What Helps in Self-Help? A Qualitative Exploration of Interactions within a Borderline

Personality Disorder Self-Help Group

Abstract

Background: Self-help groups can have a large impact on individuals' well-being and could reduce costs for healthcare services. Previous research supports the effectiveness of self-help groups, but explanations for this are lacking. Identifying the active ingredients which encourage positive change could inform effectiveness of these groups producing the best outcomes for members.

Aims: This research investigated how members and facilitators of a Borderline Personality Disorder self-help group interacted and made sense of their experiences in group meetings, to determine what aspects of interaction were helpful.

Method: Naturalistic data was collected from ten participants via audio recording and analysed using Interpretative Phenomenological Analysis.

Results: Three emergent themes are discussed: Humour, Praise and Experiential Knowledge.

Conclusions: These are suggested to be active ingredients which are critical for the effectiveness of this BPD SHG, with particular focus on the Facilitator's contribution.

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Key words: self-help group; interpretative phenomenological analysis; borderline personality disorder; effectiveness.

Introduction

Raised awareness of mental health issues has increased diagnosis and need for primary intervention; unfortunately the supply does not always meet the demand (Saxena, Thornicroft, Knapp & Whiteford, 2007). Many individuals consequently seek support outside of the health professions, often in self-help groups (SHG; Kazdin & Rabbitt, 2013). A recent estimate suggests that over 10 million people in the United States alone attend SHG (Guthrie & Kunkel, 2016) which operate at minimal cost to society and can reduce the burden on healthcare services (Miller & Crawford, 2010).

SHG are generally defined as people with shared issues coming together informally, providing mutually supportive non-judgemental environments and sharing information (Borkman, 1976). They are usually facilitator led, frequently by peers with lived experience of the condition who use experiential knowledge to offer solutions, strategies, and support. This differs from social support provided by family, friends and professionals (Simoni, Franks, Lehavot & Yard, 2011). Alongside empathy they provide a role-model of hope for recovery or improvement in quality of life which empowers, leading to raised self-efficacy and self-esteem (Bracke, Christiaens & Verhaeghe, 2008; Solomon, 2004)

Understanding the effectiveness of SHG is the focus of the present study, specifically for individuals experiencing Borderline Personality Disorder (BPD), a mental health condition affecting all aspects of life. Its characteristics include intense emotions, identity confusion, unstable relationships, impulsivity, self-harming and a sense of emptiness (American Psychiatric Association, 2013). It is estimated that 1% of the population may have BPD, with high healthcare service use (Doughty & Tse, 2011) which could be reduced through interventions including self-help. BPD is also co-morbid with mood disorders, eating disorders and substance abuse (Bender et al., 2001) posing significant challenges.

There is no definitive treatment for BPD; coping mechanisms are used for symptom management. In the UK, current guidelines are for long term interventions requiring high levels of commitment (National Institute for Clinical Excellence, 2008) which can result in poor completion rates. Although research has suggested these therapies can be effective at reducing symptoms, outcomes could be due to the therapeutic relationship rather than specific techniques (Ackerman & Hilsenroth, 2003; Paris, 2010). There is overlap and variance within treatments, limiting conclusions about specific treatment effects (Goldfried & Wolfe, 1998). Arguably the flexibility SHG offers may suit those who do not continue with long-term professional intervention (Oldham, Kellett, Miles & Sheeran, 2012) providing advice and support, friendship, reducing isolation, strengthening hope, and identity forming which is especially relevant for people with BPD (Purk, 2004). Less clear are the reasons for effectiveness and continued attendance. Explanations for the effectiveness of SHG (Salzer, 2002 for review) focus on specific processes including advice, coping, empathising and normalising (Finn, Bishop & Sparrow, 2009; Gidugu et al., 2015), but how these processes interact needs further investigation (Chinman et al., 2014). Research supports the effectiveness of peer-led SHG for a variety of mental and physical health concerns such as cancer, smoking, chronic pain and depression (Seebohm et al., 2013). For example, Kyrouz, Humphreys and Loomis (2002) found membership either produced greater positive change or matched results of the group receiving professional interventions, but cost less. Repper and Carter (2011) identified improvement in a similar range of psychosocial factors. However, Lloyd-Evans et al's (2014) review of randomised control trials of peer support found little evidence for their effectiveness for people with severe mental illness. They recommend that any peer-led programmes should be implemented as part of a formal research study to help develop the evidence base. These groups are suggested to individuals experiencing mild to moderate mental health difficulties in stepped-care models as a low intensity resource to

reduce high service use and economic costs, as well as to promote patient choice and autonomy (van Straten, Richards & Cuijper, 2015).

Overall, whilst there is limited evidence for the effectiveness of SHG, exactly how these groups facilitate positive change and maintain member attendance is less understood. The present study aims to discover what occurs in the interactions between the BPD SHG members and facilitators to identify processes suggesting what helps in self-help. Clarifying active ingredients for initiating and sustaining positive change could offer general recommendations for good practice in other SHG for better outcomes.

Method

Participants and Procedure

Ten participants were involved in the research; including the Facilitator (with experiential knowledge of BPD) and the Co-Facilitator (assistant psychologist). Inclusion criteria required participants to be members of the SHG, have a BPD diagnosis and give full informed consent. The group was advertised via word of mouth and a personality disorder website. Attendance at the weekly meetings varied in longevity and frequency. For ethical reasons the participants' demographic details could not be recorded (all but one were female).

Participants attended the meeting for two hours. They started with vocal consent and the Facilitator introduced a check-in (individual's summary of their week, focusing on a negative and at least one positive experience). A short break marked the end of check-in and presentation and discussion of an agreed topic followed, before a check-out (participant's feelings and something nice they would do later). Audio recordings were collected as it allowed for interpretation of participant meaning-making in the specific context between

members and facilitators. Four two hour recordings were collected over a period of nine weeks for analysis.

Analysis

Interpretative phenomenological analysis (IPA) was used to explore participants' sense-making of their experiences in the group. The subjective experience of participants was actively interpreted by the investigator, presenting a double hermeneutic. This involved the participants making sense of their world and the investigator making sense of how the participants made sense of their world (Smith, Flowers, & Larkin, 2009). The recordings were transcribed verbatim and the researcher repeatedly worked through the data to identify recurrent themes. This process comprised four stages: (1) reviewing data in the first transcript, compiling a list of issues relevant to research questions and noting where in the transcript supporting evidence could be found; (2) reviewing subsequent transcripts in the same way, adding new issues to the list, or new evidence in support of those highlighted previously; (3) repeating the process for all transcripts; (4) clustering related issues into three superordinate themes; Humour, Praise and Experiential Knowledge.

Results and Discussion

In the following discussion, 'F' refers to the Facilitator and 'P(N)' is used to represent the participants. The use of ellipsis (…) refers to pauses in text or further speech between quotes.

1. Humour

Humour and laughter have been identified as coping mechanisms and also used in interventions (Gelkopf, 2011). They moderate negative effects of anxiety, which can be

caused when perceived demands are greater than capability (Gitterman & Shulman, 2013). Those who attend SHG are arguably seeking to meet goals (emotionally, psychologically or physically) so participating in humorous interactions may encourage progress.

1.1 Affiliative

Humour used to enhance relationships and reduce tension amongst others is known as affiliative humour (Kazarian & Martin, 2004). The ability to spontaneously produce witty comments and jokes, which are not detrimental to the individual, is associated with high self-esteem (Kuiper & McHale, 2009). This may explain why it is used more frequently by the Facilitator than the group members.

> *as the expression goes, misery loves company* (F)

Members were discussing feelings about sharing experiences with others who have BPD. They expressed that they favoured hearing people were struggling, which generated the response seen above from the Facilitator. Humour served the function of breaking the tension built up from this negative conversation and allowed her to redirect the topic to focus on positives without discarding what was said. Some topics create debate between group members which is not always constructive. Humour can be used as a tool to divert attention to another topic in an unbiased manner.

> *This time of year does bring out a lot of meh especially seeing all the adverts, well I*
> *say happy Christmas adverts but the * (brand name) one is a bit of a punch in the face*
> *one… its tough... Are you getting any support?* (F)

The Facilitator again used humour to lighten the mood of a sensitive topic (Martin & Lefcourt, 1983). In order to make this decision and react appropriately she had to process the sensory information she was receiving and determine others' mental states (Franzen et al.,

2011). She gauged members' emotions and was aware of behavioural cues in interactions, interpreting signs of unease. This signalled for her to interpose by acknowledging their feelings before turning the focus back onto seeking support, so as not to linger on negative states.

1.2 Self-defeating

This style of humour is targeted at the joke teller; the joke is at their expense (Kuiper, Grimshaw, Leite & Kirsh, 2004). It is not surprising that self-defeating humour can be found in this SHG because it is a maladaptive behaviour related to low self-esteem (Dozois, Martin & Bieling, 2009). Despite this the individual's aim is to build relationships, using demeaning humour to gain the approval of others (Stieger, Formann & Burger, 2011).

> *P4: I'm finding it quite difficult to keep track of what, who's speaking and what's*
>
> *being said... (laughs)*
>
> *P1: that happens when I talk anyway*

P1 used humour reflecting their insecurities; they drew attention away from the negative tone of conversation to gain a positive reaction from P4 and the group. As this was done at their own expense it suggests that the benefits of the desired goal outweigh the costs of the means to achieving it.

> *P4: it's also the loss of identity it's kind of like, oh my god, no offence, the fear of*
>
> *becoming a muggle (a person without BPD)...*
>
> *F: I know who I am being the quirky one, but I don't know what this straight lace*
>
> *person is all about (laughs)*
>
> *P4: what's that all about (laughs) I can't do that?*

P4 expresses their concern about recovery in a comical way, but by poking fun at themselves. This may have been done to reduce the severity of the conversation for the sake of others

(Graham, Papa & Brooks,1992); taking their feelings into account. P4 is being sensitive to the potential of triggering other members as it is a possibility within the group. This highlights another function of self-defeating humour in this context.

Theme 2 – Praise

Praise is expressed as positive feedback from an individual who perceives the behaviour to be meeting a desired standard, in order to encourage that behaviour (Fishbach, Eyal & Finkelstein, 2010). Most research focuses on the impact of positive and negative feedback in the form of praise and criticism in educational settings and children's behaviour (Bani, 2011). However, the impact of these methods of reinforcement on behaviour can be applied to other environments such as SHG. The Facilitator praised group members when she perceived their actions to be achievements. She is able to do so in a way that is not patronising due to her own experience of having BPD. Individuals' perception of the delivery of praise is important as it affects the resulting behaviour (Delin & Baumeister, 1994).

This influence of the Facilitator is reflected in the group members' interactions:

I think that's one of the first things we learn in here as well is, be generous with the pats on the back you give yourself. Big up those pluses (P1)

2.1 Strength

Demonstrating emotional strength was an area highly praised amongst group members. It was admired and encouraged:

I think you're so courageous for standing up for what you believe in (P6)

This comment was directed at a group member when they had discussed their difficulties. The positive reaction showed respect and admiration towards the other individual in a way a

role-model might receive (Solomon, 2004). Recognising and praising courage could inspire others (Algoe & Haidt, 2009). Also the person may not have perceived that they had demonstrated courage, so identifying this may allow more positive future interpretations of behaviour.

> *You did that hard bit, you asked for the help…and you've come out. Its things like that that you've kept doing over the years that have made you the person sat there and that you're stronger than you might feel* (F)

People with BPD can experience challenges monthly, weekly and daily (Tomko, Trull, Wood & Sher, 2014). With this in mind, it is important to acknowledge their achievements and to reinforce capability and control over their lives. The meaning interpreted from this quote is empathy from the Facilitator to the individual as they have been through their own struggles. She commends their persistence and power over their lives to increase self-efficacy (Bandura, 1977).

> *you can hear it's been very turbulent …but another positive is coping skills and trying to implement them…that takes strength when you feel like you're being battered with stuff* (F)

The Facilitator acknowledged the individual's hardship, showing she had listened and understood their feelings. This is important when building relationships (Myers, 2000) and is evident in many of the group conversations. She then shifts the focus onto achievements; in particular coping skills. Lifting the person's negative mood may stop them dwelling on negative experiences and draw attention to all they have overcome. This is important because it is easier to ruminate on negatives and overlook accomplishments as emotions affect perception (Forgas, Bower & Moylan, 1990). The strength the individual demonstrated despite the adverse situation is emphasised to boost their feelings of empowerment (Repper

& Carter, 2011). Admiration of strength and positive change can give a sense of triumph, which also increases self-esteem.

2.2 Independence

Independence is another attribute praised to encourage the members to take control over their own lives:

> *.. you've, all by yourself, lifted it…that's really good..and that's all you…well done*
>
> (F - T2: 374-383)

The Facilitator emphasised the individual's capability to succeed on their own. This was demonstrated when the group member was discussing difficult decisions they had made and the Facilitator could appreciate how hard this must have been. Promoting independence, empowerment and self-efficacy is important as they are part of what underpins self-help as a whole concept (Segal, Silverman & Temkin, 1993).

> *You identified you were struggling and you've gone, right I need to go back to*
>
> *positive. That is good that is what you need to be doing to get better* (F)

Again the Facilitator interprets the behaviours described by the group member and paraphrases in words representing those actions. She reassured them that positive consequences can occur with their competence, once more boosting confidence and belief in their ability to affect their well-being. Group members also praised each other:

> *you've come here today and found out about here as well so you've already done a big*
>
> *thing for yourself… it's not easy to come in here and you wonder if you're worthy…it's a*
>
> *big thing to come in here and talk about what's going on so you're definitely doing*
>
> *something for yourself* (P1)

This member was offering reassurance to a new member and praising them for being brave by joining the group; demonstrating their compassion. They self-reflected on their own feelings of inadequacy and used this to empathise. As they are a longstanding member they may feel more confident to speak on behalf of the group, so use the confidence they possess in this context to support another. They may also be trying to form a friendship and connect with the new member for their own self-esteem (Berndt, 2002) or to make them feel welcome.

2.3 Self-reflection/progress

Attention is drawn to self-reflection of their past and how they have progressed:

> *you need to look at yourself and go yeah I've done, you know there's the fighter in me still and the kind of difference from a couple years ago* (F)

The Facilitator highlighted the individual's need to self-reflect and praise themselves for positive changes over the years. Hearing positive feedback may be uncomfortable for people with BPD as this contradicts the negative schemas/cognitions they have about themselves (Baer, Peters, Eisenlohr-Moul, Geiger & Sauer, 2012). However, the Facilitator may be exposing them to constructive comments which contest this destructive self-opinion to increase further changes to benefit them (Harrington & Loffredo, 2010).

> *sometimes it's about stopping along your journey and looking back and thinking ah I've covered some ground actually…When you live it you forget but actually as you say it's about looking back and going I've picked up some stuff along the way* (F

Repeating that process of self-reflection as time passes is vital to track progress and make gains feel tangible; it acts as intrinsic motivation satisfying emotional aspects of achievement (Froiland, Oros, Smith & Hirchert, 2012). The Facilitator encouraged the individual to think

about examples of how they have helped themselves or been helped during their life. It is important to know and remember what are effective coping skills and when these can be used, so they are easily accessible in times of need (Hickson, 2011).

Theme 3 – Experiential Knowledge

Experiential knowledge is defined as, information learnt through experience rather than observation or information from others (Borkman, 1976). In SHG this wisdom is shared with other people who are experiencing the same problem.

3.1 Facilitator sharing emotions/experiences

It isn't just knowledge that is shared; everyone in the group expressed emotions and this is an important part of meetings as they can experience emotional instability (American Psychiatric Association, 2013). In order to connect with the group the Facilitator also shows vulnerabilities allowing for reciprocal support (Repper & Carter, 2011):

> *negative um for me at the moment er physically I'm struggling a little bit which is getting me down… so I'm having to remember my coping skills myself at the moment bed being one of them* (F)

The Facilitator shares their own thoughts and feelings which are not always positive. This may be argued to cause detrimental effects on group members; if the Facilitator is not strong they may not be able to rely on her for support (Davidson, Bellamy, Guy & Miller, 2012). However, this does not seem to be the case, members still seek support from her. She portrays a realistic rather than idealistic role-model, whose progress is achievable (Solomon, 2004). It is important to reinforce manageable goal-setting in order to encourage competence in accomplishing goals (Simoni et al., 2011). Although she expresses her emotions she brings

the attention back to coping skills to reassure the group she is managing so they can model their behaviour on this (Bandura, 1988).

> *I'm feeling sort of aware of schemas that I have myself, but I'm like, no I'm actually going to try and work on them, rather than, do as I say not as I do. I think everyone can try and improve themselves a bit* (F)

The Facilitator highlighted that BPD management is an ongoing process that she is still managing. She grounds the group in reality by reminding them that there is no quick fix, but improvements can be made. Sharing her journey helps build a connection with the group as they have a common goal (Campbell, 2008); she is leading by example which motivates them to follow in her footsteps.

3.2 Facilitator relating to group

This SHG is facilitated by a person with lived experience of BPD, so she is able to relate to how the group are feeling:

> *I can hear that it's hard for you at the moment…that's a horrible anxious feeling and the not knowing, I personally find that one of the hardest feelings to sit with (F)*

Empathising with individuals validates their feelings (Mead & MacNeil, 2006) allowing for acceptance and moving forward in the knowledge that they are understood. This builds a bond between the Facilitator and individual, creating an environment which promotes positive change (Davidson et al., 1999). Facilitators with lived experience are more able to comprehend the feelings of members than professionals are, which increases their effectiveness; further enabling development (Pistrang, Barker & Humphreys, 2008).

> *I know from myself because I've had the abandonment one and still do to a degree but it's less than it was* (F)

The Facilitator reassured the individual of her understanding due to her own experiences. Drawing attention to the problems the Facilitator shares with the individual strengthens their relationship and promotes equality. This creates an open environment for sharing experiences safely (Castelein, Bruggeman, Davidson & van der Gaag, 2015). Highlighting the reduced impact of her current symptoms also gives hope for those struggling, empowering them to make changes (Bracke et al., 2008).

3.3 Commonality

Individuals felt a sense of belonging in their group:

> *I started thinking about my…experiences in here (the group), and it's been a real relief to hear what everyone else is saying…I feel like I've got something in common with people in here* (P2)

The spirit of comradery expressed amongst group members promotes group unity. The knowledge that their thoughts and feelings are shared by others so will be accepted helps them feel safe and not judged (Finn et al., 2009), unlike the rejection that may have been experienced in other communities. It is important that the group provides a safe environment for people to share their emotions and concerns in order to support their development (Topor, Borg, Di Girolamo & Davidson, 2009).

> *I find the support groups (online), …I like reading them because it's comforting…I like reading people that are having really shit days and it's about small things and it feels comforting to know that I'm not the only one* (P8)

Hearing that others are also struggling helps the individual identify with other people, so they don't feel like such outcasts (Rappaport, 1993). As previously mentioned, those with BPD lack a strong sense of identity so they seek to connect with others on common ground. Their

feelings are validated by the knowledge of mutual problems and encounters in group

meetings nurture this to benefit their well-being (Kellogg & Young, 2006).

Conclusions

The aim of this qualitative research was to discover how members and facilitators of a

BPD SHG experienced their group meetings to increase knowledge about what helps in self-

help. How and why these groups are effective is poorly understood. Humour, Praise and

Experiential Knowledge were discussed in this paper. Many of the processes previously

suggested in research were demonstrated in this SHG. The members used their own past

knowledge to give advice, support and to teach coping skills, they were able to use the

Facilitator as a role-model, empathised with shared experiences and encouraged each other to

persevere as there is hope of a better quality of life (Finn et al., 2009). These processes

encouraged empowerment, self-esteem and self-efficacy which all improve well-being

(Campbell, 2008). The three themes discussed reflect the power and importance of a carefully

facilitated SHG. The guidance members receive from their facilitator and the use of humour,

praise and experiential knowledge is evidenced in this group to have positive and progressive

effects.

In conclusion, SHG advocate members as active participants rather than passive

recipients in the management of their lives. Praise, humour and experiential knowledge are

suggested to be active ingredients critical to the effectiveness of SHG in BPD. The Facilitator

greatly contributes to the success of the group, mediating and directing conversations,

providing interpersonal interaction and enabling the group relationships to develop as

participants share information and provide mutual support. This data could inform a more

substantial theory of what improves well-being and lessens the impact of BPD symptoms in

SHG contexts, which could be trialled and tested in other SHG. Further research is needed to

develop a comprehensive theory which can be applied universally to improve the well-being of members and reduce the likelihood of harmful information causing detrimental effects. Longitudinal investigation of attendance rates and reasons for drop-outs could be another area of future interest. These insights could inform research about what does not help in BPD SHGs.

As a final note, it is important to mention that whilst individuals with BPD may experience significant problems and require large amounts of support, symptoms can reduce and the impact of their condition can be lessened with help and self-help (Repper & Carter, 2011). Many individuals live fulfilling lives and only require support intermittently.

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