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Facilitation of self-empowerment of women living with borderline personality disorder: A concept analysis

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ABSTRACT

Background: Borderline personality disorder is characterised by a pattern of instability in interpersonal relationships, self-image, affects and marked impulsivity.

Objective: : The objective is to define the central concept of “facilitation of self-empowerment”.

Method: Analysis and synthesis reasoning methods as indicated by Walker and Avant (2011) were used to define the central concept.

Results: A definition of the concept “facilitation of self-empowerment” was formulated from the dictionary and subject definitions.

Conclusion: The central concept is important for developing a model as a frame of reference to assist psychiatric nurse practitioners in facilitating the mental health of women living with borderline personality disorder.

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1. Introduction

Women living with borderline personality disorder are difficult to manage in most treatment settings due to various behavioural challenges evident in the condition. Given the duty to care by psychiatric nurse practitioners, the amount of contact evident between the patient and the psychiatric nurse practitioner, other treatment modalities may be relied upon to support borderline personality patients. The [American](#)

[Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders \(2013, p. 646\)](#) indicates that borderline personality disorder is diagnosed on the basis of a pervasive pattern of instability of interpersonal relationships, self-image and affects, as well as marked impulsivity beginning in early adulthood and presenting in a variety of contexts. Borderline personality disorder is associated with a range of negative connotations. Patients who suffer from borderline personality disorder are characterised by psychosocial impairment and high mortality. Up to 10% of patients commit

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suicide; a rate almost 50 times higher compared with the general population. 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 professionals. Splitting is a defence mechanism most commonly used by patients with borderline personality disorder where they feel ambivalent and experiences are divided into good and bad (Sadock, Sadock, & Ruiz, 2015, p. 744). 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, p. 13). Their suffering often goes unacknowledged and thus increases their readmission rates into psychiatric institutions (McDonald, Pietsch, & Wilson, 2010, p. 87).

2. Background

Concept analysis is an important part of theory development compliance, involving concept identification, definition and analysis so as to contribute to the development of a model to assist psychiatric nurse practitioners in facilitating the mental health of women living with borderline personality disorder (Walker & Avant, 2011, p. 63). Analysis allows one to clarify, refine or sharpen concepts, statements or theories. It also allows the researcher to examine and re-examine existing knowledge about the phenomena as a means to improve the accuracy, currency or relevance of the exiting body of knowledge (Walker & Avant, 2011, p. 64). The researcher conducted a study titled “Facilitation of mental health of women living with borderline personality disorder” through a

qualitative, exploratory, descriptive and contextual means. Women diagnosed with borderline personality disorder who were admitted to a psychotherapy unit were interviewed and asked to tell their life stories. During these in-depth phenomenological interviews, the women diagnosed with borderline personality disorder described their experiences of living in an unsafe space during childhood, chronic feelings of emptiness, unstable interpersonal relationships, compromised mental health, as well as their yearning for facilitated mental health (Ntshingila, Poggenpoel, Myburgh, & Temane, 2016, pp. 113–117). Direct quotations of the themes have been summarised in Table 1. From the analysis of the interview data, the researcher identified the emerging central concept as the “**facilitation of self-empowerment**” of women living with borderline personality disorder. This paper looks at the concept of self-empowerment of women living with borderline personality disorder however similar concepts were discovered in understanding and treating patients with borderline personality disorder.

A similar concept was discovered by Dr J.F. Masterson between 1926 and 2000 a medical doctor (Daws, 2013). Masterson approach to treating patients with borderline personality disorder came about after working extensively with adolescents and adults with borderline personality disorder. In Masterson's work it was discovered that borderline personality disorder patients had a developmental arrest of the emerging self which was because of the unacknowledged emerging self from the mother in childhood. This resulted in behavioural challenges known as acting out such as truancy, drug use and socially unacceptable behaviour. Masterson came about with the concept of self-activation to treat patients with borderline personality disorder. The concept self-activation of patients

Table 1 – Themes and direct quotations.

Themes	Direct quotations
Theme 1: Childhood experiences of living in an “unsafe space”	“I lost all contact with my father after the kidnapping incident when I was in Grade 9” Participant# 2 “The way my mom died, that's the most traumatic thing I had to witness at the age of 13” Participant# 4
Theme 2: Feelings of emptiness	“Everything was piling up and I was alienating and distancing myself from people” Participant# 5 “I don't have anybody by my side” Participant# 3
Theme 3: Pattern of unstable relationships	“ I would rather just go with somebody just for one time instead of having a relationship” Participant# 5 “I started throwing myself at boys” Participant# 6 “After 2 and a half years I got myself another boyfriend” Participant# 7
Theme 4: Compromised mental health	“I started to slit my wrist when I was in high school and I tried to commit suicide a couple of times” Participant# 1 “Then I committed suicide. I just went to the cupboard and I took all the detergents you can think of and I consumed all of them” Participant# 3
Theme 5: Yearning for facilitated mental health	“Therapy has allowed me to go into and it's showed various parts of me, find parts of my past that I don't like and I understand a lot of things like why I do things that I do and be able to confront reality and move on...I'm able to live in the now and experience a bit of positivity in me” Participant# 1 “My life is messed up! But I am hopeful because I am at the hospital now and I know that I will be helped.” Participant# 2 “Coming here and talking to my nurse therapist ...often has made me feel safe because I can open up. It has helped me so much to a great extent because I really don't know where I would be if it wasn't for my admission here” Participant# 5

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