The Power of Peer Support

By: Raymond B. Flannery, Jr., Ph.D., FACLCP

As a first responder, would you be interested in a post-incident procedure that reduced stress, anxiety, and depression; improved your physical health, increased your sense of well-being, and literally lengthened your life? Would you be interested if I told you this service is free and that your health insurance company would not be billed? What if I further told you that you have already benefited from this procedure, even though you probably did not know of its powerful benefits at the time? I speak about the power of peer support. Peers understand what it is like to run into harm’s way, when everyone else is running out. Peers know our world. Whether it is a debriefing after a critical incident or an evening dinner at the firehouse, our interactions with other peers can include the benefits noted above.

These interactions with other peers are known in the medical jargon as helpful attachments. These attachments are based on similar prosocial values and provide a sense of security, a sense of companionship, and a sense of well-being, even in difficult times. The process begins for all of us at birth. The mother’s presence literally gives life to the infant through feeding the child but, equally importantly, by being physically present. The important health consequences of the presence of caring for others continues over the lifespan and subsequent research has demonstrated the fatal consequences that may occur with its loss. One study documented sudden/rapid death in normal healthy people occurred after the immediate severing of the bond with a loved one. Another project documented the death of patients after minor surgery who had earlier expressed the wish to join a deceased loved one. A third study sought to find out what had happened to adults who as children had dropped out of high school. It found that a great many had premature deaths due to social isolation. They were deficient in the skills needed to interact with others, skills that are learned and honed during one’s high school years. Loneliness kills. Peer support provides life sustaining support over the life span.

Helpful attachments are critical in several other important ways as well. They provide information for solving problems, emotional support in good times and bad, instrumental support on occasion (covering someone else’s shift), and providing a frame of reference or history of our lives with others. In addition to these psychological benefits, helpful attachments provide important benefits for our bodies as well. Helpful attachments regulate and lower blood pressure and pulse, enhance our immune systems to fight respiratory diseases, and stimulate the endorphins in our brains (the chemicals that make us feel good). These various benefits reduce stress, anxiety, and depression, and enhance our sense of wellbeing and are again found in peer support encounters.
These helpful attachments are encountered in two basic ways: networks and buffers. Networks are the groupings of people that we interact with frequently: families, work colleagues, and neighbors. These networks provide us with potential helpful attachments. The second source of possible helpful attachments are known as buffers. These are individuals that we bring into our networks for specific needs, such as a tax accountant or a clergy person for a wedding. Over time, some buffer individuals are incorporated into one’s networks. Peer support is rooted in networks and these networks provide the many numerous benefits of which we have spoken.

I am often asked: can you have too much of a good thing? Too much peer support? The answer is actually “yes.” It depends on the individual’s nervous system. Each of us is born with the capacity to respond to the world around us. It is known as the sensori-motor arc. We take in information about the world around us through our senses (e.g., sight, hearing, smell). This sense information is then sent to our brains, where we decide what to do. We make a decision about a course of action, and then we use our motor system to respond. For example, we see and hear a dog (sense input), we assess that dog as friendly and decide to pet it (cognition), and then actually pet the dog (motor response). This basic sensori-motor arc differs in its ability to process and respond to the world around us. In some individuals, this sensori-motor process can more quickly become overwhelmed by too much stimulation, whereas others can absorb more events before they feel overwhelmed. Society often calls the first group introverts and the second group extraverts. This is unfortunate as both biological styles have strengths and drawbacks. Individuals who are prone to feel overwhelmed more quickly learn to avoid or reduce time in situations that provide too much stimulation. It is important to know which biological pattern you have (you cannot be both). Hence, some peers may spend less time in peer support or avoid peer support activities that involve large numbers of other peers. This is based on a biological rhythm, not on fear or disinterest.

Finally, I am also asked if peer support is a good treatment for psychological trauma/posttraumatic stress disorder (PTSD) and/or substance use disorder. Here, the answer is “no.” These are both complex medical conditions that require specific treatment plans. Peer support is very powerful in many aspects and an important component of recovery in both conditions but it is not the complete answer in and of itself.

Peer support has emerged informally and gradually over time to attain its present strength. These peer groups are important in our work and the health research confirms their importance for us as first responders.

Dr. Flannery is an ICISF member, is Adjunct Assistant Professor of Psychiatry, the University of Massachusetts Medical School, and has served on the faculties of Boston College and Harvard Medical School.