Life Experiences of Borderline Personality Disorder Survivors in the Recovery Process: A Phenomenology Study

Endah Sarwendah, Suryani Suryani, Efri Widianti*

Faculty of Nursing, Universitas Padjadjaran, Bandung, Indonesia

Abstract

Background: Borderline Personality Disorder (BPD) is a personality disorder with the main symptoms of emotional instability, impulsive behavior, negative self-concept, and impaired interpersonal function. Recovery in BPD is directed at the existence of satisfaction and meaning in life even with limited conditions due to symptoms of the disorder that still exists.
Purpose: The aim of this study is to explore the life experiences of BPD survivors in their recovery process.
Methods: This research is a qualitative research with a phenomenological approach. In-depth interviews were conducted with 10 BPD survivors from the Indonesian BPD Community. The research was conducted from August to November 2021 and interviews were conducted using Zoom Meeting. Interview transcripts were analyzed using the Colaizzi method.
Results: Six themes were extracted in this study, namely, the recovery process is not found alone, difficult to understand and love oneself, difficult to build stable relationships with others, journey to peace with oneself, the most painful experience that comes from the closest people and the experience of mental health services in Indonesia.
Conclusion: The process of self-identification is the first step in the recovery process in an individual's journey with BPD. The available support system helps BPD survivors to be able to adapt to the experience resulting from BPD symptoms. It is necessary to increase the knowledge of nurses about BPD in order to be able to provide good nursing care.

Keywords: borderline personality disorder, life experience, recover

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Corresponding author

Efri Widianti
Department of Mental Health Nursing, Faculty of Nursing, Universitas Padjadjaran, Bandung, Indonesia, Soekarno street, Postal address: 45363, Phone: 0817217512, E-mail: efri.widianti@unpad.ac.id

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Introduction

Borderline Personality Disorder (BPD) is a personality disorder whose main symptoms include significant emotional changes, impulsive behavior, and impaired interpersonal and/or work functioning, which is characterized by a weak self-image and suicidal thoughts (Grenyer, Ng, Townsend, & Rao, 2017). BPD often makes an individual experience a lifelong struggle with the consequences of the destructive actions associated with the disorder (Helleman, Goossens, Kaasenbrood, & van Achterberg, 2014).

The prevalence of BPD is different in each country. Surveys in North America estimated the prevalence of BPD to be 1.6% in the general population and 20% of the psychiatric inpatient population (Ellison, Rosenstein, Morgan, & Zimmerman, 2018). According to Tomko et al. (2014) approximately 2% to 3% of patients presenting to primary care in the United States experience BPD, and the prevalence of BPD in the United States reaches 5.9%. In the Netherlands, from the survey data, it was found that 3.8% of the population experienced three to four symptoms of BPD and 1.1% experienced more than five symptoms of BPD. Meanwhile in Spain, the prevalence of BPD sufferers from the population reached 1.4-5.9% (Aragonès, Salvador-Carulla, López-Muntaner, Ferrer, & Pinol, 2013). It is estimated that between 1% and 4% of the total Australian population live with BPD, and the rate is three times higher in women than men (Acres, Loughhead, & Procter,

2019). In Indonesia, the number of people with BPD is not certain, but it can be estimated that it will increase every year (Raharja & Jusup, 2021) along with the increasing prevalence of emotional mental disorders at the age of more than 15 years, to 9.8 % based on the results of the 2018 Basic Health Research (Kementerian Kesehatan RI, 2018). Along with the unknown prevalence and incidence in Indonesia, research related to BPD in Indonesia is still very limited (Wulandari, 2020). Several studies found in Indonesia related to BPD show an overview of the causes of BPD (Hendrawan, Suryanto, & Aldrin, 2020; Raharja & Jusup, 2021) , therapy for people with BPD (Oey, Sanjaya, & Wibhowo, 2021; Valentina, Marchira, Afiatin, & Hadjam, 2021; Wardani & Suromo, 2021), and a description of the behavior of patients with BPD (Claudya, 2019; Kusumawardhani, 2007).

The government's efforts in handling BPD are more focused on optimizing the National Health Insurance (JKN). Presidential Regulation Number 82 of 2018 concerning Health Insurance states that the health insurance benefits obtained by individuals include promotive, preventive, curative and rehabilitative services. So that all National Health Insurance participants can benefit from the program according to medical indications (Nurmansyah & Kilic, 2017). BPD survivors who become National Health Insurance participants can get access to mental health services that help them in the recovery process.

BPD can have a negative impact on personal relationships (Bhome & Fridrich, 2015), quality of life (IsHak et al., 2013), and workplace settings (Juurlink et al., 2018). Individuals with BPD are often associated with high drug and alcohol use, low quality of life, and severe disturbances in interpersonal and social relationships (Barrachina et al., 2011). Individuals with BPD are often neglected and marginalized at the levels of policy, planning, staff training, and service delivery, also experiencing problems of social oppression (Kealy & Ogrodniczuk, 2010). Bonnington and Rose (2014) added that individuals with BPD also experience stigma and discrimination from friends, family, environment, education, and civil society.

Recovery is a description of a very personal and unique life journey in living a satisfying life, having the ability to participate in society, being actively involved in planning and evaluating health services, regardless of the symptoms and limitations caused by mental illness (Larivière et al., 2015). Recovery in individuals with BPD is mostly seen in the context of symptom improvement and no longer meets diagnostic criteria (Donald, Duff, Broadbear, Rao, & Lawrence, 2017). However, recovery is not seen as a decrease in symptoms only but leads to personal recovery, which is understood as survivors feeling they are living a meaningful and satisfying life even though some symptoms are still experienced (Anthony, 1993; Donald, Lawrence, Broadbear, & Rao, 2019). Qualitative studies conducted by Gillard et al (2015) and Shepherd et al. (2017) describe recovery from the perspective of individuals with BPD that involves improvements in relationships with oneself that are fostered through interpersonal relationships and integration in the community.

Katsakou et al. (2012) add that people living with BPD appear to have a unique and complex recovery experience. This arises as a result of drastic mood swings in individuals with BPD (Corradi, 2013) and frequent attempts to self-harm (Dickens, Hallett, & Lamont, 2016) as their defense mechanism. So that recovery in BPD is not included in the concept of "complete recovery," because individuals with BPD survive the difficulties caused by symptoms due to BPD for a long time (Shepherd et al., 2017).

A big challenge for healthcare providers, including nurses, in providing health services for individuals with BPD is the condition of their changing attitudes, which can be very dramatic and passionate, but sometimes their life situations seem chaotic and depressing (Stang et al., 2011). Individuals with BPD have a high sensitivity to their environment (Gunderson & Lyons-Ruth, 2008) which makes them afraid of abandonment or rejection, whether it has happened or not.

The splitting phenomenon experienced by individuals with BPD is also a challenge for health service providers in providing treatment. They often classify the people around them in extreme terms as good people or bad people (Kring & Johnson, 2018). However, this grouping can easily change, namely, people who are considered good, can suddenly be considered as bad people, or vice versa (Bateman & Fonagy, 2013). In addition to the splitting phenomenon, parasuicide phenomena also often appear in individuals with BPD where they use suicide attempts to force other people (family, lovers, friends or therapists) to pay attention and not ignore them (Paris, 2019).

The role of nurses is very supportive in health services for individuals with BPD (McCarrick, Irving, & Lakeman, 2022). Nurses are people who help them learn to deal with the demands of everyday life and meet their basic needs (O'Connell & Dowling, 2013). According to Ntshingila et al. (2016), mental health nurses can help clients find what is best for them by learning to recognize signs of distress, stressors, and how to deal with them. Psychiatric nurses also navigate clients with BPD to be able to take responsibility for their own lives by helping clients learn how to name the feelings they are experiencing, learn to reduce symptoms and self-control through the use of mindfulness skills, and how to take responsibility for their actions.

Many studies have been carried out on exploring the experiences of people with BPD in their recovery process (Donald, Duff, Broadbear, Rao, & Lawrence, 2017; Katsakou et al., 2012) and several systematic reviews related to the experience of the recovery process in individuals with BPD have also been published (Barnicot et al., 2012; Lamont & Dickens, 2019).The results of a literature study conducted

by researchers found that the majority of studies related to exploring individual experiences with BPD were mostly carried out in developed countries such as the United Kingdom, Canada, Australia, the Netherlands, and Norway. Researchers only found one article related to the exploration of patient experiences with BPD conducted in a developing country, namely South Africa (Ntshingila et al., 2016).

Based on the description above, researchers have a desire to get a more meaningful picture and get the essence of the experiences of BPD survivors in their recovery process against the background of conditions that exist in Indonesia. The purpose of this study was to explore the life experiences of BPD survivors in their recovery process.

Research Methods

Design

This study uses a qualitative method with a descriptive phenomenological approach.

Participants and Setting

The sampling technique used was purposive sampling with inclusion and exclusion criteria. The inclusion criteria used in this study were BPD survivors aged 18 years and over, undergoing therapy such as pharmacotherapy and/or psychotherapy and had recovered for more than one year with the results of the McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD) questionnaire less than 7, able to communicate well and willing to participate in research. Meanwhile, the exclusion criteria were survivors who still had five symptoms out of nine BPD characteristics based on DSM-V. The data reached saturation after conducting interviews with 10 participants at different times.

Data Collection

The research was conducted in August – November 2021 at the Indonesian Borderline Personality Community. Participants in this study were BPD survivors. In-depth interviews were used as a data collection technique after all participants completed the informed consent. The research instrument in this study was the researcher himself using Zoom Meeting and WhatsApp as a medium for interviews.

Data Analysis

Data analysis was carried out using the Collaizi method, which, according to Sanders (2003 in (Suryani, Welch, & Cox, 2016) consists of seven steps, such as transcribing and translation of interviews, extracting significant statements, formulating meanings from significant statement, organizing the aggregate formalized meanings into theme clusters, writing an exhaustive description of the phenomenon, identifying the fundamental structure, and validating the exhaustive description with each participant.

Trustworthiness

Rigor and trustworthiness in this study are guided by four criteria according to Guba and Lincoln (1985 as cited in De Chesnay, 2014), namely: the value of truth (credibility), application (transferability), consistency (dependability), and neutrality (conformability). The three strategies used by researchers to increase credibility are Prolonged Engagement, Persistent Observation and Peer Debriefing. The strategy taken by researchers to meet the transferability criteria is to make detailed, clear, systematic, and reliable research reports so that the readers of the research results can correctly understand them. Dependability is obtained by researchers by conducting audit trail investigations. Confirmability is obtained by confirming findings to participants and presenting research results at conferences to obtain input and improve research results.

Ethical Consideration

This research was conducted after obtaining

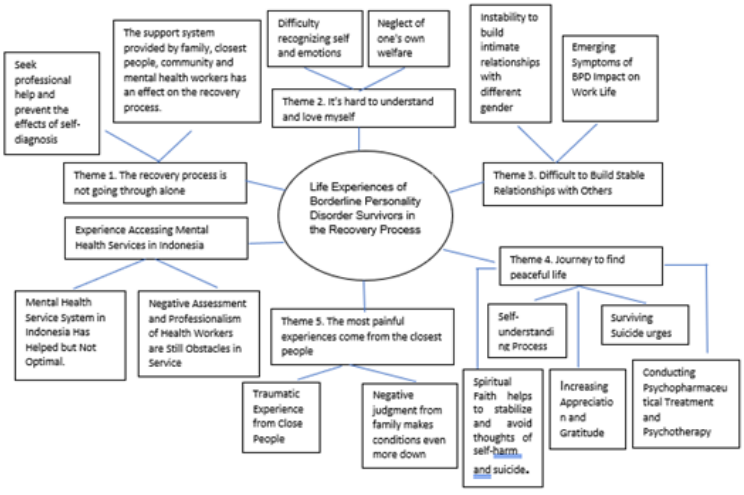

Figure 1. Themes and Subthemes

research permission from the ethics committee of Padjadjaran University with the number 607/UN6. KEP/EC/2021.

Results

The number of participants in this study was 10 people, consisting of three men and seven women. The average age of the participants was 29.5 years. The youngest participant was 18 years old and the oldest was 43 years old. The education level of the majority of the participants was S1 and the other three were high school graduates. Currently three participants are not working, three are entrepreneurs, two are private employees and two are students. Several participants who took part in this study had comorbidities, including three participants having comorbid bipolar disorder, one participant having comorbid major depression, one having comorbid schizophrenia, two having comorbid eating disorder and three other participants having no comorbidities.

The results of this study provide an overview of the life experiences of borderline personality disorder or BPD survivors in the recovery process, which are then broken down into six essential themes.

The recovery process is not passed alone

All participants in this study showed a need for the presence of others in the recovery process they went through. The presence of these other people can be in the form of support from family, friends, partners, communities or health workers. The presence of other people can also be a condition that facilitates the participant's need to understand his condition and facilitates their self-actualization. This theme consists of two sub-themes that describe the need for the presence of others that is felt by the participants.

Sub-theme 1: Seek professional help and prevent the effects of self-diagnosis

Seeking professional help became a step taken by participants to get explanations and actions related to their uncomfortable conditions.

"I cannot handle this with myself, that's it. I need help from a professional." (P4)

In the early days of symptoms, self-diagnosis is often done before seeking professional help. And this often has a negative impact on participants. Participant 7 said that it was difficult for him to accept the fact that he had BPD. So far, based on his self-diagnosis, P7 believes that he is suffering from depression. However, after consulting with a health professional, he was diagnosed with BPD.

"What is certain is that I don't accept it (with the diagnosis of BPD). First time, eeehm, first time hearing. And the second one was not accepted, because eeeehm the self-diagnosis effect is possible, huh. So it's like, "Oh there's depression too" like that. So it's like, I, I feel like I'm depressed." (P7)

Sub-theme 2: Support system from family, close people, community and mental health workers influential in the recovery process

The majority of participants said that the support they received from the environment greatly influenced them in undergoing the recovery process. Significant support for participants was obtained from family, close friends, spouses, community and health professionals.

"Yes, I follow, sometimes, there is a kopdar that I follow. But because of this corona, I couldn't meet… Yes, because many motivate people to give that spirit. (coughs). Sorry sorry…"(P1)

"But still, I have to tell some close friends. Because, I'm the type of person who can't, can't hold his own. But if you keep it to yourself, it's like, you can't do it, I'll tell you, I'll tell you. So, I'm like telling stories only to friends." (P2)

"The biggest support from my wife. My wife provides motivation and helps to rise from adversity. This support is very helpful in BPD recovery." (P3)

"So what's more, for example, the nurse knows, oh, this needs to be calmed down like that. The thing is, once, there was also the feeling, the nurse just wanted to hurry up like that. Or there is also a nurse who, sits, relaxes like that and really... eeehhhmm... helps to cool down." (P7)

It's hard to understand and love myself

Based on the data analysis conducted by the researcher, the majority of the participants admitted that they had difficulty in understanding themselves. Participants also described difficulties in loving themselves. The difficulties described by the participants also varied, ranging from the inability to recognize the feelings that arise, difficulty expressing emotions, inability to see positive things about oneself, defense mechanisms by self-harm, self-blame, or even a strong urge to commit suicide.

Sub-theme 1: Difficulty in recognizing self and emotions

The majority of participants described their strenuous journey through their day as a result of difficulty recognizing themselves and their emotions. This creates discomfort that results in self-loathing, confused about themselves, feelings of guilt, feelings of emptiness and confusion of expressing emotions.

"… ah I feel that my self is different, I'm like, I'm confused with myself, who am I? what am i? I'm confused about my identity. Especially when I found out I was BPD, it was mental problem, right? Wow, so I'm not like normal people." (P2)

"I'm having a hard time, um, I can't recognizing the emotions. Because most of what I felt is empty. Empty, sometimes his emotions go up and down…". (P6)

Sub-theme 2: Neglect of one's own welfare

Five out of 10 Participants described that when they face problems or stressors that arise, it often makes them ignore self-compassion and use destructive self-defense mechanisms.

"If I hurt myself, how do I feel, it's possible, I can get out like that. What I endure, because I do not dare. That's a shame." (P4)

"So from there (remembering the past), from there until S had thoughts of committing suicide like that. Until, you want to harm yourself, want, want, just want to destroy yourself like that." (P7)

Difficult to build stable relationships with others

Data analysis conducted by the researcher found that the difficulties experienced by the participants to understand themselves were also a difficulty experienced by the people around them to understand and be understood by them. This condition makes the participants find it difficult to build stable relationships with other people, especially with their partners, or with people in their world of work.

Sub-theme 1: Inability to build intimate relationships with different gender

Five out of 10 participants in the study said they had difficulty establishing stable relationships with the opposite sex. This condition is motivated by many factors, whether the partner is the trigger for the participant, the abusive attitude of the participant, the fear of being left behind and the result of a significant change in feelings.

"Then, those related to dating, that's it. Frequently changing partners. Which means, you know, umm... at first I was really happy. Very happy. You know, huh.. you know it's gone, don't know ah. I don't want it anymore, already." (P6)

"Well dominate (in relationships). You have to do what I want. Then, I just want it like this, I don't need attention, I don't need anything. But I'm, um, scared, I have a fear of being left behind." (P8)

Sub-theme 2: Emerging symptoms of BPD impact on work life

For the participants, BPD affected their work life. P4 said that he often gets angry when he finds things that don't suit him. He also said that when he didn't like the job he was doing now, he would dare to leave the job without a second thought. Until finally he was often called a "jumping flea" because he often changed jobs. This was conveyed by P4 in his statement below:

"If I'm honest at work, yes, I often get angry like that, that's the type. And if, for example, I don't like it, I can just do that, just dare to leave, even though I don't have a new job yet, that's what it is. So actually from my work experience, I was said to be a jumping bug, so often…" (P4)

Theme 4: A journey to find a peaceful life.

All of the participants talked about how their journey made peace with themselves. This journey was described in various ways by the participants. Starting from being aware of the conditions that result from BPD symptoms, taking negative actions to find comfortable feelings, realizing and surviving negative impulses, seeking appropriate treatment, how spirituality affects their condition and so on.

Sub-theme 1: Self-understanding process of knowing

Four out of 10 participants told how they had to deal with changes in their unstable mood and tried to identify things that made them uncomfortable and find ways to deal with them.

"So what are we like, there are, well, there are differences of opinion. Maybe for other people it's normal. But at that time I was again, again not taking medication. So I'm really hooked. And I'm angry again, want to be angry again. But I managed to control myself. I went upstairs, I took the medicine, "no, later... I want to take medicine, I want to take medicine". I said." (P6)

Sub-theme 2: Surviving suicide urges

Three out of 10 participants said that surviving suicidal urges was a condition that often appeared on their journey.

"My birthday, July 7th. That's actually, a really bad condition. But like, still manageable (the urge to commit suicide). And can still be arrested. From like, day by day, I feel like it's getting worse and worse." (P5)

Sub-theme 3: Conducting psychopharmaceutical treatment and psychotherapy.

In dealing with the symptoms caused by BPD such as emotional instability and the urge to self-harm, the majority of participants sought professional help to obtain actions that could help them to be able to control themselves and become more stable. Treatment in the form of psychopharmaceuticals and psychotherapy is often the action given to them.

"At first I was hesitant, madam, I didn't want to take medicine. But after not wanting to take the drug, I felt my condition was getting worse. Then after taking this medicine there are no symptoms, anger, or anything else." (P1)

"If it's to hold back self-harm, that's mindfulness. Eee, like huuhm, more like, to focus on what is around, what is heard. Eeee, breath, breath relaxation too." (P7)

Sub-theme 4: Spiritual faith helps to stabilize and avoid thoughts of self-harm and suicide.

Five out of 10 participants said that, in the recovery process, their spiritual beliefs helped them to remain stable and not do things that were detrimental to themselves.

"To kill myself, I don't. God willing, no. Because in Islam it's not allowed, that's how it is to commit suicide. Suicide is, yes, fades all our charities, that's how it is. In the end, we are not grateful for ourselves. And that's the point we are least grateful

for. By the grace of Allah. That's the first. The point is, religion and Allah, Allah is it." (P2)

"That, I actually avoided the incident of wanting to commit suicide, for example, wanting to hurt, wanting to be angry. That can be resolved with regular worship, going to the mosque, praying dhuha, remembrance, and so on. That's the solution, if we get sick with BPD, we just let it go, yes, in the end, we end up hurting ourselves and committing suicide." (P3)

Sub-theme 5: Increasing appreciation and gratitude

Seven out of 10 participants described that, in the process of making peace with themselves, they built many feelings. Such as being grateful, appreciating every opportunity, being someone you can rely on, building self-confidence, increasing motivation and so on.

"Me, through this, yes, through this online motorcycle taxi driver. I have a feeling, happily this way, that I am with that driver. I help some of what my wife and children need (e.g. shuttle)." (P3)

"…. I planted it in my mind. that I have to fend for myself. With that good thought I am now trying to cultivate a sense of self-respect. so that people outside cannot judge my life.… life will go well if we believe in ourselves." (P8)

The most painful experiences come from the closest people

Data analysis conducted by researchers found that half of the participants experienced unpleasant conditions from those closest to them.

Sub-theme 1: Traumatic experience from close people

Some participants described the traumatic experiences they had from those closest to them. These traumatic experiences were obtained by the participants from parental neglect, divorce, bullying and parents who experienced mental health problems.

"Because I just changed schools, I happened to change places of residence, so I changed schools. It was bullied, as a new kid. It's said..... When I talk to Mama, Mama just laughs like that. It's like thinking, oh, what the heck, that's the thing, it's a trivial thing." (P4)

"So at first, it came from family, well from family. When I was young, I was separated from my sister and separated from my mother too. So I, S, live with my grandmother. Not the same mother, not the same father. Even though it's black on white, it's the same as father." (P7)

"My dad also trigger because he is a bipolar." (P10)

Sub-theme 2: Negative judgment from family makes conditions even more down

Participant 4 and Participant 8 revealed that they received a negative assessment from their families regarding their condition with BPD. Participant 4 said that, apart from his mother, his other family always considered that his BPD condition was excessive behavior or a sign of lack of faith.

"For the other (family) it's like they think I'm too lazy, like I lack faith and so on." (P4)

The experience experienced by P4 is also in line with that experienced by P8. P8 said the condition of symptoms caused by BPD was often considered weak, weak in faith and ungrateful by his family.

"……. So someone in my family said that I was weak. I'm like this because I'm weak, right? And that makes me really down." (P8)

Experience in accessing mental health services in Indonesia

Several participants described that the programs organized by the government related to health insurance had helped a lot but the implementation was not optimal. In addition to the program, several participants also shared their experiences with the mental health service system or mental health professionals.

Sub-theme 1: Mental health service system in Indonesia has helped but is not optimal.

Six out of 10 participants described statements related to the mental health service system they received. Participant 1 said that the existence of the National Health Insurance helped him access mental health services, but Participant 2 and Participant 3 said that the services financed by the National Health Insurance were not comprehensive. In addition, the inadequate information system caused discomfort for the participants because they had to repeat the story about their condition.

"And Alhamdulillah, I also use BPJS (assisted cost). I'm still in college, and I've never worked. Now, that's also my reason, why I don't take psychotherapy and only pharmacology (Psychologist and Psychotherapy are paid)." (P2)

"Because it's true, the barriers are very far away. So the conversation has to be a bit louder (during the consultation). Then it's like that, the top is open. So everyone can hear it, so it's not very comfortable." (P9)

"There is the system, like every time it is controlled. That's a different doctor. So it's like, in my opinion, okay, control, but every time you tell a story, it's like you have to, if you go there, you have to keep telling stories. It's like being repeated again and again." (P5)

Sub-theme 2: Negative assessment and professionalism of health workers are still obstacles in service.

Four out of 10 participants described that there was a negative perception of health workers who provided services to them. This is based on negative assessments conveyed by health workers and the lack of professionalism of health service providers.

"Is that so, like, what do you think is different

about you, like that. I even, oh well. I sometimes talk about it, how come I don't believe it (mental health professionals) like that (laughs)." (P2)

"Only the first time I tried going to the mental health clinic at the Health Center, the doctor was a bit lacking, it wasn't fun, right, he judged me. It shouldn't be like that. Being judged, just because of lack of faith, because of that. That, I was traumatized, scared, traumatized for about 2 years or more, don't dare to do that." (P4)

"It's self-searching (related to drug information). The doctor, or the nurse, never care, sis." (P5)

Discussion

The recovery process is not about going through it alone

In the recovery process, support from family, peers, neighbors, community, health workers and the government affects the recovery process (Jacob, 2015). Results of qualitative research conducted by Donald et al. (2017) showed the most significant relationships supporting recovery were relationships with family, friends, partners and with doctors or colleagues in therapy. Larivière et al. (2015) revealed in their research that nine out of 12 participants confirmed that the support they received from their social environment helped them through their experiences with BPD. Katsakou and Pistrang (2018) say that mental health service providers who are open, accepting, honest, willing to listen, and genuinely care about the difficulties of BPD survivors, really help survivors in understanding and accepting themselves as BPD survivors. Failure to seek professional help leads to misdiagnosis which leads to other problems such as bipolar disorder, anxiety and depression (Porr, 2017). According to Porr (2017), the impact of delay or misdiagnosis has an effect on individual acceptance of the diagnosis of BPD.

Difficult to understand and love yourself

Lovell and Hardy (2014) stated that seven out of eight participants in their research expressed confusion in explaining and understanding experiences and communicating their experiences, thoughts and emotions. The confusion that arises can also be caused because individuals with BPD have different levels of identity coherence and different abilities to connect with themselves and others (Agnew, Shannon, Ryan, Storey, & McDonnell, 2016). Identity disorder is a hallmark that appears in BPD (Gold & Kyratsous, 2017). A negative self-concept makes individuals with BPD tend to judge themselves as bad and worthy of punishment and they also experience a deep sense of shame (Beeney, Hallquist, Ellison, & Levy, 2016; Donald et al., 2019; Vater, Schröder-Abé, Weißgerber, Roepke, & Schütz, 2015). Nishimoto and Hohashi (2016) say that, the manifestations of the impulsive behavior of individuals with BPD that are often found are wrist slashing, overdose, excessive spending and sexual deviations.

It's hard to build stable relationships with other people

BPD has an effect on decreasing quality of life in the bio-psycho-socio domain, including decreased physiological function, emotional control, relationships with partners or family and decreased sexual function caused by emotional dysregulation experienced by individuals with BPD negatively impacting interpersonal relationships, by triggering more negative communication and interpersonal feelings (Miano, Grosselli, Roepke, & Dziobek, 2017). Pergjini et al. (2020) stated that individuals with BPD often idealize someone (idealization), but this will significantly turn into hatred because individuals with BPD assume that the person does not care about them (devaluation).

Hill et al. (2011) state that there are several BPD criteria that are significantly associated with romantic dysfunction in individuals with BPD, namely interpersonal disorders, fear of abandonment, impulsive behavior and self-injurious behavior.

Meanwhile, in the world of work, research from Sio et al. (2011) found poor job outcomes in individuals with BPD due to impulsive symptoms that appeared after 12 months of work. Catthoor et al. (2015) and Juurlink et al., (2018) add that individuals with BPD have difficulties in carrying out their functions in work settings, experience high levels of stress and are stigmatized.

A journey of peace with yourself

Kverme et al. (2019) stated that research participants experienced a learning process from the therapy they went through and they also gathered knowledge related to their emotions, thoughts and behavior which was used as a way to find keys to unlock various possible changes in themselves. Research conducted by Holm and Severinsson (2011) illustrates that the urge to suicide is experienced by the majority of women who are participants in their research. This urge appears as a form of getting peace and escaping from the world. Holm and Severinsson (2011) also describe the struggles of participants who want to heal and use their own ways to find strength in surviving the urge to commit suicide.

Rogers and Acton (2012) stated that some of the participants in their study, expressed psychopharmaceutical treatment as an important part of their recovery process and they appreciated its benefits. Evidence-based use of psychopharmaceuticals in individuals with BPD is still very scarce and psychopharmaceutical agents that are beneficial in reducing global symptoms of BPD have also not been found (Antai-Otong, 2016; Bozzatello, Garbarini, Rocca, & Bellino, 2021; Bridler et al., 2015; Stoffers□Winterling et al., 2018; Stoffers et al., 2012; Zanarini, Frankenburg, Bradford Reich, Harned, & Fitzmaurice, 2015).

Psychotherapy is a process that encourages

mindfulness processes that can help people understand and accept themselves, their emotions and behavior (Barnicot et al., 2012). Oud et al. (2018) say that psychotherapy remains the most effective treatment for BPD to date. A factor that adds to the list of journeys to make peace with yourself is spirituality. (Bonelli & Koenig, 2013) explain that there is a relationship between essential spirituality and better mental health (hopelessness and self-esteem) experienced by patients with BPD. Huguelet et al. (2016) added that BPD patients who have good spirituality show an increase in their self-esteem and a decrease in hopelessness even though they tend not to feel a good quality of life.

In addition, actualization is a factor that is added to the list of making peace with oneself. In a study by Larivière et al. (2015), eight participants revealed that the most important thing in their recovery period is being able to fulfill roles related to their families. Individuals with BPD feel meaningful when they are able to take care of themselves, engage in meaningful roles and activities, own and maintain jobs and carry out projects that take on responsibility. The most painful experiences come from the closest people

The closest person or "family" includes family, partners, friends and other supporters who are often a group that occupies an ambiguous space that can be interpreted as supporting recovery or triggering relapse in healthcare research and practice (Bland & Foster, 2012; Wyder & Bland, 2014). In their research, Ntshingila et al. (2016) stated that participants reported experiences related to unstable family dynamics such as separation and divorce, which also caused a lot of instability for the participants. Apart from the condition of unhealthy family dynamics, parents with mental problems can also be one of the factors that provide unpleasant experiences for individuals with BPD in childhood. De la Serna et al. (2021) stated that mood disorders are more common in the offspring of parents with bipolar disorder.

Negative judgments from family often appear as obstacles in the recovery process. Bonnington and Rose (2014) mention that individuals with BPD often experience stigma and discrimination from friends, family, environment, education and civil society.

Experience accessing mental health services in Indonesia

Based on Presidential Regulation No. 12 of 2013, the first level BPJS services include: Service administration; Promotive and preventive services; Examination, treatment and medical consultation; Non-specialist medical measures, both operative and non-operative; Services for drugs and medical consumables; and First-level laboratory diagnostic support examination ("PERATURAN PRESIDEN REPUBLIK INDONESIA NOMOR 12 TAHUN 2013 TENTANG JAMINAN KESEHATAN," 2013). Idaiani and Riyadi (2018), studying the mental health system in Indonesia, show that health resources and mental health expenditures in Indonesia are still very low compared to countries around ASEAN. In addition, the health information system that runs in Indonesia is still inadequate.

Rogers and Acton (2012) mention that the lack of information from service providers causes them to look for other resources, for example from the Internet. Which can have a negative impact on individuals with BPD. One of the negative impacts on people with BPD is that they lack access to mental health services and self-identification regarding their condition. In addition, many studies have reported on the negative attitudes and stigma that arise from mental health service providers toward individuals with BPD (Agustina, S, & Widianti, 2019; McGrath & Dowling, 2012; Natalia, Suryani, & Rafiyah, 2019; Westwood & Baker, 2010).

The main limitation of this research is the process of interaction and interviews between participants and researchers conducted through online media. Government policy to implement health protocols in every field, including research, requires researchers to follow research procedures that minimize face-to-face meetings as a form of preventing the spread of COVID-19. The process of interaction and interview with online media raises various obstacles, including: poor network, difficulty in assessing the non-verbal language of participants, adjustment of the time of interview activities between participants and researchers, and a decrease in focus.

However, there are several scientific updates that were also found in this research. The first is the discovery of other factors that affect the recovery process for BPD survivors. Self-diagnosis that appears at the beginning of the BPD survivor's journey can hinder the recovery process, while spirituality can support the BPD survivor's recovery process. The next scientific update is the perspective of using mental health services in Indonesia, which is taken from the perspective of BPD survivors.

Conclusion

In this study, the results obtained have several similarities with the results of previous studies that discuss the life experiences of BPD survivors. Such as the need for a support system, which helps survivors to adapt to the experiences they experience as a result of the symptoms that arise from BPD. The existence of a picture of an unstable relationship with oneself and others is also shown in the results of this study. Meanwhile, the process of self-recognition is the first step in the journey of individuals with BPD to come to terms with themselves and make peace with past traumas. In addition, the results of this study also revealed that the therapy the survivors went through, be it psychopharmaceuticals or psychotherapy, supported their recovery. And finally, an overview of the mental health service system is presented in this study. The emergence of negative attitudes and assessments of health services can be used

as special attention to develop activities that can anticipate this condition. It is necessary to increase the knowledge of nurses about BPD in order to be able to provide good nursing care.

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