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Full Length Article

Experiences of women living with borderline personality disorder

N. Ntshingila[*], *M. Poggenpoel, C.P.H. Myburgh, A. Temane*

Department of Nursing Science, Faculty of Health Science, University of Johannesburg, South Africa

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ABSTRACT

There is limited understanding of the experiences of women living with borderline personality disorder. It was therefore decided to discover how women living with this disorder would tell their life story. For the researcher, who worked in a psychotherapy ward where most women were living with borderline personality disorder, the care of these women was of vital importance, as they were less understood by mental health care providers.

The research aimed to explore and describe the experiences of women living with borderline personality disorder. A qualitative, explorative, descriptive and contextual study design was used. Data was collected through in-depth phenomenological interviews that focused on the central question, "Tell me your life story". Eight participants living with borderline personality disorder were interviewed. Tesch's method for data analysis was used (Creswell, 2009:186), along with an independent coder. Measures to ensure trustworthiness and ethical principles were applied throughout the research.

From the findings obtained by means of the interviews of women living with borderline personality disorder, it was evident that there were childhood experiences of living in an unsafe space, related to unhealthy family dynamics, boundary violations and educational challenges. They experienced chronic feelings of emptiness in their relationships with the self. They also presented with a pattern of unstable interpersonal relationships and compromised mental health, which was apparent through the early onset of mental problems, emotional upheaval, looking for emotional escape and having different trigger factors. Lastly, all these women yearned for facilitated mental health.

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1. Introduction

Due to their lack of understanding of the underlying dynamics of the disorder, nurses often find it difficult to work with patients with borderline personality disorder (Osborne & McComish, 2006:40). Borderline personality disorder is associated with a range of negative connotations. The diagnostic criterion in the Diagnostic and Statistical Manual for Mental Disorders (Sadock, Sadock, & Ruiz, 2015:750) defines

* *Corresponding author*. Tel.: +27 115596491; fax: +27 115592257.
E-mail address: mpumin@uj.ac.za (N. Ntshingila).
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borderline personality disorder as a "pervasive pattern of instability of interpersonal relationships, self-image and affects, as well as marked impulsivity beginning by early adulthood and is present in a variety of contexts". Patients who suffer from borderline personality disorder are characterised by psychosocial impairment and high mortality. Up to 10% of patients commit suicide; a rate almost 50 times higher compared with the general population. Mental health care professionals view people who are diagnosed with borderline personality disorder as one of the most challenging groups of mental health service users. They are likely to experience negative interactions with mental health care professionals because of their highly challenging behaviour, which includes disruptions in the ward, manipulation and splitting of mental health care professionals. Their behaviour in the ward is seen as a microcosm of their internal world and serves as a way to survive in a world that is unpredictable and dangerous (Callan & Howland, 2009:13). Splitting is a primitive dissociation defence used by a person with borderline personality disorder to avoid conflict. It is the inability to integrate contradictory experiences. The person has an "all or none" mentality about others and people are viewed as either "good" or "bad" (Kniesl & Trigoboff, 2013:486).

According to Erikson's theory of development (Friedman & Schustack, 2009:138), in the stage of intimacy versus isolation, from the age of 18 to the age of 25, major psychosocial conflict can occur. During this stage normal people should be able to love and work. The goal of this stage is that the individual should find companionship with similar others and then develop the ability to create strong social ties without losing oneself in the process (Friedman & Schustack, 2009:138). If this does not happen, the person may become self-absorbed and self-indulgent (Sadock et al., 2015:171). Women diagnosed with borderline personality disorder have affective, behavioural, interpersonal, self and cognitive dysregulation (Feigenbaum, 2007:51). With such dysregulation in different areas of their lives, women living with borderline personality disorder struggle to find meaning in their suffering and search for mental health care professionals who can collaborate in an emotional and therapeutic way, thus making it safe for them to tell their life stories (Holm & Severinnson, 2008:28).

Women were chosen for this study since firstly they are statistically the ones mostly affected by borderline personality disorder. Secondly, according to a study done by Shifiona, Poggenpoel, and Myburgh (2006:6), under normal circumstances women are affected by life's major changes such as marital problems, job changes, assumptions of major social roles and the evolution of an adult self during early and middle adulthood. Patients living with borderline personality disorder are described as having identity problems, unstable relationships, lack of impulse control, emotional instability and feelings of emptiness, often in combination with anxiety, depression and substance abuse (Holm, Berg, & Severinsson, 2009:561). Women diagnosed with borderline personality disorder attract the most attention through behaviours such as poor impulse control and deliberate self-harm (Westwood & Baker, 2010:657).

2. Problem statement

The researcher worked in a psychotherapy ward between 2007 and 2013 as an advanced psychiatric nurse practitioner. According to the researcher's observations, more female patients diagnosed with borderline personality disorder were admitted to the psychotherapy ward compared with male patients. Gubb (2010) wrote an article on "Reflections on society as a borderline mother". In this study Gubb (2010:42) reported that women in South Africa – especially black women – between the ages of 18 and 25 years – who are diagnosed with borderline personality disorder, needed care because of their social environments and the health care system in the country. Gubb (2010:42) states that the social environment in South Africa is one in which these women have no hope for a better future and no belief that they are in charge of their own destinies.

In South Africa, where high levels of violent crimes contribute to high levels of hyper vigilance, trauma and loss result in women living with borderline personality disorder suffering from emotional instability and a combination of anxiety and depression. These females would often be turned away at health care facilities because they are less understood and seen as complex patients. When seen by the psychologist, the session only lasts 15 min due to the high number of patients. When these women are admitted to psychiatric institutions, they have demonstrated many impulsive acts. The challenges that the women face clearly reveal that the health care system is unable to cope with the complexity of women living with borderline personality disorder. Gubb's study (2010) indicates the complexity of the health system that patients with borderline personality disorder come across, as well as the difficulty of maintaining their health in South Africa.

Langley and Klopper (2005:23–32) also conducted a study on trust in South Africa, titled "A foundation for the therapeutic intervention for patients with borderline personality disorder". This study highlights the challenges that patients diagnosed with borderline personality disorder cause. These challenges include human and financial costs due to the multiple and short-term admissions when they found themselves in a crisis. In Langley and Klopper's study (2005:24), patients living with borderline personality as well as clinicians were asked what they found helpful in maintaining the health of patients living with borderline personality disorder. Trust was identified as an important aspect in forming a relationship, as it was a foundation for the working relationship. These two studies conducted in South Africa have not explored the experiences of women living with borderline disorder in a South African context. Therefore it was imperative for the researcher to conduct this study, as a great need exists to understand these women's lived experiences in order to increase understanding among psychiatric nurse practitioners.

The researcher asked the following question:

- "What are the lived experiences of women living with borderline personality disorder?"

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