

Use of Mindfulness Counselling Technique to Improve Students with Borderline Personality Disorder

Dr. Tina Nweze ¹ and Amaka Okanume-Onah²

¹ Department of Educational Foundations, Ebonyi State University drtyna@yahoo.com, drtyna95@gmail.com

² Department of Psychology, College of Education, Zing, Taraba State okanumeamakavictoria@gmail.com

Abstract

This study examined the use of mindfulness counselling technique to improve borderline personality disorder. The study was conducted at Government Technical College, Abakaliki and Community Secondary School, Uburu with a target population of 100 students who have borderline personality disorder. 20 students in SS II were sampled using Purposive sampling technique. The sampled students were exposed to the use of mindfulness after some group interaction for ten weeks. The procedures for treatment were instruction and advice on how to maintain a pain free mindset. Quasi experimental design was used. The data collected before and after treatment were analyzed using mean, standard deviation, and t-test. The hypotheses were tested at 0.05 level of significance. From the research findings, it was observed that borderline personality disorder (BPD) affect individuals not minding their gender, age, location, education level among others. Recommendations were based on the findings.

Keywords: Mindfulness, Counselling Techniques, borderline

Introduction

Three categories of people exist: those that live in their past experiences; those that are fanatical in imagining their future; and those that dwell in their present. The irony is that when one pay attention on the past or begin to reside in past experience(s) or become obsessed in imagining the future, present moment suffers as engaging in any of the above options, gets one distracted from issues of the moment. Markway (2014) avers that when one is fully present in the moment, not thinking about the future, the individual is less likely to plague oneself with the "what ifs" of life. Any individual that concentrates is well poised, whereas those that allow the mind to wander is easily upset (Dumont, 2005).

When one is easily upset he/she tends to develop some adjustment or defense mechanisms as coping strategies which may be inimical to both self and others around him. Many students perform below their potentialities and abilities; while others fail not because they are not intelligent but because they are easily distracted and lose focus. This may be because such a person has Attention Deficit Disorder (ADD). People with ADD have a difficult time attending selectively to the most important aspects of their environment (McDowell and Hostetler, 1996) because, their minds are always racing, hazy or overwhelmed by incoming stimuli. McDowell and Hostetler (1996) opine also that impulses, feelings, and creativity of people with attention deficit disorder play the main role in their thought patterns. They tend to develop patterns of behaviour featured by impulsive acts, boredom, restlessness, disorganization, inability to concentrate for a long term, distractibility, hyperactivity, low self-esteem, poor anger control, insensitivity to details, instability and chaotic relationships with others (McDowell and Hostetler, 1996), among others. These negative behaviour patterns definitely affect

Journal of Educational Policy and Entrepreneurial Research (JEPER) www.iiste.org Vol. 1, No. 1, September 2014. Pp. 69-75



their level of concentration. This can lead to what is popularly known as Borderline Personality Disorder (BPD).

Borderline personality disorder or emotional intensity disorder or emotionally unstable personality is a mental health that generates major emotional instability (Mayo, 2014). It is a serious mental illness marked by unstable moods, behaviour, and relationships (Gunderson, 2006). It could also be defined as a mental illness that causes intense mood swings, impulsive behaviour, and severe problems with self-worth (Net, 2014) chaotic relationships with others, identity problems, to mention just a few. Buttressing the aforestated, Grohol (2013) sees borderline personality disorder as a pervasive pattern of instability in interpersonal relationships, self-image, and emotions. He further maintains that people with borderline personality disorder are usually very impulsive. Borderline personality disorder is a disorder where individuals have extreme difficulties regulating their emotions (National Education Alliance for Borderline Personality Disorder, 2014). It is marked by various features as instability personality organization, like instability, impulsiveness, intense or poorly controlled anger, inability to tolerate others, being alone and chronic feelings of emptiness by the affected individuals, sometimes seen to be on the borderline of Psychosis and are highly unstable in mood, behaviour, self-image, and effect. The behaviour of people with BPD is highly unpredictable and such person seldom achieves their full potential. Their interpersonal relationships are often stormy because of their shifts in attitude and their tendency to idealize gestures and self-mutilation sometimes occur with this disorder.

This study is significant because it will assist to x-ray the usefulness of counselling in improving students' with borderline personality disorder. This study is useful to all and sundry, starting from parents/guardians, students, teachers, other educational stakeholders, all sectors of the government, counsellors, among others. The solutions will aid to improve personality state of all, especially those in schools.

Statement of the Problem

Many people suffer from borderline personality disorder (Leichsenring, Leibing, Kr, New, Leweke, 2011) without even knowing it. It is thought that borderline personality disorder affects approximately 2 percent of the general population (Grohol, 2013). It is estimated that more than 14 million American adults, distributed equally between men and women, have borderline personality disorder (National Education Alliance for Borderline Personality Disorder, 2014). Grohol (2013) asserts that many people with borderline personality disorder like every other personality disorders hardly seek out treatment until the disorder starts to significantly interfere or impact their lives. This may be as a result of their being ignorant of the fact that they have such disorder(s). This is why Counsellors and psychologists believe that a problem identified is a problem half solved. Blaise and Gillian (2013) opine that borderline personality disorder can be minimized using mindfulness. Mindfulness according to Kabat-Zinn (1994) means paying attention in a particular way: on purpose in the present moment, and not being judgmental. He went further to assert that mindfulness is both fundamental and attainable through practice. Grandma in Blaise and Gillian (2013) suggests that mindfulness is learning how to "be in the moment" and familiar with what you are experiencing so that you become more focused and less reactive in your behaviour. Others have defined mindfulness as "being present", staying in this moment, becoming aware of what is going on around you or within you, and "being in the here and now".

For instance, one may be watching a movie and at the same time thinking of so many things, that is, being distracted within. But when an individual realizes him/herself, the person makes amend by concentration. Problems are inevitable in one's life (Nweze-Ajaonu, 1999). This has made man to resort to one means of help or the other (palmist, wizards, native priests, fortune tellers, sooth-sayers, mallams, and medicine men, to mention just a few), which are no longer adequate to cope with the complexities of social and psychological problems which modern society imposes on its members. As long as one is living, problems of many sorts will be surfacing but the way one manages them is determined by one's personality make up. The joy of life is not, in never falling, but in rising each time one falls. Blaise and Gillian (2013) are of the view that borderline personality disorder can be

Vol.1, No.1, September 2014. Pp. 69-75



minimized using mindfulness though it is a difficult task according to them since it requires attending to what is going on in the mind and the mind entertains thousands of thoughts at a time; it is fundamental and attainable through practice and making it a way of being.

Purpose of the Study

The main purpose of this study was to investigate the improvement of borderline personality disorder using mindfulness. The study was limited to two selected schools in Abakaliki and Ohaozara Local Government Areas of Ebonyi State. The reason is that larger numbers of students were found in the selected schools which gave room for wide spreading. The study tends to;

- Determine the problems associated with Borderline Personality Disorder.
- Determine the extent such problems dependant on gender.
- Determine the extent mindfulness improve borderline personality disorder with particular reference to location.

Research Questions

The following research questions were formulated to guide the study;

- 1. What are problems associated with Borderline Personality Disorder?
- 2. To what extent are these problems dependant on gender?
- 3. To what extent can mindfulness improve BPD with particular reference to location?

Research Hypothesis

The following hypotheses were formulated and tested at 0.05 level of significance.

 $\mathbf{H0_{1}}$: there is no significant difference in the problems of borderline personality disorder based on gender.

H0₂: there is no significant difference in the problems of borderline personality disorder based on location.

Methodology

The research design used in the study was quasi experimental design with a total population of 100 students from Government Technical College Abakaliki and Community secondary school, Uburu. A sample size of 20 students made up of 10 boys and 10 girls in SS II class was drawn. Purposive sampling technique was used to select the 20 students. The students were arranged in groups through mindfulness technique of counselling. The students were treated for a period of ten weeks in the school counsellor's office in Government Technical College Abakaliki and science laboratory in Community secondary school, Uburu. The procedure started from second week of May precisely 6th May 2013 through July, 15th 2013. The students were treated in such areas of psychological problems as emotional instability (unstable mood), chronic feelings of emptiness, expression of intense uncontrollable anger, self-hatred, feeling misunderstood, lack of a sense of continuity of time, perfectionism (rigid inflexibility), among others. These problems are grouped into five dysregulation which are as follows: Emotion Dysregulation, Interpersonal- Dysregulation, Self- Dysregulation, Behavioural- Dysregulation and Cognitive- Dysregulation.

The students were treated once a week in some problems and twice a week in some.

Prior to the treatment period, students' cumulative record folder of the previous years was observed through the help of classroom form teachers, office assistants and the school counsellors. The scores were kept as pre-test scores. At the end of the treatment, the cumulative scores for the term were taken. There was clear difference in the scores before treatment and after treatment of inculcating the spirit of mindfulness to improve such borderline personality disorder. T-test was used to determine the difference in using mindfulness to improve borderline personality disorder among male and female students, and urban and rural students.

Results



Table 1: Mean and Standard deviation of borderline personality disorder in such five Dysregulation

| Problems | N | Pre-test m | ean SD | Pro-test | SD |
|-----------------------------|----|------------|--------|-----------------|------|
| Emotional Dysregulation | 20 | 40.84 | 8.25 | 67.87 | 6.82 |
| Interpersonal Dysregulation | 20 | 40.88 | 8.26 | 62.46 | 6.24 |
| Self- Dysregulation | 20 | 43.82 | 8.76 | 56.89 | 5.68 |
| Behavioural Dysregulation | 20 | 45.44 | 9.00 | 58.02 | 5.80 |
| Cognitive Dysregulation | 20 | 42.66 | 8.56 | 58.24 | 5.82 |
| Total | 20 | 42.85 | 8.84 | 58.85 | 4.88 |

Data on table 1 shows that on average, problems associated with borderline personality disorder which were grouped into five areas of dysregulation from the pre-test mean, rated 42.85 before treatment and 58.85 after treatment. This indicated that students with borderline personality disorder suffer from the above mentioned problems. Conclusively, it indicated that the above mentioned psychological problems were associated with BPD not minding the sex, that is, for both boys and girls.

Table 2: Mean and Standard Deviation of Mindfulness technique to improve BPD

| Mindfulness technique | N | Pre-test | SD | Pro-test SD |
|-------------------------------------|----|----------|------|-------------|
| | | Mean | | Mean |
| Use intention 6.18 | 20 | 41.51 | 8.33 | 66.27 |
| Decide to Practice 6.43 | 20 | 40.64 | 8.41 | 64.35 |
| Watch and Notice (observation) 6.85 | 20 | 42.83 | 8.50 | 68.52 |
| Use your senses 6.38 | 20 | 44.02 | 8.80 | 62.44 |
| Enhancement/others 5.62 | 20 | 42.41 | 8.60 | 56.22 |
| Total 5.64 | 20 | 44.44 | 8.87 | 56.45 |

The data on table 2 reveal that the mean scores for mindfulness technique of counselling confirmed that the above listed skills were associated with mindfulness as a way of improving BPD. The pretest score of 44.44 was less than post-test score of 56.45, influence of location notwithstanding.

Table 3: Mean and standard deviation of BPD as it affects male and female students

72

| Mindfulness technique | N | Pre-test | SD | Pro-test | SD |
|-----------------------|---|----------|----|----------|----|
| | | Mean | | Mean | |



| Males | 10 | 42.55 | 8.61 | 67.46 |
|------------------------------|----|-------|------|-------|
| 6.74 Females | 10 | 44.28 | 8.89 | 68.24 |
| 6.82 Total 6.73 | 20 | 41.62 | 8.65 | 66.05 |

From table 3, it was shown that the mean score of males rose from 42.55 before treatment to 67.46 after treatment whereas for the females, it accrued from 44.28 before treatment to 68.24 after treatment. On a general note, females suffer from BPD more than the males as could be seen from table 3. this is in line with the assertion of Grohol (2013) who avers that 75% of diagnoses made are in females. When the researchers tested the hypothesis to find out whether the difference that exists is significant, we found out that gender does not play any significant role as far as BPD is concerned. In conclusion, therefore, gender does not play any significant role as far as BPD is concerned.

Table 4: Comprise of the mean scores of urban and rural students on the use of mindfulness to improve BPD.

| _ | |
|-----|---|
| ٦, | _ |
| - 2 | • |
| _ | • |

| Location | N | Scores | SD | T-cal. | T-cri. | Signf | . Decision |
|----------------------------------|----|----------------|--------------|--------|--------|-------|------------|
| Urban Students Rural students | 20 | 42.91 47.60 | 7.67 3.98 | 11.18 | 1.96 | 0.05 | rejected |

The data on the table 4 revealed that the calculated t value of (11.18) is greater than the critical t value of (1.96) at 0.05 level of significance. Therefore, the null hypothesis of no significant mean difference on BPD problems with regards to location is rejected.

Table 5: Comparism of the mean scores of male and female students on using mindfulness to improve BPD

| Gender | Scores | SD | T-cal. | T-crit. | SignifLevel | Decision |
|---------------|--------|------|--------|---------|-------------|----------|
| Males | 42.58 | 6.79 | 0.86 | 1.96 | 0.05 | accepted |
| Female | 45.23 | 7.86 | | | | |

Table 5 data indicate that the calculated t value of (0.86) is less than the critical to value of (1.96) at 0.05 level of significance. This means that the null hypothesis that there is no significant mean difference on using mindfulness to improve BPD stands accepted.

Discussion

The findings of this study revealed among others that SS II students of GTS Abakaliki and Community secondary school, Uburu experience BPD. This is in consonance with the assertion of Leichsenring, Leibing, Kr, New, & Leweke (2011) that many people suffer from BPD. This BPD were categorized into five which are as follows: emotional, interpersonal, self, behavioural and cognitive. This was contained in table one which confirmed that mentioned psychological problem as earlier observed by Linehan, 1993). Also stressed that individual who exhibit anti-social behaviour have been found to possess features of non-emotional intelligent persons, such as poor interpersonal relationship, inability to delay gratification, poor social skills, irrational behaviour, frustration and anger. This statement was contained in the previous studies of Animasahun (2005), (Leichsenring,

Journal of Educational Policy and Entrepreneurial Research (JEPER) www.iiste.org Vol. 1, No. 1, September 2014. Pp. 69-75



Leibing, Kruse, New, & Lekwe, (2011), which is in agreement with the result of the findings in tables 1 and 2, Chapman et al (2006) was not left out.

The findings in table 3, 4 and 5 were in agreement with the works of Blaise et al (2013) that there is no significant mean difference with regards to gender, age, location, intelligence among others concerning mindfulness and BPD. They are of the opinion that males do not have less BPD than females or vice versa. According to Blaise et al (2013) both young and old have BPD and need psychological reconstruction and social touch. They also assert that awareness should be created everywhere concerning BPD and the treatment technique of mindfulness.

There is no way an individual can say he/she do not think at all. It is even more dangerous not to think at all, but our thoughts should not be injurious. Chapman, Gratz and Brown (2006) aver that avoidance of suffering leads to more suffering. Counting oneself out against the torments of life may be a temporal solution, but not a very good one. Blaise and Gillian (2013) assert that when mindfulness takes hold and the practice is established, suffering and psychological problem begin to melt. Mindfulness directs one to pay attention to the reality of life and be focused all the time. Developing new habits and ways of using the mind can be difficult as earlier said. But the best way to achieve a psychologically reconstructed behaviour is to constantly practice mindfulness.

Man is a social being. A times, an individual's socialization can hurt others. Mindfulness practice helps one to notice one's emotions and how to act on them. Mindfulness improves physical health by helping relieve stress, treat heart disease, lower blood pressure, reduce chronic pain, improve sleep and alleviate gastrointestinal difficulties. It also improves mental health-treat depression, substance abuse, eating disorders, couple's conflicts, anxiety disorders and obsessive-compulsive disorder. Our state of mindfulness determines our behaviour which in turn determines our psychological construction and reconstruction.

There is more than one way to practice mindfulness, but the goal of any mindfulness technique is to achieve a state of alertness, focused relaxation by deliberately paying attention to thoughts and sensations without judgment. This allows the mind to refocus on the present moment. All mindfulness techniques are a form of meditation. Application of mindfulness by increasing capacity to support many attitude that contribute to a satisfied life, helps in engaging fully in activities and greater capacity to deal with adverse events.

It is the wish of the researchers to assist entire members of the society by examining the uses of mindfulness to improve Borderline Personality Disorder. A borderline Personality Disorder victim confessed that life is so painful. And as such she attempted suicide. She disclosed that she doesn't want to live (Blaise & Gillian, 2013). Other victims of borderline personality disorder always had self-hurt and self-injury. When the technique of mindfulness was introduced to her to use, she never wanted to die again, according to Blaise and Gillian. Life becomes entertaining and enjoyable to her. In our schools, it was observed that our students are easily angered (emotional upset), anxious, fearful, shameful. They exhibit lots of psychological problems which affect their domains-cognitive, affective and psychomotor. Before any action is taken, it must be nursed in the mind, because one's personality make up is being determined by the mindset of that individual. It was based on this experience that the researchers investigated this study, for our environment and society to be free of unidentified problems. Borderline personality disorder affects the victims from their brain to their feet. If we are well equipped with the dangers of BPD and the benefits of mindfulness, to eradicate it, the sky will be our starting point in every sphere of life.

Conclusion

Anyone whose personality status has a question mark (?) should check his or her socialization ability and capability. The person also is psychologically imbalanced and does not fit into any given society.



Such a person should meet a trained counsellor or a psychologist what will help in reconstructing the mal-adjustive behaviour.

Recommendations

It is recommended of this study that we should not take things for granted. It doesn't matter syndrome should never be for us. Counselling is for all works of life. Therefore, government should train as many counsellors as possible so that Nigerian society should not be filled with social delinquents. Government should be organizing workshops, seminars and conferences for schools counsellors, teachers, students and parents. School authorities should be making sure that form teachers rate the cumulative record of their students. It is our advice that other researches be carried out on this topic and the similar ones. This is to give room for new discoveries.

References

- Animasahun, R. A. (2005). Effectiveness of Emotional Intelligence Training on Fostering Positive Life Skills of Nigerian Prison Inmates. A paper presented at Faculty of Education, University of Ibadan.
- Blaise, A. and Gillian, G. (2013). Mindfulness for Borderline Personality Disorder. Relieve your suffering using the care skill dialectical behaviour therapy. Oakland: Literary of congress cataloguing-in-publication data.
- Chapman, A. L.; Gratz, H. L.; and Brown, M. Z. (2006). Solving the Problem of Deliberate Selfharm: the experiential Avoidance Model. Behaviour research and therapy, 44 (3).
- Dumont, T. O. (2005). The Power of Concentration. Benin City: Kingdom Life Publications.
- Gunderson, J. G. (2006). A Borderline Personality Disorder brief: An introduction to borderline Personality disorder: Dignosis, origins, course, and treatment. (ed)^(eds). http://www.Borderlinepersonalitydisorder.com/documents/A%20BPD%20BRIEF%20%revised%202006%20WORD%20%version%20--%20Jun%2006.pdf. Assessed on July 2, 2014.
- Grohol, J. (2013). Borderline Personality Disorder. *Psych Central*. Retrieved on July 2, 2014, from http://psychcentral.com/lib/symptoms-of-borderline-personality-disorder/0001063. **Last reviewed:** ByJohn M. Grohol, Psy.D. on 30 Jan 2013 Published on PsychCentral.com.
- Kabat-Zinn, J., Massion, A.O., Kristeller, J., Peterson, L. G., Eletcher, K. E., Pbert, L., Lenderking, W.R., Sancorelli, S. F. (1992). Effectiveness of a Mediation-based stress reduction programme in the treatment of anxiety Disorder. *American Journal of Psychiatry* 149 (7).
- Leichsenring, f., Leibing, E., Kruse, J., New, A. S. & Lekwe, F. (2011). Borderline Personality disorder: Lancet 3777 (9759).
- Linehan, M. M. (1993). Cognitive-behavioural treatment of borderline personality Disorder. New York: The Guilford Press.
- Markway, B. (2014). Learn How To Rearrange Your Priorities And Live In The Present. Published on January 9, 2014 in Living the question. http://www.psychologytoday.com/printmail/141071. Retrieved on July 2, 2014.
- McDowell, J and Hosteller, B. (1996). Handdbook on counselling youth: A comprehensive guide For equipping youth workers, pastors, teachers, parents. Dallas: Word Publishing.
- National Education Alliance for Borderline Personality Disorder (2014). What is Borderline Personality Disorder? Retrieved on July 2, 2014, from | www.borderlinepersonalitydisorder.com |
- Nweze-Ajaonu, C. (1999). Counselling problems in Nigerian universities: An intervention model. An unpublished Ph.d thesis, University of Nigeria, Nsukka.
- Internet (2014). <u>http://www.webmd.com/mental-health/page_mental-health-super-center_091e</u> 9c5e800249f0. Retrieved on July 2, 2014.