**Review Article**

**Literature Review: Tidal Model, Mindfulness, and Music Therapy to Minimize Exacerbations of Borderline Personality Disorder in Women**

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**Introduction**

Patients with borderline personality disorder are characterized by personality instability and ambivalence in virtually all areas of their lives. They are impulsive, unpredictable, and often explosive therefore, it is difficult for them to follow therapeutic prescriptions and adhere to therapy or pharmacological prescriptions. For this reason, it is of great importance to combine therapies i.e. combining alternative therapies that increase introspection and self-control [1].

According to the definition given by the American Psychiatric Association [2] in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5 and DSM-5-TR), a Personality Disorder (PD) is: "a permanent pattern and inflexible internal experience and behavior that deviates markedly from the expectations of the subject's culture, is pervasive and inflexible with onset in adolescence or early adulthood, is stable over time and involves discomfort or disability.

An estimated 1.4% of the adult population in the United States experience Borderline Personality Disorder (BPD). Furthermore, almost 75% of people diagnosed with BPD are women National Alliance on Mental Illness [3]. Interventions to minimize exacerbations of borderline personality disorder traits in women is critical. Therefore, developing a study where the effectiveness of some therapeutic interventions can be validated to reduce exacerbation behaviors or symptoms in this group of female patients is crucial. The findings will contribute to scientific and clinical approach leading to the development of new nursing programs for the prevention and treatment of this disorder.

**Keywords:** Borderline personality disorder; Mindfulness; Music therapy; Tidal Model; Women

**Clinical Questions**

In Puerto Rican women, what is the effect of complementary alternative therapies, and music therapy in the development of borderline personality traits and exacerbations.

In Puerto Rican women, what is the effect of psychotherapy on the development of borderline personality disorder traits.

**Problem Statement**

Women are considered to have the highest risk for developing borderline personality disorder. 75-80% of the population diagnosed with BPD are women [4], and up to 80% experience emotional pain as an adaptive response to repetitive traumatic experiences during childhood. In addition, young women with BPD have a suicide rate of 800 times greater than the public [5].

Data suggest that BPD affects from 1.2% to almost 6% of the general population. Moreover, up to 10% of those who meet criteria for BPD eventually commit suicide, this rate is 50 times that observed in the broader population American Psychiatric Association [2]. Thus, BPD is associated with tremendous emotional and financial burden to individuals, families, and society. The understanding of factors underlying the exacerbation of BPD traits in Puerto Rican women living in the Commonwealth of Puerto Rico, as well as of new treatments for their recovery, is crucial for the mental health professionals; particularly, due to the scarcity of research examining the prevalence and treatment of BPD in Puerto Rican women living in the Commonwealth of Puerto Rico.

**Theoretical Framework**

The Tidal Model as well as Music Therapy and Mindfulness are valuable tools in the treatment of mental health patients [6-13]. The integration of these therapies in this practice change project may help in the treatment and recovery of BPD patients who, according to the Diagnostic and Statistical Manual of Mental Disorders 5, are described as presenting a highly dysfunctional and irrational behavior leading to a catastrophic life characterized by instability, low self-image and impulsivity. Moreover, this disorder has been labeled as difficult to understand and to treat, and because patients usually do not respond to therapy, keeping them in treatment is very challenging [14]. The incorporation of The Tidal Model, Music Therapy, and Mindfulness as complementary therapies may be effective in the recovery of BPD individuals by reducing the exacerbation of symptoms of borderline personality disorder; specifically, in women.

The Tidal Model is based on the concept of nursing as "caring with" persons in the experience of distress. Given the emphasis in this model on developing a partnership between caregiver and client, it is especially appropriate for implementation in the deliverance of psychotherapy in individuals with a borderline personality disorder.

It was chosen as the framework for this study for its philosophical approach to discovering mental health. The model emphasizes helping people reclaim the personal story of mental distress by recovering their voices. By using their language, metaphors, and personal stories, people begin to express something of the meaning of their lives. This is the first step towards helping to recover control over their lives" [15]. The Tidal Model provides a practice framework for exploring the patient's need for nursing and providing individually tailored care [15]. The mental health provider may get to the root of the problem without saying that looking for "the root of the problem" is the goal; thus, eliminating false outcomes, further anxiety, or pressure on the client, and therefore allowing for a more "informal," more client-driven approach.

The focus is on helping individual people make their voyage of discovery. The Tidal Model is based on six key philosophical assumptions: 1) A belief in the virtue of curiosity: the person is the world's authority on their life and its problems. By expressing genuine curiosity, the professional can learn something of the 'mystery' of the person's story, 2) Recognition of the power of resourcefulness rather than focusing on problems, deficits, or weaknesses, 3) Respect for the person's wishes rather than being paternalistic, 4) Acceptance of the paradox of crisis as an opportunity, 5) Acknowledging that all goals must belong to the person, 6) The virtue of pursuing elegance - the simplest possible means should be sought [15].

Since it is based on philosophy, employing metaphors and personal stories individuals start to express important things and make sense in their existence; not in symptoms related to their pathology. Nance [16] states that this is the first step in the recuperation of control of their lives. According to Nance [16], these individuals, their families, and people close to them need help with the hospitalization process due to their personal and environmental difficulties they are facing in their lives, not as the result of some mysterious illness. Moreover, to implement the Tidal Model, the nurse must believe that recovery is possible.

The model highlights the fluid nature of humanity, pointing out the constantly evolving and unpredictable nature of human experience [7]. The focus is to boost awareness concerning perceptions of their psychological challenges and changes as a tidal flow [17].

It describes life as an experiential journey on an ocean in which the individual is exposed to different experiences, including illnesses, but it also includes discoveries. However, there are critical points like storms or piracy, and there are occasions when the ship will begin to sink or be exposed to the probability of a shipwreck. Under these circumstances, the person may need support for protection and repair. Later, the ship may continue its voyage, and the person will continue with his or her life or recover [7].

Since the model is rooted in chaos theory, it proposes that health facilities are complex and chaotic; however, concepts of health and illness might differ for different individuals [17]. This recovery model may be implemented in acute psychiatric services, in community-based services, and by many healthcare professionals. It focuses on the life stories of distressed people suffering from mental disorders, needing adoption, problem-solving, and company during their crisis. The model also focuses on the importance of interpersonal relationships for the nursing practice and empowerment. The patient-nurse communication is of utmost importance, consequently, is at the center of the process.

Finally, the Tidal Model emphasizes that the patient's needs are more important than the environment and complements other treatments given by other professionals.

The standard in treatment for patients with a borderline personality disorder is to lessen the severity of acute symptoms instead of treating the actual signs of BPD. The Tidal Model is beneficial in preventing the exacerbation of psychosocial functioning in the long run. In addition, the Tidal Model allows the mental health provider to encourage the BPD client to reach into themselves for reasons and answers instead of the clinician suggesting possibilities and then disqualifying them or suppressing symptoms with pharmacotherapy. This gives the responsibility back to the client thus giving the patient a sense of empowerment.

The Tidal Model assumes that nurses should only do what is necessary to meet the person's needs. This emphasis on 'doing what needs to be done' might help avoid fostering dependence or institutionalizing people [15].

**Tidal Model Interventions**

According to this model, nursing is based on interpersonal relationships in which individuals are treated as persons, not as patients. Therefore, the person and his or her needs is the center of this treatment which is based on respect for his or her history, experience, and suffering. The model provides the tools to integrate the holistic nature of humankind considering their physiological, psychological, socio-cultural, and spiritual nature. Women with BPD, who live catastrophic situations throughout their lives, and are the highest percentage of patients suffering from this disorder, might benefit enormously with the implementation of this approach [4].

The person in need of recovery, being the center of the treatment, requires a nursing care that flows and adapts to the shifts of the person’s needs which require a continuity of attention determined by the specific chaotic situations faced, transitions, developments, and the interconnection of available services [16]. Recovery includes development of favorable self-concept, preventing suicide attempts, talking about their emotions, socialization, coping strategies, adequate interpersonal relationships, and favorable changes in lifestyle.

This model provides for a care plan that includes interactions focused on the need to be understood; self, emphasizing in need of psychological and physical security; and on others, focused on support and services. The strategies provided for care in this approach are as follow:

Critical -Life Crises care - in this stage the person needs immediate care due to the sense of being in deep water, experiencing trauma or losing their sense of being alive like piracy. Psychiatric intervention, parallel to rescue, is essential followed by crisis intervention in the community or in inpatient facilities to promote recovery by means of a holistic approach [4], A personal security plan will be developed encompassing evaluations, treatment care and short-term objectives [18].

Enabling Transitions- The emphasis changes to transitional care enabling the person to oversee his or her life by means of interventions for empowerment and problem resolution skills. Assessments and intervention process are focused towards helping persons taking charge of their lives by participating and collaborating in their self-improvement advancement. The emphasis is on the person’s capability for problem solving.

Developmental Care- Returning to their roles in life after favorable changes in self-esteem or taking up new roles are critical steps towards recovery. External resources may be involved to provide the opportunity of setting sail to healthy experiences [7]. These resources may be services needed to live a satisfactory life like medical needs, psychological and social needs, as well as daily life necessities such as housing, finances, employment, and leisure [7]. BPD female patients who live in constant chaos may undoubtedly benefit from the recovery plan proposed by the Tidal Model.

**Mindfulness Interventions**

According to Chafos and Economou [13], mindfulness interventions have beenefficient in the recovery of BPD features by improving dysregulation and activating brain hemispheres that increase function of regions dealing with regulation of emotions. Additionally, they describe findings that corroborate the effectiveness of meditation in producing changes in important areas of the brain that contribute to the reduction of suicide attempts and self-injury. Some strategies that might be used in mindful interventions are the following [9]:

Mindfulness practices- Mindful exercises e.g., Yoga and different mindful exercises

Mentalization Based Treatments (MBT)- Yoga and meditation help in the production of more oxygen and invigoration of the immune system by fostering calmness, self-awareness and awareness about others thus improving self-concept.

Meditation- Finding a comfortable place and trying to quiet the mind by exploring techniques like chanting prayer, combination of concentration with awareness, and other spiritual meditation techniques.

Deep breathing- It is focused on the sound and rhythm of breath and produces a calming effect.

Observing thoughts- Consists of paying close attention to thoughts without getting involved in them. It helps to clarify hidden doubts and minimize stressful thoughts.

Trichardt and Kumar [9] concluded that these techniques improved BPD symptoms and patients became more confident and secured.

**Music Therapy Interventions**

Kener, Baker&Treylor [6] studied musical competence in group therapy for BPD patients as part of music therapy and found that it was helpful in the process of developing a healthy self-concept and decreasing emotionality in BPD patients. Although there is scarce research in relation to music therapy and BPD patients, the emergent interventions described below might be worth following up as optional music therapy interventions based on music making.

Musical improvisations - Interactive communicative playing with a collaborative approach

The use of music as language- Developing a musical language to express themselves.

Competencies in musical interaction- Responding to others by means of music allowing for the development of collaboration, dialogue, and communication.

Group improvisation focused on changes in knowledge and experience -The development of skills related to knowledge and experience help to understanding different possibilities of improvisation that can be transferred to experiencing daily life activities with more confidence.

Group improvisation focused on changes in feelings - Developed from the group improvisation perspective, it considers the changes in responses, and the discussion of feelings promotes the therapeutic process in dealing with anxieties, self -concept and interactions with others.

**Other Music Interventions**

Similarly, Trichal M and Kumar P [9] include music therapy as complementary medicine when using certain types of music that can promote happiness, positive energy, or relaxation. They explain that music, which has a positive impact on a person’s mental state and reinforces relaxation, has proven to be helpful as treatment for people with personality disorders and specifically as treatment or BPD patients.

The constructs of the therapies described are directly related to the purpose of this project, for they are helpful in the understanding and clarification of interventions that might minimize exacerbations of BPD traits in women. Moreover, they are focused on the treatment of BPD based on the integration of three therapies which are the core components of the Practice Change Project. The therapeutic interventions suggested as part of each model will contribute to answer the questions that guide this study as to whether they significantly minimize exacerbations of borderline personality disorder in women and the effectiveness of the combination of these therapies in significantly minimizing BPD exacerbations in female patients

**Literature Review**

Borderline Personality Disorder symptoms and risk factors overlap with other personality disorders e.g. posttraumatic stress disorder, bipolar disorder, alcohol dependency, depressive disorder, psychoactive disorders, and others [19-22]. According to the definition given by the American Psychiatric Association [2] in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5 and DSM-5), the criterion for diagnosis of BPD is described as having 5 or more of the following:

Chronic feelings of abandonment.

Emotional instability in interpersonal relationships marked by alternating between extremes of idealizing and devaluating.

Identity disturbance marked by instability of self-image or self-perception.

Impulsive behavior in at least two potentially damaging areas e.g., spending, sex, substance abuse, reckless driving, binge eating.

Recurrent self-mutilating, threats, gestures, or suicidal behavior.

Marked reactivity of mood i.e., intense episodic dysphoria, irritability, or anxiety caused by affective instability usually lasting a few hours.

Persistent feelings of emptiness.

Disproportionate feelings of anger or difficulty controlling anger e.g., frequent physical fight and displays of temper.

Severe dissociative symptoms or brief, stress-related paranoid ideation.

The high levels of their disfunction and irrationality leads them to live an extremely unhappy and unhealthy life [23]. Therefore, they need care services for their recovery and management of their psychosocial problems [9].

**BPD Implications for Treatment**

Emotion dysregulation, identity disturbance, affective instability, and attachment anxiety in BPD patients have been linked to emotional abuse in childhood [24]. These features of BPD help to the understanding and implications for treatment.

Since BPD individuals display depressive symptoms, there is an overlap with major depressive disorder, yet; BPD patients do not respond to antidepressant medication [20]. Moreover, PTSD and Complex PTSD share overlapping features and risk factors with BPD which may be addressed in some interventions [21]. However, Non-Suicidal Self-Injury (NSSI) and suicidal behavior in BPD patients are among the most critical features for treatment programs [25].

Some treatments used for the recovery of these mental illnesses are adapted and used in different settings. Accordingly, three intervention models have been mentioned in this paper, and they will be explained in more detail as part of the literature that will help in the understanding of the holistic intervention care for the recovery of BPD individuals aimed on this paper.

**The Tidal Model**

This model provides psychiatric nurses with the opportunity to experience the opportunity of helping a disabled individual and being an instrument for his or her recovery by playing a supportive role in helping them develop a positive and a satisfactory lifestyle by means of a non-traditional approach [26]. The Tidal Model as a person-centered intervention focuses on the person’s capabilities for problem solutions in an open and supportive therapeutic environment that promotes the development of skills for personal growth, hope, and recovery from despair by telling their own story. The nurses’ challenge is the facilitating process to healing by understanding their stories and creating learning experiences.

According to Talseth A, Fagerstrom L [27], the model begins with an evaluation of the person concerning how disturbed the person is, his or her need for security, and disposition to begin telling his or her story. They concluded that by implementing the tidal model, a reduction of self-harm and suicidal attempts occurred so this may prove that despair can be turned into hope, and conflict becomes harmony. In their study Talseth, Fagerstrom L [27] found that nurses learned to interpret ,understand , and prevent triggers of self-harm, and helped persons develop coping skills, promoted learning self-treatment and empowerment for gradual prevention of self-harm. Similarly, in another study by Cam A, Savasan A [26], they found that alcohol used in an experimental group after treatment with tidal model intervention diminished. A one-to-one session after discharge was recommended to prevent relapse.

The Tidal Model developed by Phil Baker is a philosophical recovery approach of psychiatric nursing geared towards the care processes of mental health patients, based on respect for the person who suffers or is at risk for chaos and breakdown [16]. Thus, it focuses on the support needed by patients to overcome their crisis or to regain their life course, and it is appropriate for different care settings and different mental health populations [7].

Since it is based on philosophy, by means of metaphors and personal stories, individuals start to express things that are important and make sense in their lives and not symptoms related to their pathology. Nance [16] states that this is the first step in the recuperation of the control of their lives with the help of nurses who believe in the recovery process.

The model highlights the fluid nature of humanity pointing out the constantly evolving and unpredictable nature of human experience [7]. The focus is to boost awareness in relation to how perceptions of their psychological challenges change as a tidal flow [17].

It describes life as an experiential journey on an ocean in which the individual is exposed to different experiences including illnesses, but it also includes discoveries. However, there are critical points like storms or piracy, and there are occasions in which the ship will begin to sink or will be exposed to the probability of a shipwreck. Under these circumstances, the person may need support for protection and repairing. Later, the ship may continue its voyage and the person will continue with his/ her life or recover [7]. The Tidal Model emphasizes that the patient’s needs are more important than the environment and it complements other treatments given by different professionals.

The literature asserts that this model is applicable in the treatment of different mental disorders, and it is effective in the recovery of these individuals.

**Mindfulness**

Mindfulness has become a popular intervention strategy for mental health disorders. Several techniques have been studied and advantages and disadvantage to its implementation have been discussed. Mentalization–based treatment has been used in therapy for treatment of different mental disorders although originally was developed for BPD. It has been used for family therapy, in school settings and in social groups as stated by Bateman & Fonagy [28].

The focus of mentalization as discussed by Shonin E and Van Gordon W [29] is the improvement of biological, mental, social, and spiritual aspects of individuals. They summarize evidence-based proposals found in literature.

Neuroplastic changes in brain areas associated with learning and memory increase.

Reduction in autonomic arousal by increasing output in the vague nerve thus increasing relaxation fostering peaceful states and spirituality.

Perceptual shift in responding and relating to thoughts, emotions, and sensory perception that help reduce the triggering of anger.

Increase in spirituality that contributes to facilitating recovery and resiliency to trauma.

Improvement in situational awareness producing an increasing understanding and connection with their environment socially and physically.

Clarification of values leading to appreciation of life and diminishing rumination Self-Awareness increase improving the ability to understand negativity.

Substitution of addiction - useful in early stages.

Regulation of addiction craving

Reduction of attachments

The proponents of this intervention model summarize it as a range of therapeutic techniques including yoga, group discussion, and one to one discussion among others. However, opponents indicate that all effective BPD therapies have mentalizing components. They argue that due to the patients’ vulnerability they might lose mentalization when experiencing severe stress, as stated by Bateman A and Fonagy P [28].

Mindfulness includes aspects linked to attention, awareness, and being non- judgmental, however; some studies identify different facets due to specific and differing relations to outcomes [8]. Therefore, according to Didona [8] it is multifaceted, and has positive aspects such as self-monitoring of attention and awareness, acceptance, and perceptibility to experience of the here and now. Moreover, mindfulness fosters internal experience that helps individuals to accept thoughts simply as thoughts instead of an irreputable reflection of reality.

Studies have found that mindfulness is an effective tool in the treatment of different mental health conditions e.g. [8-13] among others. Mindfulness contributes as a potential protective factor against detrimental dysregulated behavior in BPD patients. Likewise, Chafos &Economou found that meditation as a collateral to psychotherapy can reduce BPD symptoms, emotion dysregulation, impulsive behaviors, and relationship instability. Particularly, it has been found that low levels of mindfulness are related to personality psychopathology and specifically were found to be negatively linked to BPD [8]. Moreover, Didona states that specific mindfulness facets may be predictors of alleviation of mental health symptoms and specifically of obsessive-compulsive disorder. Similarly, Mindfulness-Based Cognitive Therapy (MBCT) may be an appropriate adjunct clinical intervention for individuals suffering of BPD. In a neuroimaging study conducted by Carmona, et al. [30] in BPD patients presenting dysfunctions of the Default Mode Network (DMN); BPD patients showed improvement of symptoms after mindfulness training although not associated with changes in DMN activation or deactivation.

Particularly, mindfulness -based interventions have been incorporated to other therapies in the treatment of BPD. Interventions such as Dialectical Behavior Therapy (DBT) and Mindfulness-Based Cognitive Therapy (MBCT) have incorporated mindfulness in the treatment of psychiatric conditions.

**Music Therapy**

Music has been used in conjunction with mentalization as complementary therapy for patients with BPD [31]. They discuss a pilot study using a theoretical model integrating Mentalization-Based- Treatment (MBP) into music therapy. Part of the rationale for using this model is that the implicit or preverbal level of therapeutic treatment is positively increased with the shifting from verbal to musical thus contributing to the development of an engaging interaction, however; stimulation transference and breakdown may occur. Consequently, the music therapist must exert a balance in introducing and exploring music to promote mentalization. They created a structured program and training manual (PROMT) for the implementation of the model and report a positive outcome yet is being revised.

Coupled with other studies, Hunter [32] concluded that BPD patients who have developed Cardiometabolic Syndrome (CMS) resulting from their impulsive way of life may benefit from music therapy focused on therapists composing music and simple songs as advise which act as carriers to the brain processing centers. Therefore, healthy cognitive abilities are not necessary. Future research including participation of patients in the composition process is recommended in her study.

Likewise, Haslam [33], found that individuals with personality disorders greatly benefit from music therapy. The systematic review investigated links between music and personality traits and found that some personality traits may influence the response or relationship with music. Although preferences are not consistent across the board, music preferences change according to cultural status changes. Therefore, due to many other variables, limitations are important factors to be considered in the implementation of music therapy. Furthermore, musical knowledge is another aspect to be considered.

It is important to understand the correlation of emotion regulation and the neural changes produced by exposure to music. Accordingly, Hou, et al [34] discussed the neural correlates between emotion elicited by music and emotion regulation. They describe the neural functions evoking emotions as a response to music as follow:

Subcortical Emotion Generation (amygdala, hippocampus, nucleus accumbens)

Cortical Emotion Regulation (anterior cingulate cortex, orbitofrontal cortex, prefrontal cortex)

Cortical -Subcortical Networks of emotion Regulation

Hau, et al indicate that given the evidence that music alters neural activities, additional studies related to neural correlates should be performed, and use of music therapy in treatment of emotion dysregulation should be considered. Especially, use of music stimuli may be helpful for patients with emotion dysregulation particularly with BPD individuals.

Music has been incorporated as a complementary therapy for BPD patients. Kenner, et al. [6] studied musical competence perspectives for a small group of people with BPD. This competence is defined as including self-concepts such as self-esteem and self-efficacy and linking sensory interaction to meaning. Therefore, musical competence includes giving meaning to the process which is compatible to the purpose of this study since it includes capacity building and psychological tasks.

Kenner, et al. [6] explored the perspectives on the participants’ orientation towards musical competencies and found that the process of changes in musical competence were positive factors in attenuating physio-emotional response and developing a healthier self-concept. Comparatively, the interaction patterns of the relationship between BPD patient and the therapist by identifying 10 typical interactions patterns relating to music therapy reflecting BPD themes as regulation of nearness and distance, splitting phenomena, genesis of trauma, aggression, and mentalization. By “forming the types by understanding” they obtained pertinent results due to their recognition of the challenges involved in working with this population and recognizing the difficulty of the emotions on the therapist’s part when working with BPD patients. In conclusion, the use of music therapy is a valuable tool to help mental health patients and specifically BPD individuals cope with their turbulent lives.

Finally, the models studied in this review of literature are tools that can be considered as therapies that may be used in conjunction with other treatments by psychiatric nurses and staff with rigorous professional training.

**Conclusion**

The proposed literature review has a high scientific-practical impact on psychiatric nursing. The results of the field research will help to visualize the magnitude of the problems of women with borderline personality disorder and the benefit of specific therapies that can help reduce exacerbation episodes. As Deveney & Patterson [35] state, like other personality disorders, BPD is difficult to trace, as the condition is misdiagnosed, underdiagnosed, or the individual never seeks treatment for their exacerbated symptoms. According to the best estimates, the prevalence of borderline personality disorder in the United States is about 1.6% to 5.9%, depending on the demographics of borderline personality disorder. This study could benefit different settings where these patients with BPD receive treatment.

For example, in outpatient mental health settings, people with borderline personality disorder make up about 10% of the population. In inpatient psychiatric hospitals, the number rises to 20% [35]. The study must be carried out with women because, although Chapman, et al. [36] point out that no significant differences were found in the rates of borderline personality disorder between women and men in the general population. However, in the clinical setting, the female-to-male ratio has been reported to be 3:1, with borderline personality more prevalent in females.

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