Befriending for mental health problems: Processes of helping

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Background. One avenue for addressing the social consequences of mental health problems is through befriending, a supportive relationship in which one-to-one companionship is provided on a regular basis. Although there is some evidence that befriending can improve psychological and social functioning, little is known about how it works.

Objective. This qualitative study aimed to understand the helping processes occurring in befriending relationships, from the perspectives of both befriendees and befrienders.

Method. Semi-structured interviews were conducted individually and jointly with eight befriendees and their corresponding befrienders. Thematic analysis was carried out on the data set of 23 interviews.

Results. The analysis generated nine themes concerning qualities of the relationship valued by befriendees and befrienders (e.g., empathy and mutuality), processes of making meaning (e.g., considering alternative perspectives), and how change was effected in befriendees' lives (e.g., learning how to have healthier relationships with others). The accounts emphasized the importance of the quality of the relationship itself, and highlighted aspects of the relationship that were sometimes difficult to negotiate.

Conclusions. The findings suggest that befriending shares commonalities with other types of psychological help. However, it is also characterized by some particular challenges, such as establishing an empathic relationship and managing boundaries and endings.

For individuals with enduring mental health problems, integration into the community is often an ideal rather than a reality. The social consequences of mental health problems can include isolation, stigma, and social exclusion through unemployment and a lack of opportunities; building and sustaining social relationships thus can be challenging (Davidson & Stayner, 1997; Davidson, Stayner, et al., 2001). One possible avenue for fostering social relationships, and ultimately promoting positive mental health, is through

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befriending\textsuperscript{1} – a supportive relationship in which one-to-one companionship is provided on a regular basis (Davidson \textit{et al.}, 2004; Eckenrode & Hamilton, 2000).

Befriending programmes match individuals with non-professional volunteers, who are typically given brief training and who may or may not have a personal history of the problems experienced by those they are supporting. Although there are some variations between befriending programmes, e.g., in terms of frequency and length of contact, they aim to foster social relationships; the focus is on the befriended and befriender engaging together in social and recreational activities (Davidson \textit{et al.}, 2004; McCorkle, Rogers, Dunn, Lyass, & Wan, 2008). Such programmes are often run by voluntary organizations, providing a complement to formal mental health services.

A small number of well-designed studies have evaluated befriending programmes for people with moderate to severe mental health problems (Davidson \textit{et al.}, 2004; Forchuk, Martin, Chan, & Jensen, 2005; Harris, Brown, & Robinson, 1999a; McCorkle \textit{et al.}, 2008; Reynolds \textit{et al.}, 2004). These provide some evidence for the effectiveness of befriending in terms of improved psychological and social functioning, although the findings are mixed. The most promising evidence comes from Harris \textit{et al.}’s (1999a) randomized study of befriending for women with chronic depression: a remission of symptoms was found for 72% of women who were in regular contact with a befriender compared to 39% of women in the wait-list control (Harris \textit{et al.}, 1999a). Davidson \textit{et al.}’s (2004) large-scale randomized study of supported socialization for adults with serious mental illness showed more mixed, complex findings: for example, improvements in functioning and self-esteem were related to the degree of contact with and the mental health history of the volunteer partner, with some evidence suggesting differential benefits of meeting regularly with a ‘non-consumer partner’ (a volunteer without a personal history of mental health problems). In McCorkle \textit{et al.}’s (2008) quasi-experimental study of intentional friendship for people with serious mental illness, improvements in subjective well-being and reductions in psychiatric symptoms were found for a subgroup of participants at 1 year; marked improvements in perceived social support seemed to be a precursor to improved psychological functioning.

Qualitative and service evaluation studies also provide evidence of the positive impacts of befriending on individuals’ lives. Users tend to report high satisfaction and numerous benefits, such as decreased isolation, increased self-confidence and self-esteem, feeling valued, and gaining a sense of hope and agency (Bradshaw & Haddock, 1998; Davidson, Haglund, \textit{et al.}, 2001; Lieberman, Gowdy, & Knutson, 1991; McCorkle, Dunn, Wan, & Gagne, 2009; Skirboll, 1994; Staeheli, Stayner, & Davidson, 2004). A few drawbacks and obstacles have been reported (e.g., initial anxieties about relating to a new person, negative social comparison), but these seem to be outweighed by the perceived benefits (Davidson, Haglund, \textit{et al.}, 2001; McCorkle \textit{et al.}, 2009).

The research outlined above provides an encouraging picture of the potential of befriending to improve the social functioning and psychological well-being of people with mental health problems; however, it has several limitations. One major gap is that it tells us little about \textit{how} befriending works, i.e., what occurs within befriending relationships that contributes to bringing about (or hindering) change. That is, it focuses

\textsuperscript{1}In North American studies, the terms ‘supported socialization’, ‘supported friendship’, and ‘intentional friendship’ are typically used, rather than ‘befriending’. Various terms are used to refer to the recipients of befriending programmes, including people with ‘severe mental illness’ and ‘consumers/survivors’ (typically used in the USA) and ‘service users’ (typically used in the UK). When describing research in this area, we use the terms employed in each study; we use the term ‘individuals with mental health problems’ more generally because this was the term used by most participants in the present study.
on the outcome, with little consideration of the process of befriending. Although the qualitative studies provide some insights into how and why befriending is valued from the recipients’ point of view, they tend to lack a conceptual framework in which to understand participants’ accounts of the befriending relationship. With a few exceptions (e.g., Lieberman et al., 1991; McCorkle et al., 2009), they also investigate befriending only from the perception of the befriended, omitting the perspective of the befriender.

One way of gaining a greater understanding of the process of befriending is to consider conceptual links that can be made with the psychotherapy process literature. A large body of theoretical and empirical work has focused on processes that are fundamental to psychological helping. Although most of this has occurred within the context of therapy or counselling, some theorists have extended this to the context of non-professional help or support, such as that provided by friends or volunteers. Rogers (1957) was one of the first to propose that certain conditions (empathy, positive regard, and genuineness) are essential for all types of therapeutic relationships, including those occurring in everyday contexts. Later theorists and researchers have pointed to the importance of the therapeutic alliance (the collaborative and affective bond between therapist and client), which has been found to be a significant factor in psychotherapeutic outcomes regardless of psychotherapeutic approach (e.g., Martin, Garske, & Davis, 2000). Other processes have also been proposed as important aspects of psychological therapies, such as bringing new perspectives on clients’ problems, instilling hope, and interpersonal learning (Stiles, Shapiro, & Elliott, 1986; Yalom, 1995). In an attempt to integrate this literature and extend it beyond the field of psychological therapies, Barker and Pistrang (2002) suggest that there are three broad categories of common factors underlying psychological help and support, whether provided by professionals or laypeople: establishing a helping relationship, making meaning, and promoting change.

The present study explored the helping processes occurring in befriending relationships. It took a dual perspective approach, eliciting the views not only of befriendedees but also of befrienders. Because qualitative methods are well suited to exploring complex processes (Willig, 2008), semi-structured interviews were used to obtain accounts from participants. Our aim was to gain a psychological understanding of the processes of befriending through a systematic, in-depth analysis of a small number of personal accounts.

**Method**

**Setting**

Befriendedees and befrienders were recruited from five befriending schemes in London (four were run by voluntary organizations and one was part of local statutory services provision). The schemes shared a similar philosophy and structure, although there were small variations in procedures. All aimed to meet the needs of adults who found it difficult to form and sustain friendships as a result of mental health problems. The role of befrienders (volunteers with no professional mental health training) was to listen and provide companionship, take part in social activities and link befriendedees with community resources. Befriendedees and befrienders were matched as much as possible on personal characteristics such as gender, age, and interests. All five schemes required that befriendedees and befrienders commit to meeting once a week for at least 1 hour, over a period of about 1 year.
Study criteria
Befriendees and befrienders were required to be engaged in a befriending relationship at the time of the study, and the relationship established for at least 4 months to provide sufficient relationship history for participants to draw on when being asked to think about their befriending experiences. Individuals were not eligible if they were experiencing severe cognitive disruption that would have hindered their ability to concentrate and answer questions about the befriending relationship.

Recruitment
Befriending scheme coordinators identified and invited befriendede–befriender pairs who met the study criteria to take part. Ten pairs were invited; of these, two pairs agreed but decided to withdraw before the interviews were arranged because the befriendedes were reluctant to have interviews audiorecorded.

Participants
Eight befriendede–befriender pairs took part (see Table 1). The mean length of the befriending relationship was 9 months (range: 4 months to 2 years). In all but one pair, the befriendede and befriender were of the same sex.

Table 1. Description of befriendede–befriender pairs

<table>
<thead>
<tr>
<th>Participant ID</th>
<th>Gender</th>
<th>Approximate age</th>
<th>Mental health problem</th>
<th>Length of befriending relationship</th>
<th>Previous befriending experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>BE1</td>
<td>Female</td>
<td>30s</td>
<td>Personality disorder</td>
<td>7 months</td>
<td>One previous befriender (very brief)</td>
</tr>
<tr>
<td>BR1</td>
<td>Male</td>
<td>20s</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>BE2</td>
<td>Male</td>
<td>40s</td>
<td>Depression</td>
<td>4 months</td>
<td>No</td>
</tr>
<tr>
<td>BR2</td>
<td>Male</td>
<td>40s</td>
<td>Yes</td>
<td>One previous befriendede</td>
<td>No</td>
</tr>
<tr>
<td>BE3</td>
<td>Female</td>
<td>50s</td>
<td>Depression</td>
<td>10 months</td>
<td>No</td>
</tr>
<tr>
<td>BR3</td>
<td>Female</td>
<td>50s</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>BE4</td>
<td>Male</td>
<td>40s</td>
<td>Depression</td>
<td>2 years</td>
<td>One previous befriender</td>
</tr>
<tr>
<td>BR4</td>
<td>Male</td>
<td>60s</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>BE5</td>
<td>Male</td>
<td>50s</td>
<td>Nervous disposition</td>
<td>8 months</td>
<td>No</td>
</tr>
<tr>
<td>BR5</td>
<td>Male</td>
<td>60s</td>
<td>No</td>
<td>Three previous befriendedes</td>
<td></td>
</tr>
<tr>
<td>BE6</td>
<td>Male</td>
<td>40s</td>
<td>Paranoia</td>
<td>7 months</td>
<td>No</td>
</tr>
<tr>
<td>BR6</td>
<td>Male</td>
<td>40s</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>BE7</td>
<td>Female</td>
<td>50s</td>
<td>Personality disorder</td>
<td>7 months</td>
<td>No</td>
</tr>
<tr>
<td>BR7</td>
<td>Female</td>
<td>30s</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>BE8</td>
<td>Male</td>
<td>40s</td>
<td>Paranoia</td>
<td>7 months</td>
<td>Two previous befrienders (one very brief)</td>
</tr>
<tr>
<td>BR8</td>
<td>Male</td>
<td>60s</td>
<td>No</td>
<td>One other current befriender</td>
<td></td>
</tr>
</tbody>
</table>

*BE, befriendede; BR, befriender, with participant identification number.

b Main mental health problem as described by the befriendede, and whether befriender reported having previously experienced a mental health problem.

c Whether befriendede had a previous befriender, and whether befriender had other experience in befriening.
The eight befriended (five men, three women) had an average age of 46 (range: 33–57). Seven described their ethnicity as White British and one as White Irish. None were in paid employment, but two were engaged in voluntary work. All had previous or current contact with mental health services; their descriptions of their difficulties indicated moderate to severe impairment socially and occupationally. Three had previous experience of having a befriender.

The eight befrienders (six men, two women) had an average age of 50 (range: 29–65). Six described their ethnicity as White British, one as White European and one as Black African. Four were retired, two were unemployed and engaged in other voluntary work, one was studying and one was in full-time employment. Three had previously been befrienders or were currently befriending two befriendedes. Three befrienders had experienced their own mental health problems.

**Procedures**

Ethical approval for the study was granted by the university ethics committee; all participants gave written consent prior to the interviews. Three interviews were conducted with each befriendee–befriender pair: the first was with the befriender, the second with the befriended, and the third with the befriender and befriended together (one pair was unable to take part in the joint interview). The individual interviews lasted approximately 60–120 min, and the joint interviews approximately 30 min. All interviews were conducted by the first author; most took place at befriending scheme premises or participants’ homes. The interviews were audiorecorded and then transcribed for analysis. Each pair received £15 payment to go towards a befriending activity of their choice.

**Interviews**

Semi-structured interview schedules for each of the three interviews were developed specifically for the study (copies can be obtained from the second author). Following Smith’s (1995) guidelines for semi-structured interviews, the schedules covered several broad areas but allowed for flexibility in follow-up questions and prompts in order to elicit elaborated accounts. The aim was to encourage participants to describe their experiences of the befriending relationship in their own words and from their own perspective. The interviews with the first befriending pair were initially intended as a pilot, in order to refine the schedule; however, because the schedule worked well, no revisions were made and the first befriending pair was included in the study.

**Befriendee interview**

The main areas covered were: (1) background information about the befriending relationship (e.g., how they got into befriending, what they had wanted from it); (2) the experience of being with the befriender, focusing on the interactions between befriended and befriender (e.g., what they talked about and did together, how the befriender responded to the befriended); (3) the development of the befriending relationship (e.g., what it was like getting to know each other, how they felt about the relationship eventually coming to an end); and (4) the benefits and costs of befriending (e.g., what they found helpful or unhelpful). In order to address the aim of the study, the interviews focused on the second and third areas, i.e., the nature of the relationship and the interactions between befriended and befriender.
**Befriender interview**

The befriender interview covered the same areas, focusing on befrienders’ own thoughts and experiences of befriending (e.g., what it was like for befrienders to hear the things befrienees spoke to them about, and how they tried to help). In order to obtain a fuller picture of the development of the relationship and how they attempted to help the befriendee, prompts about any difficulties or challenges were included (e.g., ‘Did you find that difficult in any way?’). The interview also elicited befrienders’ views of befrienees’ experiences (e.g., how befrienders thought their befriendee experienced their time together).

**Joint interview**

The joint interview aimed to gain a more concrete sense of what the befriending pair had done together and understand how their relationship ‘worked’. This interview took place immediately after the befriendee–befriender pair had engaged in a specific befriending activity. The interview schedule was shorter than the individual interviews and focused specifically on the time befriending pairs had spent together just prior to the interview. Areas of inquiry included how they had spent their time together, what was helpful, and how they felt about the experience.

**Analysis**

Thematic analysis (Braun & Clarke, 2006) was carried out on the data set of 23 interview transcripts. This is a systematic, but flexible, approach to identifying themes that capture the essential features of participants’ accounts.

The analysis followed a number of iterative steps, starting with each separate interview (within-case analysis) and progressing to the identification of themes across interviews (cross-case analysis). Each transcript was first read in detail to identify the meanings expressed and to generate initial codes. Codes representing similar ideas were then clustered together to produce a tentative list of themes for each interview with accompanying records of quotations; at this stage, similarities and differences in themes within each befriendee–befriender pair were documented. Next, themes across all participants were examined in order to identify prominent themes as well as negative case examples. Themes from befrienees’ and befrienders’ accounts, and from the joint interviews, showed high overlap and were therefore integrated, although unique aspects of the respective accounts were documented. Next, a consolidated list of higher-order themes was produced; attention was paid to ensuring that each theme was ‘densely’ described (Strauss & Corbin, 1998). The themes were then grouped together into domains in order to provide an organizing, conceptual structure. At this stage, the psychological helping literature was drawn upon as an aid in considering different ways of clustering the themes; whilst the analysis up to this point was data driven, this later stage involved making connections with the theoretical literature. Finally, all the themes were reviewed to identify any points of conceptual overlap, and a few themes were amalgamated in order to produce a more parsimonious list of final themes. At each stage of the analysis, extracts from the interviews were documented as supporting evidence for each theme. Participant quotations were used for the final theme labels.

The analysis was conducted primarily by the first author, and credibility checks were carried out in accordance with methodological guidelines for good practice in qualitative research (Elliott, Fischer, & Rennie, 1999; Willig, 2008). At the within-case
stages of analysis, several transcripts were coded independently by the two authors, who then discussed their ideas and came to a consensus on the main themes before analysis proceeded further. Several additional transcripts, which included the first author’s notations of the themes, were also audited by the second author. At the cross-case stages of analysis, commonalities and differences between participants’ accounts were discussed in detail, as were different ways of clustering the themes; modifications were made before finally reaching a consensus on the final set of themes and the organizing domains. A final audit was carried out by the second author to check that each step of the analysis was backed up by the data.

Results

The qualitative analysis generated nine central themes (see Table 2). These were organized into three broad domains, drawing on Barker and Pistrang’s (2002) conceptualization of fundamental processes in helping relationships. Themes in the first domain pertain to qualities of the relationship that were valued by befriendees and befrienders, as well as aspects of the relationship that were sometimes difficult to negotiate. Themes in the second domain relate to processes of making meaning, i.e., opportunities provided by the relationship for befriendees to make sense of their thoughts and feelings and to see their difficulties from a different perspective, as well as opportunities for befrienders to develop new understandings. Themes in the third domain focus on how befriending promoted changes in befriendees’ lives, through doing activities together and learning how to have healthier relationships with others.

<table>
<thead>
<tr>
<th>Domain 1: The relationship</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 ‘Empathy’s more important than anything else’</td>
<td></td>
</tr>
<tr>
<td>1.2 ‘You’re both safe’</td>
<td></td>
</tr>
<tr>
<td>1.3 ‘Quite like a friend’</td>
<td></td>
</tr>
<tr>
<td>1.4 ‘Time to move on’</td>
<td></td>
</tr>
<tr>
<td>2. Making meaning</td>
<td>2.1 ‘Having things put into words’</td>
</tr>
<tr>
<td>2.2 ‘A different perspective’</td>
<td></td>
</tr>
<tr>
<td>2.3 ‘A learning experience for the befriender too’</td>
<td></td>
</tr>
<tr>
<td>3. Bringing about change</td>
<td>3.1 ‘Getting out and doing stuff’</td>
</tr>
<tr>
<td>3.2 ‘A healthy relationship’</td>
<td></td>
</tr>
</tbody>
</table>

The themes are drawn from both befriendees’ and befrienders’ accounts, and reflect the broadly similar views shared by befriendees and befrienders, both within pairs and across befriendees and befrienders; views particular to either befriendees or befrienders are noted within each theme. For each theme, quotations are provided from befriendees (BE) and befrienders (BR); the befriendee–befriender pairs are indicated by the participants’ research identification number (e.g., BE1, BR1).

**Domain 1: The relationship**

**Theme 1.1: ‘Empathy’s more important than anything else’**

Empathy was perceived as central to the befriending relationship. Befrienders described how they strove to understand befriendees’ experiences, and befriendees valued their
befrienders’ capacity and attempts to do this. The view expressed by one befriender, that ‘...empathy’s more important than anything else’ (BR2), was echoed by other participants.

Having personal experience of mental health problems was perceived as advantageous for befrienders:

He understands because he’s been there... He’s got a first hand experience of a breakdown and when I talk to him, I know in my heart of hearts that that man understands where I’m coming from. (BE4)

If you’re looking for befrienders, probably the best community to get them from is people who have been through the sausage machine of the NHS themselves... it’s difficult for somebody who’s never experienced any type of mental illness to actually understand it. (BR6)

Developing empathy required more effort on the part of befrienders without personal experience of mental health problems, and it was achieved with varying degrees of success. Befrienders described trying to understand their befriendees’ experiences through listening closely to befriendees’ stories, asking questions, attending to their emotional reactions, and relating events to those in their own lives:

Every now and again I sort of think I understand her a bit, like you understand other friends because you can relate their behaviours to the way you behave... And then she’ll describe a behaviour, and I’ll think, Ah, I haven’t got one for that. (BR1)

I’ve never been in a situation like she has been but the way she explains it, I sympathise with her, I empathise, I put myself in her shoes and think about if I was in this situation I would feel this way, it’s fair enough that she’s feeling like that. So I’m trying to understand. (BR7)

Similarly, befriendees recognized befrienders’ efforts to understand as well as the limits to their understanding:

[Befriender’s] asked questions... she’s asking them to understand... it’s not as though she doesn’t understand what I went through, it’s like she doesn’t know what it feels like. (BE3)

Obviously she’s not in my shoes, but... well, like the little bit of self harm stuff, she didn’t run away, she was a bit shocked I think, but I think she does understand. (BE7)

However, even when a shared experience of mental health problems existed, a complete understanding of the befriendee’s difficulties was seen as not necessarily possible or desirable. Rather than being a hindrance, differences in experience were seen as potentially beneficial to the relationship:

You don’t want them to over identify with you because everyone’s different... (BE2)

Some of it I can empathise with and some of it I’ve absolutely no idea at all... I don’t think you will ever get a hundred percent fit with other people... And if you did have that hundred percent fit, it might be ideally the wrong person for them because they’ll just wallow in it with them. (BR6)

**Theme 1.2: ‘You’re both safe’**

The befriending relationship was described as ‘safe’ by both befrienders and befriendees. They emphasized the importance of befrienders being non-judgmental, accepting, and respectful, which facilitated a relationship in which befriendees could open up to their befrienders:
It’s that lack of pressure, the non-judgmental support that I like... it’s kind of safe. (BE2)

She seems to be able to talk to me about all sorts of things. Sometimes really personal things... it’s a confidential situation, it’s not going any further than us. So maybe that’s what gives her the freedom to talk. (BR3)

Both parties valued the support they received from the befriending scheme, which contributed to a shared view that ‘you’re both safe’ (BE7). Befrienders particularly valued guidance and support regarding how to deal with difficulties:

You’ve got the coordinator in the background overseeing how things are going... It’s secure. (BE8)

When she was cutting it was really difficult and I was really distressed about it, so I called [befriending scheme coordinator] to see how to handle it... so it was like dealing with it together. It’s not like I’m alone dealing with the situation. (BR7)

However, a ‘safe’ relationship was not always straightforward to establish, and being non-judgmental did not always come easily to befrienders. There was sometimes an uncertainty about how to respond, and befrienders occasionally found it difficult to balance being non-judgmental with their personal reaction to something their befriendee had said:

I’d say the hardest thing is not giving a true reaction to the things she says, and biting my lip rather than making or voicing my judgments or opinions... (BR1)

None of the befriendees’ accounts indicated an awareness of their befriender’s uncertainties or dilemmas about being non-judgmental. However, one befriendee described a difficult experience with a previous befriender who had not taken a non-judgmental approach, and this relationship had broken down:

... mentally ill people feel un-empowered of their own way of life, like they’re not in control of how they want to be, and some people try to take that power away and rather than them trying to lead a normal life and this was what my other befriender was doing, forcing his beliefs on me, which I didn’t like. (BE8)

**Theme 1.3: ‘Quite like a friend’**

The befriending relationship was described as both similar and different to other relationships – with friends, family, service users, and professionals – and seemed to serve its own unique function and purpose:

... a kind of back-up support that wasn’t quite the same as friends, but was friendly. You know, somebody who was, kind of, there for me. Not as a professional, not the kind of involvement that family or a close friend might have, but someone who was sat in the middle bit really. (BE2)

Some friends of mine in the system have said what do you need a befriender for, you’ve got a relationship, you’ve got friends. But actually this is more, somebody who’s aware of my history, it’s not like meeting a new friend whose first question is what do you do, why aren’t you working, what is wrong with you... it’s nice to dip your toe in the water by meeting someone, not as a friend, but meeting somebody fresh who knows your history but still respects you. (BE7)

Both befriendees and befrienders spoke of a sense of mutuality and reciprocity. Despite its being set up in somewhat unusual circumstances, the relationship developed over time into something more natural, much like a friendship:
I’m just myself and he’s just himself, we just happen to be doing this particular thing, in this particular relationship, in this particular way. It’s more important for us just to be ourselves. (BE2)

While I’m talking to him I’m not constantly thinking of the roles that I’m the befriender and he is the befriendee, we’re two people having a chat. (BR2)

In one pair, however, there was a marked discrepancy between the perceptions of befriender and befriendee:

We’ve got a close bond as friends. It feels like he is my friend. I don’t look on him as a befriender, that’s the way I look at it. We’ve become good friends. (BE4)

I look at [befriendee] and see [befriendee] just as he’s a client, and I’m a befriender. I don’t say really that I’d see him as a friend...it could happen I suppose, but with me it hasn’t happened... But whether he sees me as a friend or as part of befrienders, I wouldn’t know that. (BR4)

Despite the prevailing sense of friendship, the very nature of the relationship also meant that it was not experienced by befrienders as entirely reciprocal. At times befrienders felt they took on a ‘carer’ role, which did not always sit easily with being a ‘friend’. They also deliberated about how to balance mutuality with providing ‘space’ for their befriendee, and where to put their ‘boundaries’ in terms of personal disclosure:

I’m keeping a watchful eye, but not making it obvious...I think it is part of my role, well, that’s how I feel anyway. I think, at the end of the day, a befriender is a kind of carer, obviously not a specialist carer, but in a very general way, to see that the befriendee is well, or as well as they can be. (BR2)

It’s more to do with where I’m putting my boundaries...It’s kind of making sure that the whole conversation isn’t about me...The unequal-ness of the relationship is that one. It’s not about me. (BR5)

Theme 1.4: ‘Time to move on’

The ending of the relationship was a prominent issue for both befriendees and befrienders. For some, there was an acceptance that endings were part of the relationship from the outset, and some befriendees found that the idea of ending indicated progress and something to build on:

If it happens, it happens...If it has to be, it has to be. (BE6)

Well I’m hoping that by the end of it, I’ve got that bit stronger and it will be the right time to move on...hopefully I will be strong enough to accept it... (BE2)

However, for most pairs, ending was difficult to think and talk about. There was anxiety about how the ending would be managed in a safe way, despite the involvement and support of the scheme coordinators:

...it’s one of those things I don’t want to think about so I shove it to the back of my mind and don’t think about it. (BE3)

I feel like it’s slightly kind of a bit like a taboo subject. Um, I think I would be scared of saying the wrong thing, if it came up. (BR1)

Whether it raised anxiety or was accepted, the prospect of ending brought uncertainty: some befriendees expressed worry about the possible detrimental consequences for themselves, and some befrienders were concerned about the possible dependence that befriendees might have developed on the relationship:
I’d probably get even more depressed, going back to what I was before . . . That is a big worry . . . I don’t want to end up going back to being shut in my flat all the time. (BE1)

I suppose that might be a detrimental thing, um, how much of a reliance [befriendee] has on us meeting for her self esteem and that, and whether she’s going to take a blow after it’s finished, which may be a realistic thing. (BR1)

**Domain 2: Making meaning**

**Theme 2.1: ‘Having things put into words’**

Befriendees spoke with appreciation about being able to talk to their befrienders about ‘anything, everything, and nothing’. They described how they could use the relationship as an outlet to talk through ideas and thoughts that might otherwise build-up; this process provided not only a ‘big release’ (BE4) but helped befriendedees to clarify their thoughts and feelings. Similarly, befrienders spoke of providing an opportunity for befriendees to talk about their difficulties and to put them into words:

> I've been in a situation when I could really have been kicking off, but then when I've seen [befriender] I've been able to tell him . . . he'll make me think about things rather than lashing out at a member of staff . . . I need to have the conversation to sort it out in my head, otherwise it just builds up and builds up, and then I just totally kick off. (BE1)

If you talk about something it brings things clear in your own mind . . . it helps having things put into words. (BR3)

**Theme 2.2: ‘A different perspective’**

Befriendees and befrienders spoke of the relationship being a forum in which new and different perspectives could be explored:

> Slowly but surely [befriender] helped me see things from a different perspective . . . They taught me a new way of looking at things. (BE4)

The way in which these alternatives were presented and explored was important: befrienders described trying to do this in a gentle, inquiring, and flexible manner, not forcing their suggestions but encouraging befriendees to consider different options as well as generate solutions themselves:

> She might say what she thinks but it’s never, I’m right and you’re wrong and you’ve got to do it this way. (BE3)

> . . . it’s part of that looking at whatever the situation is, from a lot of different perspectives . . . You look at it in a balanced type of way, rather than in one fixed way. (BR6)

Both befriendees and befrienders noted that if having different and new perspectives was to make a difference, befriendees needed to be ready to consider another view:

> At the end of the day they [befriender] can talk as much as they like . . . it had to come from me as well . . . I’ve had to put it into practice . . . it’s no good [befriender] working his heart out talking to me, and I’m doing nothing to help the situation. (BE4)

> If people want to improve themselves it’s up to the person, nobody else can do it for them unless they want to. (BR3)

**Theme 2.3: ‘A learning experience for the befriender too’**

Befrienders who had not had experience of their own or others’ mental health problems prior to becoming a befriender found the process an ‘eye opener’ to the difficulties and
social stigma involved. Thus, befriending offered learning opportunities not only to the befriended but to the befriender:

I don’t know anyone with a diagnosed mental disorder so I had no idea what someone like that would be like. Now it seems silly to sort of think about . . . It’s nice to sort of confirm that what you read in the papers isn’t representative of the mental health sector. (BR1)

One befriended echoed this view:

I think it can be a learning experience for the befriender too, in terms of learning what it’s like to go through that kind of distress . . . learning what it might be like from that person’s point of view. (BE2)

Befrienders also described how being in the relationship with their befriended led them to reflect on their own lives and circumstances. This was mostly expressed by befrienders who had not had their own mental health problems, but one befriender with previous mental health problems also described a similar process:

It makes me think about me, who I am . . . you do have to say to yourself, ‘Am I happy with where I am?’; and if there are things that are getting to me where is that layer occurring and you know, because I do become more conscious. (BR5)

And for the person who’s the befriender, it’s a, not necessarily comfortable, but perhaps a useful jog to remember that this is how you used to be or this is how other people would have seen you. It helps you reassess some of the things that have happened to yourself, and how other people may have reacted or looked at it. (BR6)

**Domain 3: Bringing about change**

**Theme 3.1: ‘Getting out and doing stuff’**

Befriendees and befrienders described how change was brought about by engaging in activities that befriendedees may not have done before or were reluctant to do on their own:

I went with [befriender] . . . and now I feel like I can take myself . . . I’m getting more brave, taking myself out more, more and more often . . . I get the odd days I feel like I want to get up and go, and I go for it. And I never had that before I had befriending. (BE5)

It’s being able to get out and visit places and do things that otherwise [befriendee] wouldn’t have done naturally on his own, and that’s an exposure to a whole load of different things . . . it’s opening that window of things out there. (BR5)

Accessing and participating in the local community, and developing new skills, were important aspects of the joint activities:

It’s in my patch, my library, my café, so it’s good . . . I feel quite grown up having learnt a little bit about computers . . . once or twice I’ve been able to get onto it on my own when I’ve got there early . . . I felt quite chuffed with myself. (BE7)

Befrienders were able to model their responses to situations that befriendedees found difficult. One befriendedee described how he drew inspiration from his befriender’s way of coping:

I think to myself if he can do it, so can I. You know, just because I . . . have a mental illness, I don’t see why that should stand in the way. So it’s more of a positive role that he plays. (BE8)

The process of change through doing activities with the befriender was described poignantly by one befriendedee:
...before I ever had a befriender I was absolutely lonely, I was wrapped up in my own self, felt lonely, depressed...I used to sit indoors, didn’t really want to know people...Yesterday I gave [befriender] a whole list of ideas as long as my arm of things we want to get up to, various museums, parks, places we want to go to together...it really is uplifting, if I can put it like that...I’m exploring certain places with [befriender] that I’ve always wanted to go and see and I’m getting the chance to go and do it. And that is brilliant...It’s given me more courage in myself to go out and meet more people during the week. (BE5)

**Theme 3.2: ‘A healthy relationship’**

For some befriennees, the very nature of the befriending relationship allowed them to experience a new type of ‘healthy’ relationship, which in itself promoted change. Befriennees and befrienderers spoke of using the relationship as a foundation to feel able to relate to others in new ways:

Maybe it’s teaching me to have a healthy relationship with somebody as well, even though it’s within boundaries and structure, it’s still a relationship. Maybe I’m learning stuff there. (BE7)

The relationship is...it’s about creating opportunities for [befriendee] to go where perhaps he wouldn’t have gone before in relationships. (BR5)

One befriendedee described how the befriending relationship contributed to breaking the cycle of going in and out of hospital, because he had a relationship with someone other than service users:

The thing is with lots of mentally ill people, it’s a vicious circle. You’re in and out of hospital all the time, and you’ve got to break that chain, so to speak, and the way you can break that chain is by people like [befriender] and the organisation, because...when you’re in hospital you’re there with other mentally ill people, they become your friends, you get discharged, you mix with mentally ill people all the time...and you’re back in...And the way that chain got broken was partly through [befriending scheme]...I get friendship from it, and um, it’s important because as I say, the chain’s broken. (BE8)

**Discussion**

The accounts of participants in this study suggest that befriending relationships share commonalities with other types of helping relationships, but are also characterized by some particular challenges. Both befriennees and befrienderers emphasized the importance of the quality of the relationship itself; this seemed to lay a foundation for the additional processes of making meaning and bringing about change. The themes reported in this study overlap with those of previous qualitative studies of befriending, but the present study’s focus on process rather than outcome generated some unique themes.

**The relationship**

Empathy and acceptance were highlighted as intrinsic to the relationship functioning well. This is consistent with accounts of individuals participating in supported socialization in the USA (Davidson, Haglund, et al., 2001; McCorkle et al., 2009) and with accounts of mental health service users in the UK about what they value in supportive relationships (Mental Health Foundation, 2000). Qualities such as empathy and acceptance have also been identified as fundamental to other types of helping relationships, whether they be
professional therapeutic relationships (Bachelor & Horvath, 1999) or those occurring between peers, such as in mutual support groups (Levy, 2000).

However, participants’ descriptions of their experiences point to some complexities in establishing an accepting, empathic befriending relationship. Befrienders sometimes struggled to find a balance between being ‘non-judgmental’ and being ‘themselves’ if they disagreed with or disapproved of something the befriended had said. Empathizing with befriendees also was not always easy, particularly for befrienders without ‘experiential knowledge’ (Borkman, 1999), i.e., knowledge developed through personal experience of mental health problems. Experiential knowledge has been highlighted as an important component of peer helping in mutual support groups and user-led services (Davidson et al., 1999). However, although befrienders’ own experiences of mental health problems may have facilitated the development of empathy, it was not essential; those without experiential knowledge actively engaged in the process of trying to understand the befriended’s world. A high degree of similarity between befriender and befriended was even perceived by some as a potential hindrance in that it might lead to over-identification or a ‘wallowing’ in the problems.

Mutuality and reciprocity were also highlighted as key characteristics of the befriending relationship, in contrast to relationships with mental health professionals. Although this is fundamental to the principles of befriending (Davidson, Haglund, et al., 2001; Davidson et al., 2004), befrienders’ accounts indicated that developing and maintaining a ‘friendship’ also posed dilemmas. For some, the relationship was not experienced as fully reciprocal, and a tension was felt between being a ‘friend’ and being in a supportive ‘role’; some befrienders also struggled with where to put their ‘boundaries’ in terms of personal disclosure. It is likely that these dilemmas are particular to the early stages of befriending relationships. In McCorkle et al.’s (2009) study, befrienders described their relationships as ‘true friendships’ only after 1 or 2 years, when there seemed to be a shift from ‘helper–helpee’ to greater mutuality. In the current study, all but one of the pairs had been meeting for 10 months or less, which may not have allowed sufficient time for the resolution of the dilemmas experienced by the befrienders and the development of a fully reciprocal relationship.

Thoughts about the future of the relationship also brought uncertainty for both befrienders and befriendedes, partly because of the closeness that had developed and partly because of the unclear parameters of the relationship. Similar dilemmas and uncertainties about the degree of mutuality and how to negotiate endings have been reported in studies of other types of helping relationships, such as those between residents and care staff in hostels for homeless young people (McGrath & Pistrang, 2007) and in community homes for people with intellectual disabilities (Mattison & Pistrang, 2000). In more structured, professionally delivered types of helping, such as psychotherapy, these issues are less prominent precisely because of the clear roles of the helper and helpee. The very nature of befriending, involving a more natural, reciprocal relationship, means that such issues can be problematic. Befriending programmes clearly have an important role to play in providing guidance and support for befrienders and befriendedes in managing these issues.

**Making meaning and bringing about change**

An important aspect of what occurred in the befriending relationship was the enterprise of making meaning – that is, making sense of, and bringing new perspectives to, befriendedes’ difficulties. This is a central component of most psychological therapies
Processes of helping in befriending (Brewin & Power, 1999), where professionals draw on psychological theory to inform the meaning-making process. It is also something that occurs in mutual support groups, where members draw on their own life experiences and personal perspectives to help each other make sense of their difficulties (Borkman, 1999). What was striking about the befriendedes’ and befrienders’ accounts was the sensitivity and skill with which befrienders seemed to be able to present alternative views; they did so in a tentative, inquiring manner and encouraged befriendedes to generate solutions for themselves. Interestingly, giving direct advice was notably absent in both befriendedes’ and befrienders’ accounts. Previous studies of lay helping (e.g., by friends and partners) suggest that advice occurs with high frequency and is often not welcome or effective (Barker & Pistrang, 2002). Perhaps the befrienders’ awareness of the stigma and disempowerment experienced by individuals with mental health problems led them to take a more careful, empowering approach.

Change seemed to be effected in befriendedes’ lives through doing joint activities with their befriender, as well as through experiencing a new type of ‘healthy’ relationship. Activities were often located in befriendedes’ local communities, which likely promoted a greater sense of community integration. Befriendedes also learned new skills, and were exposed to and had modelled for them new activities and ways of managing social situations. These avenues of change, which have been reported in other studies of befriending (e.g., Davidson, Haglund, et al., 2001; McCorkle et al., 2009), can be conceptualized not only in terms of social learning theory but also as ‘fresh start’ experiences: positive events that introduce hope have been hypothesized as a potential mechanism of change in befriending (Harris, Brown, & Robinson, 1999b). From the perspective of attachment theory, befriending also seemed to provide a forum in which new ways of relating could be tried out; experiencing a healthy relationship with the befriender may have helped to promote positive internal working models (Bowlby, 1969), which could then be generalized to social interactions with others. For at least one befriendedee, the befriending relationship was perceived as ‘breaking the chain’ of repeated hospitalization.

Impact on befrienders
Prominent in befrienders’ accounts was also the process of their own learning and understanding - both about mental health problems and about themselves. This is consistent with the ‘helper-therapy principle’ (Riessman, 1965), that helping others may inadvertently yield benefits for the helper, and is a phenomenon that has been frequently noted but has received little research attention (Lieberman et al., 1991; McCorkle et al., 2009; Solomon, 2004). For befrienders without previous experience of mental health problems, it is possible that the new understandings developed through befriending may have reduced stigmatizing attitudes and increased their effectiveness as helpers. Indeed, in a prospective study of volunteers paired with individuals with severe mental illness, Couture and Penn (2006) found preliminary evidence for a reduction in volunteers’ stigmatizing attitudes, at least in terms of negative affective responses. The naturalistic, interpersonal contact that befriending affords thus may be one step towards reducing the stigma of mental health problems in the wider community.

Limitations and future directions
The present study has a number of methodological limitations. Qualitative studies typically employ small sample sizes and the participants may not be representative
of the wider population; therefore it is important to ‘situate the sample’ in order to judge the applicability of the findings beyond the specific context of the study (Elliott et al., 1999; Willig, 2008). In the present study, the participants were recruited via the befriending scheme coordinators, and it is possible that those who were invited and willing to take part had more positive experiences of befriending. Furthermore, to be eligible for the study, befriendees had to have met with their befriender for a minimum of 4 months, which meant that relationships that broke down at an early stage were not represented. The accounts therefore may reflect what occurs in ‘successful’ befriending relationships; nonetheless they are important in documenting what can occur under optimal circumstances, i.e., when befriending relationships work well.

A notable feature of the sample is that all but one of the befriendee–befriender pairs had been meeting for less than 1 year. Although this is not uncommon in studies of befriending, the findings of McCorkle et al. (2008, 2009) suggest that befriending relationships can take 2 or 3 years to mature, and thus the first year represents an early phase of development. The findings of the current study should be considered in this context. In particular, the dilemmas and challenges reported by befrienders in establishing an empathic, non-judgmental and mutual relationship are likely to be more common in the early phases of befriending. Future studies using longitudinal designs are needed to examine how befriending relationships develop over time and the types of challenges or difficulties experienced at different stages.

Some additional characteristics of the sample and the setting should also be kept in mind when considering the generalizability of the findings. Nearly all participants were White; befriendees of different ethnic backgrounds might have different experiences, and the degree of cultural similarity between befriendee and befriender might also be important. Participants were drawn from a small number of befriending schemes within the UK; the procedures and structures of these schemes may differ from other schemes both within and outside of the UK. However, the broad convergence of themes in the present study with those of other studies (mostly conducted in the USA) lends some validity to the findings.

Small sample, qualitative studies are not well suited to examining individual differences, and therefore it was not possible to ascertain whether or how the helping processes identified might vary as a function of a number of variables. The sample was heterogeneous regarding age, gender, the type of mental health problem reported by befriendees, and whether befrienders themselves had experienced a mental health problem. No clear patterns of themes in relation to these variables were discernible in the data, but studies with larger sample sizes are needed to investigate this further. The accounts did suggest that having a shared experience of mental health problems brought both advantages and disadvantages, particularly in the development and experience of empathy; further research would be useful to explore this more fully.

Finally, although a strength of this study was its dual perspective approach to understanding the processes of befriending from the viewpoint of both parties, it nevertheless relied on participants’ self-report. Observational methods, e.g., recordings of interactions, are needed to provide a clearer picture of what actually occurs when befriendees and befrienders spend time together. Examples of observational methods in the social support literature are all too rare, one notable exception being the study by Roberts et al. (1999) of the helping transactions that occur in mutual support groups. Research examining the possible links between process and outcome is also needed in order to establish whether certain types of interactions predict successful outcomes.
Conclusions
For individuals with enduring mental health problems, befriending programmes are one way of facilitating social integration and recovery. They clearly are not the only way, as attested to by the growth of other initiatives such as mutual support groups and user-led services (Goldstrom et al., 2006; Nelson, Ochocka, Janzen, & Trainor, 2006). Despite some differences in their underlying philosophy and structure, there are also commonalities between these various alternatives to traditional mental health services. The helpful qualities of ‘consumer/survivor initiatives’ identified by Ochocka, Nelson, Janzen, and Trainor (2006) – e.g., a safe, accepting place, making connections with others, and providing an alternative worldview – bear many similarities to those reported by befriendees in the current study. As Goldstrom et al. (2006) have noted, a transformed mental health service delivery system ‘will provide a range of community-based, resiliency- and recovery-oriented treatment and supports’ (p. 100). Befriending programmes are one such resource, deserving further research into whether and how they work.

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