



# Thought Surgery in Borderline Personality Disorder for Well Being and Positive Living: A Case Study

## Padmakali Banerjee, Amita Puri\* and Manpreet Ola

Amity University, Gurgaon, India

\*Corresponding Author: Amita Puri, Amity University, Gurgaon, India.

Received: November 01, 2017; Published: December 27, 2017

#### **Abstract**

Borderline Personality Disorder (BPD) is a serious mental illness which causes frequent unstable moods, impulsive and reckless behavior and characterized by volatile personal relationships. It is estimated that about 35 million people in USA are affected by it. In India too, more and more people with BPD along with their family members are coming out to discuss this malaise as it is hampering and interfering with their daily lives. It is encouraging to note that this disorder is now been increasingly recognized as something more than "anger issues" which used to be put under the carpet as family members valiantly tried to "face "the issue by feeling guilty that something in their behavior must be "triggering" this verbal explosions of the significant family member with "anger issues". Meanwhile, many such valiant members succumbed to being clinically depressed cases themselves after suffering for years a life time of emotional, physical, mental, social abuse by their spouses who are now being recognized as suffering from Borderline personality disorder. Such spouses of BPD have lived a life of anonymous ignominy with suicidal ideation as their constant companion for years as this was the only means to find peace finally after a life time of absolute abuse in all dimensions with intermittent periods of either being perceived as an angel by their spouses only to be followed by being perceived as an absolute demon. This article is an insight on this dichotomy with few case studies of spouses and other family members of BPD who have suffered for years with no end in sight. This article is a message to the family members of BPD that there is still hope. There's no magic cure but with the right treatment and support, many people with BPD can and do get better and their relationships can improve qualitatively. This paper also discusses about the effective use of Optimism and the use of Optimism Index (Oi) to help the victims and their family members comprehend the extent of their disability and learn effective coping mechanisms.

 $\textbf{\textit{Keywords:}}\ \textit{Borderline Personality Disorder;}\ \textit{Depression;}\ \textit{Suicidal Ideation;}\ \textit{PEROMA-Optimism Index}$ 

## Introduction

Borderline personality disorder (BPD) remains an enigma for many even in this century with so innovative medical advancement backed by great researches. For victims who suffer from this malaise, the "episodes" give them a sense of high, as consumption of alcohol gives many "elusive" illusory powers (in real life); for family members such a person needs to be ignored at best; for siblings, such an individual can never be relied upon because of his unpredictable behavior; For spouses (both gender) it's like living in hell for most of their lives with just a peek of "Heaven" approximately 10 - 20% of the times (depending upon the severity of the disorder); For children it's an unmitigated melodramatic behavior of their parent which makes them run away from their homes on any flimsy pretext and unfortunately most of them end up spewing the venom they have absorbed from their BPD parent on almost all their relationships [1].

Thus having a BPD in the family or living with a BPD is like living a curses with only a few glimpses of heaven which makes it difficult for the spouses to really leave them and feel "guilty" [2] when they do leave and also feel "constrained" to come back to hell when their BPD spouse bowls them over with the placard of "Welcome to Heaven" and

"I am sorry, honestly, it was a mistake.

I swear, It will never happen again",

only to realize that they have been inveigled once again by their charmer BPD's who have befooled them into believing that life is going to be so wonderful where they will be treated like kings/queens for eternity......only to realize once again to their chagrin that what a mess they have made of their lives in even "forgiving" their BPD spouses. The effect of living with a BPD is devastating as millions of people worldwide are realizing it. It's certainly not any consolation to know that it's one malady which is difficult to diagnose and studies have shown that many clinicians actually are not comfortable about diagnosing it either. That is why, things become all the more difficult for the family members who face the brunt of BPD episodes on them, every single day of their lives [3].

As a result the self-esteem of such family members especially spouses and children, is trampled every day by the BPD who makes them feel guilty for triggering the BPD episode by convincing them that its actually their fault and their shortcomings that life is so difficult. And

that its actually the BPD who is the sufferer and the victim of having to live with such "cruel', "heartless', "liars" as family members. Like a king sitting on the highest pedestal, the BPD charges on with his verbal attacks incessantly and the family members have to "meekly listen" to such sermons and barrages [4].

#### Why meekly?

Dare they make any sound other than silence! The BPD in his episode will convince the world that it is "He" who has been "terrorized" by such remorseless terrorists residing in his home. And it's his life which has been heartlessly traumatized ever since ----------- and the BPD goes back in the past and rages on.

To begin with, let's try to understand some things about BPD and try to answer it in a simple manner so that the family members of the BPD may also comprehend it and stop blaming themselves.

Borderline Personality Disorder (BPD) is a kind of Personality Disorder where there are related mental health issues which affect beliefs, attitudes, behaviors and personality which have longstanding repercussions in life.

As one BPD individual put it:

"It's so terrifying. One moment I really think that I am happy and then suddenly I start crying for just no reason at all or start finding faults with people around me. I am so scared myself 0 what is happening to me? And worst of all, people tend to think that I am just being moody whereas I do not really know what is happening to me. OMG, it's so scary".

#### **Symptoms of BPD**

A diagnosis of BPD is usually given if you experience at least five of the following issues which impact your daily living and if they have lasted for some time. These issues have been given in DSM- 5 in greater details for the mental health professionals to follow.

- You feel very touchy about people abandoning you and for that you would anything in your power to stop that happening.
- You have very intense emotions which determine your personality and they are scary because such emotions may last from a few hours to some days and change abruptly e.g. one moment you may be laughing with your family and another moment you may be berating about some nonexistent issue which only lies in your head.
- · Your self-worth is very low and you have generally fought this feeling of sense of worthlessness throughout your life.
- It's very difficult for you to maintain long term relationships and in your perception, your relationships do not prosper because everybody tend to leave you.
- You tend to act impulsively which at times lead you to self-harm such as driving dangerously, cutting yourself, binge eating, verbalizing threats of self harm to family and even attempting suicide in anger, multiple times.
- You harbor suicidal thoughts and when things go out of hand in your perception, you indulge in self harming behavior.
- Feelings of emptiness and chronic loneliness are your constant companion.
- Your anger issues invariably get beyond your control and you indulge in verbal lashings to your family members very frequently.
- When you get "stressed", often you start feeling paranoid and think seriously that your family members are plotting against you; start hearing things which other people do not; feel numbed and are not able to remember things properly after they have happened.

For a diagnosis of BPD, you just need to have five of the above mentioned symptoms which may be impacting your daily life in many ways making you lose control over your life many times and when you feel like this, the whole scenario gets exacerbated.

As one victim put it; "For me, BPD is like getting a feeling of being burnt all over again. It's an emotional burn which I sense all the time. Not an atom of my being is unscarred by this and it HURTS a damn lot".

Another Engineering student shared" I am really frustrated. I pretend to be happy with others when actually I am not. I am faking it all the time. I am so frustrated. No one cares for me. My friends run away from me. My parents do not want me and keep shouting at me all the time. What do I do? Where do I go?"

The paradox with the diagnosis is that many mental health professionals are very wary of giving the diagnosis of BPD unless the symptoms are presented in a classic manner which is very rare. They sometimes prefer to call it emotionally unstable personality disorder (EUPD), as most of the individuals tend to present their symptoms which more closely resembles to EUPD.

## Does BPD mean I have a bad personality or I am a bad person?

Many persons on being diagnosed as a BPD tend to come to the clinic more frequently as they need to get rid of the notion that having a BPD means that you are a bad person. You deserve to be shunned by people and family members.

As it is, a BPD person is struggling with a sense of worthlessness throughout his life and added to it with an official diagnosis, they tend to indulge in self harm after getting into the vicious cycle of more verbal skirmishes with the family members whom they honestly

and convincingly convince them that all the problems of BPD has been exacerbated by the "doings" or "non-doings" of his/ her family members............ And the vicious cycle of blame game continues.

For many patients and their families the diagnosis comes as a big relief

As one traumatized family member put it:

"After the initial shock, it was a big relief for me and the entire family. We were living with guilt most of our lives as our BPD family member would blame us for all the ills which has befallen him all his life. NOW WE KNOW WHY HE BEHAVES LIKE THAT. Oh, doctor, it's such a relief".

### **Case Study**

Let's examine a case to know more about this situation. How having a BPD affects the family members. In this case, BPD is the wife and the husband came to the clinic seeking help that he is unable to "handle" his wife as she jumps from one situation to another in a very unpredictable way and blames him for all the problems she is facing in life. She lashes out very vociferously at him and he feels vulnerable and victimized.

#### The following narrative is in his own words:

#### **Background - Self:**

- 50 years, worked till recently for Wipro and now preparing for a start-up in Bangalore.
- Engineer
- First marriage: 1997 to cousin of my classmate, whom I knew her and her family 10 years before proposing
- Engaged in 1996 and married in 1997, son born in 2000, house bought in 2000, first car bought in 2000
- My wife and I stayed in joint family with my parents and 2 younger brothers LIFE WAS VERY HAPPY
- 2005 my wife got early symptoms of brain tumor, operated her brain twice in march 2006, paralyzed as hemiplegic, died in 2008 July.

Background my wife Shama (Name changed)

37 years, Masters in Physiotherapy, Neuro Rehabilitation specialization

- Working as Assistant Professor in a very famous university
- Very nice fun loving family, she is the first of the 3 daughters,
- Shama is more like a son to her family than a daughter as she is the most highly qualified and a go-getter in all official and farming correspondence, perceived as a bid-mouth and fighter in family
- Married in ~2000, separated in 1 2 years after marriage and divorced during 2008-09, her earlier husband had married immediately after her separation

## Life before marriage with Shama

We first met during 2010 after a few weeks of talking on telephone. Since 2010, after we both agreed each other and parents of both sides agreed, we both have never looked back and lived as couple even before marriage and both our families and her village knew about this. She stayed in her college student hostel before marriage. While my mother agreed for this alliance in the beginning, she later disliked Shama and vehemently opposed her and forced me not to marry her. Shama at times became too stubborn and used to come home in spite of telling not to come as elderly parents doesn't like she coming home before marriage. I had warned her to look at other alliances forgetting me as my parents stopped approving this marriage, but she was very stubborn and preferred to die rather than to marry someone else. Both Shama and I continued persuading my mother but with no success, till my dad told me one day in 2011 to marry, my mother reluctantly agreed and gave me the mangalasutra to marry and get her home. In front of the god, I just tied the mangalasutra and got her home.

# My mother and Suchi after she came home

The very 3<sup>rd</sup> day there was a big argument between my mom and Shama, as my mom threw the green-tea leaves thinking it is dried leaves which Shama saw, leading to a big argument. Angered by this my mom never allowed her into kitchen even to prepare a cup of coffee. Shama during her 3 - 4 months stay could not have any proper meal at home. She never made any attempt to talk to my mom or dad and everyday there were arguments.

**Instance:** One major observation Shama would behave very silent, unresponsive, very stubborn and ignorant (acting as if she is alone) when my parents used to question or reprimand her.

**Instance:** One day my mom shouted from room where she was alone with Shama, when i rushed there, my mom was crying accusing that Shama had hit her ears. when i asked Shama she told me that she had to do as self-defense.

My parents moved to a different house leaving my son, Shama and me in our house. She felt my son Raju, then 12 years old was taking all the time depriving her the attention, she used to complain and make issues of this matter every week. It slowly turned such that she started showing anger on me with my son being the reason. She used to use very hurting words to my son like "watch man" "street dog" etc. I could not tolerate this anymore. I started becoming too protective about my mother-less son. All these she used to report to her parents on phone.

She always was threatening me that she will kill herself and write that I am the cause for it, she has sent several SMS messages and WhatsApp messages too in this regard, I was and am always worried about this.

**Instance:** One cold mid night in winter she in a fit of anger came pulled my bed sheet leaving me in severe cold when i was sleeping with my son, he was feeling scared that day. In that cold night, this was very inhuman.

One day when Shama was in her hometown, I without informing brought my parents back (from a smaller house) to my house and ensured my parents and my son are safe. I shifted Shama's belongings to the smaller house along with my baggage. After work I used to ensure my son finishes his studies and preparation for the next day and I used to go to Shama's house. This further created a big rift between us and there were arguments everyday between us. The last 2 - 3 months of her stay in Bangalore, her father was diagnosed with blood cancer and she was frequently travelling to her home town, she used to show her frustration on me all the time. She was fed of this life, spoke to her earlier employer/college and secured a job and decided to leave, with an assurance that i will keep visiting her every two weeks. I keep visiting her once in 2 - 3 weeks, life was OK and we had a girl baby in 2014 June. Her dad passed away in December 2014 and her responsibilities increased.

**Instance:** One day Shama got very angry when it was just she, my son and me at home. She put her head on my lap in front of my son, which for my son this was a new. When I cautioned Shama about this she became aggressive and started resting her head even more closer to my lap, I felt this very abnormal.

**Instance:** Another day, 2 years back Shama, my son and my niece (of 22 years then) were travelling in night bus from Delhi to Ambala. My son was sitting next to me and Shama and my niece were sitting together in a different seat. All of a sudden Shama became too different and telling my son to go to other seat as she wanted to sit next to me. When I opposed, she started screaming on me and my son in the bus where everyone cud see and hear, it was very embarrassing.

**Instance:** Another day, she took the photo album of my marriage to Rajni (my 1st wife) and tore all those photos where Rajni and I was there to small pieces. Next day knowing this my son cried a lot.

**Instance:** Whenever I go to her village, I usually stay 3 - 4 days in her village, it will all be fine till the last few hours. All of a sudden for no trigger or no argument, Shama becomes too silent, abrupt nagging, very deep hurting words comparing me to other men and telling I am useless and orphaned her. She then goes to her room and cries for a very long time, till her mother intervenes and fires me too some times. It is too insulting for no mistake of mine. When I enquire why this happened, she tells she is not able to reconcile that I am leaving.

**Instance:** Since her village is in deep forest, I depend on local auto rickshaws booked well in advance to go to bus-stand. Many times in front of the auto driver she has fought, argued, cried and shouted insulting me. As recent as 5 days back, this time on 2nd March, she did not let me go, holding my baggage and made me miss my night bus. The whole night she has nagged, pulled, pushed, pinched, hit and argued. She used to unnecessarily shout on me, complain to her mother adding more than spoken, create false sympathy. Her mother too fired me and used abusive words and told me never to come there again.

Finally, i had to escape in the morning when she went out walking in the shortcut route. Worrying fact is that my wife is not very ashamed of this and is behaves nothing has happened and feels i am the only reason for this.

Though we both love each other a lot, there are lots of arguments which keep happening. Shama compares other women and feels she is not as lucky as them and very sad, fires me scathing words and cries very badly for hours together. She compares other men and nags me that I am not a good husband. She always tells me that she should have listened to her parents not to marry me and should have married other alliances which she got. Finally now she has lost all interest in sexual relationship too and never cooperates in this matter.

# Case analysis

In the above case, when the husband was told about the diagnosis of his wife and that is why she is behaving so, he did some google work on his own and came to the clinic wanting to share his feelings on the same. He said that he had read on the google that:

"People with BPD tend to be extremely sensitive. Some describe it as feeling like an exposed nerve ending. Small things can trigger intense reactions. And once upset, you have a hard time calming down. It's easy to understand how this emotional volatility and inability to self-soothe leads to relationship turmoil and impulsive-even reckless-behavior. When you're in the throes of overwhelming emotion, you're unable to think straight and stay grounded. You may say hurtful things or act out in dangerous or inappropriate ways that make you feel guilty and ashamed later on.

 $He \ mentioned \ that, `Now \ I \ know \ why \ she \ behaves \ as \ she \ does. \ Things \ have \ started \ falling \ in \ place'.$ 

He also shared some more details and commonalities of Shama's behavior with some of the incidents which had happened in the family.

## Further on the case

In the above case, it was a big relief for this fellow to understand or comprehend what is going wrong in his life. What needs to be done and how to proceed in his marital relationship as he was on the verge of getting a divorce when he came for counseling.

Now, in this case, the husband had come to seek help thinking that there are adjustment issues and sincerely thought that they could work it out after meeting with the counselor.

But when he realized that she was suffering from Borderline Personality Disorder, he was initially shocked, enraged and felt cheated in this marriage - which is generally the experience of many family members when they face the news for the first time. Later on, he was able to realize that many gaps in his life were being filled and he was able to reconcile with this bewilderment.

His next question was understandably, "What next".

Both of them were put on family and marital therapy for some months. The interactions were more frequently in the beginning to be followed by once a month after a few months of therapy.

#### **PEROMA Model of Optimism**

The couple were put on PEROMA model of Optimism as one part of therapeutic modality and after initial resistance, they responded to it well.

This model has been developed by the author Professor (Dr) Padmakali Banerjee [5] which helps in increasing the Optimism levels of the individuals, no matter whatever the provocation, by focusing on:

- Positive Emotions'
- Engagement
- Relationships
- Optimism
- Meaningfulness
- Accomplishment

As is seen, optimism stands out in middle like a sun as the other dimensions of PEROMA gets more colorful in the client's life. By learning to focus on being optimistic and looking forward for good things to happen, an individual can will himself to be happy. BPD individual gradually learns, during the course of his therapy that being happy is just a choice and not because of past circumstances in which he generally likes to dwell in all the time.

Therefore, being Optimistic is an attitude which one can gradually learn to acquire and that is when the healing of a BPD begins. Using OAM (Optimism Attitude Model) also helped in the family and the individual understand the underlying issues.

#### **Thought Surgery in BPD**

This involved having long drawn one to one session with the patient and help her come to terms with each of her disabling thought with Regression therapy and Optimism Attitude Model along with confrontational approach. It is not an easy process and requires considerable expertise on the part of the therapist to confront family members. Like all surgeries, thought surgery entails bleeding and is painful without the anesthesia for the family members along with the individual. The therapist does thought surgery in family therapy but gives the thread to family members to do thought stitching for effective results.

This is a painful process as it emotionally drains the patient who is in a denial mode and requires adept confrontation mode by the therapist while sustaining and maintain the trust and respect of the patient and his family members as thought surgery entails both individual and family therapy [6-32].

# Conclusion

It becomes a very difficult experience and indeed very trying on the part of the family members who are living with a Borderline Personality Disorder. As it generally happens to many intelligent individuals who are otherwise seemingly doing very well in their professional lives and can be real charmers if and when they want to and the diagnosis too is not easy to make; in such a scenario life becomes really tough for the family members especially the spouse and children who are not really able to understand what is happening to them. In this article, an attempt has been made to demystify the malaise of BPD in simpler terms and a reassurance to family members that there is still hope.

It is not their fault that the BPD behaves so and therefore no need to feel guilty or the victim. And a message to all family members to please get it treated and go for the therapy. And yes, OAM works. Life can once again smile at us and we can make it better ourselves. OAM therapy signals this message to people suffering from borderline Personality Disorder and their family members.

# **Bibliography**

- 1. Dougherty DM., *et al.* "Laboratory measures of aggression and impulsivity in women with borderline personality disorder". *Psychiatry Research* 85.3 (1999): 315-326.
- 2. Lampe K., *et al.* "Neuropsychological and behavioural disinhibition in adult ADHD compared to borderline personality disorder". *Psychological Medicine* 37.12 (2007): 1717-1729.
- 3. Linehan MM. "DBT Skills Training Manual". 2nd Edition. New York, NY: Guilford Press (2014).
- 4. Berlin HA and Rolls ET. "Time perception, impulsivity, emotionality, and personality in self-harming borderline personality disorder patients". *Journal of Personality Disorders* 18.4 (2004): 358-378.
- 5. Padmakali B and Puri A. "Construction of a test on Optimism Index: PEROMA perspective". *Journal of Psychology and Clinical Psychiatry* 5.6 (2016): 00310.

- 5. Ainslie G. "Specious reward: a behavioral theory of impulsiveness and impulse control". Psychological Bulletin 82.4 (1975): 463-496.
- 7. American Psychiatric Association. "Diagnostic and Statistical Manual of Mental Disorders". 5th edition. American Psychiatric Publishing Washington, DC (2013).
- 8. Barrachina J., et al. "Validation of a Spanish version of the Diagnostic Interview for Bordelines-Revised (DIB-R)". Actas Españolas de Psiquiatría 32.5 (2004): 293-298.
- 9. Bornovalova M., et al. "Impulsivity as a common process across borderline personality and substance use disorders". Clinical Psychology Review 25.6 (2005): 790-812.
- 10. Cackowski S., et al. "Impact of stress on different components of impulsivity in borderline personality disorder". *Psychological Medicine* 44.15 (2014): 3329-3340.
- 11. Coffey SF, et al. "Impulsivity and rapid discounting of delayed hypothetical rewards in cocaine-dependent individuals". Experimental and Clinical Psychopharmacology 11.1 (2003): 18-25.
- 12. Coffey SF, *et al.* "Impulsivity and risk-taking in borderline personality disorder with and without substance use disorders". *Personality Disorders* 2.2 (2011): 128-141.
- 13. Conners C. "Conners CPT. II, for Windows". North Tonawada, NY: Multi-Health Systems (2000).
- 14. Csikszentmihalyi M. "Flow: The psychology of optimal experience". New York, NY: Harper Perennial (1991).
- 15. Dougherty DM., et al. "Behavioral impulsivity paradigms: a comparison in hospitalized adolescents with disruptive behavior disorders". *Journal of Child Psychology and Psychiatry* 44.8 (2003): 1145-1157.
- 16. Dougherty DM., et al. "Laboratory behavioral measures of impulsivity". Behavior Research Methods 37.1 (2005): 82-90.
- 17. Droit-Volet S., et al. "Mindfulnes meditation and relaxation training increases time sensitivity". Consciousness and Cognition 31 (2015): 86-97.
- 18. Gibbon M and Spitzer RL. "User's guide for the structured clinical interview for DSM-IV axis II personality disorders: SCID-II". First MB, editor. American Psychiatric Publishing Washington, DC (1997).
- 19. Giluk TL. "Mindfulness, Big Five personality, and affect: A meta-analysis". Personality and Individual Differences 47.8 (2009): 805-811.
- 20. Gómez-Beneyto M., *et al.* "The diagnosis of personality disorder with a modified version of the SCID-II in a Spanish clinical sample". *Journal of Personality Disorders* 8.2 (1994): 104-110.
- 21. Henry C., *et al.* "Affective instability and impulsivity in borderline personality and bipolar II disorders: similarities and differences". *Journal of Psychiatric Research* 35.6 (2001): 307-312.
- 22. Kabat-Zinn J. "Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness". New York, NY: Delacorte (1990).
- 23. Kane T., *et al.* "Does the tendency to act impulsively underlie binge eating and alcohol use problems? An empirical investigation". *Personality and Individual Differences* 36.1 (2004): 83-94.
- 24. Khoury B., et al. "Mindfulness-based therapy: a comprehensive meta-analysis". Clinical Psychology Review 33.6 (2013): 763-771.
- 25. Kollins SH. "Delay discounting is associated with substance use in college students". Addictive Behaviors 28.6 (2003): 1167-1173.
- 26. Kramer RSS., et al. "The effect of mindfulness meditation on time perception". Consciousness and Cognition 22.3 (2013): 846-852.
- 27. Kröger C., et al. "Effectiveness, response, and dropout of dialectical behavior therapy for borderline personality disorder in an inpatient setting". Behaviour Research and Therapy 51.8 (2013): 411-416.
- 28. Linehan MM. "Cognitive-behavioral treatment of borderline personality disorder". New York, NY: Guilford Press (1993).
- 29. Baer RA., et al. "Using self-report assessment methods to explore facets of mindfulness". Assessment 13.1 (2006): 27-45.
- 30. Linehan MM. "Skills training manual for treating borderline personality disorder". Guilford Press New York, NY (1993).
- 31. Padmakali Banerjee and Amita Puri. "Healthy Aging in the Geriatric Population: An Exploration with OAM". EC Psychology and Psychiatry 1.6 (2017): 210-216.
- 32. Padmakali B and PuriA. "The symphony of OAM (Oam Attitude Model) Impacting Performance and Mental Health". EC Psychology and Psychiatry 1.4 (2016): 149-157.

Volume 6 Issue 3 December 2017 ©All rights reserved by Amita Puri., *et al*.