

Decreasing Borderline Personality Disorder: Ramayana Epic-Based Counseling Design

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Abstract

Borderline personality disorder (BPD) is among the most prevalent personality disorders in the world. However, BPD varies across cultures. Therefore, treatment for people with BPD would be better if they were given counseling according to their culture. The Ramayana epic is a part of Indonesian culture. The behavior of Ramayana figures such as Shurpanakha, Rama-Sita, Lakshmana, Kaikashi, Vishrava, and Ravana was discussed in the counseling to lower the BPD criteria. The research objective is to determine the impact of Ramayana epic-based Counseling (REC) on BPD. This study uses the A-B-A design. Individuals with high BPD scale scores were eligible to participate in this study. There is one participant in this study. The results showed that REC can lower the BPD. The participants' average BPD score at baseline (A) was 115, in treatment (B) it decreased to 85, and the score at follow-up (A2) became 94.5. The score decreased mainly on items related to risky behavior and an intense and unstable pattern of interpersonal relationships characterized by extreme idealization and devaluation (also known as "separation"). Participants can also understand ways to get over childhood trauma, strengthen secure attachment, improve proactive coping skills, and build social support. In addition to receiving REC, individuals with BPD may also receive assistance via phone counseling or chatbots. This research should be continued with a larger and more varied number of participants.

Keywords: Borderline personality disorder, ramayana epic-based counseling, BPD in Java

Introduction

The DSM-5 (APA, 2013) states that a person is diagnosed with borderline personality disorder (BPD) if they meet at least five of the nine criteria. The nine criteria are Chronic feelings of emptiness; emotional instability; frantic efforts to avoid real or imagined abandonment; identity disturbance with a markedly or persistently unstable self-image or sense of self, impulsive behavior, inappropriate, intense anger, or difficulty controlling anger; and a pattern of unstable and intense interpersonal relationships characterized by extremes between idealization and devaluation (also known as "splitting"). Other criteria are recurrent suicidal behavior, gestures, or threats; self-harming behavior; and transient, stress-related paranoid ideation or severe dissociative symptoms.

Borderline personality disorder (BPD) affects about 6% of the population. This prevalence is likely to decline as people age. A decline will happen if

individuals with BPD are aware of and successfully overcome their BPD criteria. In addition, Wibhowo et al. (2019) also stated that BPD has not become a concern for the Indonesian population, in contrast to neurosis and schizophrenia, since several criteria are not risky. For instance, BPD criteria are related to criteria for impulsivity and lack of independence. These criteria are considered reasonable, especially if they are held by a woman. Considering this, an increasing number of individuals will develop BPD. So, people with BPD need to get the right kind of counseling so that the symptoms of BPD go away as they get older.

Various therapies and counseling have been used to reduce BPD criteria, including pharmacology, Eye Movement Desensitization and Reprocessing (EMDR; Brown & Saphiro, 2006), and Schema Therapy (Kellog & Young, 2016), and Dialectical Behavior Therapy (DBT; Verheul & Den Bosch, 2003). DBT is

frequently utilized by psychologists and is quite effective at reducing BPD symptoms in individuals. However, there is no evidence that a single treatment is superior to others. Consequently, this therapy must still be developed. Furthermore, BPD is still studied infrequently or is not regarded as a problem in Indonesia because BDP criteria are still regarded as prevalent (Wibhowo, 2019). This will result in numerous BDP sufferers not receiving treatment. Therefore, culturally based counseling is required to reduce the BDP criteria.

According to Kitayama and Cohen (2007), there is a close relationship between culture and personality disorders (culture-bound disorders). Through daily activities, culture can be transmitted to the next generation. Ronningstam et al. (2018) said that the history, values, and customs of each culture can affect the personality of an individual, family, or group.

In DSM-5, it is stated that cultural perception of the cause of a problem, context, and available support can impact treatment motivation. Culture can influence personality disorders, such as emotional dysregulation and interpersonal hypersensitivity, which are hallmarks of BPD. However, in some cultures, these criteria are not always appropriate. In the context of Chinese culture, certain BPD criteria, such as the fear of being left behind, are inappropriate. The reason is that Chinese culture adheres to a collectivistic worldview.

Multiple studies on culture and BPD have been conducted in India (Choudhary & Gupta, 2020), China (Zhong & Leung, 2009), and the Netherlands (ten Have et al., 2016). All these studies demonstrate a connection between culture and BPD. Thus, it is thought that if someone with BPD gets counseling that includes cultural lessons, that person will easily understand the counseling process and put its results into practice without feeling like they are being told what to do.

Since some therapies originate in the West, even though culture is one of the causes of BPD, counseling for individuals with BPD would be more effective if it utilized a cultural approach. The Ramayana epic is a part of Indonesian culture. Originally, the Ramayana

was associated with Hinduism and originated in India. In the fifth century, the Ramayana and Mahabharata were already well-known in Indonesia. Although there are numerous religions in Indonesia today, the two epics continue to be influential and have become a cultural connector. Both epics are traditionally preserved. The performing arts are one of the Javanese traditions that play a significant role in the survival of this epic. In other words, the stories of these two epics can be communicated to non-Hindus through art. Therefore, the Ramayana and Mahabharata inspire the people of Java and Bali to think, speak, and act from one generation to the next (Wijaya, 2017).

The counseling material based on the epic Ramayana is based on the characters' experiences with overcoming obstacles in the epic. Additionally, guidelines for counseling materials are derived from dialectical behavior therapy (DBT). Dr. Marsha Linehan developed DBT as a structured outpatient treatment for borderline personality disorder (May et al., 2016).

The specific objective of DBT is to reduce BPD symptoms, including feelings of emptiness, self and other judgment, interpersonal conflicts, rigidity, unstable emotions, and impulsivity. Mindfulness skills, interpersonal skills, emotion regulation skills, and distress tolerance skills reduce the BPD criteria. These abilities reflect the characters' behavior in the epic Ramayana.

Based on their research, Wibhowo et al. (2019) concluded that childhood trauma, attachment, proactive coping, and social support contributed to BPD. So, the counseling materials also include information on how to get over childhood trauma, strengthen secure attachment, improve proactive coping skills, and build social support.

The behavior of the Ramayana characters (such as Shurpanakha, Rama-Sita, Lakshmana, Kaikashi, Vishrava, and Ravana) is discussed in counseling. Shurpanakha has the characteristics of never being satisfied with a man, rapidly alternating feelings of hatred and love, and a constant feeling of emptiness if she does not receive what she desires. In addition, characters named Rama and Laksmana experienced

childhood neglect, but they did not have borderline personalities (Wibhowo, 2019). This is because Rama is good at being mindful, getting along with others, controlling his emotions, and dealing with stress.

The implementation of counseling will follow the principles of bibliotherapy (Henderson, 1980). In bibliotherapy, the therapist will select a book containing problems like those faced by the client. The client is required to read the book and identify with the protagonist. Thus, the client can gain awareness and comprehension of the problem and the steps he must take to resolve it. In bibliotherapy, clients are asked to read, whereas in Ramayana epic counseling, participants listen to the counselor tell stories. Ramayana Epic-based Counseling (REC) helps Java residents lower their BPD scores. The goal of this study is to find out how Ramayana Epic-based Counseling (REC) affects BPD.

Method

This study uses the A-B-A design. Individuals with high BPD scale scores were eligible to participate in this study. BPD-scale was created by Wibhowo et al. (2019). This scale is made based on nine criteria of BPD. The scale validity was tested using CFA with the results of CMIN=1.415 (*fit*), GFI=.982 (*fit*), CFI=.992 (*fit*). This scale also reached 0,8 in reliability coefficient.

There is one participant in this study. In addition, the participant is willing to undergo counseling and evaluation, as evidenced by the completion of a willingness form.

Material from REC consists of managing childhood adversity, establishing safe adult attachment, interpersonal skills, emotional regulation skills, avoiding risky behavior, distress tolerance skills, proactive coping skills, and seeking social support. A detailed description of counseling design can be seen in Table 1.

Table 1. Ramayana epic-based counseling design

Session	Material	Reduced BPD criteria	Topic	Success Indicator
1	Managing childhood adversity	<ul style="list-style-type: none"> - Chronic feelings of empathy. - Frantic efforts to avoid real or imagined abandonment. - Self and other judgment. - Attachment to the traumatic event. 	<ul style="list-style-type: none"> - Rama, was unaffected by his parents' rejection because Rama has a life's purpose. - Sita can behave well despite being a descendant of the evil Ravana. 	Clients can apply the story of Rama and Sita by creating specific, measurable, achievable goals in life and being able to set targets with numbers.
2	Establishing safe adult attachment	<ul style="list-style-type: none"> - Pattern of unstable 	<ul style="list-style-type: none"> - Rama and Lakshmana, who established a secure adult attachment, and Shurpanakha, who did not, are contrasted. 	Participants can mention the names of people around them who can provide support and be supported.
3	Interpersonal skills	<ul style="list-style-type: none"> - Intense anger or difficulty controlling anger 	<ul style="list-style-type: none"> - Rama can adjust to new situations. - Shurpanakha, can 	Participants can adapt to their social environment by using Rama's methods

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			not adjust because she often loses control of his anger.	and avoiding Shurpanakha's actions.
4	Emotional regulation skill	<ul style="list-style-type: none"> - A pattern of unstable and intense interpersonal relationships is characterized by extremes between idealization and devaluation (also known as "splitting"). - Unstable self-image or sense of self, impulsive behavior, inappropriate, intense anger, or difficulty controlling anger - Emotional instability 	<ul style="list-style-type: none"> - Shurpanakha has intermittent relationships with other individuals. - Sita and Rama are capable of emotional control. - Shurpanakha and Ravana, who lack emotional control - The emotionally unstable nature of Shurpanakha causes him a great deal of trouble. 	<p>Participants can consider methods for establishing warm relationships with others.</p> <p>Participants were able to compare and contrast the behavior of Rama-Sita and Shurpanakha, as well as apply techniques for regulating emotions.</p> <p>Participants can discover effective ways to manage their emotions</p>
5	Avoiding risky behavior	<ul style="list-style-type: none"> - Impulsive behavior 	<ul style="list-style-type: none"> - Resi Wisrawa and Dewi Sukesu are good people, but their lives become chaotic as a result of their extramarital relationship. - Shurpanakha is impulsive to the point where it causes war between individuals. 	<p>Participants can analyze the behavior of Resi and Dewi and choose healthy behavior by providing examples of real-life behavior.</p>
6	Distress tolerance skills	<ul style="list-style-type: none"> - Identity disturbance with markedly or persistently unstable 	<ul style="list-style-type: none"> - The situation was made chaotic by Shurpanakha, who 	<p>Participants can explain Shurpanakha's errors and avoid repeating them in</p>

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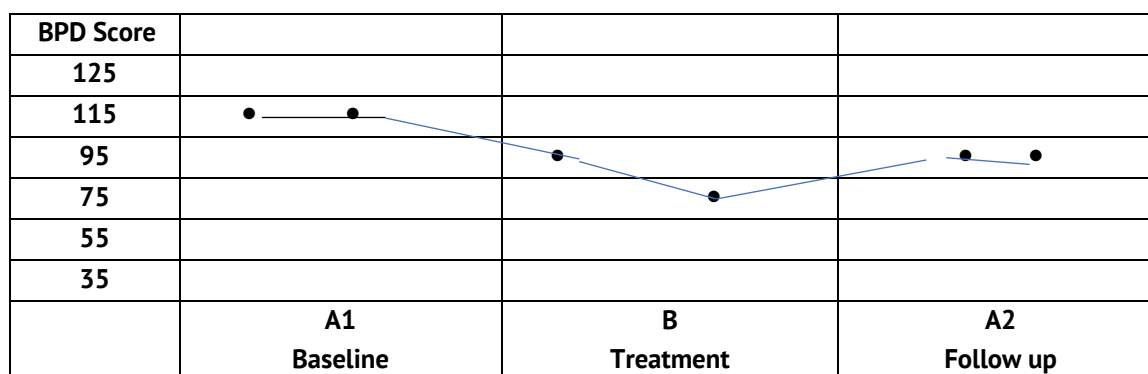
Session	Material	Reduced BPD criteria	Topic	Success Indicator
7	Proactive coping skills : Seeking Social support	self-image or sense of self - Unable to empower social support	could not control his lust. - Rama and Lakshmana mutually support one another. - Rama and Sita are in love. - Their relationship benefited Rama, Lakshmana, and Sita's health.	their daily lives. Participants can describe the social support Rama, Sita, and Lakshmana received. Additionally, the client can compile a list of his friends who can provide support.

In the A1 (baseline) condition, participants' Borderline Personality Ordered Scale (BPD-Scale) scores were measured twice (Wibhowo et al., 2019). The first and second measurements occur one week apart, on May 4 and May 12, 2022, respectively. Participants then engaged in two days of condition B counseling (treatment) sessions (May 24 and May 25, 2022). First-day sessions consist of 1, 2, and 3. The sessions for the second day are 4, 5, and 6. Each session of counseling must be successful according to the indicators of success (Table 1). Furthermore, the BPD criteria of the client are evaluated through an interview (based on items on the BPD Scale).

The next step is condition A2 (follow-up), in which participants are re-interviewed based on the BPD criteria they possess while retelling the Ramayana epic that is the most memorable and altered. The A2 procedure is scheduled for June 8, 2022.

Results

The participant in this study was a female Javanese, 36 years old. Results indicated that epic Ramayana counseling can decrease the BPD-scale score (figure 1). Participants' score at baseline (A) was 115 and 115, in treatment (B) they decreased to 95 and 85, and the score at follow-up (A2) became 95 and 94.

**Figure 1.** BPD score of participants during counseling sessions based on the epic Ramayana

Discussion

During the treatment session, the BPD scores of the participants decreased. This demonstrates the effectiveness of the REC in reducing BPD criteria. In addition, the score increased during the subsequent stage. This is because participants have cognitively grasped the content of counseling but it has not yet become a habit or behavior. Participants did understand how to control their emotions and anger, and they intended to avoid engaging in risky behavior, but when confronted with their boyfriend's sudden absence, they lost control and became angry. In addition, participants were not accompanied by the counselor during the follow-up session, resulting in participant instability. Indeed, this is a trait of people with BPD, who must always be accompanied.

The success of the REC procedure is also attributable to the counselor's capacity to supply material. Participants said that the REC would only be like a fairy tale if the counselor didn't make some of the stories more interesting. So, it would be better if the next research counselor use media, such as video, to show more detail about Ramayana's character.

This study's findings demonstrate that REC can be used as a supplement to traditional counseling to reduce individual BPD criteria. However, this counseling must be repeated multiple times, so that the participant never forgets the practical steps he has taken during counseling sessions. In addition, individuals with BPD require constant social support. People with BPD can get help in other ways besides REC, such as through phone counseling or chatbot apps. This research is still in the form of a plan to be developed again with further research. Future researchers can use more participants so that the results are more generalizable.

Conclusions

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References

- American Psychiatric Publishing (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). American Psychiatric Publishing.
- Brown, S., & Shapiro, F. (2006). EMDR in the Treatment of Borderline Personality Disorder. *Clinical Case Studies*, 5, 403-420.
- Choudhary, S. & Gupta, R. (2020). Culture and Borderline Personality Disorder. *India Frontier Psychology*, 1, 714. DOI: 10.3389/fpsyg.2020.00714
- Henderson, S. (1980). Bibliotherapy. In Richie Herink (Eds). *The Psychotherapy Handbook*. New American Library.
- Kellogg, S. H., & Young, J. E. (2006). Schema Therapy for Borderline Personality Disorder. *Journal of Clinical Psychology*, 62, 445-458.
- Kitayama, S., & Cohen, D. (2007). *Handbook of Cultural Psychology*. The Guildford Press.
- May, J. M., Richardi, T. M., & Barth, K. S. (2016). Dialectical behavior therapy is a treatment for borderline personality disorder. *Mental Health Clinician*, 6(2), 62-67. DOI: 10.9740/mhc.2016.03.62
- Ronningstam E.F., Keng S.L., Ridolfi M.E., Arbabi M., & Grenyer B.F.S. (2018). Cultural Aspects in

- Symptomatology, Assessment, and Treatment of Personality Disorders. *Curr Psychiatry Rep.* 20(4), 22. DOI: 10.1007/s11920-018-0889-8.
- ten Have, M. et al. (2016). Prevalence rates of borderline personality disorder symptoms: a study based on the Netherlands Mental Health Survey and Incidence Study-2. *BMC Psychiatry* 16, 249 DOI: [10.1186/s12888-016-0939-x](https://doi.org/10.1186/s12888-016-0939-x)
- Verheul, R., Van Den Bosch, L.M., Koeter, M. W., De Ridder, M. A., Stijnen, T., & Van Den Brink, W. (2003). Dialectical Behaviour Therapy for Women with Borderline Personality Disorder. *British Journal of Psychiatry*, 182, 135-140
- Wibhowo, C; Retnowati, S & Hasanat. (2019). Childhood trauma, proactive coping, and borderline personality among adults. *International Journal of Research Studies in Psychology*. 8. DOI: 10.5861/ijrsp.2019.3013.
- Wibhowo (2019). Kepribadian Ambang dan Budaya Jawa: Sebuah Tinjauan Pustaka.in Mochamad Widjanarko (Eds.) *Membumikan Psikologi: Implementasi di Masyarakat*. Unika Soegijapranata.
- Wijaya, M. (2017). Ramayana dan Mahabharata Penyambung Budaya Hindu Di Indonesia. Makalah yang dibacakan dalam kegiatan Pengabdian Masyarakat Prodi Ilmu Sejarah di Kediri Jawa Tengah pada tanggal 28 April 2017.<http://erepo.unud.ac.id/id/eprint/13941/1/f0a5c169aa2a8073c01b978e81677dc6.pdf>
- Zhong J. & Leung F. (2009). Diagnosis of borderline personality disorder in China: Current status and future directions. *Curr Psychiatry Rep.*, 11(1):69-73. DOI: 10.1007/s11920-009-0011-3.