

**Optimism Attitude Model and Seventh Sense Hypnotic therapeutic intervention
leading to self-efficacy: A Case study of an individual with Borderline Personality
Disorder**

Dr. Padmakali Banerjee
Pro Vice Chancellor
Amity University, Gurgaon, India

Dr. Vikas Sharma
Head, Amity inst. Of CI Psy, Gurgaon

Dr. Amita Puri
Citizen Hospital, Gurgaon

Abstract

The present study focuses on studying the efficacy of Optimism Attitude Model (OAM) and the seventh sense hypnotic induction in the management of individuals with Borderline Personality Disorder. Providing therapy to the individuals with borderline personality disorder is energy draining task for the clinicians. Due to the symptomology, it becomes a difficult task for them to engage in the regular therapeutic sessions. In the present study, the individuals with borderline personality disorder were seen twice a week on regular basis for one month and the therapy sessions are still going on. In order to observe the improvement and efficacy brought by the therapeutic means, in the initial sessions the optimism index tool was used to record the optimism level of the individuals and after one month sessions again the optimism level was checked and the therapist found a positive difference in the optimism level.

Keywords: OAM, Seventh sense hypnotic intervention, borderline personality disorder., cognitive hypnosis

Background

Understanding personality disorders is quite complicated issue which emerges in the context of relationship with others as well as self. This is characterized by marked degree of disquiet and distress in response to situations. Such individuals are always inflexible and pervasive while deviating from the expected cultural norms quite markedly.

Statistics reveal that personality disorders afflict approximately 6.1% of the world population. Hence the mental health related issues become quite profound not only of the individuals afflicted with these disorders but also their family members as well. The most common personality disorders include Borderline Personality Disorder (BPD). Statistics indicate that around 23% of outpatients and 43% of inpatients receiving mental health services meet the criteria of being a BPD. Researches indicate that females are more prone to developing this diagnosis. The core symptoms include emotional deregulation, marked impulsivity, tendency towards self harm, disturbed interpersonal relationships etc which hamper in their daily functioning.

The term was first introduced in the third edition of the diagnostic and statistical manual of mental disorders (DSM- III). This categorization in DSM has helped in the understanding etiology, progress and treatment. This disorder has undergone many changes since its introduction. According to DSM-5, the diagnostic criterion indicates that at least 5 or more of the nine symptoms should be present for diagnosis.

- (1) Frantic efforts to avoid real or imagined abandonment.
- (2) A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization 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.

The individuals with borderline personality disorder symptoms can be written down in a poem form and it follows as:

**Life is full of traumas all around
Wish someone, somewhere would try to understand me
People around me are here to wound
O troubles, have pity, please unhand me.**

**I deserve to be more happy than I am today
Even though people are always not kind
I wish I could find my peace someday
The troubles abound me merciless grind.**

**For me. My people seem not to care
Even tho' I am so generous n my approach
I am so free with my love and lair
Alas ! Why then I am treated like a cockroach**

**Oh, Why am I destined to suffer
And me so willfully innocent??
O !some courage could I muster
For my heart's wounds to vent**

**So that my deaf folks could finally realize
How heartless and cruel they are to one so pure
O! they are filled with so much malice
Forcing their rejections on me to endure**

**One day they will bitterly cry
For having wasted precious time of love
For, in giving my heart was never shy
But heartlessly, they pushed and shove**

**Indeed to me, they have been such dears
Alas ! Life was never a bliss when they were near.**

- **Amita Puri**

Following is the excerpt from the conversation of an individual with BPD.. The index patient Mr. M was 21 years old, unmarried male, studying in undergraduate program, hails from middle socio economic status, urban background presented with six years history of sad mood, loss of interest in activities, aggression, self-harming behaviors along with suicidal ideation, violent behavior and disturbed interpersonal relationship with others with insidious onset, the course was continuous and progression was deteriorating. The precipitating factor was bullying at school and perpetuating factor was dysfunctional family system along with expressed emotions.

Individual with borderline personality disorder

“I don’t agree, I don’t do anything wrong, I don’t talk to her only. Sometimes, I feel like talking to her because kitna isolate karu apna apko. But every fucking time she yells at me and puts me down. And all I keep yelling is no inside. And then I break into breathlessness and finally start crying. And she says are you crazy and behaving like a sick person and I don’t get any support.”

The individuals with borderline personality disorder bleeds from inside while putting on a demon upfront and ends hurting themselves and family members. It is imperative that treatment must include family therapy as well, so that they can benefit more from the therapeutic intervention.

In the present study, the optimism attitude model and 7th sense hypnotic intervention was used as therapeutic tool with borderline personality disorder and to study the efficacy of these two therapy as most of the other therapies mainly focuses on the individual symptoms but these two therapy focuses on the individual as well as family members issues and promotes optimism which is required for better outcome.

OAM THERAPY FOR HAPPY LIVING

“Every *time you smile , you win*” (Banerjee, P. , 2018)

Life is becoming more complicated with each passing day which brings in its own complexities of living. An individual with BPD lives in his own inner dark hole of emotional pains which he is not able to share with others. While others in the family see him as an aggressive, impulsive, rude and uncouth beast ; people outside inner family circles may vouch for this same person’s sensitivity, etiquettes and courtesies which make him the life of any social gathering. This dichotomy leads the individual towards suicidal behavior as he is not able to understand who he really is and the family members too share their own set of traumas by living with a family member with BPD symptoms. Often the

symptoms go undiagnosed for most of their lives and the vicious cycle of perpetual “living in hell” continues.

In such a scenario, OAM (Banerjee 2017) has come out with a unique model to live life beautifully through OAM – Optimism Attitude Model. Seventh Sense hypnotherapy which is an integral part of OAM therapy includes the following steps;

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

On the basis of scores obtained in Optimism Index (Banerjee et al 2016) which includes quantitative measurement on the dimensions which involve the PEROMA - Positive Emotions, Engagement, Relationship Network, Meaningfulness and Achievement., the individual is put on OAM – Seventh Sense Hypnotherapy. Oi is a predictive tool for success and a very powerful tool in competency mapping for developing emotional resilience leading to an enhanced quality of life and mental health.

Seventh Sense Hypnotic Therapeutic intervention

In the present study, 7th sense hypnotic therapeutic intervention was used and it involves hypnotic relaxation and hypnotic visualization.

Case:

CASE – I

The index patient Mr. M was 21 years old, unmarried male, studying in undergraduate program, hails from middle socio economic status, urban background presented with six years history of sad mood, loss of interest in activities, aggression, self-harming behaviors along with suicidal ideation, violent behavior and disturbed interpersonal relationship with others with insidious onset, the course was continuous and progression was deteriorating. The precipitating factor was bullying at school and perpetuating factor was dysfunctional family system along with expressed emotions.

HISTORY OF PRESENT ILLNESS

The index patient was apparently maintaining well till 6 years back. In the year 2013, while studying in 10th standard, he stopped eating meals and started feeling nausea, for

which he was taken to local ayurvedic healer and there he was diagnosed as having stomach cancer and medication for cancer was provided which eventually stopped his vomiting symptoms but after returning the symptoms relapsed. In the year 2015, he was taken to Agra to seek psychiatry help, where he was prescribed medication for anxiety and depression. The patient didn't continue the medication saying "Mujhediwaai se bahutdikkat hue" and later complained having excessive sweating in palms, feeling anxious, feeling of being alone all the time. In the year 2016, the patient was seen by psychiatrist and was prescribed medication for anxiety, depression and mood disorder, the patient discontinued the medication for having severe side effects of the medication as reported by him. The patient was off the medication for 6 months and after joining college in the year 2016, he started taking weed drug for 2 months and in the same year, parents took him to rehabilitation centre for the treatment and where he was diagnosed having personality disorder and was admitted for one year. After returning from the rehabilitation centre the patient was functioning well till 2018 May, when he suffered from jaundice, the patient was off the psychiatric medication and in the same year he showed destructive behavior and broke refrigerator, mobile phone. The symptoms got worsen such as self harm behavior, anger, and vomiting and chest pain and with these chief complaints the patient was brought to the hospital in the year 2018. During the investigation the patient reported that "Mujhe school mein bully kiyajatatha and chiddate the ki lesbian hainaur parents never understood me, now also they don't understand me and doesn't take care of me properly due to which I get anxious, angry and tensed". "I don't know why I get angry and impulsive that I can't control and harm myself and he reported that no memory of the reason for the same (Yaadnahigussakyunayatha). I don't trust anyone including my parents and I like to stay alone in my room and don't like sharing my room with anyone "Mujhedusrokitarahachi life lead karnahain but mein abnormal huun".

Parents reported that during childhood he was very obedient and caring child. He used to obey his parents and had a cordial relationship. But During 10th standard he stopped having meals and had nausea sensation. Things were still fine but after completing 12th standard, he started behaving in aggressive manner, such as he would throw things on floor, punch on refrigerator and wall and for these complaints he was seen by many psychiatrists and he was admitted in rehabilitation centre for a year. He was diagnosed as having personality disorder symptoms and was medicated for the same. After returning from rehabilitation, he was functioning well for a year and symptoms relapsed after getting jaundice as medication was stopped. He started verbally accusing parents for not taking care of him

and being overpossive but at same time for not spending adequate time with him. He started fighting with parents and brother; he punches wall, refrigerator and throws footwear on god and bangs the door badly. He counter questions parents for each and everything that happens and parents are afraid of uttering any word in front of him since he gets angry easily for no apparent reason. They reported that he spends a lot of money on buying items and talks a lot.

DIAGNOSTIC FORMULATION

The index patient is a 21 years old, studying in undergraduate program living with his parents and brother. Over the past one year, he has become increasingly depressed, self-depreciating ideas, complaints of often chest pains. The patient has not been able to concentrate on studies and daily activities. Onset of symptoms started while studying in 10th standard when he started feeling that he was bullied a lot by his classmates. The patient was detected to be having hypothyroidism a year ago and is on treatment. Mental status examination reveals anxiety and self-harming with aggressive behavior. The patient is having these symptoms because of family environment.

PROVISIONAL DIAGNOSIS

The case history and mental status examination suggests that a patient is a case of Borderline Personality disorder (F60.3)

Based on the chief complaints, the brief clinical history and the mental status examination of the patient, which indicated the personality issues, the following tests were selected and administered to assess any personality disorder.

PROGNOSIS

Positive prognostic indicators

- Average intelligence

Negative prognosis indicators

- impulsivity
- low frustration tolerance
- low ego strength
- being emotionally unstable with low self esteem

IMPRESSION

The chief complaints, brief clinical history, mental status examination and test findings suggests **Borderline Personality disorder (F60.3)**

MANAGEMENT

- Pharmacological treatment
- Psycho education to patient and parents
- Optimism attitude Model
- Hypnotherapy

Using the simple steps of OAM, Patient Mr. M was guided towards imparting emotional empowerment.

THERAPEUTIC INTERVENTION

Session 1: Rapport building and Psychoeducation

It is very much important to have good rapport formation with individuals with borderline personality disorder as they are quiet manipulative and doesn't disclose their issues with therapist as they have trust issues also, so it's necessary for the therapist to have good rapport with the patient.

In the initial phase therapist empathized with the patient and actively listened to his problem in order to build rapport with the patient. Patient was explained about the nature and the progress of therapy involving duration and number of sessions to the patient. After the informed consent pre therapy assessment was completed. Psychoeducation was done with the patient as well as with family members. Patient was asked about his knowledge and understanding about borderline personality disorder and after that he was educated about the disorder which comprise of symptoms, etiology, course and progress and the treatment.

After psychoeducation, the patient optimism level was assessed using optimism index scale. The individual scores are as follows:

Dimension	Patient M
Positive Emotions	28
Engagement	22
Relationship network	22
Meaningfulness	23
Accomplishment	26
Global Scores	121

Session 2: Reducing anxiety symptoms

In the second session with the patient, he was asked about the symptoms he wishes to be work on. The index patient responded that he wants to work on his anxious behavior as its troubling him a lot.

In the awareness stage, the patient was made aware about his problems using psychoeducation and confrontational therapeutic model. He was made aware of the symptoms he is going through such as anxiety, sadness, aggressive and self-harming behavior. The anxious symptom was first taken for the session.

In the visualization stage (7th sense hypnotic therapy) was used, the patient gets anxious in confronting crowd. While he was in school, his batch mates used to bully him and that scenario is still fresh in his mind and whenever he sees a lot of people he gets anxious. In the visualization stage, the index patient was made to relax on the couch and backward counting technique was followed along progressive muscular relaxation. The index patient was asked to visualize 20 steps in order to take him in a more deeping stage of the relaxation. During the hypnotic visualization, the index patient was regressed back to the first time; he felt these feeling anxiousness and panic. He went straight back to a time aged 11 years, when he joined a new school. He had felt very overwhelmed and scared. During this time, he had tried to talk to his batch mates but everyone made fun of him and bullied him. Later he had tried to make himself as small and insignificant as possible in the hope

that nobody would notice him. Unfortunately this didn't work and he was bullied for quite a time. He always tried to make sure he could make friends. After doing integration and allowing him to realize that this could be the reason for his fear. I made him visualize that he started in that school, everyone were polite and nice to him. Everyone made him comfortable in the school and he had good bunch of friends. Then some direct positive suggestion was given to him and brought session to closure.

After such powerful and positive visualization, the index patient was able to have positive feeling and was feeling better. After this, reconstruction stage was done in which the patient was made to watch motivational video to overcome the feeling of bully and was made to read inspirational quotes on school bullying.

Session – 3: Reducing anger and anxiety symptoms

In the third session, the seventh sense hypnotic therapy was used to make him relax and receptive to the therapy. After that the mindful meditation session was held. In the Reinforcement mindfulness, the index patient was made to do mindful meditation which focuses on the present moment and the patient is made aware of his bodily sensations, thought process, breathing pattern. After mindful meditation, he was now more quiet and at peace with himself over the past events over which he had no control. He was made to realize that even in the present one does not have control over how others behave but certainly there are ways in dealing with situations without aggravating the issues.

In the attitude formation stage, using his strengths and insight about the therapeutic program he was put in. He learned to listen more without getting anxious. This new found attitude was making him more confident, calm and he was able to find way out of anxious situation.

After two regress therapy session, the index patient was feeling better and he reported that he was not feeling anxious as before. He reported that he was able to face people in college as well as in society where he resides. Through optimism attitude model therapy his self-efficacy got increased and he was able to function properly.

After increasing the self-efficacy of the index patient using optimism attitude model, 7th sense hypnotic induction was done on the index patient after taking consent.

Post Treatment

The index patient after two weeks reported that, he felt so much better about himself since his past sessions. He could now go out in social environment in a calm and confident way and after a month optimism level was assessed and results are as follows:

Dimension	Patient M
Positive Emotions	32
Engagement	30
Relationship network	25
Meaningfulness	28
Accomplishment	29
Global Scores	144

The above results indicates that, the individual has scored better scores than the previous one and there is improvement in the optimism level of the individual, which indicates that optimism attitude model therapy has an effect on the individual with borderline personality disorder.

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 (Hoffman, P., Buteau, E., Hooley, J., Fruzzeto, A., & Bruce, M. (2003).. 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 (Huckvale, K., & Learmonth, M. (2009).

For future advancements, 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.

Also, It has been demonstrated quite successfully in the above mentioned case the significance of using seventh sense hypnotic therapy for enhancing sense of awareness and

inducing cognitive clarity. Cognitive hypnosis does play an important role in helping develop the feeling of well being and self efficacy.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author. American Psychiatric Association.(2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
- American Psychiatric Association.(2000). *Diagnostic and Statistical Manual of Mental Disorders.Fourth Edition, Text Revision*. Washington, DC: American Psychiatric Association
- Padmakali, B., and Puri, A. “Healthy Aging in the Geriatric Population: An Exploration with OAM”. *EC Psychology and Psychiatry* 1.6 (2017): 210-216.
- Banerjee,P and Puri, A.. “Healthy Aging in the Geriatric Population: An Exploration with OAM”. *EC Psychology and Psychiatry* 1.6 (2017): 210-216.
- Banerjee, P and Puri A. “Construction of a test on Optimism Index: PEROMA perspective”. *Journal of Psychology and Clinical Psychiatry* 5.6 (2016): 00310.
- Banerjee, P and Puri A. “The symphony of OAM (Oam Attitude Model) Impacting Performance and Mental Health”. *EC Psychology and Psychiatry* 1.4 (2016):149-157.
- Banerjee, P and Puri,A (2016). The symphony of OAM (Oam Attitude Model) Impacting Performance and Mental Health. *EC Psychology and Psychiatry*, 1.4,149-157
- Banerjee , P and AmitaPuri., et al. “Addressing Concerns of Gifted Adolescents through Optimism Attitude Model and Optimism Attitude Therapy”. *EC Psychology and Psychiatry* 5.4 (2017): 134-139.
- Banerjee, P and AmitaPuri (2018) Enhancing health and transforming lives through optimism attitude model(OAM): Panacea in 21st century *The Business and Management Review*, Volume 9 Number 4 July 2018 8 th International Conference on Restructuring of the Global Economy, 9-10th July 2018, University of Oxford, UK 135
- Banerjee, P (2018) *The Power of Positivity : Optimism and the Seventh Sense*. Sage Publications

Huckvale, K., & Learmonth, M. (2009). A case example of art therapy in relation to Dialectical Behaviour Therapy. *International Journal of Art Therapy*, 14(2), 52-63. doi:10.1080/17454830903329196

Hoffman, P., Buteau, E., Hooley, J., Fruzzeto, A., & Bruce, M. (2003). Family Members' Knowledge about Borderline Personality Disorder: Correspondence with their Levels of Depression, Burden, Distress, and Expressed Emotion. *Family Process*, 42(4), 469-478. doi:10.1111/j.1545-5300.2003.00469.x