A Critical Discourse Analysis of Mental Health Nursing and Social Work Literature Related to the Term "Personality Disorder".

By: John Heritage / 1313048

A dissertation submitted in partial fulfilment of the MA in Social Work

Word Count: 10979

Institute of Applied Social Studies

School of Social Policy

University of Birmingham

Date of Submission: September 2015

Acknowledgements

I would like to thank my nursing and social work colleagues at St Andrew's Healthcare Birmingham for their insights into this topic.

I would also like to thank my tutor, Dr Jerry Tew for his vital input and advice.

Finally I would like to thank my family for their continued support and patience while I discussed these ideas over the last 6 months.

Executive Summary

Personality disorders are a series of diagnostic criteria which describe a person who is perceived to have long lasting and ingrained patterns of behaviour which make it difficult for them to engage effectively in society and relationships with others. Personality disorders cover a range of apparently challenging behaviours, including those which are directed inwards towards the self, and outwards towards others. People diagnosed with personality disorders are an often misunderstood group and are often viewed by professionals as manipulative and attention seeking. These views disregard possible causes of behaviour, such it being a response to trauma or abuse, and blame the individual for acting in a way that inconveniences mental health services and the society around them **(Chapter 1.2)**.

In order to understand these stigmatising impressions, this paper seeks to examine the literature surrounding personality disorder, in particular the literature concerned with informing mental health nurses and social workers. Professionals who work in these fields follow professional codes which are intended to inform the values they use in their practice and these values will be further informed by the learning they do on university courses **(Chapter 1.3)**. These values promote a caring and considerate attitude in nurses, and emancipatory and anti-oppressive values in social workers, however evidence often shows that professionals are not able to maintain these values when working with people diagnosed with personality disorder (Markham and Trower, 2003). In light of this inconsistency, a Critical Discourse Analysis was used to interpret the language in textbooks and journals, in order to try and understand what might be causing some of this stigma. The theory and methodology concerned with this method can be found in **Chapter 2.3.**

The questions devised in order to answer the question of how personality disorder is perceived in the literature are as follows:

- To determine the key discourses which feature in mental health nursing and social work literature that relate to personality disorder.
- To investigate in what ways these discourses are discussed differ between these professional roles.
- To consider the possible impact of these discourses on people diagnosed with personality disorder.

Answering these questions first required resources to be selected from a wide literature. This search included database searches of journals, university reading list searches, and key work searches within relevant textbooks, the details of which can be found in **Chapter 2.4**. These searches did not aim to discover all of the literature surrounding personality disorder, but rather to identify the key texts as these were likely to have the most discoursal power. In this case and the analysis as a whole, although every effort was made to make this process fair, this method required judgments to be made on the part of the researcher which are a limitation of a qualitative study.

In **Chapter 3** the data is examined using the Critical Discourse Analysis outlined. This analysis drew on a social research orientated, linguistic method (Fairclough, 2002; 2010) which takes a detailed look at the way words and phrases are combined together to create meaning, or semiosis. This analysis revealed three main discourses within the texts: the disputed nature of personality disorder as a diagnosis **(Chapter 3.2)**; how a person with a diagnosis of personality disorder might be described **(Chapter 3.3)**; and the variety and effectiveness of different treatment methods **(Chapter 3.4)**.

Within these chapters differences were discovered between the social work and nursing literature. The social work authors found the diagnosis to be undesirable in principle, which led to negative descriptions that could impact on a person whose diagnosis and personality could be seen as one and the same. Nursing texts were more accepting of the diagnosis but this acceptance came at the cost of potentially stereotyping individuals to the features of the diagnostic criteria. The sources also differed in their approaches to the individual, with nursing texts paying little attention to individual characteristics, such as race or gender, and ignoring possible causes of the behaviour. Social work texts spent more time discussing these characteristics but not as much as might be expected given how identity is normally emphasised in social work more widely. In terms of treatment, the two disciplines were united regarding the most beneficial approaches and favoured individualised, person centred care, based on trust.

In **Chapter 4** this evidence is related back to the research questions, in particular the impact these descriptions may have on an individual diagnosed with the disorder. It

is argued that although it is reassuring to see the disciplines saying similar things about the best methods, both groups of professionals need to pay close attention to their language and need to be mindful of the potential impact it can have on an individual. It is further argued that both disciplines may have something to learn from one another, particularly in regards to the way practitioners write about a person diagnosed with the disorder. These anti-oppressive methods are important if practitioners wish to avoid creating a 'social wrong' (Fairclough, 2010) which will have a negative impact on a vulnerable individual.

As a result of these findings the following recommendations were made for future research **Chapter 4.5**:

- Research should consider the language used the underlying stigmatising effects this can have on the reader and the individual. Agents have a choice about the language they use and therefore this is a small change which authors can make which does not require drastic policy changes or boosts in funding.

- Research may also wish to locate and work with individuals diagnosed with personality disorder to improve the knowledge and understanding about them. These studies could be collaborative, but at the least should aim to highlight that people diagnosed with personality disorder are *people* and as such have their own identities which should be valued.

- As the literature queried the effectiveness of treatment options there is clearly scope for more empirical work to assess its effectiveness. It is likely that current approaches are effective, however there will always be doubts unless empirical evidence is obtained.

Table of Contents:

Chapter 1 - Introduction

1.1 - Origins of the Research and Researcher Background

For the past two years I have been working as a healthcare assistant (HCA) for a mental health charity in a medium secure hospital. I have recently started working as a Social Care Assistant (SCA) in the same hospital. It is estimated that 90% of people in Forensic Mental Health Services could be diagnosed with personality disorder (PD) (Ranger et al., 2004) and I have therefore worked with people diagnosed with PD for much of this time.

By working in this environment I have developed an understanding of the different ways medical and social work professionals approach PD. When I spoke to nursing staff I found they often harboured negative attitudes towards people diagnosed with personality disorder which exceeded those felt towards people with other diagnoses such as schizophrenia. I felt that such prejudice fell outside the social work values of equality and fairness (BASW, 2012) which I had learned studying social work. I also spoke to social work staff about their opinions and these seemed to be more positive, with staff members emphasising the traumatic early life experiences patients had faced as being the root cause of their difficulties. I considered what might have caused these differences in opinion and wondered if there was a difference between the theoretical roots and values of the two disciplines. In order to methodically assess what these differences might be, I decided to conduct an analysis of the literature using Critical Discourse Analysis (CDA) (Chapter 2.2).

My analysis found similarities between the discourses in nursing and social work literature and I also discovered that their approach to these discourses differed in the language used and the emphasis given to a particular theme. Finally, I considered the impact of these discourses on the service user and the differences between the disciplines that were likely to have similar impacts on self-esteem and stigma.

To conduct this analysis as fairly and scientifically as possible, it was important for me to reflect on the evidence I discovered, as CDA involves a two way relationship between the researcher and the research, where my interpretation of the data was influenced by own values (Harrison Woods, 2011). These reflections can be found within the discussions that follow.

1.2 - Literature Review

Before this analysis I reviewed the general literature about PD.

PD is included in the ICD-10 and DSM-5 diagnostic manuals and is defined similarly in both (Crowe and Carlyle, 2009). These medical tools see PD as consisting of ingrained and long-lasting patterns of behaviour which cause the sufferer to be challenged by, or challenging in, social situations. Both manuals emphasise the way an individual will deviate in a significant way from the expected norms of the culture they live in. Thus the disorder is innately socially constructed and requires comparisons to be drawn between the individual and their culture (Evans and Allen, 2009). Drawing social comparisons in this way leads to a considerable degree of subjectivity which precludes scientific testing (Crowe and Carlyle, 2009) or a measurable pathology (Melia and Kirby, 2004) and leads to controversy surrounding diagnosis, treatment and service provision (Wrycraft, 2009).

PDs, perhaps more than other mental illnesses, characterise the conflict between the social and medical models of mental illness. It is described as a 'disorder' which is based on an expectation of the role which an individual *should* play in a given culture (Hornstein, 2009). People who do not play this 'role' may not have a personality disorder, however a set of diagnostic criteria have been designed which identify certain people who deviate excessively from these expected norms as being mentally ill. This conflict between the medical and social models must answer the question of whether a person *is* ill, or whether the society they live in is causing them to *appear* ill, through past traumatic experiences having an effect on their ability to function in society (Bennike, 2015). This distinction is important because once a person has been labelled as 'personality disordered', they are likely to be perceived as outsiders by society and even mental health systems. These systems can use coercive powers to exclude them from society through the use of compulsory detention in hospital, and even, in the case of people diagnosed with Dangerous and Severe Personality Disorder (DSPD), pre-emptive detention in prison (Peay, 2011).

The confusion surrounding the theory behind a diagnosis of PD has had implications on policy and practice. In 1997 the New Labour government founded the Social Exclusion Unit to address stigma towards people with mental ill-health (Clarke and Walsh, 2009), and the National Institute for Mental Health (NIMHE) published No

Longer A Diagnosis of Exclusion (2003) which directly sought to improve practice with people diagnosed with PD. Attention was further directed towards PD in 2007 when the Department of Health and Ministry of Justice commissioned the development of the “Knowledge and Understanding Framework” (Personality Disorder Institute, 2015), which is a programme comprising a 3 day introductory course and Bachelor’s and Master’s programmes, directly targeted at improving outcomes for people diagnosed with personality disorder. The programme is person centred and aims to work with individuals in a positive and trusting manner.

In conflict with these inclusive ideas has been the Government’s pre-emptive detention laws identified above (Peay, 2011) which directly discriminate against people with a DSPD diagnosis who have also been branded as ‘psychopaths’ (Blair et al., 2005), and who may be diagnosed by Hare’s (2003) Psychopath Checklist. While pre-emptive detention clearly has significant ethical issues attached and may not be acceptable under any circumstance (Lalaylannis, 2008), it cannot be denied that some of these people may present a danger to society and some form of compulsory detention may be necessary (Home Office, Department of Health, 1999). The wider criminal justice attention towards PD is further reflected in the literature with texts such as Newrith et al. (2006) and Wilmot and Gordon (2011) devoting whole books to PD and serious offending and PD in secure settings respectively. However as Tyrer et al. (2007) note there is some considerable overlap between the different ‘clusters’ of PD and therefore it is possible that the political discourse around risk and danger could impact on all people diagnosed with PD.

Indeed, people diagnosed with PD are the most stigmatised by professionals, being perceived more negatively than people diagnosed with other mental illnesses such as schizophrenia or bipolar (Markham and Trower, 2003). It is likely that the political and theoretical inconsistencies identified above may directly contribute to these negative feelings, as a lack of understanding has been seen as a root cause of poor perceptions (Winship, 2010). Moran et al. (2006) identified team work, strong leadership and supervision, and Crowe and Carlyle (2009), an emphasis on seeing the individual beneath the diagnosis as some of the key components needed to counter negative views. However, although this evidence exists it may be difficult to implement a system that has been seen as not fit for purpose (Melia and Kirby,

2004) and within a discourse that perceives people diagnosed with PD as "manipulative difficult or attention seeking" (Hornstein, 2009).

In order to counteract these views some studies have been conducted which aim to understand the PD service user's experience of services. Though finding participants was difficult (Barlow et al., 2007), there was some evidence that service users find having a diagnosis unhelpful (Horn et al., 2007) or stigmatising, and argue that a more holistic approach to understanding the 'self' might be more beneficial (Stalker et al., 2005).

Another debate within the literature concerns the gendered bias of PD diagnoses. Generally speaking, women are more likely to be diagnosed with borderline personality disorder (BPD) and men with anti-social personality disorder (Evans and Allen, 2009). Women are assumed to direct their trauma inwards and self-harm (Clarke and Walsh, 2009), whereas men are perceived to be aggressive and violent (Sansone et al., 2011). In reality, Sansone et al.'s (2011) research shows that there may be no statistical difference between the number of men and women with PD who self-harm. In addition, it is still possible, although less common, for women with a diagnosis of PD to exhibit extreme violent behaviour and require restraint (Warren et al., 2002). Given this evidence, stereotyping is seen as an issue for people diagnosed with PD (Clarke and Walsh, 2009) and may limit the capacity for professionals to treat the individual in a person centred manner.

Given these debates and the on-going profile of PD in academic circles and the media, literature surrounding it has grown in recent years. Textbooks and journals are increasingly devoting chapters to PD in the same way as would previously have been expected for other mental illnesses such as schizophrenia. That said, the empirical literature is still limited (Miller and Campbell, 2010), which will cause a delay in the information which will find its way into textbooks. Indeed, Wrycraft (2009) includes information from another text published in 2000 in his text (Katona and Robertson, 2000), which is indicative of the delay on texts being up to date with the latest information.

This brief literature review has demonstrated some of the key debates surrounding PD, with much of the debate focusing on a negative discourse with an emphasis on risk, and in particular, the risk individuals diagnosed with PD pose to society. With

consideration given to these debates in the literature, as well as my own personal experience, an analysis of the literature in the nursing and social work fields may provide an insight into the discourses surrounding PD.

1.3 - Values Within the Professional Disciplines

As part of an analysis involving professional disciplines it is important to understand what the ethics and values of those disciplines include. Social workers and mental health nurses work together in multi-disciplinary teams or through general provision of mental health services and it is therefore important that professionals can interact together in a productive and collaborative manner. Both follow professional codes of practice which regulate the way practitioners in each discipline should behave and act. In the UK nurses follow the "6 C's" which are Care, Compassion, Competence, Communication, Courage and Commitment (NHS, 2012). Social workers follow the British Association of Social Worker's Code of Ethics (2012) and Health and Care Professions Standards of Proficiency (2012) which also emphasise similar values with the addition of challenging oppressive practice.

Both disciplines' codes implore the practitioner or student to adhere to values such as respect and partnership working when attempting to build a relationship with the service user. In both cases these codes have come about partly as a result of scandals involving actual, or perceived, deviance from these codes. For example in nursing the Staffordshire Hospital scandal (BBC News, 2014) and the exposure of the abuse at Winterbourne View learning disabilities hospital (BBC News, 2011), and in social work a number of perceived failings, in particular the death of Peter Connolly (Laming, 2009) which captured the media's attention in a particularly negative way. It should be noted that although these codes were written in response to these incidents, both disciplines have always believed themselves to have caring values and strive to treat people in a person centred way.

The two disciplines are not identical however, with social work sitting outside medicine and social workers being actively taught to be cautious regarding the 'medical model' (Titus, 2004). Additionally, social work has emancipatory values which can sit awkwardly alongside the coercive powers of the UK mental health system, particularly given the role social workers have when trained as Approved Mental Health Professionals. Mental health nurses sit within the medical model, are

actively involved with service users, particularly within inpatient settings, and part of their job role can actively involve them administering medication under restraint. As a result of these conflicts, both within and between the disciplines, there is likely to be some differences in their approach to personality disorder discourses.

Chapter 2 - Methodology

2.1 - Research Aims

In consideration of the literature review and the professional values of the two disciplines, this study will have the following objective aims:

- To determine the key discourses which feature in mental health nursing and social work literature that relate to personality disorder.
- To investigate in what ways these discourses are discussed differ between these professional roles.
- To consider the possible impact of these discourses on people diagnosed with personality disorder.

These aims will be met through a qualitative data analysis of the social work and mental health nursing literature using the methodology described below.

2.2 - Critical Realist Ontology and Interpretevist Epistemology

In order to analyse the literature concerned with personality disorder it is first necessary to consider the ontological basis for my methodology. Critical realism, which is an interpretivistic theory, takes account of the effects of social structures (Structuralism), while recognising the power of human agency. Critical realism was developed by Bhaskar (1986) in an attempt to overcome some of the issues and nihilism of post-modernist approaches to social science by providing an emancipatory foundation for social research. Critical realism has been seen by Sayer (2000) as having three main components. Firstly, that there are social and natural worlds and these exist regardless of our knowledge of them; secondly that what we do know is inseparable from our position in time and location; thirdly it is possible to promote some theories over others through rational argument (Scrambler, 2013).

Bhaskar and Danermark (2006) have illustrated the impact that the social and the natural worlds can have on an individual with an example of a person diagnosed with an eating disorder. This example can be reconstructed towards PD, and perhaps with a stronger case, given the pervasive impact mechanisms at these levels can

have. Furthermore “laminations” such as the social, psychological and biological, cannot be seen in isolation from one another, for example the biological roots of oppositional behaviour cannot be separated from the psychological behaviours, the social vulnerability and the cultural stigma faced by people with PD. This is not to say that one cause trumps another, nor that they are incrementally contingent on each other, but rather that they must be conceived in terms of integrative pluralism (Bhaskar, 1986); that they are inseparable in the experience of the individual; and will require a response at each level. An appreciation of this complexity and the recognition of the need for rational argument in research are necessary components of a process which is seeking to correct social wrongs and produce social change, and is embodied in the methodological approach I will be using for this research, Critical Discourse Analysis, which is described in Chapter 2.2.

Given these objective aims, a critical realist approach appears to be a more appropriate ontology than social constructionism. This is because although constructionism has provided a framework that seeks to understand society in terms of the way interactions between people at a certain time become “externalized, objectified and then internalized” (Berger and Luckman, 1991), this leaves little space for individuals to challenge socially constructed concepts, objects or situations, as all theories are seen as equally valid (Kenwood, 1999). In contrast to social constructionism then, critical realism emphasises the ability, and through Fairclough (2010) the need, for individuals to shape the society they live in through ‘agency’ which can promote one set of ideas over another. This ‘transformative power’ (Scrambler, 2013) allows humans to live within a social structure, but not become determined by it, which tallies with social work values of empowerment and challenging oppression. The possibility of change is important given the stigma faced by people diagnosed with PD and therefore embracing a critical realist paradigm may provide an opportunity to actively counteract structuralist accounts, which could leave people powerless to overcome socially constructed discoursal obstacles. Thus, although the social constructionist account does make a contribution by identifying that social structures have a considerable impact on society, in order to embrace the social justice and emancipatory aims of social work, a critical approach is required.

Critical realism also overcomes the limitations of positivism by arguing that, although there is a reality that exists independently from our own thoughts, these perceptions

will always be distorted by our own perceptions (Stan, 2001). As a result, it is not possible to ever fully 'know' about a concept, because epistemically, qualitative research involves an interaction between the researcher and the researched (Snape and Spencer, 2003). This is a particularly important consideration for research into PD which, given the contention surrounding it, may give the researcher inescapable, but not necessarily malignant, pre-conceptions. As positivist sociolinguistic approaches do not recognise this bias, they appear to negate the necessity for the researcher to acknowledge the impact their own interpretations may have on their results. As my aim in this research is to try to understand the discourses that relate to PD, which will likely include a significant degree of semiosis that requires interpretation, negating the need for reflection would not provide an honest analysis of the texts and therefore an interpretevist approach appears to be more appropriate.

The strengths of critical realism I have outlined lend themselves to social work research (Houston, 2001), and by being an ontologically unrestricted theory (Bhaskar and Danermark, 2006), a critical realist ontology presents an opportunity to successfully analyse a multi-faceted discourse such as PD at all of its levels.

2.3 - Critical Discourse Analysis as a Method

Critical discourse analysis (CDA) builds on the foundations of Critical Realism by accepting its basic premises and emphasising the role of discourse in creating the social world. It is an analysis of the relations between discourse and other objects, rather than discourse itself, and seeks to understand the way discourses interact with other objects to create meaning, or "semiosis" (Fairclough, 2010). This approach draws on the work of Foucault (2002) who identified the influence structures and power can have on society, particularly the mentally unwell. Foucault (1988) criticised psychiatry's positivism and claims of knowing the 'truth' about mental illness, particularly because of the power such claims grant over people who have been 'diagnosed'. This is important given the coercive power the mental health system commands, which permits the detention of a person simply for having an illness they have little control over. Fairclough however diverges from Foucault, by emphasising the role of 'agents', who pursue ideological hegemony for their favoured discourses through the use of semiosis. Hegemony is the process through which

elites construct alliances in order to dominate a given sphere, not by force, but through persuasion, concession and ideology. The process of persuasion involves the creation of discourses which universalise certain terms and ideas, beneficial to the power-seeker, in order that their agenda and aims subordinate and integrate towards their goals. Although hegemony requires a considerable degree of power, at the individual level, the recognition of agency's 'reflexive' action (Harrison Woods, 2012) provides an opportunity for a person to also shape a discourse, albeit in a limited way. Thus for Fairclough, nurses and social workers have a choice about the way they act to shape the discourses they work within, and are not merely controlled into a certain way of thinking, as Foucault (2002) might argue.

In this regard, Fairclough goes further than Bhaskar by imbuing his theory with a necessary emphasis on social change. He therefore describes a CDA methodology as having the following steps:

1. Focus on a social wrong in its semiotic aspect
2. Identify obstacles to addressing the social wrong
3. Consider whether the social order needs the social wrong
4. Identify possible ways past the obstacles.

PD is a contested medical, social and psychological diagnosis, and the treatment of PD is similarly challenged (Hornstein, 2009). For example, in order to be given a diagnosis of PD a significant degree of semiosis must occur. The DSM-V (American Psychiatric Association, 2012) refers to PD in terms of "impairments" which creates a discourse implying weakness. This sets people diagnosed with PD in negative terms from the outset, and this negativity has implications for the way 'genres', or semiotic ways of acting (Fairclough, 2002), surround these people in society. For example a manifestation of this negativity could be seen as a contributor to the negative attitudes professionals have towards people diagnosed with PD (Bowers, 2006; Suokas and Lonngvist, 1989; Sidley and Renton, 1996), which could be identified as a 'social wrong'. Fairclough's second process, identification of obstacles, involves using a source selecting and analytical methodology which I will now describe.

2.4 - Search Strategy

To identify obstacles to successful work with people diagnosed with PD, I will be critically analysing mental health nursing and social work literature. Although empirical research (Miller and Campbell, 2010) and literature more generally (MacFarlane, 2004), regarding PD has been seen as sparse, it is a growing field of perspectives and theories seeking to address it. A search of the Applied Social Sciences Index and Abstracts (ASSIA) database with a Boolean search of "personality AND disorder" produces 6388 results. To review all of these sources is beyond the scope of this dissertation and the sources would also likely include articles which are targeted at psychiatrists and psychologists, who have a different set of values and would not permit a clear comparison between only social work and nursing literature. From my literature review I was also conscious of the potential importance of the "No Longer a Diagnosis of Exclusion" guidance (NIMHE, 2003) to changing the discourses surrounding PD. I therefore limited my searches to sources published after 2003. Also, although it is normal practice to discuss search results in the results section, my search was an iterative process (Webber, 2011), which included analysis as the search was conducted. This method shaped my search results and aims and it will therefore be discussed here.

To focus on social work and mental health nursing, I carried out a search of the British Journal of Social Work (BJSW) and Nursing Times. The BJSW is the most often cited journal in social work literature (Hodge et al., 2012) and Nursing Times the most read in nursing literature. These journals would therefore be most likely to reflect the key discourses surrounding PD. During the critical appraisal process (Aveyard, 2007) I noticed that the journals often focussed around a specific issue, such as risk (e.g. Laird, 2004; Pritchard et al., 2013). I reflected that these journals may contain niche discourses, with articles selected for their use of innovative material. Due to their specificity, these articles would likely have limited hegemonic potential and would have an impact only on those who may have already been looking for the information. Therefore, although these journal articles will be included in the analysis, they will not be weighed as heavily as textbooks.

Textbooks provide students or practitioners with an overview of their field (Harley, 2008). Most courses will have a required reading list and it is likely that values

formed at the start of an individual's course will have a significant impact on them as they progress in their practice. As a result, textbooks aim to capture the key discourses regarding their chosen field, go through a publishing review process, and will be disseminated to students via reading lists compiled by academics. Given the potential readership, there is an onus on authors to write accurately and cover the necessary ground. This makes them prime candidates for my analysis as they will have considerable discoursal power, and therefore hegemonic potential, and the author will want to include key discourses. As not all Universities will choose the same textbook, I conducted a Google search for reading lists in mental health nursing and social work. I chose a variety of both Russell Group and newer institutions and compared their lists. Some texts such as Barker et al. (2009) (5 times) and Callaghan et al. (2009) (4 times); featured in multiple lists and will therefore feature prominently in my analysis. A record of these reading lists can be found in Appendix 2.

I think it is worth mentioning at this stage the point that Fairclough (2003) makes when he writes, "what is said in a text is always said against a background of what is unsaid". I think it was telling that even recent, general mental health texts lacked any reference to PD. While it is not possible to fully analyse text that does not exist, the lack of any mention to PD may indicate a certain level of semiosis through selection of certain discourses over others (Chiapello and Fairclough, 2002). Moreover some of the texts contained only a single reference, in a table for example, which also has a semiotic effect. This concept will be returned to in the analysis section below, but I feel it is important to highlight it here as it was noticeable in the method.

2.5 - Analysis of the Data

Once data gathering was complete the data needed to be identified as discourses, which will be the foundation of this research study. As mentioned, discourses have been seen as the way perspectives make meanings about social events or objects. A formal definition of the term discourse, drawing on Foucault's ideas is, "a form of power that circulates in the social field and can attach to strategies of domination as well as those of resistance" (Diamond and Quinby, 1988, p.185) and this is the definition that will be used for this study. Discoursal power can be contained in texts or institutional practices and as Chapter 1 identifies, opposing groups have used

power both to implement and counteract potentially oppressive practices directed towards people diagnosed with PD. In order to develop a detailed focus on this power, I will need to identify singular discourse ‘strands’ which may be interwoven as ‘discourse knots’ (Jager and Maier, 2009). I will do this by reading the texts a few times to identify themes. These themes might involve particular words or concepts which may relate to one another in terms of internal and external relationships (Fairclough, 2003). Internal relationships are described as:

- Semantic - the relations between words and longer expressions.
- Grammatical relations – the way words are joined together to form a new meaning.
- Relations of collocation – words which are put together to form new meanings which have social meanings attached.
- Ponological relations – in spoken language, the inflexions which are used.

External relationships are concerned with the way these texts are linked to other social events and social practice. My analysis will be concerned with the semantic, grammatical, co-locational and external relations. As none of the texts I will be using contain audio recordings a ponological analysis will not be appropriate.

In order to achieve this, I imported articles into the qualitative data analysis software NVIVO 10 (Available from: http://www.qsrinternational.com/products_nvivo.aspx). NVIVO allows individual words, paragraphs or chapters to be assigned as a ‘node’. This could be a theme, or in this case a certain discourse. These discourses can be assigned as ‘nodes’ and ‘sub-nodes’ to show the relationship between nodes and gave a visual representation of the links between discourses. I was also able to use the word query functions of NVIVO to see how often certain words or terms were referred to and then returned to the text to see if there was any further information to be gathered from that section. In line with my second research aim, I first analysed texts which were specific to social work or nursing literature and then cross-compared these results to see what differences and similarities could be found between them. These results can be found below.

2.6 - Limitations of the Methodology

An interpretivist method such as CDA requires the researcher to make judgements about the texts being analysed. It is important for the researcher to reflect on their research in order to understand upon what basis they are making statements (Alvesson and Skoldberg, 2009). Although this research will aim to be as frank and honest as possible, the possibility still remains that errors will occur.

My study is also limited through the selection criteria I used for the sources. Although these appeared to be the best option for reviewing the literature without the study becoming too big, they only give an indication of the current discourses surrounding PD and not a review of the whole literature. That said, the sources I have chosen present a 'face-value' summary of the literature which can be found without conducting a detailed search. This was particularly relevant to Golightley (2014). This book contained no direct reference to "Personality Disorder" and thus was excluded from my research. Golightley does however discuss psychosocial causes in general and this information could therefore be inferred to relate to a social illness like Personality Disorder, though this is not what he is referring to, even indirectly. Although this might have provided an interesting alternate perspective, and the choice of psychosocial *illnesses* over personality *disorder* was likely a conscious choice, a casual search for information about PD specifically would be unlikely to see the book and seek more information. Thus, the term personality disorder has become a discourse in itself, and the use of the term 'disordered' has already gone through a process of semiosis. This social structuration process (Chiapello and Fairclough, 2002) has created an ideology regarding PD which will require a considerable degree of counter-discourse formation to overcome it.

My method should find the texts which are most likely to be found by practitioners in the field and students who are yet to specialise, and who are unlikely to embark on a detailed search to find relatively unknown sources. Moreover, agents in pursuit of hegemony will try to form alliances to integrate or sub-ordinate other people to their ideology (Chiapello and Fairclough, 2002), and therefore the most accessible texts will also be more likely to promote discourses which have a wide impact. To summarise, although there may be texts that contain discourses which fall outside this study, it is an attempt to capture the most important discourses in the two

disciplines and make a comparison, which I hope to have achieved effectively, subject to the limits of finding the ‘truth’ through an interpretevist approach.

Chapter 3 - Data Analysis

3.1 - Discourse Themes

In this chapter I will critically analyse the data I collected using the CDA methodology I have described above.

The three main discourse themes I identified from the data collection and iterative analysis process were:

- The disputed nature of the diagnosis, “personality disordered”.
- The way people diagnosed with personality disorder are described as individuals.
- Approaches to treatment and engaging people diagnosed with PD.

3.2 - Personality Disorder as a Disputed Diagnosis

One of the discourses which featured in the research was the disputed nature of personality disorder as a valid diagnostic criteria. Texts within both disciplines would generally begin a chapter about PD by introducing it using words such as, “problematic” (Karban, 2011); “controversial” (Gould, 2009; Wrycraft, 2009; Sale and Brody, 2006); “wrong” (Tickle, 2009) and even “dustbin diagnostic category” (Tew, 2005, p.33). Although these meanings were ‘collocated’ (Fairclough, 2003) to the diagnosis, rather than the individual; by using negative language about the diagnosis of ‘personality disordered’ the individual will also be impacted. This is because the diagnosis and personality are one and the same, or in other words, the described symptoms of PD encompass the “essence of the individual” (Tickle, 2009); with social, biological and psychological mechanisms acting on them at multiple levels (Bhaskar and Danermark, 2006). Authors may have used such emotive language in order to discredit a term which they disagree with. However, whether in reality PD exists or not, “…having an academic debate about whether personality disorders exist…risks condemning [service users] to the periphery of…mental health services” (Sale and Brody, 2006) and therefore it seems unnecessary to frame the discussion in these terms as it risks creating a ‘social wrong’. By using negative language from the outset, the debate is immediately focused in the reader’s mind in negative terms, which will have semiotic implications on their interpretation of the discourse as they learn more about it, regardless of more positive terms being used later on.

It was noticeable that a few nursing texts used less evocative language, for example Evans and Allen (2009) and Melia and Kirby (2004). Although both disputed the diagnostic credibility of the personality disorder diagnosis, their critique remained focussed on scientific terminology, which strayed into neither emotionally charged language, nor denigrating the individual. This was not true for all nursing texts however. Gelder (2006 p.128) featured in a number of nursing reading lists and using extremely emotive terms. This text even highlighted phrases in bold, such as "callous lack of concern", "shallow" "impulsive" "lack of guilt or remorse" when referring to Anti-Social Personality Disorder and none of the description featured any strengths based terms, despite advocating strengths and positivism as an important engagement method later in the chapter. When considered in terms of external relationships (Fairclough, 2003), this phraseology is particularly concerning given the discoursal power psychiatry maintains in society, as it's apparent scientific claims, though based on statistics rather than pathology (Melia and Kirby, 2004), will likely command a near hegemonic influence on professional attitudes.

The majority of the nursing texts avoided such terms while also adopting a scientific approach, using terms such as 'aetiology, 'symptomology' (Melia and Kirby, 2004) 'functioning' (Evans and Allen, 2009) and 'classifications' or 'clusters' (Wrycraft, 2009); however this also presented its own issues. The use of scientific language, particularly through descriptions of the clusters, may have been an attempt to adopt a 'style' which emphasised empirical testing and scientific rigour (Fairclough, 2010, p.61). Science is often considered to be 'truth' (Kitcher, 2001, p.4) and by using a scientific 'style' the reader is drawn to believe in its claims. The positivism of science may appear to be 'pure' and free from the influence of moral and political values (ibid., p.5). However use of any 'style' is likely to have ideological roots and hegemonic aims, though these may not be obvious to the reader (Fairclough, 2010). This could be seen through the nursing texts' treatment of the various 'clusters' of PD. These were emphasised in the nursing texts, which often provided a list of symptoms, giving the reader the opportunity to match the individual to particular traits as identified by a seemingly infallible scientific method. Foucault (1988, p.135) criticised psychiatric positivism for this approach because it identifies symptoms and frames them as 'truth', instead of first observing the individual and trying to explain their behaviour. Aside from the aforementioned issue of such analysis being

statistical (Melia and Kirby, 2004), these sterile clinical descriptions can themselves lead to stereotyping and may exist at the expense of colourful and varied individual experience (Haslam, 2006). It may be the case that the clusters do represent distinct forms of PD, however most of the nursing texts took these clusters for granted and did not challenge their claims. This constant search for a diagnosis may be to the detriment of opportunities to understand how an individual's ability to function is affected by their distress, embodied in Bennike's (2015) argument for the use of the ICF (WHO, 2007) over the ICD-10.

To avoid this, the social work literature tended to challenge blind adherence to criticised diagnostic clusters (Gould, 2009) which could lead to people with challenging behaviour becoming diagnosed as 'ill' and hospitalised, rather than assisted in the community (Campbell and Davidson, 2012), which appears to demonstrate social work emancipatory values. This might be a genuine attempt by the social work literature to challenge something they perceive as a socially constructed mental illness which is attempting to cordon off a group of people from wider society (Szasz, 1987), however it may cause the reader to question whether the illness exists. Historically these kinds of attitudes have led to people diagnosed with PD being excluded from mental health services (Hopkins, 2007; Clarke and Walsh, 2009; Gould, 2009), which left them without support as there were no other services to support them. Some of the texts emphasised that generic mental health services may not be appropriate for people diagnosed with personality disorder (Lamphe and Hickey, 2012; Brown et al., 2007), and indeed in recent years there has been a push for PD specific services to be formed to counteract this (NIMHE, 2003). However the fact remains that people who are facing mental distress may have a mental illness. If professionals are guided by the academic discourse to discount a possible medical cause of their distress, then people in need of help may be prevented from receiving the support they require within the biological and psychological laminations of their experience (Bhaskar and Danermark, 2006).

The majority of texts accepted that PD exists at some level, despite their initial hesitation. An exception was Golightley (2014) who did not discuss it despite dedicating a chapter to other major mental illnesses. While this social work text appears to be an outlier, it was noticeable that a number of other texts in the social work and nursing literature (Gamble and Brennan, 2006) only briefly discussed PD,

for example by featuring it in a table with other disorders and not devoting a whole chapter to it. Pritchard et al. (2013) situated their brief discussion in particularly negative terms by describing men who have severe personality disorders, not only as lacking a mental illness, but also being more dangerous than people with other mental illnesses. As mentioned above, it may be the case that some social work authors dispute the diagnosis' existence, however by failing to engage with the medical literature, social work becomes unable to add its "vital counterbalancing role" (Allen, 2014) to the debate in a positive manner. On the other hand, the nursing texts did not dispute its existence, but when they made their limited references to PD, it was located alongside other, negatively perceived concepts, for example directly before a section on substance misuse (Gamble and Brennan, 2006). None of the texts situated their brief reference to PD in a section on the benefits of good relationship building for example, which further contributed to the negative environment PD tends to be collocated within.

One Nursing text, which featured in most reading lists, was fairly successful in addressing both issues. Crowe and Carlyle (2009), who are both psychologists, critiqued the diagnosis, while also recognising that people diagnosed with it are vulnerable and require support. They did not allow negative language to fill lengthy paragraphs before metering it with positive terms. They were also careful to focus their critique of the diagnosis in non-personal terms with a discussion about the validity of the idea of a normal personality and the weakness of the clusters. This helped to reduce the potential impact on individuals diagnosed with PD, whilst also accepting that there are some problems with the diagnosis itself.

There may therefore be an onus on both disciplines to frame their approach to the diagnosis in less pejorative and emotive terms, regardless of their attitude towards it, in order to avoid unduly stigmatising the person with that diagnosis. Moreover, the negative environment is not created by uncontrollable forces of social construction, but is instead the product of an author's, or 'agent's', conscious choice to write using certain words. Negativity towards the diagnosis can be seen in terms of Fairclough's (2010) 'social wrong' because of the impact it can have on an individual. Use of such terms early in the text, may represent an attempt by authors to excite the reader by focussing on a 'controversial' issue which can capture their attention. Alternatively, it may be necessary for advocates of the opposing medical and social models of

disability to adhere to their given schools of thought. Both of these reasons for describing PD in this way fit with my definition of discourse as a strategy of rebellion or dominance, however it seems difficult to accept that that the social order requires such a negative approach. In Chapter 2 I discussed the power of agency and this seems to be an indication of the way an individual can shape the discourse. Authors with anti-oppressive objectives should therefore be mindful of perpetuating negativity, even if their aim is to describe other's work, because the continuous highlighting of negativity only serves to reinforce stigma which is already pervasive.

3.3 - The Person Within A Personality Disorder

Another key feature within the literature was an attempt to describe what a person with PD is like. These descriptions were not always explicit, but there were numerous sweeping statements about the possible ways PD can manifest itself. Stereotyping is once again a concern, however it is perhaps not surprising that description featured heavily, particularly in nursing texts, given the diagnostic and positivistic roots of medical diagnosis. The descriptions of individuals who may have PD can be divided into two main areas. Firstly, that people can be problematic, deviant or troublesome for services and their loved ones; and secondly that people can be vulnerable, both from their own behaviour, and from that of others.

The social work and nursing literature differed in the way they approached the issue of problematic behaviour and risk. First it can be noted that Brown et al. (2007) caution against the use of behaviour to describe personality as it risks focussing on negative behaviours and can lead to people being characterized in blanket terms (Hinshaw and Stier, 2008). Nevertheless, given the impact that the behaviour of people who are traumatised and unwell can have, it is important to give risky behaviours consideration. Within this consideration, the social work texts tended to begin, after the initial interest capturing language phase described in Chapter 3.1, by describing some of the root causes of PD, for example the individual having suffered abuse in the past, which caused them to develop maladaptive coping strategies. This is important to recognise, but it was notable that when discussing childhood trauma, Plumb (2005) mentions the term personality disorder only when collocating it to terms such as "attention seeking and manipulative" (ibid., p.117) and an "inability to grieve, need to control, anger, self-harm, overdose suicide and suicide attempts"

(ibid., p.123). This language is reminiscent of that used in Hare's Checklist (2003), however given this tool is normally used in forensic settings (Brown et al., 2007), relating these terms to someone without a criminal record is likely to discount any of the more sympathetic terms used earlier in the chapter about the individual's early life. This might cause the reader to identify the person they are working with, who has been diagnosed with PD as a psychopath, rather than someone who has suffered childhood trauma. Plumb does add level of semantic explanation by saying that these features "can" be described as PD, which is softer than saying they "will" have such symptoms, however direct discussion of potential vulnerability and PD did not feature.

Nursing texts, on the other hand, tended to describe individual behaviour in their opening gambit, also falling foul of Brown et al.'s (2007) warning, and providing none of the early life explanations. Problematic phrases, which tended to be semantically framed through saying individuals "will", rather than "may" included being, "irritable, demanding, hostile, fearful or manipulative" (Evans and Allen, 2009, p.281); "causing angst and disharmony" (Melia and Kirby, 2004); and "chaotic" (Wrycraft, 2009, p.42). These descriptions are similar to those found in the DSM-V and ICD-10, which may explain their ubiquity, however the result is a marking out of the individual in thoroughly negative terms. There was no discussion of the fact that a person diagnosed with PD could be funny, creative or intelligent, which may be representative of Brown et al.'s (2007) identified limitation of diagnostic criteria. However the texts themselves did have the opportunity to highlight possible positive characteristics outside the 'clusters' if they chose. This demonstrates a potential 'style' that 'agents' could use, however it was lacking within both sets of texts, and particularly in nursing.

Risk related to criminal justice was also considered in the literature and in particular the pre-emptive detention of people diagnosed with Dangerous and Severe Personality Disorder (Peay, 2011). This was mostly a focus of the social work literature who criticised such a draconian response to the issue (Tew, 2005). Criminal justice and PD seem to be entwined with one another in the wider social discourse and it is notable that the Knowledge and Understanding Framework was commissioned by the Department of Health *and* the Ministry of Justice (Emergence Plus, 2015). Dangerous and Severe Personality Disorder (DSPD) was particularly

closely related with the criminal justice system, in most part due to both discipline's revulsion at government policies which intend to move these individuals from hospitals to prisons (Nursing Times, 2011). Given the values within the professional codes it is perhaps unsurprising that this idea was criticised, however when discussing DSPD, Karban (2011) and Nursing Times (2011) used the term interchangeably with 'personality disorder' and 'anti-social personality disorder'. Stigma against people with DSPD may be harmful to them, however it is also harmful for authors to confuse different clusters of the diagnosis, which may devalue the identity of someone who has been given a particular diagnosis and cause them to be identified as a 'psychopath' without justification.

One of the risks of marking out an individual in this way is the dehumanizing effect it can have. Haslam (2006), has theorised about de-humanization and in doing so, has summarised characteristics which are "uniquely human". These include having refined emotions (Leyens et al. 2001), self-control, (Gosling, 2001) and morality (Schwartz and Struch, 1989), all things which are described in the literature as lacking for someone diagnosed with PD. Although mental illness is in many ways uniquely human and has existed for far longer than we have been able to describe it (Hinshaw and Stier, 2008), by denying apparently 'positive' features of human nature to a person, Haslam (2006) believes they will be seen as "nonhuman", with an impact on the professional's levels of empathy and causing them to distance themselves from the individual psychologically. This process will lead to the simplification of an individual, in this case to a cluster based PD diagnosis, where assumptions can be made, which may transcend their actual observed behaviour. Clarke and Walsh (2009) describe this effect through professionals becoming dismissive and rejecting once they hear that someone has the diagnosis, before they have had a chance to work with them, something which also tallies with my own experience in a mental health service.

An exception to this treatment was Womble (2015) who tempered his language, for example by saying "personality traits are *seen* as negative" (ibid, p.186, italics added); or by referring to the difficulty an individual might have in "adapting to the world around them" (ibid.). Furthermore he focuses on describing the *disorder,* rather than the individual. This reduces the feeling that the text is a personal attack on someone who is unwell, and instead considers the impact this illness will have upon

them. The social work texts, for the most part, also focused on the external impact upon the individual with PD, and shied away from stereotypical descriptions of extreme behaviour. Their language was softened, for example referring to “difficulty coping” (Sale and Brody, 2006), rather than being “difficult” (Bhebe and Fuller, 2009). These small semantic changes by agents do have the potential to shape the discourse in more positive terms through the subliminal effect they have on the reader, which can reduce stigmatising effects in a positive way.

Reassuringly, both sets of texts addressed the vulnerability of people diagnosed with PD at some length. A majority gave time to discussing childhood abuse as a key factor which could cause PD. Phrases such as “distress” (Womble, 2010, p.186); “powerlessness” (Tew, 2005, p.81) and the risk of suffering “harassment” (Karban, 2011, p.141) were also used, and these phrases were collocated to the individual rather than the diagnosis. This ought to be beneficial in reducing stigma as it should promote compassionate feelings within the reader (Hinshaw and Stier, 2008) and reduce dehumanising effects (Haslam, 2006). Further humanisation was demonstrated, for example in Karban (2011), Clarke and Walsh (2009) and Campbell and Davidson (2011) who used named case study examples to illustrate the human element of PD. These case studies allocated names and identities to individuals which could assist the professional to identify with the person and empathise with them at a human level.

The human element could also be seen through discussions about gender and race. As mentioned in Chapter 1, PD is a heavily gendered diagnosis, and there were a number of references to this in both sets of literature, where it was considered in a similar way. Before I analyse this information it is important to note that although some of the texts did examine gender issues, it was by no means a majority, with many ignoring the issue completely, even concerning the much commented upon bias to diagnose women with BPD. By doing this the literature risked ignoring a key factor which may contribute, both to the causes of developing PD, and also to potential avenues for treatment.

The texts which did deal with gender mostly focused on women. These accounts focussed on past trauma, particularly sexual abuse, as a common cause of PD (Crowe and Carlyle, 2009; Brown, et al., 2007; Gould, 2009; Karban, 2011). They

described the distress women might face through symptoms such as instability in mood and being emotional, which could lead to them having unstable relationships (Brown et al., 2007) and living out a 'life script' (Hardy, 2012) of self-destructive behaviour. Wright and Owen (2001) argue that describing women as emotional in this way causes them to remain subordinated to men, with effects on their self-efficacy and power.

The women's' literature also highlighted the way trauma causes women to try to develop coping strategies such a self-harm which, even once the trauma subsides, may still be evident. The tone of these texts was sympathetic, rather than patronising, to the plight of these women and demonstrated this by focussing on the fact that their behaviour was caused by other's actions, rather than their own poor choices (Hopkins, 2007; Gould, 2009). Gould (ibid.) also highlights women's readiness to seek help, which contrasted with the majority of the literature which sees people diagnosed with PD in general as struggling in this area (Evans and Allen, 2009; Womble, 2015; Campbell and Davidson, 2012; Karban, 2011). It therefore seems that women receive a generally empathetic response in the literature. And, while they may still be affected by the general negative statements identified in the previous section, the term "women" was generally collocated with a more positive and thoughtful analysis, which demonstrated "real life, everyday pain" (Hinshaw and Stier, 2008). This is important to improve professional empathy, and, as women's' mental health policy has generally been focussed on addressing depression (Stanley and Cox, 2009), an increased academic recognition of these issues could have positive influence on future policy.

Men, on the other hand, received much less attention throughout the literature, and when they were considered, were collocated with the heavily stigmatised Anti-Social Personality Disorder (Evans and Allen, 2009; Brown, et al., 2009), violence (Warner and Gabe, 2008) and criminality (Crowe and Carlyle, 2009). It is notable that some of these sources were the very same which collocated women in more positive terms, which explained their behaviour in terms of distress caused by trauma. Only one of the sources gave men the same treatment, despite the fact that boys, as well as girls, can be the victims of sexual abuse, and are more likely to be the victims of physical abuse (Thompson et al., 2004). Though Thompson et al. (ibid.) found that this abuse is likely to have a greater long term impact on girls than boys, to disregard

it as a possible cause of PD related behaviours may lead to a lack of sympathy and empathy for them, leading to a 'style' of working (Fairclough, 2002) which is rejecting and exclusionary. This could be particularly damaging for someone who is struggling to cope because their life is likely to have been filled with such rejections. Thus, by facing further rejection they may become caught in a cycle, whereby the initial stigma causes challenging behaviour, which leads to further rejection and further difficulty for the individual (Karban, 2011).

Another neglected issue in the literature was race, which was only given direct attention in the PD social work literature, and then only in two cases in this sample. This limited attention unfortunately seems to justify Ferns' (2005, p.129) fear that Black perspectives are an "add on feature" in mental health literature. Somewhat ironically Ferns' chapter, which deals directly with mental health and race, gives time to black experiences of schizophrenia, but not to the 'add on' diagnosis of personality disorder which is underdiagnosed in this group (Raffi and Malik, 2010). That said, Campbell and Davidson (2007) did provide a particularly interesting case study about "Derrick", a black male with a diagnosis of BPD. This case study created an identity which is unusual in both the literature and reality, as males are under diagnosed with BPD, and black males of PD in general (Brown, et al., 2007); though the texts did not explain why this might be. The texts approached Derrick in a holistic and sympathetic manner which took into account his upbringing and the causes of his distress. However despite its novel approach, the text's discoursal power was limited by being the only source to do so. Thus while agents can influence discourse, a single agent is likely to be limited if they are challenging commonly held beliefs, which are limited by social practices (Fairclough, et al., 2004). Though other sources in literature not covered by this study may take race into account, it does appear to be a limited area of interest for social work and barely accounted for in nursing literature.

3.4 - Treatment Methods

The final area analysed was the literature's treatment of methods for treating and supporting people diagnosed with PD. The services that work with people diagnosed with personality disorder are a key 'genre' which impacts upon individuals. However before these are considered it was notable that the literature differed in the impact it

believed such treatment and engagement could have on the individual and these issues will now be discussed.

As mentioned, historically people with personality disorders have struggled to access services due to limited awareness among professionals (Lamph and Hickey, 2012). From the literature it was apparent that this limited awareness also extended to author's understanding or optimism for treating the condition. The majority of the texts identified PD as difficult to treat (Gould, 2009; Gelder, 2006; Evans and Allen, 2009; Crowe and Carlyle, 2009; Nursing Times, 2006; Womble, 2015), and these texts questioned the chances of someone making progress. Some of these texts, such as Crowe and Carlyle (2009); Melia and Kirby (2004) and Brown et al., (2007) blamed the lack of appropriate services for this, whereas Womble (2015) blamed the individual for not adhering to their treatment plan. Although the former approach reduces the chance of the individual being made responsible for any issues that might be encountered, by identifying that services are ineffective and inappropriate, the assumption that people diagnosed with PD cannot be treated may remain in professionals' minds. It is therefore important to frame criticisms of treatment options carefully in order to highlight possible areas of work which can be effective, such as in reducing self-harm (Sale and Brody, 2006), or ways in which services can be improved, through the increasing use of group therapy for example (Vandiver, 2008), rather than only stating that current services aren't useful.

Despite these reservations, the literature was united on methods which could be effective for someone diagnosed with PD. All of the texts that dealt with the issue of engaging with someone diagnosed with personality disorder emphasised the need for the 'whole team' (Hopkins, 2007) to form a trusting professional relationship with the service user (Gelder, 2006), though it was recognised that forming such a relationship might be difficult (Evans and Allen, 2009). Though not all texts mentioned it, both disciplines agreed that Dialectical Behaviour Therapy (DBT) could be an effective, evidence-based treatment (Vandiver, 2008), particularly for BPD (Neville, 2014), or in secure settings (Campbell and Davidson, 2012). In the 'treatment' section, many of the texts emphasised the need to build on strengths, as well as addressing negative behaviours (Gelder, 2006). This mention of strengths in 'treatment' was unusual compared to other sections of the literature and although referring to strengths might help to reduce stigma, there was limited discussion of

what these strengths might be. In a discourse so dominated by identifying specific negative behaviours, specific mention of positive characteristics would not go unnoticed, for example as Southwick et al. (2011) do by identifying resilience as a key strength for people recovering from mental illness.

Though Tyrer (2004) has stated that PD symptoms reduce with age, none of the texts recognised this, with Womble (2015) and Gelder (2006) only emphasising the 'lifelong' nature of PD, which would make it difficult to treat. Additionally, Evans and Allen (2009), Callaghan et al. (2009) and Hopkins (2007) emphasised that there may be no cure for PD, but also argued that people can be helped if given enough support. This was reassuring and stood in contrast to the more negative language used in other parts of the literature. This therefore provides some hope that over time negativity towards the potential for progress may subside and lead to better outcomes for people facing difficulties as a result of a personality disorder.

Chapter 4 - Conclusions and Recommendations

4.1 - Introduction

As identified in the introduction, my aim in conducting this research was to investigate the differences between social work and mental health nursing understanding of PD. In order to do this I used a Critical Discourse Analysis in order to answer the following research questions:

- To determine the key discourses which feature in mental health nursing and social work literature that relate to personality disorder.
- To investigate in what ways these discourses are discussed differ between these professional roles.
- To consider the possible impact of these discourses on people diagnosed with personality disorder.

4.2 - The Key Discourses

In terms of the first research question, I was able to identify key discourses in the literature, which were: the disputed nature of the diagnosis ‘personality disorder’; the ways in which people diagnosed with personality disorder were described; .and the ways in which treatment can be provided to individuals with the diagnosis.

With regards to disputes about the disorder, consideration was given to the language used to describe the disorder, which was generally negative. Also because most texts began by introducing the disorder, this negative language featured from the start. There was also discussion about whether the diagnosis does exist and what impact such a debate may have on an individual diagnosed with it.

The literature also sought to describe an individual with personality disorder. Texts which attempted to do this framed their discussion in terms of the risk an individual might pose to others, their vulnerability from others or towards themselves, and identity. Vulnerability was identified as a consequence of childhood abuse, leading to maladaptive coping strategies, and risk was particularly closely associated to the criminal justice system. Within identity men and women were treated very differently, with women being given more sympathy for their condition and men being seen as dangerous. Race was given very little attention.

Treatment methods examined social systems and their inadequacy and generally advocated for an approach which built trust and provided consistency for the individual.

4.3 - Differing Approaches To The Discourses

In terms of my second research question, comparisons were drawn about these themes, with differences of emphasis and degree being identified. Perhaps understandably the nursing literature embraced the principle of the diagnosis and only criticised the way it was used. The social work literature was more critical and questioned the validity of a diagnosis which indicates a person's personality is at fault. The language used by the disciplines differed, with nursing adhering to more scientific language and social work adopting more emotive terms, which could have similar negative effects on the service user.

Within the two disciplines' attempts to describe a person with personality disorder, the social work literature's approach was relatively negative, by making less sweeping statements about the individual than the nursing. This was because nursing adopted a style which framed its discussion in positivistic diagnostic terms, where generalised statements of symptoms are the norm. This had an impact on the discussion of gender and race, with social work granting more attention to identity issues and individual differences than nursing, which focussed more heavily on the categorisation of the individual. The discussion of risk was similar, however the social work literature sought to explain risk and vulnerability as being a result of childhood trauma, whereas the nursing literature only described the individual as they were at the current time, with the disorder.

Both sets had reservations about the effectiveness of treatment options for PD and there was no major difference in their approach to this issue. Both sets also agreed that trust and consistency were key factors which would need to be in place in order to best support a person experiencing trauma as a result of the disorder.

4.4 - Impact On The Individual

The resultant impact on the individual is difficult to identify, however my analysis indicated a number of potential effects. These effects were largely negative and may

therefore be interpreted in terms of a ‘social wrong’ (Fairclough, 2010), which requires attention.

Aside from treatment methods, the discourses in both disciplines contained mostly negative language. This language could be seen directly in the semantic interaction of negative terms such as ‘manipulative’ and ‘aggressive’. Co-locational negativity was also observed in the words PD was associated with, as well as the place its chapter had within a given text. This negativity has a subliminal impact on the reader, particularly given it often featured at the beginning of a section about PD. This negativity could impact on professional opinions and lead to prejudice which could have implications for the way professionals work with people diagnosed with personality disorder. Such language does not appear to be necessary, except perhaps, in order to justify the detention of a group of people that society is uncomfortable with, which would not be in line with social work or nursing values.

Following this negativity people diagnosed with PD may also be stereotyped through the way they are perceived as an individual. Nursing literature was more prone to this stereotyping through its use of diagnostic criteria. These criteria risk ignoring identity characteristics which do not fit into those described by personality disorder, such as gender and race. That said, obtaining the diagnosis may now allow people to receive help and support where they may not have been able to in the past. Another important consideration is that this assistance may be limited by social work’s lack of recognition for the disorder. Indeed, while the diagnosis may not be helpful for everyone, in some cases it may make up an important part of their identity, and therefore should be recognised by social work in the same way that other identity characteristics are valued regardless of the importance they are given by policy or social care systems. This recognition of the person is an important social work value (BASW, 2012) and has clear benefits for engagement and relationship building. It may therefore be important to lay aside academic disagreements in order to effectively work with people who need support.

More positively, both sets of literature had encouraging things to say about treatment options. Although there was some doubt about their current effectiveness, there was hope for the future. There was agreement that trust and consistency were key in order to facilitate better outcomes for people diagnosed with the disorder. It is hoped

that in time this positivity will filter down to professionals working in the field who will be able to use the optimism to boost their resilience when working with individuals who are experiencing distress.

4.5 - Recommendations for further research

In order to embrace the objective aims of a critical discourse analysis it is important to identify ways to address the social wrong identified. Before I do this it may be helpful to identify that both disciplines do have opportunities to learn from each other. Both disciplines have caring values, however they both seem to fall foul to more coercive elements which surround them. Nursing runs the risk of being overwhelmed by medicalisation which removes the worker from the individual and could make caring work more difficult. Social work avoids this issue but does so at the expense of potentially useful medical input. In general terms the two disciplines have values which are crucial for working with vulnerable people and they both therefore need to immerse themselves in these values when discussing an issue like PD.

- Research should consider the language used the underlying stigmatising effects this can have on the reader and the individual. Agents have a choice about the language they use and therefore this is a small change which authors can make which does not require drastic policy changes or boosts in funding.

- Research may also wish to locate and work with individuals diagnosed with personality disorder to improve the knowledge and understanding about them. These studies could be collaborative, but at the least should aim to highlight that people diagnosed with personality disorder are *people* and as such have their own identities which should be valued.

- As the literature queried the effectiveness of treatment options there is clearly scope for more empirical work to assess its effectiveness. It is likely that current approaches are effective, however there will always be doubts unless empirical evidence is obtained.

Bibliography

Allen, R. (2014) **The Role of the Social Worker in Adult Mental Health Services**: London: The College of Social Work.

Alvesson, M. and Skoldberg, K. (2009) **Reflexive Methodology: New Vistas for Qualitative Research: New Vistas in Qualitative Research.** 2nd ed. London: Sage.

American Psychiatric Association. DSM-5 Task Force. (2013) **Diagnostic and statistical manual of mental disorders : DSM-5.** 5th ed. Arlington, Va.: American Psychiatric Association.

Barker, P.E.A. (ed.) (2009) **Psychiatric and mental health nursing the craft of caring.** London: Hodder Arnold.

Barlow, K., Miller, S. and Nortin, K. (2007) Working with people with personality disorder: utilising service user' views. **Psychiatric Bulletin** 31 (3): 85-88.

BBC News (2014) [Online]. Available from: http://www.bbc.co.uk/news/uk-england-stoke-staffordshire-20965469 [Accessed 08/16 2015].

BBC News (2011) **Undercover Care: The Abuse Exposed.** [Online]. Available from: http://www.bbc.co.uk/programmes/b011pwt6 [Accessed 08/16 2015].

Bennike, M. (2015) "Working with people who are refugees and suffering from PTSD (post-traumatic stress disorder)", **International Federation of Social Workers European Conference 2015** 08/09/2015 Edinburgh: IFSW.

Berger P. Luckmann, T. (1991) **The Social Construction of Reality: A Treatise in the Sociology of Knowledge.** London: Penguin.

Bhaskar, R. (1986) **Scientific Realism and Human Emancipation.** London: Verso.

Bhaskar, R. and Danermark, B. (2006) Metatheory, Interdisciplinary and Disability Research: A Critical Realist Perspective. **Scandinavian Journal of Disability Research** 8 (4): 278-297.

Bhebe, S. and Fuller, M. (2009) Improving the management of women with bpd. **Nursing Times** 105 (2): 18-19.

Birmingham City University (2013) **Mental Health Nursing Reading List.** [Online]. Available from: http://www.bcu.ac.uk/cmsproxyimage?path=/_media/docs/bsc%20(hons)%20nursing%20reading%20list%2004-13.pdf [Accessed 13/09 2015].

Blair, J., Mitchell, D. and Blair, K. (eds.) (2005) **The psychopath: emotion and the brain.** Oxford: Blackwell.

Bodner, E., Choen-Fridel, S. and Iancu, I. (2011) Staff attitudes toward patients with borderline personality disorder. **Comprehensive Psychiatry** 52 548-555.

Bowers, L., Carr-Walker, P., Allan, T., et al. (2006) Attitude to personality disorder among prison officers working in a dangerous and severe personality disorder unit. **International Journal of law and Psychiatry** 29 333-342.

Brown, R. Adshead, G. and Pollard, A. (2007) **The approved social worker's guide to psychiatry and medication.** Exeter: Learning Matters.

Callaghan, P., Payle, J. and Cooper, L. (eds.) (2009) **Mental Health Nursing Skills.** Oxford: Oxford University Press.

Campbell, J. and Davidson, G. (2012) **Post-qualifying mental health social work practice.** London: SAGE.

Chiapello, E. and Fairclough, N. (2002) Understanding the new management ideology: a transdisciplinary contribution from critical discourse analysis and the new sociology of capitalism. **Discourse and Society** 13 (2): 185-208.

City University London (2008) **Essential Mental Health Nursing Skills, Module Handbook.** [Online]. Available from:https://www.city.ac.uk/__data/assets/pdf_file/0020/71147/NM2735-3717-Yr-3-FACT-MHN-Handbook-F08-cohort.pdf [Accessed 13/09 2015].

Clarke, V. and Walsh, A. (eds.) (2009) **Fundamentals of mental health nursing.** Oxford: Oxford University Press.

Crowe, M. and Carlyle, D. (2009) "The personal with a diagnosis of personality disorder" In Barker, P. (ed.) **Psychiatric and mental health nursing the craft of caring.** London: Hodder Arnold.

Diamond, I. and Quinby, L. (eds.) (1988) **Feminism & Foucault.** Lebanon, New Hampton: Northeastern.

Emergence Plus (2015) **Knowledge and Understanding Framework.** [Online]. Available from: http://www.emergenceplus.org.uk/kuf.html [Accessed 08/16 2015].

Evans, D. and Allen, H. (eds.) (2009) **Mental Health Nursing Made Incredibly Easy.** Baltimore: Wolters Kluwer.

Fairclough, N. (2010) **Critical Discourse Analysis, the critical study of language.** Harlow: Longman.

Fairclough, N. (2003) **Analysing discourse: textual analysis for social research.** London: Routledge.

Ferns, P. (2005) "Finding a Way Forward A Black Perspective on Social Approaches to Mental Health" In Tew, J. (ed.) London: Jessica Kingsley. pp. 129-150.

Foucault, M. (2002) **The archaeology of knowledge.** London: Routledge.

Foucault, M. (1988) **Madness and Civilization: A History of Insanity in the Age of Reason.** New York: Random House.

Gamble, C. and Brennan, G. (eds.) (2006) **Working with serious mental illness : a manual for clinical practice.** 2nd ed. Edinburgh: Elsevier.

Gelder, M. (ed.) (2009) **New Oxford Textbook of Psychiatry.** 2nd ed. Oxford: Oxford University Press.

Gilbert, P., Bates, P., Carr, S. et al. (eds.) (2011) **Social Work and Mental Health: The Value of Everything.** Lyme Regis: Russell House Publishing.

Golightley, M. (2014) **Social work and mental health.** 5th ed. Los Angeles: Sage/Learning Matters.

Gosling, S.D. (2001) From mice to men: what can we learn from personality from animal research? **Psychological Bulletin** 127 45-86.

Gould, N. (ed.) (2009) **Mental health social work in context.** London: Routledge.

Hardy, R. (2012) **Life-script in Transactional Analysis.** [Online]. Available from: http://www.manchesterpsychotherapyclinic.co.uk/life-script-in-transactional-analysis/ [Accessed 08/15 2015].

Hare, R.D. (2003) **Manual for the Revised Psychopathy Checklist.** 2nd ed. Toronto: Multi-Health Systems.

Harley, K. (2008) Theory Use in Introductory Sociology Textbooks. **Current Sociology** 56 (2): 289-306.

Harrison Woods, P. (2011) **Higher Education Institutions' Responses to Risk: Critical Discourse Analysis.** Doctor of Philosophy, University of Huddersfield.

Haslam, N. (2006) Dehumanization: An Integrative Review. **Personality and Social Psychology Review** 10 (3): 252-264.

Health & Care Professions Council (2012) **Standards of Proficiency: Social Workers in England.** Health & Care Professions Council, London.

Hinshaw, S. and Stier, A. (2008) Stigma as Related to Mental Disorders. **Annual Review of Clinical Psychology** 4 367-393.

Hodge, D., Lacasse, J. and Benson, O. (2012) Influential Publications in Social Work Discourse: The 100 Most Highly Cited Articles in Disciplinary Journals: 2000 – 09. **British Journal of Social Work** 42 (4): 765-782.

Home Office, Department of Health (1999) **Managing dangerous people with severe personality disorder: proposals for policy development**: London: HMSO.

Hopkins, G. (2007) **Personality disorder: how a co-ordinated response brought order to one woman's life.** [Online]. Available from:http://www.communitycare.co.uk/2007/07/18/personality-disorder-how-a-co-ordinated-response-brought-order-to-one-womans-life/ [Accessed 07/26 2015].

Horn, N., Johnstone, L. and Brooke, S. (2007) Service user perspectives on the diagnosis of Borderline Personality Disorder. **Journal of Mental Health** 16 (2): 255-269.

Hornstein, G. (2009) "Why are personality disorders controversial diagnoses?" **Critical Psychiatry Network Conference** 22/7/2009 Norwich: Critical Psychiatry Network .

Houston, S. (2001) Beyond social constructionism: critical realism and social work. **British Journal of Social Work** 31 (6): 845-861.

Jager, S. and Maier, F. (2009) "Theoretical and methodological aspects of foucauldian critical discourse analysis and dispositive analysis" In Wodak, R. and Meyer, M. (eds.) **Methods of Critical Discourse Analysis** London: Sage. pp. 34-62.

Karban, K. (2011) **Social Work and Mental Health.** Cambridge: Polity Press.

Katona, C. and Robertson, M. (2000) **Psychiatry at a glance.** 2nd ed. Oxford: Wiley-Blackwell.

Kitcher, P. (2001) **Science, Truth and Democracy.** Oxford: Oxford University Press.

Krawitz, R. and Jackson, W. (2008) **Facts : Borderline Personality Disorder.** 2nd ed. Oxford: Oxford University Press.

(2008). Personality Disorder: The Home Office's pre-emptive injustice programme. **Socialist Review** [Online], (324): 08/16. Available from:http://socialistreview.org.uk/324/personality-disorder-home-offices-pre-emptive-injustice-programme. [Accessed 2015/08/16].

Laming, H. (2009) **The Protection of Children in England: A Progress Report**: London: HMSO.

Leyens, J.P., Rodriguez, A.P., Rodriguez, R.T., et al. (2001) Psychological essentialism and the attribution of uniquely human emotions to ingroups and outgroups. **European Journal of Social Psychology,** 31 395-411.

Macfarlane, M. (ed.) (2004) **Family Treatment of Personality Disorders: Advances in Clinical Practice.** New York: Haworth Clinical Practice Press.

Manchester Metropolitan University (2014) **RTP Reading List.** [Online]. Available from: http://bit.ly/1Lt5sFs [Accessed 13/09 2014].

Markham, D. and Trower, P. (2003) The effects of the psychiatric label "borderline personality disorder" on nursing staff's perceptions and causal attributions for challenging behaviours. **British Journal of Clinical Psychology** 42 (3): 243-256.

Melia, P. and Kirby, S. (2004) "Assessing and engaging people with personality disorder" In Kirby, S. Mitchell, G. Cross, D. et al. (eds.) **Mental health nursing, competencies for practice** Basingstoke: Palgrave Macmillan. pp. 241-257.

Miller, J.D. and Campbell, W.K. (2010) The case for using research on trait narcissism as a building block for understanding narcissistic personality disorder. **Personality Disorder** 1 (3): 180-191.

Ministry of Justice (2011) **Working with personality disordered offenders**: London: Ministry of Justice.

Moran, P., Coffey, C., Mann, A., et al. (2006) Personality and substance use in young adults. **The British Journal of Psychiatry** 188 (4): 374-379.

National Health Service (2012) **Compassion in Practice**18479: London: Department of Health.

National Institute for Mental Health in England (NIMHE) (2003) **Personality Disorder; No longer a diagnosis of exclusion**: London: NIMHE.

Neville, C. (2014) **Psychological therapies for borderline personality disorder.** [Online]. Available from: http://www.nursingtimes.net/nursing-practice/specialisms/mental-health/psychological-therapies-for-borderline-personality-disorder/5067173.article [Accessed 09/09 2015].

Newrith, C., Meux, C. and Taylor, P. (eds.) (2006) **Personality disorder and serious offending.** London: Hodder Arnold.

Nursing Times (2011) **Patients with 'dangerous' personality disorders to move from hospitals to prisons.** [Online]. Available from:http://www.nursingtimes.net/nursing-practice/specialisms/mental-health/patients-with-dangerous-personality-disorders-to-move-from-hospitals-to-prisons/5036923.article [Accessed 08/16 2015].

Nursing Times (2006) **Personality disorder service treating untreatable.** [Online]. Available from: http://www.nursingtimes.net/personality-disorder-service-treating-untreatable/207719.article [Accessed 08/22 2015].

Peay, J. (2011) Personality disorder and the law: some awkward questions. **Philosophy, psychiatry and psychology** 18 (3): 231-244.

Personality Disorder Institute (2015) **Knowledge and Understanding Framework.** [Online]. Available from: http://www.personalitydisorderkuf.org.uk/[Accessed 08/16 2015].

Plumb, S. (2005) "The social/trauma model. Mapping the mental health consequences of childhood sexual abuse and similar experiences." In Tew, J. (ed.) **Social Perspectives in Mental Health** London: Jessica Kingsley. pp. 112-128.

Pritchard, C., Davey, J. and Williams, R. (2013) Who Kills Children? Re-Examining the Evidence. **British Journal of Social Work** 43 1403-1438.

Raffi, A. and Malik, A. (2010) Ethnic distribution of personality disorder. **The Psychiatrist.** 34 (1): 36-37

Randall, J. (2007) **Research: children with antisocial personality disorders.** [Online]. Available from:http://www.communitycare.co.uk/2007/10/31/research-children-with-antisocial-personality-disorders/ [Accessed 07/26 2015].

Ranger, M., Methuen, C. and Rutter, D. (2004) Prevalence of personality disorder in the case road of an inner city assertive outreach team. **Psychiatric Bulletin** 28 441-443.

Sale, A. & Brody, S. (2006) **What is a personality disorder? 5 questions for the experts plus user view.** [Online]. Available from:http://www.communitycare.co.uk/2006/10/25/what-is-a-personality-disorder-5-questions-for-the-experts-plus-user-view/ [Accessed 07/26 2016].

Sansone, R. and Sansone, L. (2011) Gender patterns in borderline personality disorder. **Innovative Clinical Neuroscience** 8 (5): 16-20.

Sayer, A. (2000) **Realism and Social Science.** London: Sage.

Schwartz, S.H. and Struch, N. (1989) "Values, stereotypes, and intergroup antagonism." In Bar-tal, D. Grauman, C.f. Kruglanski, A.W. et al. (eds.)**Stereotypes and prejudice: Changing conceptions** New York: Springer-Verlag. pp. 151-167.

Scrambler, G. (2013) Archer and 'vulnerable fractured reflexivity': a neglected social determinant of health? **Social Theory and Health** 11 302-315.

Sidley, G. and Renton, J. (1996) General nurses' attitudes to patients who self-harm. **Nursing Standard** 10 (30): 32-36.

Snape, D. and Spencer, L. (2003) "The Foundations of Qualitative Research" In Ritchie, J. and Lewis, J. (eds.) **Qualitative Research Practice** London: Sage. pp. 1-23.

Southwick, S., Litz, B., Charney, D. et al. (eds.) (2011) **Resilience and Mental Health Challenges Across the Lifespan.** Cambridge: Cambridge University Press.

Stalker, K., Ferguson, I. and Barclay, A. (2004) 'It's a horrible term for someone': service users and provider perspectives on 'personality disorder'. **Disability and Society** 20 (4): 359-373.

Stanley, N. and Cox, P. (2009) **Parental mental health and child welfare: reviews of policy and professional education**: London: Social Care Institute for Excellence.

Suokas, J. and Lonnqvist, J. (1989) Work stress has negative effects on the attitudes of emergency personnel towards patients who attempt suicide. **Acta Psychiatrica Scandinavica** 79 474-480.

Szasz, T. (1987) **Insanity: The idea and its consequences.** New York: John Wiley.

Tew, J. (ed.) (2005) **Social perspectives in mental health : developing social models to understand and work with mental distress.** London: Jessica Kingsley.

Thompson, M., Kingree, J.B. and Desai, S. (2004) Gender Differences in Long-Term Health Consequences of Physical Abuse of Children: Data From a Nationally Representative Survey. **American Journal of Public Health** 94 (4): 599-604.

Tickle, L. (2009) **Personality disorder training combats stigma.** [Online]. Available from: http://www.communitycare.co.uk/2009/11/20/personality-disorder-training-combats-stigma/ [Accessed 7/26 2015].

Titus, N. (2004) **Personality Disorder: Challenges for Social Workers.** Norwich: School of Social Work and Psychosocial Studies, University of East Anglia.

Tyrer, P. (2004) **New approaches to the diagnosis of psychopathy and personality disorder**. **Journal of the Royal Society of Medicine** 97 (8): 371-374.

Tyrer, P., Coombs, N., Ibrahimi, F., et al. (2007) Critical developments in the assessment of personality disorder . **The British Journal of Psychiatry** 190 (49): 51-59.

University of Derby (2013) **Nursing Module Specifications.** [Online]. Available from:http://www.derby.ac.uk/media/derbyacuk/contentassets/coursefiles/modules/ehs/health/BSc-Nursing-Module-Specs-REvised-by-MM-for-Sep13.pdf [Accessed 13/09 2015].

University of Nottingham (2014) **Mental Health reading list.** [Online]. Available from: http://equella.nottingham.ac.uk/uon/file/83b62c20-4f40-4a55-9408-3c1f53db8a3f/1/MentalHealth.zip/Newly%20created%20Mental%20Health%20eXe/reading_list.html [Accessed 06/25 2015].

University of Salford (2012) **Introduction to Mental Health Nursing.** [Online]. Available from: http://lasu.salford.ac.uk/displaylist/NU/2012/U [Accessed 09/13 2015].

University of West England (2015) **Mental Health Nursing Reading List.** [Online]. Available from: http://bit.ly/1KEIF3Z [Accessed 13/09 2015].

Vandiver, V. (2008) **Integrating Health Promotion and Mental Health : An Introduction to Policies, Principles, and Practices.** Oxford: Oxford University Press.

Warner, J. and Gabe, J. (2008) Risk, Mental Disorder and Social Work Practice: A Gendered Landscape. **British Journal of Social Work** 38 117-134.

Warren, J., Burnette, M., South, S.C., et al. (2002) Personality Disorders and Violence Among Female Prison Inmates. **Journal of the American Academy of Psychiatry and the Law** (30): 502-509.

Webber, M. (2011) **Evidence-based Policy and Practice in Mental Health Social Work.** Exeter: Learning Matters.

Winship, G. (2010) Attitudes and perceptions of mental health nurses towards borderline personality disorder clients in acute mental health settings: a review of the literature. **Journal of Psychiatric and Mental Health Nursing** 17 657-662.

Womble, D. (2015) **Introductory Mental Health Nursing.** Baltimore: Wolters Kluwer.

World Health Organisation (2007) **International Classification of Functioning, Disability and Health (ICF).** Geneva, Switzerland: World Health Organisation.

Wright, N. and Owen, S. (2001) Feminist conceptualizations of women's madness: a review of the literature. **Journal of advanced nursing.** 36 (1): 143-150.

Wrycraft, N. (2009) **Introduction to Mental Health Nursing.** Maidenhead: Open University Press.

Wycraft, N. (2009) **Introduction to Mental Health Nursing.** Maidenhead: Open University Press.

Appendices

Appendix 1.1 - Sources Arranged By Discipline: Mental Health Nursing

Discipline	Type of Source	Authors
Mental Health Nursing	Journal	Bhebe and Fuller, 2009
Mental Health Nursing	Journal	Entwistle, 2013
Mental Health Nursing	Journal	Lamphe and Hickey, 2012
Mental Health Nursing	Journal	Merrifield, 2014
Mental Health Nursing	Journal	Neville, 2004
Mental Health Nursing	Journal	Nursing Times, 2006
Mental Health Nursing	Journal	Nursing Times, 2011
Mental Health Nursing	Journal	Nursing Times, 2013
Mental Health Nursing	Textbook	Gamble and Brennan, 2006
Mental Health Nursing	Textbook	Callaghan et al., 2009
Mental Health Nursing	Textbook	Crowe and Carlyle, 2009
Mental Health Nursing	Textbook	Clarke and Walsh, 2009
Mental Health Nursing	Textbook	Evans and Allen, 2009
Mental Health Nursing	Textbook	Gelder, 2006
Mental Health Nursing	Textbook	Melia and Kirby, 2006
Mental Health Nursing	Textbook	Vandiver, 2008
Mental Health Nursing	Textbook	Womble, 2015
Mental Health Nursing	Textbook	Wrycraft, 2009

Appendix 1.2 - Sources Arranged By Discipline: Social Work

Discipline	Type of Source	Authors
Social Work	Journal	Laird, 2004
Social Work	Journal	Pollack, 2004
Social Work	Journal	Pritchard, 2013
Social Work	Journal	Senevirarne et al., 2003
Social Work	Textbook	Brown et al, 2007
Social Work	Textbook	Campbell and Davidson, 2012
Social Work	Textbook	Ferns, 2005
Social Work	Textbook	Gilbert et al., 2010
Social Work	Textbook	Gould, 2012
Social Work	Textbook	Karban, 2011
Social Work	Textbook	Plumb, 2005
Social Work	Textbook	Tew, 2005
Social Work	Community Care	Hopkins, 2007
Social Work	Community Care	Randall, 2007
Social Work	Community Care	Sale and Brody, 2006
Social Work	Community Care	Tickle, 2009

Appendix 2 - Mental Health Nursing University Course Reading Lists

University	URL
City University, London	https://www.city.ac.uk/__data/assets/pdf_file/0020/71147/NM2735-3717-Yr-3-FACT-MHN-Handbook-F08-cohort.pdf
University of West England	http://bit.ly/1KEIF3Z
Birmingham City University	http://www.bcu.ac.uk/cmsproxyimage?path=/_media/docs/bsc%20(hons)%20nursing%20reading%20list%2004-13.pdf
University of Derby	http://www.derby.ac.uk/media/derbyacuk/contentassets/coursefiles/modules/ehs/health/BSc-Nursing-Module-Specs-REvised-by-MM-for-Sep13.pdf
Manchester Metropolitan University	http://bit.ly/1Lt5sFs
University of Nottingham	http://equella.nottingham.ac.uk/uon/file/83b62c20-4f40-4a55-9408-3c1f53db8a3f/1/MentalHealth.zip/Newly%20created%20Mental%20Health%20eXe/reading_list.html
University of Salford	http://lasu.salford.ac.uk/displaylist/NU/2012/U