رویش روان شناسی، سال۱۲، شماره۲، شماره پیاپی ۸۳، اردیبهشت ۱۴۰۲
Rooyesh-e-Ravanshenasi Journal(RRJ),12(2), 2023

Application of Positive Psychology Interventions in the Treatment of Borderline Personality Disorder: A Case Study in Iran

Zeynab Bahrami*
Asistant of professor, Faculty of Sport Sciences and Health, University of Tehran, Tehran, Iran.
Correspondence Author
Atena Heidar
Allameh Tabataba'i University, Tehran, Iran

Abstract

The present study aims to introduce successful positive psychology interventions in treatment of patient with borderline personality disorder (BPD). The patient was a 53-y old man who had been referred to the Spring of Life Psychology Clinic by his ex-wife his being aggressive and impulsive behavior. Following a clinical interview and perform psychological tests (SCL-90-R, MCMI-IV), he was diagnosed with the border personality disorder as well as the mild depression. During 20 sessions of therapy last for 5 months, positive psychological interventions were conducted in indivic psychological sessions in the form of weekly tasks. After these 20 sessions, signific improvement in the borderline personality disorder symptoms and mild depression w evident. The improvement was even confirmed by his ex-wife. As a case study, this support the effectiveness of positive psychology interventions in the treatment of border personality disorder.

Keywords: *Positive Psychology interventions, Borderline Personality Disorder, Mild Depression*

Introduction

Borderline personality disorder (BPD) characterized by such symptoms as unstable affects, impulsive behaviors, identity issues, and interpersonal relations problems has been frequent in various societies (Leichsenring, Leibiny, Kruse, New & Leweke, 2011). The problem with emotion dysregulation, impulsive thoughts and behaviors in these patients ultimately leads to an interruption of interpersonal relationships (Rufino, Ellis, Clapp, Pearte, & Fowler, 2017; Neacsiu, Bohus, & Linehan, 2014). BPD usually deals with disorders like depression, anxiety disorders, eating disorders, drug abuse, and other psychological disorders as comorbidity (Skodol et al,. 2002; Fyer, Frances, Sullivan, Hurt, & Clarkin, 1988).

It has been argued that childhood disasters such as physical, sexual, and emotional harm, such as the loss of loved ones, and being neglected or bullied in childhood, can result in the development of this disorder (Ogata et al., 1990; Herman, Perry, & Van der Kolk, 1989; Zanarini, Gunderson, Marino, Schwartz, & Frankenburg, 1989). Although the disorder is classified as severely disruptive, the treatments of this disorder have been effective in improving the symptoms of self-regulation problems in emotions, thoughts, behaviors, and relationships as well as self-image (Neacsiu et al., 2014).

While such therapies as Dialectical Behavioral Therapy (DBT) (Neacsiu, Rizvi, & Linehan, 2010; Koons et al., 2001; Carter et al., 2010), Metallization-Based Therapy (MBT) (Bateman & Fonagy, 2006; Rossouw & Fonagy, 2012), Transference-Focused Therapy (TFT) (Doering et al., 2010), and Good Psychiatric Management (GPM) (McMain et al, 2009), have been effective in the treatment of BPD, few studies have been carried on the effectiveness of positive psychological interventions in the treatment of this disorder as a new progressive treatment movement (Soler et al., 2016).

[Downloaded from frooyesh.ir on 2026-11-10]
[DOR: 20.1001.1.2383353.1402.12.2.22.8]

Positive psychology interventions with a new approach to positive psychology deal with techniques that focus on the brilliant points, personal values and strengths of the patient. In fact, positive psychology believes that the goal of treatment is not to focus on the elimination of the symptoms and the weaknesses of patients, rather with the focus and attention of treatment is to the strengths of the patient and activate them in daily routine (Seligman, 2002). Several studies have shown that interventions such as using your strengths (Peterson & Seligman, 2004); gratitude writing and gratitude visiting (Emmons & McCullough, 2003); counting your blessings (Lyubomirsky, Sheldon & Schkade, 2005); acts of kindness (Lyubomirsky et al., 2005; Feliu-Soler et al., 2017), and three good things (Emmons & McCullough, 2003), have been able to improve the level of positive mood and reduce the level of depression symptoms (Sin & Lyubomirsky, 2009). Although most studies have been focusing on the effectiveness of positive psychology interventions and the treatment of depression and mood disorders, the scope of these interventions on the range of DSM-IV disorders is still unknown and can be studied further. Thus, the importance of studies that evaluate the effectiveness of these interventions in the treatment of other mental disorders is being more and more evident .

Garland et al. (2010) explained how provoking positive emotions can be effective in treating psychological diseases associated with emotion dysfunctions in cases of depression, anxiety, and schizophrenia; the article argued that upward spirals of positive emotions counter downward spirals of negativity. According to the Broaden and Build Theory of positive emotions (Fredrickson, 2001), positive emotions broaden repertoire of one's thoughts and actions, build skills and resources to the persons, and can undo lingering negative emotions. Positive emotion helps individuals to build up resources to cope with negative emotional experiences which are the core of symptoms treatment. According to BBT the positive psychology interventions like acts of kindness (Feliu-Soler et al., 2017), loving-kindness meditation (Cohn & Fredrickson, 2010) and writing positive experiences (Lyubomirsky, Sousa, & Dickerhoof, 2006) would run upward spirals of positive emotions which in turn would downward spirals of negative emotions (Fredrickson, 2013).

According to this explanation the author's mind was drawn to the question of whether this effectiveness of positive psychology interventions could be used to treat borderline personality disorder?! Since the core of the borderline personality disorder is a disability in self-regulation and emotional regulation in individuals, the researcher assumed that the use of positive psychology interventions could improve the symptoms of BPD by fostering positive emotions and potentials in patients. It should be noted that information related to the hypothesis has been not found on the literature review. Although to test the recent hypothesis randomized control trials and correlational studies need to be done, the aim of this case study is to introduce small but effective evidence in the treatment of borderline personality disorder using positive psychological techniques in the clinical environment. A consensus-based clinical case reporting frame work from medical field (Gagnier et al., 2013) has been applied in this study. The subject of the study provided written consent for the report. Although his full name and exact job will remain confidential.

Method

Diagnostic Assessment

The subject was a 53-year-old man with a successful job who came along with his ex-wife to the Spring of Life Psychological Clinic in Tehran. In a conversation between the ex-wife and the psychologist, complaints of aggressive behaviors and inability to control negative emotions like anger and sadness were expressed in the case. During the clinical interview with the client, he mentioned that he had lost his father in childhood, but at the beginning of his marriage, he did not show such a symptom with his ex-wife. Yet, after her cheating on him, he has begun impulsive and aggressive behaviors toward himself and his ex-wife. At the first session, which was a couple session, they spoke of an incident that affected their marital life enormously, i.e. the secret relationship of the wife with her husband's friend. This was discovered by the man after a while and thereafter a tense tension

[Downloaded from frooyesh.ir on 2026-11-10]
[DOR: 20.1001.1.2383353.1402.12.2.22.8]

between the two appeared. The inability to control anger in the man during the years of their marriage greatly affected their relationship even after the remorse of the ex-wife. So his anger was not ended, and during their 20 years of marriage, relations between them have always been in tense. The tension is also seen in relations between the man and his children too. He and his ex-wife admitted they had not been partying for many years and did not have any guest in their house. The inability to forgive his ex, on the one hand, and emotional attachment to her on the other, was recognized as the main nucleus of his inability to control emotions by the psychologist. Inevitably, after 20 years of marriage, they separated but after a while, they began to live together without formal remarriage, however, the behavior of the man does not change.

They said that they have experienced many psychological sessions but have not seen any positive recovery. It needs to be explained that the woman was diagnosed with the dependent personality disorder in the clinical interview, but she did not go on to individual sessions. For this reason, treatment sessions were followed only by the man. After the first treatment session, the man was asked to perform MCMI-IV (Millon, Millon, & Grossman, 2015) and SCL-90-R (Derogatis, 1996) psychological tests. Clinical diagnosis of borderline personality disorder and mild depression were confirmed by the results of the tests.

Treatment plan & interventions

In the second session, the treatment protocol based on positive psychology interventions, with the presumption of increasing the generation of positive emotions, thoughts, and behaviors, was developed and implemented. The psychologist began the treatment with the assumption that the experience of positive emotions, thoughts, and behaviors could contribute to the improvement of the symptom. The assumption that he was increasingly immersed in the unhealthy relationships and cheating of his ex-wife led the psychologist to look to applying positive psychology interventions to turn his attention from unhealthy interpersonal relationships to himself and constructive relationships with others. Positive psychology interventions were explained to him during treatment sessions-once a week and for 45 minutes-and he was required to do his assignments every week. It should be noted that he was well involved with the tasks and followed them on a weekly basis.

In the next 3 weeks, the man became familiar with identifying personal strengths and applying them in everyday life intervention, emphasizing the individual strengths and activating them in their personal lives. He was taught to identify his individual strengths and activate them on the daily basis. In the first step, he was asked to complete the VIA Questionnaire (Peterson & Seligman, 2004).

In the third week, he referred to the psychologist with a list of strengths resulted from the VIA test and his personal exploration. In his list, there were such as creativity, kindness, and interest in spirituality as his character strength. Then the psychologist asked him to think about activities that could activate those strengths. With the help of the psychologist, he provided a list of activities such as writing a new script that had long been an idea in his mind, donating to poor children, and reading the Quran and going to the mosque for worship. He was required to do an activity each day.

On the fourth week, the first signs of improvement were revealed. The case until the preceding sessions, constantly referred to the cheating of her former wife, did not talk about it during the treatment session, but rather enthusiastically described the script that he had completed. This enthusiasm even appeared in his physical movements. During the fifth, sixth, and seventh weeks, tasks related to this intervention were followed.

On the eighth week of treatment, he was asked to take gratitude visit intervention. This was added to the list of interventions to prevent accustoming to previous interventions. Interestingly, after explaining this intervention, he decided his upcoming week's activity. He said that he has not gone to visit the graves of his martyred friends who had been killed in the wartime for many years-what he did in the early years of his youth. On the ninth week, he described the activity as positive and tranquilizer.

[Downloaded from frooyesh.ir on 2026-11-10]
[DOR: 20.1001.1.2383353.1402.12.2.22.8]

Speaking and thanking his friends who had been killed in the war and seeking help from them to forgive her ex-wife, even in their physical absence, had created a positive mood in him.

On the twelfth week of treatment, he reported significant changes in his unsustainable mood and aggressive behavior. Although the core of the conflict still existed in the absence of forgiveness of his former wife for her cheating, he learned to leave the situation in a state of stress and control his aggressive behaviors and explosive anger. He also automatically performed the list of fun and positive activities that could activate his strengths through weeks of treatment.

At the thirteenth session, he was asked to add a new intervention to his positive daily activities. In the counting blessing intervention, he was asked to meditate on his possessions every night for three to five minutes and write down his blessing. An interesting point was his interest in writing, which was recognized by the psychologist as a positive potential from the very first session because of his career. In the following weeks, he came to the treatment sessions with his notebook and reported his positive weekly activities to the psychologist.

On the sixteenth week, the therapist asked him to focus on his ex-wife's strengths and count them. The aim was to make him aware of the strengths of his ex-wife and her services, minus her past wrongdoing to start the cycle of positive thoughts. At first, he refused to do this, saying, "she has ruined my life, and I do not think I can do it." But after a bit of a pause, he said "Well, of course, I cannot deny that her cooking is excellent. She is good in decorating, she is also neat lady."

Surprisingly, on the seventeenth week, the ex-wife contacted the clinic to thank the psychologist for changing the behavior of the man at home. She said that his ex-husband became more calm and relaxed. At the twentieth week of treatment, a couple session was set up at the request of the therapist. At that session, the wife admitted that his aggressive behaviors had been largely controlled, and his unsustainable mood and explosion of anger had decreased. She reported more satisfaction and relaxation. However, the therapist suggested both to take part in couple therapy sessions to progress more.

Results and Conclusions

Clinical observations of the psychologist, along with self-reports about the states of his emotions, thoughts and behaviors as well as the reports of his ex-wife, point to the efficacy of the treatment. It should be noted that three types of positive psychology interventions were considered in the treatment: The first type of interventions was based on the character strength approach, in which he identified and activated his individual strengths. This approach helped to create positive emotions because it set the cycle of positive thoughts and behaviors on him. Regarding this certain person, paying attention to creativity and doing creative activities (for example writing a script) was helpful. This success can be explained by the approach of Csikszentmihalyi (1990) with the concepts of FLOW and engagement in generating positive emotions in activities that the individual loses the sense of time. The state of passion in the psychotherapy sessions was quite evident when he spoke of his creative activities. He constantly talked about his ideas and plans for the next weeks, and even his body language was surprisingly showing this interest and excitement.

Other activities, such as reading the Qur'an and going to the mosque which have been considered due to his strength of spirituality can be assumed as meaning oriented activities. He emphasized in the treatment sessions that he would be relaxed by reading the Qur'an. In addition, helping poor children can be seen as a kind of act of kindness, generating high levels of overall life satisfaction by provoking positive emotions (Fredrickson, 2001). He also expanded his interpersonal relationship with others outside the family during these activities, which in turn could have contributed to the development of emotional regulation. This approach fits perfectly with the Fredrickson's BBT theory. Fredrickson (2001& 2013) and Fredrickson and Joiner (2002) argued that the application of individual resources as well as social resources, physical resources, intellectual resources, and psychological resources can build positive emotions in person .

[Downloaded from frooyesh.ir on 2026-11-10]

[DOR: 20.1001.1.2383353.1402.12.2.22.8]

In addition to the individual strengths, it seems that making the man understand his wife's strengths in their life has also been effective in regulating his emotions. Although initially he refused to do so, he tried to forgive her wrongdoing by considering his wife's strengths. The ex-wife's call to thank for helping him change his behavior at home environment, confirms the effectiveness of this intervention.

The second type of positive psychology interventions focused on gratitude intervention. In this intervention, the core of the treatment is to go and visit those whom the person feels grateful and thankful to them. According to Emmons & Stern (2013), appreciation regarding healing effect can be effective in the treatment of mental disorders. In this approach, going to the pilgrimage of old friends who were killed in the war, talking to them, and seeking help from them yielded positive emotions. Although the therapist used this intervention with caution due to his mild depression, after the first week of introducing the intervention, his enthusiasm, spirituality, and life satisfaction increased and the sense of his loneliness was greatly reduced. This is consistent with the approach of Emmons.(۲۰۰۷)

In the third type of positive psychology interventions, the counting blessing intervention was used. This approach, especially by focusing on positive thoughts, gifts, and blessings affected the cycle of negative thoughts (her cheating), which seemed to play a role in regulating emotions and behaviors (Lyous, Nelson & Lyubomirsky, 2013).

Although due to the inadequacy of the evidence, the causal relationship, and the direct and indirect effects of positive psychology interventions on the reduction of BPD symptoms cannot be proved, this case study can set the stage for future research so that the limitations of recent research resulting from self-reporting along with other methods are reduced.

Refrences

Bateman, A., & Fonagy, P. (2006). Mentalization-based treatment for borderline personality disorder: A practical guide. Oxford: Oxford University Press.

Carter, G. L., Willcox, C. H., Lewin, T. J., Conrad, A. M., & Bendit, N. (2010). Hunter DBT project: randomized controlled trial of dialectical behaviour therapy in women with borderline personality disorder. Australian & New Zealand Journal of Psychiatry, 44, 162-173.

Cohn, M. A., & Fredrickson, B. L. (2010). In search of durable positive psychology interventions: Predictors and consequences of long-term positive behavior change. The journal of positive psychology, 5, 355-366.

Csikszentmihalyi, M. (1990). Flow. The Psychology of Optimal Experience. New York: HarperPerennial.

Derogatis, L. R. (1996). SCL-90-R: Symptom checklist-90-R: administration, scoring, and procedures manual. Minneapolis, Minn: NCS Pearson.

Doering, S., Hörz, S., Rentrop, M., Fischer-Kern, M., Schuster, P., Benecke, C., ... & Buchheim, P. (2010). Transference-focused psychotherapy v. treatment by community psychotherapists for borderline personality disorder: randomised controlled trial. The British Journal of Psychiatry, 196, 389-395.

Emmons, R. A. (2007). Thanks!: How the new science of gratitude can make you happier. New York: Houghton Mifflin Harcourt.

Emmons, R. A., & McCullough, M. E. (2003). Counting blessings versus burdens: an experimental investigation of gratitude and subjective well-being in daily life. Journal of personality and social psychology, 84, 377.

Emmons, R. A., & Stern, R. (2013). Gratitude as a psychotherapeutic intervention. Journal of clinical psychology, 69, 846-855.

Feliu-Soler, A., Pascual, J. C., Elices, M., Martín-Blanco, A., Carmona, C., Cebolla, A., ... & Soler, J. (2017). Fostering self-compassion and loving-kindness in patients with borderline personality disorder: a randomized pilot study. Clinical psychology & psychotherapy, 24, 278-286.

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. American psychologist, 56, 218.

Fredrickson, B. L., & Joiner, T. (2002). Positive emotions trigger upward spirals toward emotional well-being. Psychological science, 13, 172-175.

Fredrickson, B. L. (2013). Positive emotions broaden and build. Advances in Experimental Social Psychology, 47, 1-53.

Fyer, M. R., Frances, A. J., Sullivan, T., Hurt, S. W., & Clarkin, J. (1988). Comorbidity of borderline personality disorder. Archives of General Psychiatry, 45, 348-352.

[Downloaded from frooyesh.ir on 2026-11-10]
[DOR: 20.1001.1.2383353.1402.12.2.22.8]

Garland, E. L., Fredrickson, B., Kring, A. M., Johnson, D. P., Meyer, P. S., & Penn, D. L. (2010). Upward spirals of positive emotions counter downward spirals of negativity: Insights from the broaden-and-build theory and affective neuroscience on the treatment of emotion dysfunctions and deficits in psychopathology. Clinical psychology review, 30, 849-864.

Gagnier, J. J., Kienle, G., Altman, D. G., Moher, D., Sox, H., & Riley, D. (2013). The CARE guidelines: consensus-based clinical case reporting guideline development. Journal of medical case reports, 7(1), 223.

Herman, J. L., Perry, C., & Van der Kolk, B. A. (1989). Childhood trauma in borderline personality disorder. The American journal of psychiatry, 146, 490.

Koons, C. R., Robins, C. J., Tweed, J. L., Lynch, T. R., Gonzalez, A. M., Morse, J. Q., ... & Bastian, L. A. (2001). Efficacy of dialectical behavior therapy in women veterans with borderline personality disorder. Behavior therapy, 32, 371-390.

Layous, K., Nelson, S. K., & Lyubomirsky, S. (2013). What is the optimal way to deliver a positive activity intervention? The case of writing about one's best possible selves. Journal of Happiness Studies, 14, 635-654.

Leichsenring, F., Leibing, E., Kruse, J., New, A. S., & Leweke,F. (2011). Borderline personality disorder. The lancet 377, 74-84.

Lyubomirsky, S., Sheldon, K. M., & Schkade, D. (2005). Pursuing happiness: The architecture of sustainable change. Review of general psychology, 9, 111.

Lyubomirsky, S., Sousa, L., & Dickerhoof, R. (2006). The costs and benefits of writing, talking, and thinking about life's triumphs and defeats. Journal of personality and social psychology, 90, 692.

Lyubomirsky, S., & Layous, K. (2013). How Do Simple Positive Activities Increase Well-Being? Current Directions in Psychological Science, 22, 57–62.

McMain, S. F., Links, P. S., Gnam, W. H., Guimond, T., Cardish, R. J., Korman, L., & Streiner, D. L. (2009). A randomized trial of dialectical behavior therapy versus general psychiatric management for borderline personality disorder. american Journal of Psychiatry, 166, 1365-1374.

Millon,T.,Millon, C.,& Grossman, S. (2015). Millon Clinical Multiaxial Inventory-IV manual (4 th ed.). Bloomington: NCS Pearson, Inc.

Neacsiu, A. D., Bohus, M., & Linehan, M. M. (2014). Dialectical behavior therapy: An intervention for emotion dysregulation. Handbook of emotion regulation, 2, 491-507.

Neacsiu, A. D., Rizvi, S. L., & Linehan, M. M. (2010). Dialectical behavior therapy skills use as a mediator and outcome of treatment for borderline personality disorder. Behaviour research and therapy, 48, 832-839.

Ogata, S. N., Silk, K. R., Goodrich, S., Lohr, N. E., Westen, D., & Hill, E. M. (1990). Childhood sexual and physical abuse in adult patients with borderline personality personality disorder. The American Journal of Psychiatry, 147, 1008.

Peterson, C., & Seligman, M. E. P. (2004). Character strengths and virtues: A handbook and classification. New York, NY: Oxford University Press.

Rossouw, T. I., & Fonagy, P. (2012). Mentalization-based treatment for self-harm in adolescents: a randomized controlled trial. Journal of the American Academy of Child & Adolescent Psychiatry, 51, 1304-1313.

Rufino, K. A., Ellis, T. E., Clapp, J., Pearte, C., & Fowler, J. C. (2017). Variations of emotion dysregulation in borderline personality disorder: a latent profile analysis approach with adult psychiatric inpatients. Borderline personality disorder and emotion dysregulation, 4, 17.

Seligman, M. E. (2002). Positive psychology, Positive prevention and positive therapy. Hand book of positive psychology, 2, 3-12

Sin, N. L., & Lyubomirsky, S. (2009). Enhancing well-being & alleviating depressive symptoms with positive psychology interventions: A practice –friendly meta-analysis. Journal of clinical psychology, 65, 467-487

Skodol, A. E., Gunderson, J. G., Pfohl, B., Widiger, T. A., Livesley, W. J., & Siever, L. J. (2002). The borderline diagnosis I: psychopathology, comorbidity, and personaltity structure. Biological psychiatry, 51, 936-950.

Soler, J., Elices, M., Pascual, J. C., Martín-Blanco, A., Feliu-Soler, A., Carmona, C., & Portella, M. J. (2016). Effects of mindfulness training on different components of impulsivity in borderline personality disorder: results from a pilot randomized study. Borderline personality disorder and emotion dysregulation, 3, 1.

Zanarini, M. C., Gunderson, J. G., Marino, M. F., Schwartz, E. O., & Frankenburg, F. R. (1989). Childhood experiences of borderline patients. Comprehensive psychiatry, 30, 18-25

[Downloaded from frooyesh.ir on 2026-11-10]

[DOR: 20.1001.1.2383353.1402.12.2.22.8]

[Downloaded from frooyesh.ir on 2026-11-10]

[DOR: 20.1001.1.2383353.1402.12.2.22.8]