Interpersonal barriers to recovery from borderline personality disorder: A qualitative analysis of patient perspectives

Carmel, A., Torres, N. I., Chalker, S., Comtois, K. A. (Oct, 2017)
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Aim: To evaluate how self-reported behaviours that were problematic and accordingly targets for therapy were reinforced in social and treatment contexts, and how these problem behaviours served as barriers in the personal recovery process amongst individuals with BPD receiving DBT. Additionally, to evaluate what behaviours from friends, family, and service providers increased the likelihood of engaging in problem behaviours (reciprocal impact, as formulated by the biosocial model).

Background: The increasing emphasis on patient-centered care in mental health service provision has increased the professional interest in the lived experience of individuals diagnosed with BPD and their perspectives on treatment. Given the high volume of services consumed by this group, as well as the possibility that they may not fare well in the specialized evidence-based treatments that are created for them, understanding barriers in the recovery process is especially relevant. For the purpose of the study, recovery was defined as the ability to participate in continuing education or employment, an increase in lasting and meaningful relationships and clinical improvement with respect to BPD symptoms.

Participants & Procedure: Participants were N=31 individuals recruited from an outpatient public DBT program in the United States. The sample was comprised of mostly female (93%), white (77.4%) single (71%) individuals with some college or technical post-secondary education (41.3%). Participants were asked to describe what got in the way of their recovery as part of their application to the program. Individuals were also asked to identify "mental patient" behaviour – that is, behaviours that kept them stuck in problematic patterns of initiating and responding, with the likelihood of keeping them in treatment and on psychiatric disability. They were also asked what reinforced these behaviours. Data were analysed qualitatively.

Results & Discussion: Content analysis generated themes in relation to problem behaviours, as well as how these behaviours were encouraged by those across the individuals' social and treatment contexts. Emerging themes were those of 1. Avoidance, 2. Reinforcement of coping that was problematic, and 3. Expression to individuals that expectations for their behaviour / progress in treatment were not high. Each of these themes (and examples of situations generated by participants) demonstrated the difficulties that individuals had when trying to enact positive change in their lives due to the (negative) perceptions expressed by those in their social and treatment contexts regarding their recovery. Often individuals reported being encouraged not to get ahead of themselves when expressing the desire to use more active coping or to set goals that would increase autonomy. Although perhaps not explicit, stigma against those diagnosed with mental illness was often experienced as suggestions by social and treatment contacts alike to maintain the status quo ("fragilizing"). Future research would do well to continue the consideration of stigma in relation to barriers and facilitators of change in the personal recovery process of individuals with BPD receiving DBT.