

A soul searching emotional surgery into the heart of a borderline personality disorder

Abstract

The present work focuses on enhancing the understanding of Optimism Attitude Model (OAM) in the management of individuals with Borderline Personality Disorder. Doing therapeutic interventions with BPD is a challenging task and requires lot of therapeutic jugglery on the part of the clinicians to sustain the motivation in ensuring the regularity of such individuals for therapy. This happens as their behaviour is unpredictable due to their disorder and the rate of drop out after few sessions is very high. Also there is a tendency to be non compliant in therapy as they keep challenging the clinicians for confrontations in a therapeutic setting so that they get a valid excuse for a kingly exit. Implications for this study are immense for the mental health professionals and family members of the individuals suffering from Borderline personality disorder. The limitations and the recommendations of the study are discussed in detail for way forward.

Keywords: borderline personality disorder, optimism, depression, emotional maturity, OAM therapy

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Introduction

The term borderline personality disorder was first introduced in the third edition of the Diagnostic and Statistical Manual of Mental Disorders.¹ This categorisation in DSM helped in the understanding of BPD in the general medicine too apart from its usage in the psychotherapeutic realm. The term BPD has undergone some minor changes since its introduction in the DSM.

The APA² has characterised BPD as a pervasive and persistent pattern of instability in interpersonal relationships, instability of self-image, unstable affect, and impulsivity. According to the *DSM-5*,² the diagnostic criterion is indicated by five or more of the nine symptoms in the following list:

1. Frantic efforts to avoid real or imagined abandonment.
2. A pattern of unstable and intense interpersonal relationships characterised by alternating between extremes of idealisation and devaluation.
3. Identity disturbances: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving or binge eating).
5. Recurrent suicidal behaviours, gestures or threats or self-mutilating behaviour.
6. Affective instability due to a marked reactivity in mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours to and only rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger. (e.g., frequent displays of temper, constant anger, recurrent physical fights).

9. Transient, stress-related paranoid ideations or severe dissociative symptoms.

Personality disorders such as BPD are believed to begin in late adolescence or early adulthood. The *DSM-5* estimated that BPD impacts 2% to 5.9% of the general population.² Torgersen³ has criticised these numbers suggesting that they are arbitrary and do not reflect empirical data. Torgersen believed that the prevalence of BPD in the general population is larger. In clinical samples, the prevalence is much higher with an estimate of 15% to 20%. BPD is the most commonly diagnosed personality disorder in both outpatient and inpatient settings.⁴

Suicidal and self-injurious behaviours are prevalent in individuals with BPD. It is estimated that as many as 40% to 90% of patients engage in these behaviours. Due to the frequency of suicide attempts and self-injurious behaviours, individuals with BPD are frequently encountered in the emergency room. The risk for suicide is highest for patients in their 20s with completed suicides occurring in 10% of patients.⁴ Impulsivity common among individuals with this disorder is associated with other problematic behaviours such as gambling, eating disorders, sexual promiscuity, and substance abuse.

BPD is viewed by many as a chronic and debilitating disorder; however, some studies show that the symptomology of BPD can improve with age. In one study exploring remission rates, 290 patients diagnosed with BPD were followed over the course of 6 years.⁵ Zaranini et al.⁵ defined remission as no longer meeting diagnostic criteria. Three semi structured diagnostic interviews were used to assess for the presence of BPD and other Axis I disorders, including

- a. The Structural Clinical Interview for *DSM-III-R* for Axis I Disorders,
- b. The Revised Diagnostic Interview for Borderlines, and
- c. The Diagnostic Interview for Personality Disorders. At a 2-year follow-up, 69.6% of the participants experienced remission.⁵ At

a 4-year follow-up, 69.3% of the participants reached remission and at a 6-year follow-up, 68.9% of the participants remained in remission.⁵

In an additional study, Grilo et al.⁶ examined the stability of BPD over 24-months. The authors recruited participants from three inpatient and three outpatient clinical programs. Participants were screened for personality disorders using the Personality Screening Questionnaire. Those identified as having a possible personality disorders were administered additional assessments, including

- a. The Structural Clinical Interview for DSM-IV.
- b. The Diagnostic Interview for Personality Disorders. The Diagnostic Interview for Personality Disorder was also used at 6, 12 and 24 months.

These authors used a more stringent definition of remission than Zaranini et al.⁵ Remission was defined as no longer meeting diagnostic criteria for 12 consecutive months. Grilo et al. found that 28% of the participants diagnosed with BPD no longer met diagnostic criteria at the conclusion of the study.

The cause of this recovery is unknown but is believed to be associated with a decrease in impulsivity with age.^{2,4} This decrease in impulsivity is said to result in improved interpersonal relationships and vocational functioning.² Despite recovery with age, research has shown that patients with BPD continue to struggle with psychosocial functioning throughout their lives.⁷ Long-term functional impairments have been found to persist even after diagnostic criteria are no longer met.³ Grilo et al.⁶ explained that the features of BPD are stable over time even though the severity and expression of the diagnostic criteria change

Following is the excerpt of a conversation of a BPD individual, 35 year old male, who is baring his heart to his wife in terms of his expectations.

Dear Sonia (name changed)

We have had our share of issues and now hopefully you are ready to change. For my happiness I need a few things for you as my wife to do and hopefully you will do it. I have to do a few things too which I will include in this list.

I hope this will be long term.

Here is the list of things needed from you 1. Keep me calm. (understood)

We both need understand each other not agitate one another.

Don't increase my anxiety as i am already very anxious (understood)

Sex – you know already what i want and what i need from

You (understood)

We both need make love compassionately and help one another

Till we are not independent, mom and dad will be involved in our lives and they will have to interfere and you will need to listen to them. Understood and agreed

My younger brother, mom and dad have kept me calm and less anxious (which was your duty and wasn't fulfilled), so i think it's ideal that you learn from them on keeping me cool, calm and less anxious.

Basically you should learn from them and get advice from them. They know you much longer then i have so they you inside and out, I do so keep u calm and less anxious and I am ready to learn from them

- 1. Earning is an important part in life and I not being able to do it myself at the moment. I need your help in helping me earn and sustain a living – understood.*
- 2. I am not sure about you but i am into depression and somehow I don't want to keep going back into depression and i hope you will help me with not going.*

Into depression: partly it's because of the situation with you and also work and all that I am into this state. Understood.

We work together as a couple and get you out of it and u need listen to me too. I have had a major problem of drinking and gambling and you know that. Now I am better off and hope you help me to get out of it completely or definitely.

Reduce it. Agreed and understood. Will definitely help get over this.

Stop lying to people including myself. I will do the same. I will try not to drink on the sly which is the only thing I have lied over both us need to stop. Be truthfully one another .understood

Trust – i have this thing with people and now over time it's become with you too. You need to help me to trust you again and love you the way I used to. This issue you need to help in. we both need to trust each other completely and fully, understood.

Now you can't say my family or your family. I don't like it one bit. Understood.

You are doing your own thing and i doing my own thing.

That needs to change completely. You have to do certain things as a wife and a friend and a caretaker. This thing about you doing what you are is not done. it has been versa vice. Understood.

If i am in india, come home before me and if we are in two different places ring me up at least a few times. I will go with you where you go, i will do things what u do. We both will not keep each other alone and be alone in anyway. Understood.

Your health is my responsibility, and my health is yours and i think you need to start seriously thinking at this point. My family should be looking after your health .at least i should be looking after yours and you should be looking after mine and take this seriously. Understood.

You should start increasing your knowledge by reading and watching videos .this will actually benefit both of us as we will have different topics to discuss and also help us in a career. Both of us do things together. Understood

When we go out somewhere like a party or even with friends, you will not leave my side ever; you will be my side all the time and not with your friends or anyone. When we go for golf, you will be with me all the time (if you can't use the gym or the toilet then doesn't). When we go for parties, in the past, you have left me by myself and i don't like it. This has to stop now. Need to expand on this point and will do that as time comes. Yes agree and understood. But u cannot be in a hurry too

Your tone needs to change. You can't have a sulky tone when it's not coming your way or i have done something. It irritates me no end.

I do know when your tone is different. If you change this, i will be more calm and peaceful. Yes agree (understood)

Please start keeping to your promises which you gave to me before marriage especially you knowing my mental condition and also doctor puri had explained you everything before we got married. It has both ways. Understood

Please stop saying things which makes me anxious and in turn makes me very angry and that disturbs my peace and calm. I not use words to work u up nor fight with u . U do same please. Understood

Tantrums – i will not accept them in the future and they need to go. They will kill this relationship. Understood. Will not happen at all.

I want to get better and end my suffering, find happiness and start earning. That is my priority so that we can manage our lives. Agree and understood..

If you do not learn how to live with me and me with you, then i cannot be living with anxiety which you create for me, for the rest of my life. We both have managed with each other it not only depends on me. Understood

Children – we can only have children when both of us are stable. At least when we are able to earn for ourselves and i can support them. I should be mentally stable also to be able to look after a child.

Understood.

When I share something or my feeling with you, you shouldn't get hyper at me and throw tantrums. You should be more sympathetic with me .yes agrees will not hyper at all neither u should be. Understood.

You should start meditating and also do the breathing exercises. It will benefit you as it has been benefiting me. We both need the same thing in the long run. Togetherness should be. Understood.

When I get into bed at night, you too should get into bed and not do different things. I will stop gambling at night and make sure i don't and spend more time with you. We should not be doing our own thing. We should do things together understood and agreed.

When we start earning together, we should share and not say that's yours or that's mine. Yes true understood.

Don't keep telling me that i have a problem and i can't do anything independently. I know i have a mental health problem so don't have to keep instilling it in me. I will never say that understood.

Sex everyday no questions asked. It doesn't matter on if i have been good or bad or done something wrong or right.

Yes u need compassionate about too, not.

Be indifferent towards me. Love me more and warmly.

Ok, to summarize; to follow and help each other. No fights,

No Arguments, No Raising Voices on Each Other. Whatever Need To Be Share. We Will Speak Openly, Share Our Feelings One And Another. Not Hide from One Another Be With Each Other Through Thin and Thick. Do Things Together If It's Golf Too , And Be Part Of Each Other Whether Is Love Making, Playing A Game Or Meditation, Or Even Yoga , Trust Each Other Completely Without Putting Each Other Down No Criticism From One Another. Accept One & Another.

Borderline personality disorder bleeds from inside while putting

on a demon upfront and ends hurting his family members more. It is imperative that treatment of individuals with borderline personality disorder must include family member's therapy too.

OAM therapy for happy living

“Every time you are happy, you win”⁸

One just pops in medicines to relieve oneself of the inner pain but in vain. Substance abuse among youth is on the increase these days due to this harsh reality of life. More and more families are coming up with the issues faced by the members of their family whose symptoms seem like Borderline but to the lay public seem weird when they first meet with the clinicians for the same.

To deal with these traumas and turbulences which the present day life presents, OAM (optimism attitude model) as a therapy to enhance quality of life and subjective well being was evolved after working on this for almost a decade.⁹ One of the main ingredients of positive psychology is optimism. And with OAM therapy, this potion is filled in the person completely and absolutely, using simple steps as given in the model.

Winston Churchill made this very famous statement on optimism, “a pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty.”

Optimism is a trait which should be consciously inculcated by each individual as it benefits the immune system immensely and makes us more hopeful, happy, cheerful, contented, serene and tranquil. Researchers have also indicated that optimism raises the individual higher on positive mental health and decreases the vulnerability for negative mental health like anxiety and depression.

Banerjee P also believes that we can create happier life for people on this planet. We can create better world, where happiness and peace prevails. Similarly author is also quite passionate about the conjugal relation between optimism and passion which leads to innovation. And more such innovative individuals are required by the organizations, institutions and together such optimistic individuals need to grow in numbers to ensure the prosperity of the nation as a

Banerjee P opines that it should be the moral and ethical duty of teachers and parents to ensure that the spirit of optimism is imbibed very early at school levels. This will transform the child into a motivated, confident and competent adult, ready to take on the world and its multifarious uncertainties and challenges. The individual will develop optimism as part of his unconscious personality which will lead to more success and happiness improving his overall sense of well being.

Such an individual will remain unstoppable and will be able to pursue his life's desires and goals with resilience and positive spirit, undeterred and undaunted.⁹) suggests that it's quite easy to develop this attitude of positive optimism. It's just a way of perceiving at life's uncertainties and telling the heart nonchalantly

“Be still, sad heart and cease repining behind the clouds is sun still shining.”

Optimism Index – A predictive tool for success has been developed by Banerjee P which gives quantitative measures in terms of a global optimism index along with scores on dimensions of Positive Emotions, Engagement, Relationship network, Meaningfulness and Achievement. Optimism index (Oi 1.1) the one of its kind in India, is

an effective tool for quantifying the levels of optimism in an individual as one of the indices of competency mapping and developing Emotional Resilience leading to enhanced Mental Health. Oi 1.1 is a screening, therapeutic and developmental tool which helps promote mental health of the individual so that one develops resilience and fortitude in dealing with dynamic situations.

On the basis of scores, one is put on OAM therapy (Optimism Attitude Model) for developing the dimension one needs to fortify in order to be more successful. That is the benefit of the test Oi – Optimism Index and the Optimism Attitude Model.

The following steps delineate the OAM – Optimism Attitude Model process.

1. Awareness Development
2. Scenario Building (Internal Visualisation)
3. Reconstruction (Motivational videos and Illustrations)
4. Reinforcement (Mindfulness meditation)
5. Attitude Formation (Optimism Development)
6. Self Worth – The Ultimate Peaking of Attitude

Smart organizations pave their way to success with strategic excellence and developing in their employees an abundance of optimism. Optimism Index (Oi 1.1) and Optimism Attitude Model (OAM) , one of its kind in India, help the Organizations and Individuals to rewrite success and make historical innovations for the benefit of mankind and world peace.

A sneak peek at the review of literature suggests that there is a pervasive stigma attached to the diagnosis of Borderline Personality Disorder. Research studies also suggest that the careers and providers, who work with such individuals, do tend to develop some negative attitudes about their behaviour and actions.

To conclude

The case presented here reflects abundantly that the key feature of the disorder is emotional dysregulation, which includes difficulty in understanding, being aware of, and accepting one's emotions; poor strategies for managing one's emotions; and avoidance of situations that elicit emotional distress.¹⁰ They are hypersensitive to negative emotion and focus on their bad feelings, and this exacerbates the intensity of the negative experience and puts them at risk for engaging in some extreme behaviour, such as substance abuse or self-injury, to distract them from these feelings.¹¹ The mental health professionals need to work with family members equally thoroughly along with individuals suffering from Borderline Personality Disorder if some noteworthy achievement in terms of their positive mental health needs to be achieved.¹²⁻¹⁷

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Conflicts of interest

The authors declare that there is no conflict of interest.

References

1. *Diagnostic and statistical manual of mental disorder*. Washington, DC: American Psychiatric Association; 1980.
2. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: American Psychiatric Association; 2013.
3. Torgersen S. The nature (and nurture) of personality disorders. *Scandinavian Journal of Psychology*. 2009;50(6):624-632.
4. Paris J, Zweig-Frank H. The 27-year follow-up of patients with borderline personality disorder. *Comprehensive Psychiatry*. 2001;42(6):482-487.
5. Zanarini M, Frankenburg F, Hennen J, et al. Axis I comorbidity in patients with borderline personality disorder: 6-year follow-up and prediction time to remission. *American Journal of Psychiatry*. 2004;161(11):2108-2114.
6. Grilo C, Shea T, Sanislow C, et al. Two-year stability and change of schizotypal, borderline, avoidant and obsessive compulsive personality disorders. *Journal of Consulting and Clinical Psychology*. 2004;72(5):767-775.
7. Biskin R, Paris J. Diagnosing borderline personality disorder. *Canadian Medical Association*. 2012;184(6):1789-1794.
8. Banerjee P, Puri A. Addressing Concerns of Gifted Adolescents through Optimism Attitude Model and Optimism Attitude Therapy. *EC Psychology and Psychiatry*. 2017;5(4):134-113.
9. Padmakali B, Puri A. Healthy Aging in the Geriatric Population: An Exploration with OAM. *EC Psychology and Psychiatry*. 2017;1(6):210-216.
10. Hoffman P, Buteau E, Hooley J, et al. Family Members' Knowledge about Borderline Personality Disorder: Correspondence with their Levels of Depression, Burden, Distress, and Expressed Emotion. *Family Process*. 2003;42(4):469-478.
11. Huckvale K, Learmonth M. A case example of art therapy in relation to Dialectical Behaviour Therapy. *International Journal of Art Therapy*. 2009;14(2):52-63.
12. Grilo C, Sanislow C, Skodol A, et al. Longitudinal diagnostic efficiency of DSM-IV criteria for borderline personality disorder. A 2-year prospective study. *Canadian Journal of Psychiatry*. 2007;52(6):357-362.
13. Grilo G, McGlashan, Morey L, et al. Internal consistency, intercriteria, overlap and diagnostic efficiency of criteria sets for DSM-IV schizotypal, borderline, avoidant and obsessive compulsive personality disorders. *Scandinavian Psychological Association*. 2001;104:264-272.
14. Padmakali, Puri A. Construction of a test on Optimism Index: PEROMA perspective. *Journal of Psychology and Clinical Psychiatry*. 2016;5(6):00310.
15. Padmakali P and Puri A. The symphony of OAM (OAM Attitude Model) Impacting Performance and Mental Health. *EC Psychology and Psychiatry*. 2016;1(4):149-157.
16. Torgersen S. Genetics of patients with borderline personality disorder. *Psychiatry Clinical North American*. 2000;23(1):1-9.
17. Zanarini M, Frankenburg F. A preliminary randomized trial of psychoeducation for women with borderline personality disorder. *J Pers Disord*. 2008;22(3):284-290.