

Seeking to understand lived experiences of personal recovery in personality disorder in community and forensic settings – a qualitative methods investigation

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Aim: To describe central themes in the personal recovery process amongst individuals with PDs receiving care in community or forensic settings. These narratives are presented as an alternative method for describing change in clinical practice, rather than relying solely upon traditional indices of change such as symptom reduction or change in clinical presentation.

Background: Most research describing the personal recovery of individuals diagnosed with mental illness has been dedicated to individuals diagnosed with schizophrenia. Understanding the personal recovery process has been traditionally associated with increasing autonomy and empowerment. The potentially stigmatizing nature of being diagnosed with a PD, coupled with the relatively high proportion of PD individuals in forensic settings creates a challenge for understanding the personal recovery process within an empowerment framework. The authors propose that this has limited personal recovery narratives in PD research.

Method and Procedure: Results were extracted from a doctoral study conducted in the UK. Participants were recruited by approaching mental health teams treating PD individuals with information on the study's aims, and the in-depth qualitative interview process that study participation would involve. Clinical teams brokered introductions between prospective candidates and the interviewing researcher. There were no exclusion criteria.

Results and Discussion: A total of N=41 individuals completed qualitative interviews, the majority of whom had been diagnosed with borderline or antisocial personality disorder. Slightly more than half the participants were female (56%), the majority were white (88%) and all were adults between the ages of 18-60. A total of four interviews were conducted in secure wards, 16 were conducted in prison, 17 were conducted in the general community, and four were conducted in inpatient wards. Four primary themes emerged regarding the work that is comprised by personal recovery. These were: 1. integrating early experiences within one's later development and self-understanding, 2. Cultivating the ability to regulate emotions, 3. A PD diagnosis facilitating self-understanding as well as hope for a better future, and 4. Mental health services as a vital platform where individuals were understood, supported, and helped to grow. In sum, the recovery process was described as an ongoing and evolving relationship between making sense of one's suffering and distress in the context of social and clinical networks in which they live and continue to grow.