variables
- **Independent variable – Caregivers of Non-suicidal self-injurious {NSSI} individuals**

The independent variable here is the act of caregiving that is provided to the NSSI individuals. For the study informal caregivers, mainly siblings and peers, were taken. People who willingly provide care for a friend or family who is ill, disabled, or has another condition that needs special attention are known as informal caregivers (Schulz and Tompkins, 2010).

- **Dependent Variable – Compassion Fatigue**

According to Blair and Perry (2016), compassion fatigue (CF) is the term used to describe the helplessness, disappointment, worry, guilt, uncertainty, sensation of never-ending hard labor, social isolation, discontent, and decreased capacity of family caregivers.

Charles Figley originally used the phrase "compassion fatigue" during the 1980s. From its introduction, the mental health world has broadly accepted the idea of compassion fatigue. Although acknowledged, it has never been given the right to be classified as a separate diagnostic category in any version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

A recognizable collection of adverse psychological symptoms known as "compassion fatigue" are experienced by caregivers when they provide care while being subjected to primary trauma (going through the trauma themselves) or secondary trauma (giving care to those who suffer from trauma) (Figley, 1995).

Angry, irritable, intolerable, cynical, skeptic, embittered, and resentful are just a few of the negative emotions that can result from compassion exhaustion. These symptoms frequently result in intimacy issues and interpersonal problems, such as trouble getting together with other people and intimacy issues, which cause disappointments, hurt feelings, and detachment. Emotional fluctuations, crying, nervousness, illogical worries, depression, sorrow, and hopelessness, and in certain cases, even suicidal ideas or actions, might occur.

Feeling of Guilt
When someone provides care for someone they love, they may suffer caregiver guilt, which is defined as emotional pain or a sense of obligation that arises from emotions of inadequacy, blame themselves, or a conflict among personal needs and caring responsibilities.

Guilt has particularly been defined as an overwhelming feeling of regret or accountability for not living up to one's own sense of duty or expectations. Similarly, guilt was described by Harrow and Amdur as a distressing, negative psychological emotion that is focused on self and is accompanied by the conviction that one hasn't lived up or even broke one's own internal norms or values for how one ought to act or behave.

Tools Employed

1. **Deliberate Self-Harm Inventory {DSHI}:**

A 17-item self-report survey called the Deliberate Self-Harm Inventory by Gratz, 2001, was created to measure intentional self-harm. A variable representing the total amount of self-harm activity (including "0") was created by adding the participant's responses to the frequency inquiries for every one of the seventeen questions (assuming that item 17 was considered to be an intentional self-harm behavior).

- *Reliability of the DSHI Internal Consistency*

The binary DSHI items' internal coherence was assessed using Cronbach's alpha. The findings show that its internal consistency of the DSHI was high (α =.82). The 15 DSHI components that the people in the study endorsed had item-total correlations ranging from rb =.12 and rb =.14 for sandpapering on their skin to rb =.65 and.63 for needle-sticking as well as skin-cutting, accordingly The total-item correlations for thirteen among the items were higher than rb =.33.

Test–Retest Reliability

The test-retest reliability for the binary DSHI results for the 93 individuals who took the test twice. Having an average of 3.3 weeks (φ =.68, p <.001), the findings show that the DSHI showed sufficient test-retest reliability across an interval of between two and four weeks. Additionally, there was a strong correlation (r =.92, p <.001) between the amount of self-harming habits that individuals supported on both of the initial trials of the DSHI.

Validity of DSHI

The DSHI is used to measure self-harm, with the construct validity determined by measuring the association between other self-harm measures. The discriminant validity was determined by calculating correlations between the measure of history and other factors. The convergent validity was determined by measuring the self-harm frequency and borderline personality organization scores. These results provide preliminary evidence for the construct validity, convergent validity, and discriminant validity of the DSHI.

2. **Compassion Satisfaction/Fatigue Self-Test for Helpers {CFST}**

To find out the level of compassion fatigues, the CFST was used created by Figley, 1995. As the questionnaire has three subscales: compassion satisfaction, compassion fatigue and burnout, only the subscale for compassion fatigue was used. The CFST-CF {Compassion fatigue subscale} had 23 items.

Under the instructions, participants are asked to rate the frequency with which a certain trait about them or their circumstances is true. According to Figley's 1995 study, subscale has the following scoring ranges: 26 or lower indicates very little risk, 27 to 30 indicates low risk, 31 to 35 indicates moderate risk, 36 to 40 indicates high risk, while 41 or more indicates extremely high likelihood of compassion fatigue.

- Reliability of CFST

This CFST was redesigned, and pilot research on it revealed strong evidence of its dependability, including internal consistency Alphas of.87 for compassion satisfaction,.90 for burnout, and.87 for compassion fatigue (Stamm, 2002).

Validity of CFST

Overall CF-Long Scale and its specific measures of secondary trauma (5-items) and job burnout (8-items) were correlated with the total of the CF-Short Scale. Experimental concurrent validity between the CF-Long Scale & CF-Short Scale, which showed a strong and substantial correlation between them ($r(234) = .83$, $p < .001$).

3. Interview Questionnaire

For the purpose of the study a semi-structured interview was prepared. The questions aimed to locate compassion fatigue and feelings of guilt in the caregivers of NSSI individuals. There were total 17 questions to find of the compassion fatigue presence and feelings of guilt. To find out compassion fatigue, Figley {1995} theory on compassion fatigue was used to frame the questions.

Compassion fatigue is described as “the profound mental, physical, and spiritual weariness that may come from laboring day to day within an active caregiving environment” by famous traumatologist Charles Figley, who once defined compassion fatigue simply “the cost of caring.”

Attitudes such as reliving traumatic memories, avoiding reminders of terrible occurrences, or continuous arousal that are associated with single or cumulative trauma tales, as well as the consequences of accumulated stress and exhaustion. According to him, the idea is a stress response that manifests abruptly and symptomless as emotions of confusion, feeling helpless, and loneliness.

Based on the theory the questions were framed, for example, "How has the self-harming experience impacted you as an individual?”, was emphasized to find out the struggles, feelings that came with caring. Through the definition of the participant’s journey, results were concluded. Similarly, to find if the participant has feelings of guilt, questions like, “How do you feel when they tell you that they have hurt themselves?” were asked in the interview.

Sample and its Selection

To find out the compassion fatigue and feelings of guilt in caregivers of NSSI, only those individuals were selected who have been taking care of someone engaging in NSSI in the present. A questionnaire was made on Deliberate self-harm inventory {DSI} for screening.

Through online mode the questionnaire was sent to individuals who have contact to someone engaging in self-harm. The form was filled by only those engaging in NSSI and 40 individuals filled it, showing a strong evidence of self-harm in the past 6 months.

The age range determined for the NSSI individuals was 18 to 25. Through the 40 individuals, their caregivers were contacted and a semi-structured interview was taken. The final sample included 20 participants falling in the age categories of 18 to 30 years.

Sampling Technique

The samples were selected through Purposive sampling, a type of non-random sampling technique. In research investigations, purposive sampling is employed to choose a certain subset of participants or units for examination. When an investigator wishes to choose a sample that is typical of the traits they have an interest in investigating and have a clear notion of those features, this technique is used. This technique is usually utilized for qualitative studies like this.

Research Design

For this research a mixed design was used. "Research whereby the researcher gathers and analyzes information, combines the findings, and makes inferences utilizing qualitative as well as quantitative methods" is the definition of mixed-methods study (Tashakkori & Creswell, 2007). Using two or more techniques from an identical methodological tradition (that is, an additional quantitative strategy or just more than single qualitative strategy in a single investigation) is what separates multiple method analysis from mixed methods inquiry. A researcher using mixed- methods studies combines a minimum of one quantitative approach along with a qualitative approach in a manner that may optimize the advantages and minimize the disadvantages of each individual method.

Procedure

To conduct the research, the Deliberate self-harm inventory {DSHI} was used for screening out people who have engaged in self-harm behaviors such as cutting, burning, severe scratching, etc. Around 40 individuals were located, and through them the caregivers were approached for the interview. All the participants were informed about the study and informed consent was taken. The participants were also informed that they have the right to withdraw from the study if they feel uncomfortable and their data will remain confidential and it will only be used for research purpose.

The interview was taken of 20 participants {17=female; 3=male} through online mode. A video call was set up and a 30 minutes' interview was taken. The participants were also sent a questionnaire of Compassion fatigue self-test- Compassion fatigue subscale {CFST-CF}. The subscale had 23 questions and the according to the score range given in the manual, the results were determined. The data was used to determine the level of compassion fatigue and caregiver guilt.

Data Analysis

For analyzing the quantitative data collected through CFST-CF, the manual was utilized given by Figley, 1995. Under the instructions, participants are asked to rate the frequency with which a certain trait about them or their circumstances is true. A six point Likert scale was used; 0=never to 5= very often.

According to Figley's 1995 study, subscale has the following scoring ranges: 26 or lower indicates very little risk, 27 to 30 indicates low risk, 31 to 35 indicates moderate risk, 36 to 40 indicates high risk, while 41 or more indicates extremely high likelihood of compassion fatigue. A chart was created to look at the risk of compassion fatigue among the participants. To analyze the qualitative data, thematic analysis was used. Identifying recurrent themes or concepts in a written data collection is the main goal of thematic analysis, which entails a number of processes. A fundamental step in many qualitative techniques is the act of categorizing data into themes.

Because this technique provides extensive and thorough evaluations of life experiences of individuals, we decided to use it in the current study. Furthermore, as stated by Braun and Clarke (2006), thematic analysis is particularly helpful when examining subjects where there's a dearth of theoretical studies or a small corpus of research.

The whole study followed the six procedures that Braun & Clarke (2006) provided for doing thematic analysis.

1. Getting to know the data: The primary researcher went over the information via open-ended and inquiry data many times in this initial stage. Concepts or thoughts that surfaced often in the dataset among participants were identified and documented throughout this stage.
2. Initial code generation: Researchers methodically code the information by locating significant passages or phrases and giving them descriptive names (codes) that accurately represent the content. For example, some extracts like “I feel mentally exhausted” and “It drains me physically” were put together into a code, “Mental and physical exhaustion”.
3. Searching for themes: The codes are subsequently put together according to resemblance or common purpose to identify possible patterns. In this procedure, patterns found in the data are examined, and the relationships between the codes are taken into account. For example, codes like, “Mental and physical exhaustion” and “Worrying too much” were put together into one sub theme. This sub theme was further submerged under the theme “Secondary stress and emotional depletion”.
4. Examining themes: Researchers go over and improve the themes they've found to make sure they correctly depict the information and highlight significant trends or ideas. All the sub themes for “secondary stress and emotional depletion” were first found out to share a common trend.
5. Themes definition and naming: Every topic is thoroughly explained, frequently with supporting examples drawn from the information itself. Themes ought to be related to the study issue, internally consistent, and cohesive. On the basis of how much they share the ideas with each other, 3 themes were defined with 8 sub themes. Further an exceptional theme was also found.
6. Writing the evaluation: The last stage entails putting the analysis into writing, using quotes or data extracts to highlight each topic, and offering a summary interpretation of the results.

ANALYSIS OF RESULTS

The current study implemented mixed research design, i.e., quantitative and qualitative. For the quantitative part, the CFST-CF test was employed by Figley. The results of which are presented in Figure 2. For the second part of the study, we employed thematic analysis by Braun & Clarke {2006}. As mentioned above, the transcripts of all the 20 participants were read rigorously and codes were generated for the similar patterned statements. From the codes, sub themes were generated. Further the similar sub themes were combined together to produce major themes. Total 3 major themes and 9 sub themes were generated based on the important codes and statements of the interview transcripts. Below is a compilation of the themes and sub themes along with examples of the statements.

Figure 1: Themes and sub themes of this study.

Theme 1: Secondary Stress and Emotional Depletion

It was found that many participants went through secondary stress or compassion fatigue, leading to emotional exhaustion. Four sub themes were generated under this theme to elaborate on the manner the participant's emotional state.

Sub theme 1: Walking on Eggshells and Personal Sacrifice

30% participant described the feeling of taking care of someone close who has been engaging in NSSI as being very careful or walking on eggshells. Participant 20 said "I used to drop everything else to pick her up" as she felt that something bad might happen if she doesn't show up for help. Few participants stated that they stopped thing about their needs to take care of their friends or siblings. Other statements are –
"I Stopped laughing. Stopped everything to care, I am Walking on eggshells"
"I have to tell her in a way that she doesn't feel bad or my words don't trigger her. I can't escape because then she will start self-harm again"
"It requires patience; you can't get angry with them"

Sub theme 2: Inner turmoil and its Ripple effects

A lot of participants have felt what we have named Inner turmoil and it definitely had its consequences on the environment. 40% of the participants have showed the urge to escape the NSSI individual. Many of them have even escaped or avoided them without the knowledge of the person engaging in NSSI. For example –
"Escaping in a way she doesn't find out, trying to escape the situation"
"I want to be there but I can't do it every time"
"I avoid coming home sometimes"

Another thing that was noticed is that many participants did not get time for themselves. Further effect of NNSI behavior was that that caregivers avoided looking for companionship or worse they effected the environment negatively because they were going through emotional conflicts.

"Because I was disturbed, everyone else disturbed."
"Everyone got frustrated as I used to talk about her."
"Everyone will shun me cause they don't want sadness in their life; I have never looked for companionship for this reason."

Sub theme 3: Emotional strain and Exhaustion

While taking care of somebody who is engaging in behaviors like cutting, burning one's skin, etc., then it gets stressful for the caregiver also. This themes incorporates a vast spectrum of feelings that caused exhaustion to the caregiver. The major feelings that were found out through the interviews were: sadness, anger, shock, fear and disappointment. 95% of the participants have felt these feelings while caregiving.
"I wanted to cry, like make it stop. I used to have bad dreams. I used to check on her so much. I used to get scared that she will kill herself, I got so overprotective."
"I am just super angry and feel like asking - how could you do it again even after we discussed and had a talk about it?"

One of the component of compassion fatigue is Emotional stress or mental exhaustion. Almost all the participants have described their experience as mentally exhausting more than physically. They have dictated the journey of caregiving as "draining" and "overwhelming". This shows the toll NSSI behavior of others who are close to them takes.
"Very exhausted mentally. I get so stressed out and tensed. There is not one instance where I am not stressed."
"I felt like I was tired. Somehow I don't have any more energy to have that conversation to hold it up, to make justice."

Due to the self-harm behavior many of the participants have felt a lot of confusion regarding the need to do it. When their peers or siblings disclosed their NSSI activity, 50% of them felt solely responsible for taking care of them, while 40% just couldn't accept that their closed one's have been doing it. Those who felt responsible to take care of the behavior became vigilant and became overprotective.
"I feel there is this responsibility that I have to do everything."
"Firstly, {pause} it felt like quite disturbing because you don't expect a person to do that to themselves especially, and you would try to understand but you cannot."

Sub theme 4: Incompetence: Struggling to Understand and Console

Caregivers have felt a sense of incompetence while helping their closed one's. It has been a difficult journey for 50% of the participants as they have found themselves struggling understand what compelled the person to self-harm. While 60% of the participants have felt incompetent or helpless whenever they found themselves faced with a NSSI behavior repeating.
"It's very tiring and really long and it is very depressing and sad and it eats you. Because everything you do seems wrong and you can't just get it right."
"Taking care would make you feel very incompetent because as a person you are taking care and you are supposed to take care and you are not able to care about it completely to make it better."

Theme 2: Caregiver Guilt and Self Blame

All the participants felt a sense of guilt and they blamed themselves due to the caregiving responsibility. The burden was so much so that the participants found themselves helpless and hopeless. Two sub themes were generated under this theme.

Sub theme 1: Guilt: The weight of responsibility

Guilt is the constant feeling found in all the participants in various forms. Some faced guilt because of inability to help their loved ones and some felt a sense of guilt because of their urge to avoid those engaging in self-harm habits. Few of the participants felt guilty because they have been one of the reasons for the self-harm of their friends. 70% of the participant have felt guilt in one way or the another as they have this burden of responsibility on them. Few statements given by the participants are –

"Guilt that I couldn't be there to listen or to understand her."

"At one point it got very exhausting and draining. Then I thought he is my friend and I have to be there, I felt guilty about it."

Sub theme 2: Guilt in the form of self-blame

Few participants were found blaming themselves for the NSSI behavior of the other individual. They have felt that their incompetence led to the self-harming incident, or they were lacking in some way or the other.

"I woke up and saw she was on the floor with blood around her. So, I cried. I know it was my fault because we had a fight."

"And I feel it is negligence on my part why she is doing this. I feel so guilty."

Theme 3: Empathetic Resilience while Helping

There was emotional drainage and overwhelming feeling of giving up, but participants showed resilience while being a helping hand to the individuals. It was seen in various forms like giving physical comfort, positive talks and being available emotionally whenever required. Three sub themes were generated to elaborate on this theme.

Sub theme 1: Barrier against NSSI

Amidst the compassion fatigue and emotional and physical exhaustion, the caregivers showed resilience to all the challenges. They tried to stop the NSSI behavior and become the barrier against such urges. It has been challenging for all the participants to be there but 95% of them did not give up and they were ready to help in the times of need. After a while, after digesting the news, they have been there to their friends or siblings. A participant described it as a "calm and sad" process.

"I let them vent their emotions and feelings then I told them they could call or reach out if they ever needed help or someone to talk to."

"Now I am able to handle her and the frequency has decreased. I guess by my efforts of taking the right actions, she has become more patient."

Sub theme 2: Stabilizing influence on NSSI behavior

40% of the individuals have seen improvement and diminishing of the NSSI behavior in the individuals. Even after the exhaustion that the caregivers faced, they didn't give up as they wanted to help someone close to them.

"I feel happy to see all the improvement in her."

"It has definitely changed but not completely gone."

"It was up and down but we have brought stability."

Sub theme 3: Development of Patience and Acceptance
Around 45% of the participants have stated that helping the individual in distress over time has made them a "better version" of themselves. They have showed a satisfaction as the caregiver because it helped them in developing qualities like patience and empathy.
"It has made me More empathetic and understanding."
"I started getting more involved more emotionally. I started viewing it in a more emotional way than practical way."

Complementary Themes
Theme: Vicarious Trauma
A small number of participants have felt a sense of trauma which impacted them negatively. 25% of the participants described trauma in various forms. One of the participant was suicidal because she couldn't care anymore. She described that she couldn't be alone and had panic attacks. While others found themselves recalling their own experiences with NSSI. Lastly, one of the participants couldn't stop talking about the NSSI behavior in her friend and that led to bad dreams.
"I had a lot of suicidal thoughts, I was so sure that something will happen to me. I can't be alone and I am really lonely. I am scared to be alone."
"It has definitely affected me in both ways positive and negative, negatively a bit of trauma is left inside of me…"

Compassion fatigue self-test for helpers
For the quantitative part of this study, the CFST-CF subscale questionnaire was utilized and the all the 20 participant filled the form. The results were as following –

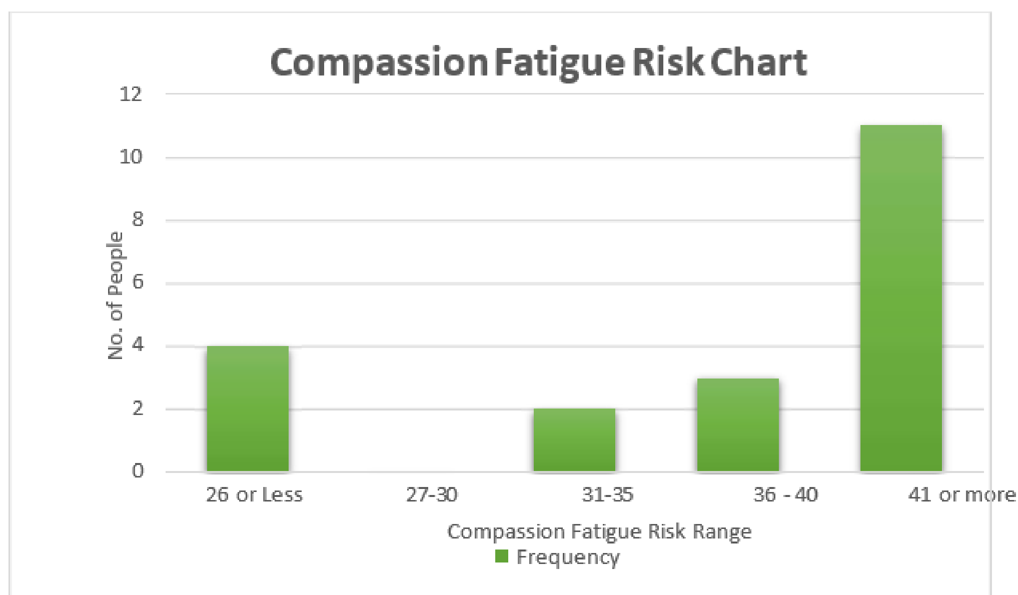

Figure 2: Compassion fatigue risk based on CFST-CF.

Analysis of Graph: 4 individuals scored in the range of 26 or less, meaning they were at extremely low risk, while none scored at 27-30 and 2 individuals fell in the score range of 31-35, meaning that they are at moderate risk. Lastly, 11 individuals feel in the score range of 41 or above, i.e., they are at extremely high risk of compassion fatigue.

DISCUSSION

Non- suicidal self-injurious {NSSI} behavior has its implication on the individual and the caregiver. This study aimed to find out the risk of compassion fatigue and level of caregiver guilt in the caregivers of NSSI individuals. For this purpose, the hypothesis was created and the objectives were lined out.

As per the **results of quantitative data**, it was found that:

- 4 individuals scored in the range of 26 or less, meaning they were at extremely low risk;
- while none scored at 27-30 and 2 individuals fell in the score range of 31-35, meaning that they are at moderate risk.
- Lastly, 11 individuals feel in the score range of 41 or above, i.e., they are at extremely high risk of compassion fatigue.

This shows that people who have been spending time to take care of NSSI individuals are at high risk of compassion fatigue. This result is consistent with studies like "The family caregiver experience – examining the positive and negative aspects of compassion satisfaction and compassion fatigue as caregiving outcomes" done by Lynch, et al., 2018 to find out compassion fatigue in caregivers. Caregivers experience both good and bad things from their caregiving. A demographic survey, a caregiver burden interview, the Brief COPE assessment, and the Professional Quality of Life (ProQOL) were among the metrics used. Most participants had a high degree of caregiver burden, medium to low rates of exhaustion as well as secondary traumatic stress (STS), with a moderate degree of compassion satisfaction related to compassion fatigue.

Coming to the qualitative part of this study. The outcome of the study was three themes:

1. Secondary stress and emotional depletion;
2. Caregiver Guilt and self-blame;
3. Empathetic Resilience while helping.

All the themes had sub themes too. We will go through each one of them gradually.

Theme 1:

In the first theme, we can see that there are 3 sub themes: - Walking on eggshells and personal sacrifice – In this subtheme it can be seen that participants feel a sense of fear that they have to be extremely careful while giving them any help. It can be seen that the participants are personally making sacrifices such as financially, socially and often not finding companionship. In one study by Ferrey, et al., titled, "The impact of self-harm by young people on parents and families: a qualitative study" it was found through qualitative analysis that siblings often restrain themselves from doing the usual behavior. For example, they avoided irritating their siblings lest they will self-harm.

Inner turmoil and its ripple effects – this theme emerged from the transcripts, showing a part of compassion fatigue in the individuals. Many of the participants wanted to avoid the responsibility of taking care of the person engaging in self-harm behavior. "One moment you're covered in blood and next it's what's for tea? An interpretative phenomenological analysis of residential care staff's experiences of managing self-harm with looked after children" by Brown, et al., showed us the burden of responsibility. In one of the sub themes they wrote - Always alert and vigilant -This secondary topic illustrates how individuals are

frequently on high warning either to prevent self-harm and to act fast when needed. The study produced three superior themes, each of which had several subordinate themes. "Surviving" demonstrated how residential caretakers may find it challenging to handle self-harm; as a result, they require a variety of coping mechanisms to help them through the process. The phrase "We're out here alone" reflected the participants' sense of being held personally accountable for controlling self-harming behaviors. "Losing control" was evident when coping mechanisms broke down and people felt uncontrollably unhinged.

Next sub theme of this category was- emotional strain and exhaustion. This category described the core components of compassion fatigue – mental and physical exhaustion, negative emotions like sadness, anxiety, shock, anger, irritation and more. The finding suggests that people taking care of NSSI individuals felt drained and overwhelmed over time. The findings are consistent with the research titled “Peer Responses to Non-Suicidal Self-Injury: Young Women Speak About the Complexity of the Support-Provider Role” by Fisher, Fitzgerald, and Tuffin (2017). One of the girls describes herself as "intoxicated," implying that the stress she endured affected every aspect of her life and changed her condition. Similarly, other people's comments highlight times when she purposefully ignored her own needs because she was preoccupied with offering assistance. Feelings of annoyance and bitterness were frequently caused by the supporter's unfulfilled friendship demands. The supportive teenager was then more susceptible to feeling a wide range of turbulent, uncontrollably unpleasant emotions like sadness, exhaustion, anger. Self- harming and internalizing one's own problems are two behaviors that have been identified as coping mechanisms for this secondary stress.

Another study, “Stories of Significant Others of the Adolescents with Self-Injurious Behaviors” by Grace T. Sulleza {2022} showed Significant others who live with teenagers with NSSI face incredibly challenging situations. They cope with their teenagers' self-harming behavior while living with a certain amount of stress, dread, and ongoing concern and anxiety. According to Oldershaw (2008), families' emotional responses to their kid's actions were intense and long- lasting. A range of feelings, including astonishment, disappointment, remorse, and dread, were recalled. Prolonged melancholy and an overwhelming feeling of loss were also mentioned.

The last sub theme of this theme was - Incompetence: Struggling to Understand and Console. As the words say, caregivers often feel incompetent when they aren’t able to help their loved ones. Same study by Sulleza pointed out that caregivers appear to experience a great deal of grief, which occasionally overwhelms them, due to their perceived failure in managing the Self harm behavior with their teenagers. They were always vigilant, fearful of self-harm happening again, and extremely terrified of the worst case scenario—suicide.

Not just one study but others like “Friendship and self-harm: a retrospective qualitative study of young adults' experiences of supporting a friend who self-harmed during adolescence” by Bilello, et al., {2024} found out immense depth in the role of supporters and its consequences faced by them. The duties, expenses, and adverse consequences connected to the supporting position may be the cause of the previously indicated mismatch in experiences (Shepherd, 2020). It is conceivable that the familiarity and closeness that characterize teenage friendships caused individuals to feel obligated and responsible for one another (Shepherd, 2020; Hall and Melia, 2022). However, the majority of interviewees

made reference to being "like" psychologists or therapists, implying that they felt unqualified and incompetent for the position.

The current study saw a transitional effect on the supporters or caregivers throughout their journey. A sense of burden, exhaustion, negative feelings and incompetence was seen in them. This lines up with a study “Supporting the Supporters: How Adolescent Females Respond to a Friend Who Engages in Non-Suicidal Self-Injury” by Fisher {2016}. The majority had feelings of loneliness as a result of losing contact with friends who could have changed their appearance after learning about NSSI, as well as separation from their support system of peers and parents. There was stress along with a plethora of other bad feelings including loss, despair, guilt, and humiliation. For some, receiving unfavorable feedback on their efforts to assist exacerbated emotions of anxiety, helplessness, guilt, and vulnerability. The assisting effort in many respects jeopardized the mental health and welfare of the young supporter.

Theme 2:
Moving on to another major theme, i.e., Caregiver guilt and self-blame, we can say looking at the results that guilt is found in the caregivers in one form or another. It can be guilt due to helplessness, inability to provide help when asked for, guilt because of prioritizing their own life sometimes or guilt because they find it their fault when their friends or siblings self-harmed. Whatever the way was many studies give evidence that guilt is often visibly present in the caregivers who are dealing with a person with mental health issues.

Study by Bilello, et al., {2024} also found that all of the interviews included references to internal conflict as well as persistent concern, anxiety, and guilt emotions. Others felt guilty because they wanted things to return to how they were or for their pals to "fix things swiftly," but they additionally believed they could help them more. Waals et al., (2018), conducted a research on “The NSSI Family Distress Cascade Theory”. The research was to find out the impact of family on the NSSI behavior of the individual. When a teenager harms themselves, parents frequently don't know how to respond. Reports of experiencing fear, humiliation, and guilt are not uncommon after discovering that a youngster has been self-harming. This downward spiral of negative emotions and self-evaluations might cause caregivers.

The first sub theme talks about the weight of responsibility and the guilt that comes with it when the expectations are failed. The caregivers expect themselves to entirely stop the self-harm behavior. But they kept forgetting the limitations and help the NSSI individuals lead. Often friends and family take excessive responsibility of something they don’t own or have control on. Such findings have been seen in the study “Understanding the impact of self-harm on friendship: A qualitative approach” by Hannah Heath {2017}. The findings showed that friends felt bound by keeping secrets, took on undue responsibility toward the self-harmer, and found it difficult to reconcile self-harm with their relationships and self-perception.

Many studies have found out the major emotions felt as a caregiver. One of them is by Lewis, et al., (2018): “Peer reactions to non-suicidal self-injury disclosures: a thematic analysis”. In the thematic analysis it was found that some individuals expressed feelings of betrayal, wrath, and guilt, the overwhelming majority of those surveyed tended to describe negative emotions mostly stemming from worry for their friend.

"Stories of Significant Others of the Adolescents with Self-Injurious Behaviors" by Grace T. Sulleza found that the participants had common emotions of doubt and heavy responsibility, helplessness and impotence, dread, concern, and anxiety upon learning about the SIB behavior of their young people.

The next sub theme focused on the constant feeling of self-blame. The sub theme was- guilt in the form of self-blame- where participants blamed themselves for inability to stop self-harm or being the reason for self-harm. The study by Kelly Fisher, as mentioned before, found similar findings showing one drawback of having such a strong sense of duty for someone you know who is involved in NSSI includes the blame & guilt that participants experience when they believe their efforts fell short of the required level.

"Experiences of family caregivers of persons living with mental illness: A meta-synthesis" conducted by Ntsayagae {2019} found family caregivers sometimes experienced emotions of helplessness, shame, and irritation since their mentally ill member could not always value their attempts to provide care and occasionally held them accountable for their mistakes. They were frustrated and helpless since they had no idea how the other person would behave. The findings imply that relatives with mental illnesses were not receiving the attention and control that carers needed, which might cause guilt.

Theme 3:

Next theme for this study was Empathetic Resilience while Helping. This theme showed the quality of the caregiver to be resilient in times of crisis. Around half of the participant wanted to be there for the NSSI individual and not give up, showing resilience. The first sub theme in this category was Barrier against NSSI. "Friend support buffers the relationship between maltreatment and non-suicidal self-injury in adolescence" by Jinmeng Liu, et al., {2022} has found that support from friends was shown to have a long-term mitigating effect on NSSI. In particular, friend support shown to be protective for NSSI in both high levels of behavioral problems and high levels of abuse.

The second sub theme was Stabilizing influence on NSSI behavior. The caregivers, through their efforts were able to decrease the behavior in some individuals who engaged in NSSI. The findings of study by Yuan {2023}, "Your support is my healing: the impact of perceived social support on adolescent NSSI — a sequential mediation analysis", demonstrated that resilience acted as a mediating factor between reported social support and teenage NSSI activity, with perceived social support being a substantial negative predictor of adolescent NSSI conduct. Furthermore, by encouraging optimism, perceived social support may raise teenage resilience levels and lessen the incidence of NSSI conduct in adolescents. The findings imply that creating a secure and supportive external environment is a good place to start when it comes to teenage NSSI intervention.

The last sub theme Development of Patience and Acceptance emphasized the path the caregivers took – more empathy and patience. After the intense roller-coaster of emotions that they went through during their caregiving journey, around 45% stuck around to help. The findings of a study correlate with this sub theme. Wherein the participants, in spite of dealing with guilt and responsibility, didn't give up and kept on providing the help that the NSSI individuals were entitled to. In the study by Sulleza, the caregivers attempted to deal with these emotions by "being with these people," "obtaining more patience and comprehension," "giving them an ample amount of care and respect," "to refrain from giving

up," and "entrusting and dedicating to the Lord." Consequently, despite the challenges of managing the circumstance, they remained extremely optimistic.

The study by Lewis, et al., {2018} also found that following NSSI disclosures, a large number of individuals expressed a range of unpleasant feelings. Additionally, 36.54% of participants said they supported their friends by consoling them. In the setting of the revelation event, this meant giving some people physical comfort. This is similar to our findings, even after feeling all those negative emotions, the participants were providing help and were willing to support their loved ones.

Complementary theme:

Last theme was a complementary theme: vicarious trauma, showing that self-harm of others led the caregivers to feel a sense of trauma. Some felt suicidal, some had sleepless nights and some had gaps in their memories due to trauma. It is seen in Raphael, H., Clarke, G., & Kumar, S. (2006) study "Exploring parents' responses to their child's deliberate self-harm." According to the research, parents who witness a Deliberate Self Harm occurrence involving their child go through a very traumatic experience. Parents expressed extreme sadness and a sense of powerlessness. They also expressed worry about how they would handle their child's departure from the medical facility and about potential future events. Some health providers' apparent lack of knowledge and assistance added to these fears.

Overall, this study started with the objective of finding compassion fatigue and feelings of guilt in the caregivers of Non-suicidal self-injurious {NSSI} individuals. The findings suggest that the caregivers have a troubled experience, just like in studies mentioned here. Giving emotional support can be draining and also burdensome. Although, compassion fatigue symptoms are not clearly defined, according to Figley's theory on it, majority of participants fall under risk of compassion fatigue.

Angry, irritable, intolerable, cynical, skeptic, embittered, and resentful are just a few of the negative emotions that can result from compassion exhaustion. These symptoms frequently result in intimacy issues and interpersonal problems, such as trouble getting together with other people and intimacy issues, which cause disappointments, hurt feelings, and detachment. Emotional fluctuations, crying, nervousness, illogical worries, depression, sorrow, and hopelessness, and in certain cases, even suicidal ideas or actions, might occur.
The participants also felt irritable, angry, sad, worried, hopeless and helpless, this led to emotional and physical exhaustion. The burden of responsibility also led to the feeling of guilt and self- blame. Emotional arousal and anxiety are also the highlight in the participant's statements. Our hypothesis is proven, which stated that -

1. There will be a negative effect of Non-suicidal self-injurious {NSSI} behavior of individuals on the caregivers.
2. There will be high risk of compassion fatigue in the caregivers of NSSI individuals.
3. There will be a feeling of guilt in the caregivers of people engaging in NSSI.

Thus, we can say, as per the qualitative and quantitative study that informal caregivers, siblings and peers, need more inclusion in the mental health of the NSSI individuals. They need more support and resources.

Limitations
This study, however in depth, has its limitations. The following points are some of the limitations that could be pointed out: -
- The study focused on the informal caregivers which included only the siblings and peers. Parents were not included, although they are the most important caregivers in the life of an individual.
- Another limitation was that the participants were contacted online, through video call. However, as they were not sitting in an offline setting, the body language was missing. Body language talks a lot about what the other person is feeling. The participants thus, could not be probed for clarification as much as required.
- Furthermore, the caregivers weren't willing to talk a lot about self-harm as an issue, thus the interview was kept short to avoid overwhelming the participants.
- Lastly, the number of participants were less, thus this study cannot be generalized as much as it aims to do.
- Although the results are consistent with many studies, the culture is different. We couldn't locate studies conducted in India, therefore, our study may or may not be generalized with the Indian population.

Implications
The study aims to provide a structure to the mental health community when it comes to caregivers. Thus this study has the following implications –
- Professional caregivers are often the focus of intervention and studies. In case, the informal caregivers are taken, only parents are focused but peers and especially the siblings are not the highlight of much studies. This study, gives an insight to what such caregivers go through and in what areas can help be provided.
- Non-suicidal self-injury {NSSI} as a mental health issue in not studied in terms of its impact on the caregivers. We wanted to give a mirror to the mental health community to look at NSSI as something that can have a negative impact on those who are aware about it and those who are trying to reduce it without professional assistance. We hope that this study adds to the further research and leads to more such initiatives on self-harming behavior.
- Peers are mostly impacted as individuals, be it adolescents or young adults, inform their crisis only to their peers. Siblings are also a part of this because they generally fall in the peer groups. Therefore, interventions and support is very important for them. Compassion fatigue and guilt can lead to burnout if support is not provided. Majority of the participants are at risk of compassion fatigue and all of them have been feeling guilty because of their inability to stop the behavior.

Suggestions
After conducting this research, it can be seen that there has been very less facility to the caregivers to understand NSSI as a separate mental health issue. It is always associated with suicide attempt which may or may not be true. To differentiate between the NSSI and suicide attempts, professional should psycho-educate the family or peers.

Secondly, peers should be considered as caregivers as they are more involved in an adolescent's life than a parents in many instances. When taking a case history, there should be an option to include peers/friends to validate or confirm such behavior and they are

dealing with it. Further, interventions and support should be provided to the caregivers to better their mental health.

CONCLUSION

We aimed to find out the impact of NSSI on the caregivers, the level of compassion fatigue and the presence of feelings of guilt in the caregivers of NSSI individuals. Our hypothesis has been proven, that means, NSSI has a negative impact on caregivers, and compassion fatigue and guilt is also present at high level. This calls for further research and interventions for the caregivers.

Compassion fatigue is a serious issue in the mental health world. It can lead to depression and anxiety and more such pathologies if not acted upon. Therefore, this research tried to find out the effects of NSSI on others and not just on the individual itself. Although this study aimed for the NSSI caregivers, it can be applied to other caregivers who are dealing with individuals with different mental health issues.

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