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Client and Clinician Experiences of Dialectical Behaviour Therapy

A Discourse Analysis

**A thesis presented in partial fulfilment of the requirements for
the degree of Doctor of Clinical Psychology at Massey
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Abstract

Dialectical Behaviour Therapy (DBT) is recommended as the treatment of choice for people with borderline personality disorder (BPD) in New Zealand. This research presents four studies examining the experience of DBT. Discourse analysis was used to examine 27 clinical journal articles with the aim of identifying discourses about BPD and DBT likely to be read by practising clinicians. A second study examined interview data from five practising DBT clinicians in a New Zealand District Health Board (DHB). The third study looked at interview data from five clients, who were undertaking the DBT programme at the same DHB. A fourth study used three case studies to discuss client changes in mindfulness and quality of life, as they participated in DBT. The discourses associated with BPD were of BPD as an illness, as a stigmatising label with connotations of a difficult client group, as a means of 'making sense' of the clients' experience, and as emotion dysregulation and a skills deficit. DBT was constructed as providing skills which enabled clients (and clinicians) to manage distress in their lives. Clients described themselves as changing in a fundamental way, and assuming new identities, which was a frightening (albeit positive) process. DBT was constructed as well researched and theory based, and as a coherent whole which was also divisible into functional elements. Clients and clinicians were found to utilise different discourses to position themselves and to validate their behaviour in various situations. DBT was constructed as helpful within all the studies, and was promoted as a worthwhile therapy by all participants.

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Preface

This project is an inquiry into the discourses present in client and clinician interviews and in journal articles about borderline personality disorder (BPD) and dialectical behaviour therapy (DBT), a recent development in the treatment of BPD. It aims to increase understanding of BPD and DBT from both clients' and clinicians' perspectives, in a New Zealand setting.

My interest in this area developed through working as a registered nurse in mental health for the previous seven years. In my work I felt particularly challenged, and fascinated by people who had been given the diagnosis of BPD. I was introduced to DBT by one of the psychologists I worked with, and this led to my interest in DBT and choice of this research topic. As I conducted this project, I was enrolled in the Massey University clinical psychology training programme, and was also working part time as a psychiatric nurse in an inpatient psychiatric unit, and then as an intern psychologist.

At university I was introduced to social constructionist ideas. This approach seemed to fit well with my experiences as a clinician because my clients sometimes seemed to interpret language in very different ways. This difficulty with language provided me with the opportunity to reflect on language and its often taken for granted nature as a means to communicate information. My interest in language also extends back to earlier studies including languages and linguistics, and this is likely to have influenced my understanding of language as closely bound to, and in many ways constitutive of, ideas, culture, time, and society. As I write this I believe that clinicians must at least to some degree understand language as an act and a construction of a reality. How else can therapy, which is fundamentally an exchange of words, be effective? This background influenced my choice of methodology. From a social constructionist perspective, experience occurs in language, and through the use of language. In this way language constructs, rather than merely describes experience.

I decided to study the language used by clients and clinicians in talking about BPD and DBT, and to use discourse analysis to identify constructions of BPD and DBT in their talk. In doing so I hoped to gain information about the way in which language constructs experiences of DBT. In addition to this I also conducted a discourse analysis of clinical

literature, likely to have been read by the clinicians I was interviewing. This was to ascertain which discourses were dominant in clinical literature, and whether or not practising clinicians also utilised these. This research also contains a small client outcome measures study (presented as three case studies), utilising measures of mindfulness and quality of life. In conducting four studies in this way, I hoped to gain an understanding of the experience of DBT from several different angles, each of which contributes to a wider understanding of DBT. As with all research - as the design, goals and implementation of the studies were mine - my background and interests influenced every aspect of the study. This includes apparently objective sections, such as the literature review chapters. This influence is discussed in greater detail in Chapter Five, however is introduced here so that the entire thesis can be read with this in mind.

The introductory chapter provides a brief introduction to BPD and DBT. Chapter Two looks at the wider issues of ontology and epistemology when conducting research and will provide an overview of discourse analysis, and my choice of research methodology. Chapter Three will provide an overview of literature around the topic of BPD. The discourses of BPD are intimately related to the development and experience of DBT, because DBT was developed for this client group. Constructions of BPD were therefore an important focus for analysis in addition to a focus on DBT. Chapter Four introduces DBT and provides an overview of the therapy, and literature to date. These introductory chapters set the scene for enquiry into the discourses associated with BPD and DBT. Chapters Five and Six will describe Study One, which examines DBT literature, and will provide context for the following studies. Chapters Seven and Eight will present Study Two, which examines clinicians' talk about BPD and their experiences with DBT. These chapters focus on the language the participants use to talk about their clients, and their experiences of delivering the therapy and constructions of how the therapy has worked for their clients, and for themselves. Chapters Nine and Ten present Study Three, which focuses on clients' talk about BPD and their experiences of DBT. This is followed in Chapter Eleven by Study Four, which is an outcome measures study looking at mindfulness and quality of life, presented as three case studies. The final chapter will provide a discussion of the studies, and associated conclusions and recommendations for further research.

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